SERFF Tracking #:	CABC-132352804	State Tracking #:	CABC-132352804	Company Tracking #:	20-41
State:	Pennsylvania		Filing Company:	Keystone Health P	Plan Central
TOI/Sub-TOI:	H15G Group Heal	th - Hospital/Surgical/Med	ical Expense/H15G.003 Small Group Only	/	
Product Name:	Rates - KHPC Sm	all Group HMO			
Project Name/Number:	/				

Supporting Document Schedules

Satisfied - Item:	ACA Public Rate Filing PDF
Comments:	
Attachment(s):	SG_20-41_Initial_KHP_HMO_PublicFiling01_Supporting_20200720.pdf SG_20-41_Initial_KHP_HMO_PublicFiling02_Supporting_20200720.pdf SG_20-41_Initial_KHP_HMO_PublicFiling03_Supporting_20200720.pdf SG_20-41_Initial_KHP_HMO_PublicFiling04_Supporting_20200720.pdf SG_20-41_Initial_KHP_HMO_PublicFiling05_Supporting_20200720.pdf
Item Status:	
Status Date:	

Capital BLUE

May 19, 2020

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

> Re: Keystone Health Plan Central Small Group Rates Filing No 20-41 TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense Sub-TOI Code: H15G.003 Small Group Only Filing Type: Rate

Dear Ms. Gray:

By this filing Capital BlueCross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department its Small Group Rates effective January 1, 2021.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2021
- Average Rate Change: -3.1%
- Range of Requested Rate Change: -3.1% to -3.1%
- Total additional annual revenue generated from the proposed rate change: \$(13,391)
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 69/49
- 2021 Number of Plans: 1
- 2020 Number of Plans and Change: 1/No Plan Change
- Contract Form #: C21-KHPC-SPG
- Form Filing SERFF #: CABC-132352713
- Binder SERFF #: CABC-PA21-125097623
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-1735063902116677640

Harrisburg, PA 17177 | capbluecross.com

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

If you have any questions regarding this filing, please call me at (or via email at) or at (). Thank you for your assistance in this matter.
Sincerely,
Manager, Actuarial Services Capital BlueCross
Enclosures
cc: , FSA, MAAA, Senior Director, Actuarial Services , ASA, MAAA, Vice President and Chief Actuary, Actuarial Services , Associate General Counsel

Attachment I

Rate Change Summary

Keystone Health Plan Central (KHPC) – Small Group Plans

Rate request filing ID # CABC-132352804 - 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: Revised requested average rate change: Range of requested rate change: Effective date: Mapped Members: Available in: -8.7%¹ N/A¹ -8.7% to -8.7% 1/1/2021 69 Rating Areas 6, Rating Area 7, and Rating Area 9

Key information

Jan. 2019-Dec. 2019 financial experience

Company made (after taxes)	\$(160,809)
Taxes & fees	\$111,664
Administrative expenses	\$87,938
Claims	\$369,936
Premiums	\$408,729

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

Claims:	80.92 %
Administrative:	16.56 %
Taxes & fees:	0.52%
Profit:	2.00%

The company expects its annual medical costs to increase 6.65%.

Explanation of requested rate change

Favorable Experience Net Risk Adjustment: -11% Less migration of groups from ACA to ASO arrangements: -3% Suspension of the Health Insurer Fee: -2% Future Cost and Utilization: 7%

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

Capital BLUE

July 20, 2020

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

> Re: Keystone Health Plan Central Small Group Rates Filing No 20-41 TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense Sub-TOI Code: H15G.003 Small Group Only Filing Type: Rate

Dear Ms. Gray:

By this filing Capital BlueCross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department its Small Group Rates effective January 1, 2021.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2021
- Average Rate Change: -8.7%
- Range of Requested Rate Change: -8.7% to -8.7%
- Total additional annual revenue generated from the proposed rate change: \$(37,324)
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 69/49
- 2021 Number of Plans: 1
- 2020 Number of Plans and Change: 1/No Plan Change
- Contract Form #: C21-KHPC-SPG
- Form Filing SERFF #: CABC-132352713
- Binder SERFF #: CABC-PA21-125097623
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-1735063902116677640

Harrisburg, PA 17177 | capbluecross.com

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

Sincerely,



Manager, Actuarial Services Capital BlueCross

Enclosures

cc:

, FSA, MAAA, Senior Director, Actuarial Services , ASA, MAAA, Vice President and Chief Actuary, Actuarial Services , Associate General Counsel

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM Small Group Rates Effective January 1, 2021

General Information

Company Information

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Small Group
- Effective Date: 1/1/2021

<u>PID Company Information</u>

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2021
- Average Rate Change: -8.7%
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- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-1735063902116677640

Company Contact Information

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

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to all small groups effective January 1, 2021. KHPC will offer small group products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Small Group	КНРС	1/1/2017	CABC-130539616	4.5%
Small Group	КНРС	7/1/2017	CABC-130954830	6.8%
Small Group	КНРС	1/1/2018	CABC-131022144	-13.4%
Small Group	КНРС	1/1/2019	CABC-131455108	5.0%
Small Group	КНРС	1/1/2020	CABC-131921815	1.2%
Small Group	КНРС	7/1/2020	CABC-132294841	-2.1%

Average Rate Change

KHPC is proposing an aggregate annual -8.7% rate change. The rate change does vary by plan. The rate change is calculated in PA Rate Exhibits Part III, Table 10, cell AC15.

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

Favorable Experience Net Risk Adjustment: -11% Less migration of groups from ACA to ASO arrangements: -3% Suspension of the Health Insurer Fee: -2% Future Cost and Utilization: 7%

Please note the filing contains a COVID-19 adjustment of 1.0.

Rate Change Disclosure

As discussed with the Department on 4/3/2020, CBC inadvertently released Q2 2020 Small Group renewals and sold new groups using Q1 2020 rates. This administrative error does not impact the rate change calculation, as the 2021 calculation is Q1 2021 over Q1 2020. But please note that Q2 2021 groups would receive a -2.5% aggregate rate change without the administrative error, but instead will see -1.1% on average. The average is calculated across all CBC subsidiaries – CAAC, CAIC and KHPC.

<u>Membership</u>

Membership is shown in PA Rate Template Part I, Table 1. The average age is 42.

Benefit Changes 2020-2021

A summary of proposed 2021 benefits is included in Exhibit A.

There are benefit changes being implemented in 2021. 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 small group 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, 2019 and December 31, 2019.

Transitional membership is not included in PA Rate Exhibits Table 2 or URRT.

Paid Through Date: Claims in the BEP are paid through February 29, 2020

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

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 (CSR does not apply to Small Group).
- CBC only covers Essential Health benefits (EHBs).
- KHPC includes capitated PCP and mental health 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 corporate 2019 budgeted amounts and will be updated once finalized transfer payments are available.

Loss Ratio in BEP: Loss ratio is 90.51%

Credibility of Data

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from CBC subsidiaries. Combining the experience is actuarially justifiable for several reasons:

- 1. The demographics of members buying PPO and other products are similar.
- 2. Cost and utilization between PPO and other products are similar.

3. Medical policy between PPO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO.

The credibility manual is the combination of KHPC, Capital Advantage Assurance Company (CAAC), and Capital Advantage Insurance Company (CAIC) HMO data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2019 and December 31, 2019. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.65%

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. There are 2 components to the morbidity factor: 1. Movement to ASO and 2. CAIC morbidity compared to CAAC (majority of BEP).

1. CBC projects 1.6% change in morbidity due to the presumed statewide movement of small group PPACA business to ASO. The morbidity factor is based on the following analysis:

- 1. Gather BEP medical and Rx claims, membership and premium for all PPACA groups active during the period.
- 2. Develop Loss Ratio A using data from (1)

- 3. Gather BEP medical and Rx claims, membership and premium for only PPACA groups still active in a PPACA product as of 3/31/2020
- 4. Develop Loss Ratio B using data from (2)
- 5. Loss Ratio B/Loss Ratio A 1 = 1.6%
- 6. 1.6% is applied in rating

Because CBC is competing against statewide carriers in the SG ASO market, we assume this transition is occurring statewide and will continue 2020-2021. Further, the statewide transition translates to a worsening PPACA risk pool, not unique to CBC. Therefore, we project no explicit change to CBC risk adjustment transfer amounts from this migration.

2. In addition to the 1.6% morbidity change, KHPC is also applying a factor of 0.7 to reflect the difference is projected Plan Liability Risk Score (PLRS) between KHPC and its subsidiary, CAAC, which underwrites the vast majority of the BEP experience. This assumption will need to be updated once 2019 risk adjustments are finalized.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2019 to 2021. 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 projected manual PMPM divided by member-month weighted section below.

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

Changes in Network: No Network change is applied.

Other Adjustments: An additional adjustment is applied to reflect pharmacy contracting savings in the projection period. Capital BlueCross (CBC) has contracted a new Pharmacy Benefit Manager (PBM) effective 1/1/2020, with calculated savings (combined price and Rx rebate savings) of 5% over CBC's current contract. The other adjustment factor is calculated as:

Other Adjustment

 $= ([Rx Savings Factor] - 1) \times [BEP Allowed Prescription Drug PMPM]$ + [BEP Allowed Total PMPM] + 1

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 <u>Projection Factors</u> section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits*. This number is reflected in Worksheet 1 of 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:

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

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

3. Develop the BEP Paid and Incurred Claim PMPM:

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

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

Trended Claim PMPM

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

5. Develop Projected Paid and Incurred Claim PMPM:

Projected Paid and Incurred Claims PMPM = [Trended Claim PMPM] × [Benefit Adjustment] × [Morbidity Adjustment] × [Other Adjustment]

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

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

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

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

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

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

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

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

Projected Claims PMPM Benefit A = Projected Claims PMPM Base Plan \times Pricing Relativity A

b. And to arrive at the Total Projected Claims PMPM, KHPC assumes a distribution of members across the benefit plans being offered in 2021. The Total Projected Claims PMPM :

= Projected Claims PMPM Benefit $A \times Expected$ Member Dist of Benefit A + Projected Claims PMPM Benefit B \times Expected Member Dis of Benefit B + \cdots

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

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

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

Market Adjusted Index Rate

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

[Market Adjusted Index Rate]

- = ([Index Rate] x [Paid to Allowed Ratio]
- [Projected Incurred Reinsurace Recoveries]
- [Projected Incurred Risk Adjustment PMPM]
- + [Exchange Fees PMPM]) ÷ [Paid to Allowed Ratio]

Projected Incurred Risk Adjustments PMPM:

Relevant to 2021 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2021. 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. 2018-2019 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.

Please note that corporate budgeted amounts are used in the BEP. While CBC has done additional work to project 2020/2021 CRA expectations, those calculations will be finalized once 2019 CRA results are released, and a detailed calculation will be provided at that time. At the time of the initial filing, a placeholder is being used, reflecting best estimates to date.

Projected Incurred Reinsurance Recoveries:

Reinsurance does not apply to the small group market.

Exchange Fee PMPM:

KHPC only offers off-exchange plans in the small group market, so the exchange fee is \$0.

The exchange fee PMPM is calculated as:

```
Exchange Fee PMPM

= [Avg 2021 On - Exchange Premium PMPM] × [% Members On

- Exchange]

Where

[Avg 2021 On - Exchange Premium PMPM
```

 $= [Avg \ 2020 \ On - Exchange \ Premium \ PMPM \ \times (1)]$

+ [Avg Proposed Rate Change])

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

Retention Items

Administrative Expense Load:

Administrative Expense Load:

- Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.19 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 small group 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.
 - a. 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:
 - i. Complete biometric screening and receive a gift card.
 - ii. Meeting biometric measure or finish online coaching program and receive a gift card reward.
 - iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
 - iv. Fees are included in overall administrative expense fee discussed above.
 - v. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
- 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. Brokers are paid on new business and renewals the same commission rate for all geographic locations, enrollment dates, and metal levels. 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 Standard Producer Master Agreement: "SG_20-41_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20200519.pdf"
- b. Redacted Preferred Producer Master Agreement: "SG_20-41_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20200519.pdf"
- 4. 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:

5. Contingency: Contingency is included in URRT Worksheet 2, "Profit & Risk Load" and PA Rate Exhibits Table 6.

Taxes and Fees:

- 1. Exchange Fee: N/A
- 2. 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 as well as PA Rate Exhibits Table 6 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: Induced Demand: Induced Demand: Please see Table 8. Induced Demand is calculated as:

 $[Pricing AV]^2 - [Pricing AV] + 1.24$

Where *Pricing AV* is adjusted by the Non-Funding of CSR factor: PA Rate Exhibits, Table 10, column K x column P.

- 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. Adjustment for distribution and administrative costs: Described in <u>Retention Items</u> section above.
- 6. Tobacco Adjustment: Not applied to Small Group plans.

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

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current small group enrollment by age in CBC. 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 SG_20-41_Initial_KHP_HMO_List-Billed_Supporting_20200519.xlsb for the calculation.

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

Geographic factors are unchanged from 2020.

Tobacco Factor Calibration: Tobacco factor not applied.

The calibration is:

[Calibrated Plan Adjusted Index Rate] = [Plan Adjusted Index Rate] ÷ ([Age Curve Calibration] × [Geographic Factor Calibration] x [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:

[Member – Level Consumer Adjusted Premium Rate] = [Calibrated Plan Adjusted Index Rate] × [Age Factor] × [Geographic Factor] × [Tobacco Factor] 2. [Family Consumer Adjusted Premium Rate] = $\sum [Member - Level Consumer Adjusted Premium Rate]$ With no more than three child dependents under age 21 taken into account

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 CBC's actuarial cost model and actuarial judgment as described in section <u>Paid to Allowed</u> 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 that moderate decline in enrollment 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 Morbidity Factor

Broker Contracts Actuarial Value Screenshots List-Billed Data Extended OEP and Covid-19 Estimates

Actuarial Statement

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

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

- e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
- 3. The percent of total premium that represents essential health benefits 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 are not 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 2021 Rate Filing Justification.



Actuarial Associate Capital BlueCross

PA Rate Template Part I Data Relevant to the Rate Filing

Table 0. Identifying Information			
Carrier Name:	Keystone Health Plan Central		
Product(s):	HMO		
Market Segment:	Small Group		
Rate Effective Date:	1/1/2021	to	12/31/2021
Base Period Start Date:	1/1/2019	to	12/31/2019
Date of Most Recent Membership:	2/1/2020		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2020)	Projected Rating Period
Average Age	42.0	41.7	41.7
Total	1,145	69	766
<18	98	4	44
18-24	83	6	67
25-29	163	11	122
30-34	23	1	11
35-39	88	3	33
40-44	110	9	100
45-49	131	11	122
50-54	118	7	78
55-59	195	11	122
60-63	66	2	22
64+	70	4	44

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$558,086.51	\$367,481.63	\$363,857.83	1,145	\$95,683.88	\$459,541.71	\$0.00	(\$5,370.48)	\$11,448.50	\$0.00	(\$149,358.00)	
Experience Period Total Allowed EH8 Chainse EH8 Capitation PMPM (net of prescription drug rebates)									\$ 406.65		
Loss Ratio											90.51%
*Epress Press/Pr											

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.55%	0.00%	0.00%	5.55%	18.92%
Outpatient Hospital	5.80%	0.00%	0.00%	5.80%	37.54%
Professional	5.25%	0.00%	0.00%	5.25%	22.56%
Other Medical	5.80%	0.00%	0.00%	5.80%	2.69%
Capitation				3.00%	0.00%
Prescription Drugs	10.00%	1.15%	0.00%	11.27%	18.29%
Total Annual Trend	///////////////////////////////////////			6.65%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.137	
* Express Cost, Utilization, Induced Utilization and Weight as percentage	5				
** Should equal URRT Trend					

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member+HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-16		\$61.396.82	0.9342		410			(5837.12)	\$93,650.90	
Feb-16		\$45.368.81	1.0000	\$ 45.369.81	339			(5832.74)	\$62.627.84	\$ 184.74
Mar-16		\$179.398.05	1.0000	\$ 179.403.78	358			(\$4.991.94)	\$211.810.16	\$ 591.65
Apr-16		\$118.683.07	1.0000	\$ 118.686.63	392			(\$5.558.45)	\$142.708.44	\$ 364.05
Mav-16		591.119.08	1.0000	\$ 91.121.14	414			(\$908.52)	\$124,280.90	\$ 300.20
Jun-16		\$84,297,25	1.0000	\$ 84.299.45	439			(5892.52)	\$108,649,28	\$ 247.49
Jul-16		\$126.206.15	1.0000	\$ 126.209.69	544			(\$2.000.43)	\$157.773.61	\$ 290.03
Aug-16		\$109.264.13	1.0000	\$ 109.265.24	573			(\$2.322.15)	\$139,696.80	\$ 243.80
Sep-16		\$126.827.61	1.0000	\$ 126.830.65	639			(\$4.320.49)	\$156.387.34	\$ 244.74
Oct-16		\$227.315.38	0.9537	\$ 238.357.57	680			(\$1.821.80)	\$285,980,89	\$ 420.56
Nov-16		\$173,290.26	1.0000		710			(\$2,799.14)	\$218,514.08	\$ 307.77
Dec-16	\$2.697.444.83	\$328.044.09	1.0000		945		\$444.220.89	(\$7.356.26)	\$394.118.06	\$ 417.06
Jan-17		\$398,492.03	1.0000		976			(\$12,258.22)	\$481,601.72	\$ 493.44
Feb-17		\$431.350.99	1.0000	\$ 431.362.97	954			(\$20.558.30)	\$495.105.75	\$ 518.98
Mar-17		\$354,731.78	1.0000	\$ 354.740.58	956			(\$21,486,48)	\$403,084.68	\$ 421.64
Apr-17		\$325.903.02	1.0000	\$ 325.911.02	938			(\$10.505.69)	\$372.018.79	\$ 395.61
May-17		\$240,782.13	1.0000	\$ 240.788.07	905			(\$7.228.83)	\$294,801,30	\$ 325.75
Jun-17		\$407.964.18	1.0000		920			(\$7.397.89)	\$448,406,20	\$ 487.40
Jul-17		\$1.185.189.97	0.9975	\$ 1.188.111.02	892			(\$9.689.40)	\$1.249.076.22	\$ 1.400.31
Aug-17		\$339.082.51	0.9999	\$ 339.100.36	875			(\$7.070.85)	\$402.572.24	\$ 460.08
Sep-17		\$240.678.20	1.0000	\$ 240.689.04	812			(\$11.848.67)	\$266.843.05	\$ 328.62
Oct-17		\$288.980.77	0.9998	\$ 289.028.21	758			(\$27.391.85)	\$304,833,41	\$ 402.15
Nov.17		\$348 270 83	0 9997	\$ 348 386 89	209			(\$26.331.86) (\$5.144.07)	\$364 336 98	\$ 513.87
Dec-17	\$4,668,165,28			\$ 236.088.11			\$712.086.53			\$ 468.30
Jan-18		\$146.079.64 \$64.500.17	0.9996	\$ 146.137.67	443			(\$6.255.73)	\$184.800.82 \$93.330.42	\$ 417.16
Feb-18				\$ 64.523.15	438			(53.598.79)	\$93,530,42 \$142,324,51	\$ 213.08
Mar-18 Apr-18		\$103.750.32	0.9996	\$ 103.789.90 \$ 58.879.30	429			(55.349.22)	\$142.524.51 \$70.172.77	\$ 331.76 \$ 179.01
Apr-18 May-18		558.856.53	0.9995	S 58.879.30 S 124.025.17	392			(55.644.89)	\$157.209.34	\$ 179.01 \$ 396.99
Jun-18		5123.951.33	0.9994	\$ \$3,840,64	396			(\$1.881.22)	\$105.444.14	\$ 286.14
Jun-18 hol.18		580.714.47	0.9993	S 80 790 14	3/2			(\$1.681.22)	\$106,444.14	5 200.14
101-18		\$62.157.15	0.9991	\$ 62,211,93	285			(\$1,900,19)	\$75,247,44	5 346.22
AU8-18 Sen.18		\$43,408,12	0 9990	\$ 43,452,08	203			(\$1.435.69)	\$55 370 62	5 264.03
0ct-18		5109.487.10	0.9984	\$ 109,664,16	252			(\$1,027,61)	535.370.02	5 202.08
Nov-18		\$183 576 09	0.9984	\$ 184.877.31	252			(\$1.700.55)	\$143,443,63 \$100,437,00	5 466.22 \$ 797.71
Dec-18	\$1 853 373 80	\$91.748.67	0.9849		153		\$292.643.82	(5905.91)	\$100,369,38	\$ 655.01
Jan-19	11311.11.1.1.1	\$106.334.34	0.9871	\$ 107.728.29	118		TATE OF LAR	(\$2.371.78)	\$108,697,12	\$ 921.16
Feb-19		\$69.027.50	0.9971	\$ 69,230,44	110			(\$277.60)	\$80,489,57	\$ 731.72
Mar-19		\$33,939,26	0.9750	\$ 34,809,99	104			(\$424.24)	\$43 373 51	\$ 417.05
Apr-19		\$17,481,68	0.9953	\$ 17.564.13	105			50.00	\$22,349,40	\$ 212.85
May-19		\$17.010.08	0.9941	\$ 17.111.23	90			\$0.00	\$20,488,89	\$ 227.65
Jun-19		\$7,792.56	0.9930	\$ 7.847.34	87			\$0.00	\$23,376.90	\$ 268.70
Jul-19		\$24,884,63	0.9916	\$ 25.094.43	93			(\$718.67)	\$37,573.12	\$ 404.01
Aug-19		\$18,886,87	0.9896	\$ 19.086.02	91			(\$530.96)	\$25.103.57	\$ 275.86
Sep-19		\$11.026.57	0.9844	\$ 11.201.79	92			(\$182.18)	\$17,896.96	\$ 194.53
Oct-19		\$13.018.64	0.9782	\$ 13.308.40	91			(\$247.90)	\$17,550.05	\$ 192.86
Nov-19		\$18,250.08	0.8986	\$ 20.309.79	88			(\$312.69)	\$29.142.29	\$ 331.16
Dec-19	\$558.086.51	\$29,829,42	0.9317	\$ 32.014.48	76	\$ 421.24	\$95,683,88	(\$304.46)	\$39.578.35	\$ 520.77

Nov-12 Dec-19 55 * 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:	Small Group
Rate Effective Date:	1/1/2021

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$315,438,722.74	\$264,323,533.49	\$269,696,701.86	506,640	\$47,063,460.25	\$316,760,162.11		(\$14,153,272.73)	\$11,448.50	\$0.00	\$16,258,847.00	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 597.30
Institution											22.045/

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.55%	0.00%	0.00%	5.55%	18.92%
Outpatient Hospital	5.80%	0.00%	0.00%	5.80%	37.54%
Professional	5.25%	0.00%	0.00%	5.25%	22.56%
Other Medical	5.80%	0.00%	0.00%	5.80%	2.69%
Capitation		<i>V////////////////////////////////////</i>	<i></i>	3.00%	0.00%
Prescription Drugs	10.00%	1.15%	0.00%	11.27%	18.29%
Total Annual Trend		V/////////////////////////////////////		6.65%	100.00%
Months of Trend				24	V/////////////////////////////////////
Total Applied Trend Projection Factor	V/////////////////////////////////////	V/////////////////////////////////////	V/////////////////////////////////////	1.137	*//////////////////////////////////////

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-16		\$14,622,125.17	0.9382	\$ 15,585,789.41	39,399	\$ 395.59		(\$601,957.65)	\$19,037,802.77	\$ 483.21
Feb-16		\$16,176,962.65	1.0000	\$ 16,177,380.28	39,899	\$ 405.46		(\$686,371.42)	\$19,168,120.96	\$ 480.42
Mar-16		\$20,539,991.57	1.0000	\$ 20,540,527.89	40,814	\$ 503.27		(\$767,946.02)	\$23,636,950.56	\$ 579.14
Apr-16		\$17,668,196.13	1.0000	\$ 17,668,665.92	41,999	\$ 420.69		(\$743,037.49)	\$20,389,161.93	\$ 485.47
May-16		\$18,730,203.72	1.0000	\$ 18,730,673.03	43,546	\$ 430.14		(\$713,788.13)	\$21,432,993.49	\$ 492.19
Jun-16		\$20,415,946.81	1.0000	\$ 20,416,515.84	45,785	\$ 445.92		(\$837,589.95)	\$23,178,620.41	\$ 506.25
Jul-16		\$20.224.581.16	1.0000	\$ 20.225.119.42	48.171	S 419.86		(\$854.693.59)	\$22.740.811.29	\$ 472.09
Aug-16		\$24.412.466.48	1.0000	\$ 24.413.071.09	50.104	\$ 487.25		(\$946.083.04)	\$27.359.277.45	\$ 546.05
Sep-16		\$22.979.585.11	1.0000	\$ 22.980.195.59	53.350	S 430.74		(5867.914.92)	\$25.912.883.72	\$ 485.71
Oct-16		\$23.763.633.97	0.9564	\$ 24.846.337.14	56.174	\$ 442.31		(5872.479.64)	\$28.372.512.20	\$ 505.08
Nov-16		\$24.473.728.33	1.0000	\$ 24.474.418.35	57.671	S 424.38		(5912.631.80)	\$27.832.855.75	\$ 482.61
Dec-16	\$290,377,413.63	\$27,151,819.56	1.0000	\$ 27,152,621.37	69,697	\$ 389.58	\$47,894,994.39	(\$915,072.76)	\$32,324,752.78	\$ 463.79
Jan-17		\$29,496,468.18	1.0000	\$ 29,497,235.69	76,231	\$ 386.95		(\$1,053,886.05)	\$36,178,049.83	\$ 474.58
Feb-17		\$29,709,048.82	1.0000	\$ 29,709,863.32	77,113	\$ 385.28		(\$1,035,412.31)	\$35,512,266.03	\$ 460.52
Mar-17		\$35,171,249.58	1.0000	\$ 35,172,210.11	77,687	\$ 452.74		(\$1,207,090.09)	\$41,270,207.23	\$ 531.24
Apr-17		\$31,464,921.76	1.0000	\$ 31,465,692.01	77,961	\$ 403.61		(\$1,136,889.05)	\$36,609,045.50	\$ 469.58
May-17		\$36,126,357.35	1.0000	\$ 36,127,505.89	78,153	\$ 462.27		(\$1,305,729.41)	\$41,445,771.45	\$ 530.32
Jun-17		\$33,029,510.22	1.0000	\$ 33,030,682.94	78,146	\$ 422.68		(\$1,344,733.22)	\$38,188,905.00	\$ 488.69
Jul-17		\$33,235,715.14	0.9979	\$ 33,306,207.50	78,206	\$ 425.88		(\$1,269,392.61)	\$37,670,592.52	\$ 481.68
Aug-17		\$37,499,915.18	0.9999	\$ 37,501,837.01	78,292	\$ 479.00		(\$1,290,120.41)	\$42,526,391.95	\$ 543.18
Sep-17		\$33,316,625.75	0.9999	\$ 33,318,682.59	78,586	\$ 423.98		(\$1,211,021.93)	\$37,869,137.83	\$ 481.88
Oct-17		\$36,541,735.58	0.9998	\$ 36,549,225.73	77,996	\$ 468.60		(\$1,421,830.98)	\$41,480,988.22	\$ 531.83
Nov-17		\$37,659,425.48	0.9997	\$ 37,672,197.64	77,266	\$ 487.57		(\$1,406,138.07)	\$42,041,388.26	\$ 544.11
Dec-17	\$471.664.013.71	\$32,162,934.67	0.9996	\$ 32,174,779.25	74,210	\$ 433.56	\$77,576,361,20	(\$1,349,760.54)	\$37,277,731.39	\$ 502.33
Jan-18		\$33.356.303.50	0.9996	\$ 33.369.637.99	72.080	\$ 462.95		(\$1.411.832.89)	\$39.619.327.90	\$ 549.66
Feb-18		\$31.668.832.58	0.9996	\$ 31.682.673.66	71.502	\$ 443.10		(\$1.484.226.94)	\$36.658.018.01	\$ 512.69
Mar-18		\$34.171.722.77	0.9995	\$ 34.187.348.48	70.476	\$ 485.09		(\$1.620.528.17)	\$39.200.918.87	\$ 556.23
Apr-18		\$32,771,838.14	0.9994	\$ 32,790,440.76	69,690	\$ 470.52		(\$1,544,446.96)	\$37,382,083.88	\$ 536.41
May-18		\$33,793,985.92	0.9994	\$ 33,813,924.98	68,547	\$ 493.30		(\$1,512,135.94)	\$38,369,090.36	\$ 559.75
Jun-18		\$31,472,788.03	0.9993	\$ 31,495,325.76	67,479	\$ 466.74		(\$1,466,738.48)	\$35,364,205.81	\$ 524.08
Jul-18		\$31,763,295.06	0.9990	\$ 31,794,511.87	65,755	\$ 483.53		(\$1,449,752.88)	\$35,493,193.83	\$ 539.78
Aug-18		\$33,120,683.57	0.9990	\$ 33,152,659.04	64,682	\$ 512.55		(\$1,501,132.58)	\$36,967,365.47	\$ 571.52
Sep-18		\$28,343,979.32	0.9988	\$ 28,376,623.94	63,194	\$ 449.04	-	(\$1,332,876.37)	\$31,706,445.61	\$ 501.73
Oct-18		\$32,638,657.69	0.9985	\$ 32,686,177.71	60,886	\$ 536.84	-	(\$1,461,375.23)	\$36,404,454.84	\$ 597.91
Nov-18		\$29,073,114.80	0.9941	\$ 29,246,834.84	59,403	\$ 492.35	-	(\$1,372,071.52)	\$32,309,490.48	\$ 543.90
Dec-18	\$440.904.177.16	\$23,995,500.10	0.9872		48,404		\$67.361.316.44	(\$1,087,703.36)	\$27,545,257.15	\$ 569.07
Jan-19		\$24.303.648.97	0.9884		45.061	\$ 545.68		(\$1.106.459.71)	\$28.667.965.85	\$ 636.20
Feb-19		\$22.674.612.95	0.9975	\$ 22.732.533.09	44.451	S 511.41		(\$1.121.239.54)	\$25.850.123.50	\$ 581.54
Mar-19		\$23.075.015.82	0.9785	\$ 23.581.493.86	43.732	\$ 539.23		(\$1.098.847.05)	\$26.910.922.32	\$ 615.36
Apr-19		\$21.909.785.88	0.9954	\$ 22.010.652.84	43.120	\$ 510.45		(\$1.309.031.04)	\$24,885,546,99	\$ 577.12
May-19		\$23.189.610.72	0.9948	\$ 23.309.913.82	42.839	\$ 544.13		(\$1.326.189.38)	\$25.849.061.25	\$ 603.40
Jun-19		\$19,795,930.30	0.9937	\$ 19.921.284.76	42.342	s 470.49		(\$1.204.500.59)	\$22.190.594.96	\$ 524.08
Jul-19		\$24.174.641.28	0.9929	\$ 24.346.681.21	41.956	\$ 580.29		(\$1.129.988.67)	\$26.957.313.49	\$ 642.51
Aug-19		\$22.400.332.17	0.9909	\$ 22.605.659.41	41.460	\$ 545.24		(\$1.100.010.71)	\$24.989.622.16	\$ 602.74
Sep-19		\$20.654.603.93	0.9852	\$ 20.963.899.29	41.013	\$ 511.15		(\$1.004.350.63)	\$23.216.063.25	\$ 566.07
Oct-19		\$22,771,834.02	0.9794	\$ 23,250,147.28	40,716	\$ 571.03		(\$1,232,172.22)	\$25,732,498.80	\$ 632.00
Nov-19		\$19,496,161.84	0.9160	\$ 21,283,097.88	40,356	\$ 527.38		(\$1,196,280.29)	\$23,480,927.40	\$ 581.84
Dec-19 * Express Completion Factor as a p	\$315,438,722,74	\$19,877,355.61	0.9414	\$ 21,114,048.45	39,594	\$ 533.26	\$47.063.460.25	(\$1,324,202.90)	\$23,887,697.91	\$ 603.32

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

PA Rate Template Part II Rate Development and Change

Eminative later improved of change
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Carrier Name: Productivi: Market Sement: Rate Effective Date:	HMO Small Gro 1/1/2021					
Table 5. Development of the Projected Index Rate, Market-Adjusted Index I	Rate, and Total	Allowed	Claims			
Development of the Projected Index Rate		xperience	Manual Data			
Total Allowed EHE Claims + EHE Capitation PMPM (net of prescription data rebates) PMPM	s	405.65	\$ 597.	10 <- Actual Exp	mence PMPM shou	ld be consistent
Two year trend projection Factor	1	137	1.137			
Unadjusted Projected Allowed EHB Claims PM PM	5	462.55	\$ 679.	40		
Single Risk Pool Adjustment Factors				_		
Chanae in Mrchidity - Immart of Bainsurance Dovaram		000	1 000			
Chanze in Morbidity - All Other		620	0.610	<- See LIRIT	Instructions	
Total Non-Morbidity Changes		991	0.991			
Charate in Demoarraphics	1	.000	1.000	<- See LIRIT	Instructions	
Change in Network	0	992	0.991			
Change in Benefits	1	000	1.000	<- See LIRIT	Instructions	
Charase in Other	1	.000	1.000	<- See LIRIT	Instructions	
Total Aduated Projected Allowed EHB Claims PM PM			\$ 410.	37		
Credibility Factors		0%	100%	<- See Instru	ctions	
Blended Projected EHB Claims PM PM			\$ 410.	37 <- Projected	Index Rate	
Development of the Market-Adjusted Index Rate and Total Allowed Claims			-			
Adjusted Projected Allowed EHB Claims PM PM	5	410.37	<- Index Rate for	Projection Period or	URRT	
Protected Paid to Allowed Ratio		0.515				
Projected Incurred EHB Claims PMPM Market-wide Adjustments	5	211.31				
Market-wide Addattments Designated lass send Rick Addresses MARM		6110.14				
Projected Incurred Exchange User Fees PMPM		\$0.00				
Projected Incurred Reinsutance Recoveries PMPM		\$0.00				
Market-Adiusted Projected Incurred EHB Claims PMPM	5	149.47				
Market-Adjusted Projected Allowed EHE Claims PMPM	s	678.68	<- Market-Adjust	ed Index Rate		
Projected Allowed Non-EHE Claims PMPM		\$0.00				
Market-Adiasted Projected Incurred Total Claims PMPM	s	149.47				
Market-Aduated Projected Allowed Total Claims PMPM	s	678.68				
Table 6. Retention	Pero	entares	PMPM Amour	ta .		
Administrative Expenses General and Claims		16.56%	\$73			
General and Claims Ament/Broker Fees and Commissions		11.55% 4.61%	545 515			
Quality improvement initiatives		0.40%		.73		
Taxes and Pees		0.52%	52	26		
Risk Adustment User Fee		0.05%		.25		
PCDRI Fee P& Dramium & Other Taxes (f ambrable)		0.05%		.20		
PA Premium & Other Taxes (if applicable) Federal Income Tax		0.00%		.00		
Health Insurance Providers Fee (Prorated for Small Groups only)		0.00%		.00		
Profit/Contingency (after tax)		2.00%	54	.64		
Total Retention		19.08%	583	41		
Projected Required Revenue PMPM	۰.	411 55				
Protected Recurred Revenue PMPM Table 8. Components of Rate Chance	5	411.88	-			
Rate Components		020	2021	Difference	Percent Change	
A. Calibrated Plan Aduated Index Rate (PMPM)	5	294.45	\$ 268.			
	1					
Ease period allowed claims before normalization Normalization factor component of change	s s	547.76 (204.51)	\$ 507. \$ (225.	10 \$ 49.54 56) \$ (21.15)	16.8% -7.2%	
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268.72 \$ (29.91) -10.27

2.6% -1.5% -0.1% -30.9% -30.9% -0.0% 0.0% 0.0% 0.0% -0.0% -0.2% -2.3%

343.26 \$ 55.41 \$ (710.07) 6 . \$ 257.83 \$. \$ 445.52 \$

+H3.32 (204.80) \$ (204.80) \$ (204.80) \$ 41.75 \$ 10.27 \$ 5.89 \$ 57.92 \$

\$0.00 298.63



Table 5A. Small Group Projected Index Rate with Quarterly Trend										
Effective Date		1/1/2021		4/1/2021		7/1/2021		30/1/2021	Total	Sinele Risk Pool
# of Member Months Renewing in Quarter		195		122		115		111		766
Adjusted Projected Allowed EHB Claims PMPM	5	410.37	s	410.37	5	410.37	\$	410.37	\$	410.37
Months of Trans				3		6				
Annual Trend		6.65%		6.65%		6.65%		6.65%		
Sinele Risk Pool Projected Allowed Claims	5	410.37	s	417.03	5	423.80	\$	430.68	\$	422.28

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Average Age Factor	1.539	1.554
Average Geographic Factor	1.037	1.035
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$719.77	\$ 678.68
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 451.04	\$ 422.28

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

	2020	2021	
Paid-to-Allowed	0.540	0.515	
URRT Trend (Total Applied Trend Factor)	1.161		< LIRIT W1.52
LIRIT Morbidity	0.471	0.610	< URIT W1.52
LEBT "Oriver"	1 000	0.001	- 1007 W1 52
Risk Adustment	5222.18	\$ 138.16	< URIT W1.53
Exchange User Fee	\$0.00	s .	< URIT W1.53
Baimurance Barmarias	Ko on		2.1007 W1 53
Capitation	\$0.30	\$0.30	< URIT W1.52
Network	1.000	1.000	
Pricine AV	0.540	0.515	<- For 2020 in cell JB1. please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	1.000	1.000	
Catastrophic Elia/bility	1.000	1.000	
Administrative Expenses	14,18%	16.56%	
Taxes and Fees	1.49%	0.52%	
Profit and/or Contineency	2.00%	2.00%	

PA Rate Templat Table 10. Plan Rates	te Part III s														_	Gibration	Tatal Cover	red Uses # 82.65.2020	1										
Cantier Name: Productici: Market Segment: Rate Effective Date: Rate Period Start Date	Kirvitane Hkalth Plan Cen HMD Small Group 1/5/2021 1/5/2021	toi .													Gecerado Tobacco C	ration Factor 1554 In Calibration Factor 1015 Calibration Factor 1005 In Calibration Factor 1000 In Calibration Factor 1600		69 -	1										
Base Period Start Date Date of Most Recent Merel Market Adjusted Index Rate	bership: 2/1/2020										-	CFR Part 156	a (d) (2) Alia	wable Factors										63.0	1 3 3 3 3 Number of	Coursed Uses by R	alleg data		
(10-	Plan ID Film Type Indiad (MID, POI, IPO, IPO, Indexed) Indexedia Court	1/1/0333 Fian Madatina Vana	Serving, Madillard, New, Docominued & Mapped, Discontinued & Not Mapped (K,M,N,DM, Discut for 2021	1/1/2033 HOS Plan ID (If 1/1/2020 Plan Discontinued & Manardi	Metalla dal	din Ter Handard Al- Instal Approach (1 New Assessed) (1	Ga,Olfer	Peiring AV (sompany- determined AV	Breefs Exhansis (Indused femanti	Benefits in addition to DS	Produker Arisenti	Catalouphis Datable	Non Aunding of CBR Adjustment	Fue Pennium	Admin Ca	Tases & Pers (na) imbaling Sabange Patitor rek front Continuency	Total Covered Line Mapped ini 2023 Plans (P 01-0235	E2 Total Projected	-	0 Calibration n Adjustical Calibration Plan Adjusted Index PMPM Rate Rate PMPM	Pepsand Eate Change Compand is Prior 12 manifes	N of Total Covered Lives	1			. ,		Com	3021 Sectored/ Mass Mass Indicates
Totals - Current Membership Total - Projected Membership						0.435		6.515	1.000	1.000	1.000	1.000	1.000	5 10.0	14.4%				5	294.44 \$ 248.72	4.7%		-			32	35 -	22 45	
Tendend Plans MARCED	NAL NA	Based MAD 2003/0/10	DAM M	MAN/DAK	4/A 4/A	N/A STITLE Desired IV	bit.	0.515	1.000	1 200	100	80	\$1/6	N/A 5169.4	8% 2	14X 0.3X 1.0X		41 44	80	12N 44 1 248.72	8/A -8.7%	N/A 200.0N				12			0
flan 2 Flan 3														50.0 50.0							0.0% 0.0%	0.0% 0.0%							0 0
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Flan 7 Flan 8														50.0 50.0						5 · ·	0.0% 0.0%	0.0% 0.0% 0.0%							0 0
Flan 10 Flan 10 Flan 11														\$0.0 \$0.0							0.0% 0.0%	0.0% 0.0%					##		a a
Flan 12 Flan 13														50.0 50.0	2					1 .	0.0% 0.0%	0.0% 0.0%							0 0
flan 16 flan 15 flan 26														50.0 50.0	2						0.0% 0.0% 0.0%	0.0% 0.0% 0.0%						-	9
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Flan 28 Flan 28														\$0.0 \$0.0	2						0.0% 0.0% 0.0%	0.0% 0.0% 0.0%							0 0
Flan 22 Flan 23														50.0 50.0	1					8 8	0.0% 0.0%	0.0% 0.0%		==				-	9
Flan 26 Flan 25														50.0 50.0	1					5	0.0% 0.0% 0.0%	0.0% 0.0%							0 0
Flan 24 Flan 27 Flan 28														\$0.0 \$0.0 \$0.0	1						0.0% 0.0%	0.0% 0.0% 0.0%					##	-	9
Flan 28 Flan 33														\$0.0 \$0.0							0.0% 0.0%	0.0% 0.0%							a a a
Flan 31 Flan 32 Flan 33														\$0.0 \$0.0 \$0.0	1					1 · · ·	0.0% 0.0%	0.0% 0.0%			_		++		-
Flan 3.5 Flan 3.5														50.0	1						0.0% 0.0%	0.0%			_			-	9
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Flan 18 Flan 18 Flan 28	_													\$0.0 \$0.0 \$0.0	5						0.0% 0.0% 0.0%	0.0% 0.0%							0 0 0
Flan 61 Flan 62														50.0	2						0.0% 0.0%	0.0%							
flan 65 flan 66														50.0				-		8 · · ·	0.0% 0.0%	0.0%							a a a
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Flan 68 Flan 68														50.0 50.0							0.0% 0.0%	0.0%					##		-
Flan 53														\$0.0				×		8 · ·	0.0%	0.0%						-	a

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PA Rate Quarterly Template Part V Consumer Factors

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

E.

Keystone Health Plan Central HMO Small Group 1/1/2021

Table 12. Age and Tobacco Factors

E.

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

*PA follows the federal default age curve.

Table 13. Geographic Factors

Geographic Area Factors									
Area	Counties	Current Factor	Proposed Factor						
Rating Area 1									
Rating Area 2									
Rating Area 3									
Rating Area 4									
Rating Area 5									
Rating Area 6	Centre, Columbia, Lehigh, Mifflin, Montour, Northampton, Northumberland, Schutlkill, Snyder, Union	1.000	1.000						
Rating Area 7	Adams, Berks, Lancaster, York	1.080	1.080						
Rating Area 8									
Rating Area 9	Cumberland, Dauphin, Franklin, Fulton, Juniata, Lebanon, Perry	1.020	1.020						

Table 14. Network Factors

Projection Period Network Factors						
Network Name	Rating Area	Current Factor	Proposed Factor	DOH Approval Date		
НМО	All	1.000	1.000			

Keystone Health Plan Central Small Group Rates Effective 1/1/2021 Table B

			Projected	Projected Allowed	Projected Paid		Average Tobacco	AV and Cost	(8)/(6*7) Induced	Induced Demand
<u>Plan ID</u>	Plan Name	Metal Level	Membership	Claims	<u>Claims</u>	Factor	Factor	Sharing Factor	Utilization	Table 10
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
53789PA0090004	Bronze HMO 8000/0/50	Bronze	766	\$519,870	\$267,697	0.51	1.000	0.51	1.00	1.00
Total			766	519,870	267,697	0.51	1.00	0.51	1.00	1.00
PMPM				678.68	349.47					
Rate Dev II				678.68	349.47					

	Keystone Health Plan Central
Company Name:	(KHPC)
Market:	Small Group
Product:	НМО
ve Date of Rates:	January 1, 2021

Product:	HN	10				_	
Effective Date of Rates:	January	1, 2021			Ending date of F	Rates:	
					0	•	
HIOS Plan ID (On Exchange)=>							
	53789PA	0000004	E 27000 A	0000004	53789PA0090004		
HIOS Plan ID (Off Exchange)=>			53789PA0090004 Bronze HMO 8000/0/50		Bronze HMO 8000/0/50		
Plan Marketing Name =>	Bronze HMC						
Form # =>	C21-KH	PC-SPG	C21-KH	C21-KHPC-SPG		PC-SPG	
Rating Area =>	E		-		9		
Network =>	HN	//0	HN	/10	HM	10	
Metal =>	Bro	nze	Bro	nze	Bror	ıze	
Deductible =>	\$8000 Med/F	Rx Combined	\$8000 Med/	Rx Combined	\$8000 Med/R		
Coinsurance =>	0		0		0%		
Copays =>	\$50/\$0/\$0 F		\$50/\$0/\$0		\$50/\$0/\$0 P		
	\$8550 Med/F		\$8550 Med/I		\$8550 Med/R		
OOP Maximum =>							
Pediatric Dental (Yes/No) =>	Ye		Y		Ye	-	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0 - 14	\$205.57	\$205.57	\$222.02	\$222.02	\$209.68	\$209.68	
15	\$223.84	\$223.84	\$241.75	\$241.75	\$228.32	\$228.32	
16	\$230.83	\$230.83	\$249.30	\$249.30	\$235.45	\$235.45	
17	\$237.82	\$237.82	\$256.84	\$256.84	\$242.57	\$242.57	
18	\$245.34	\$245.34	\$264.97	\$264.97	\$250.25	\$250.25	
19	\$252.87	\$252.87	\$273.09	\$273.09	\$257.92	\$257.92	
20	\$260.66	\$260.66	\$281.51	\$281.51	\$265.87	\$265.87	
20 21			\$281.51				
	\$268.72	\$268.72	-	\$290.22	\$274.09	\$274.09	
22	\$268.72	\$268.72	\$290.22	\$290.22	\$274.09	\$274.09	
23	\$268.72	\$268.72	\$290.22	\$290.22	\$274.09	\$274.09	
24	\$268.72	\$268.72	\$290.22	\$290.22	\$274.09	\$274.09	
25	\$269.79	\$269.79	\$291.38	\$291.38	\$275.19	\$275.19	
26	\$275.17	\$275.17	\$297.18	\$297.18	\$280.67	\$280.67	
27	\$281.62	\$281.62	\$304.15	\$304.15	\$287.25	\$287.25	
28	\$292.10	\$292.10	\$315.47	\$315.47	\$297.94	\$297.94	
29	\$300.70	\$300.70	\$324.75	\$324.75	\$306.71	\$306.71	
30	\$305.00	\$305.00	\$329.40	\$329.40	\$311.10	\$311.10	
31	\$311.45	\$311.45	\$336.36	\$336.36	\$317.68	\$317.68	
32	\$317.90	\$317.90	\$343.33	\$343.33	\$324.25	\$324.25	
33	\$321.93	\$321.93	\$347.68	\$347.68	\$328.37	\$328.37	
34	\$326.23	\$326.23	\$352.32	\$352.32	\$332.75	\$332.75	
35	\$328.38	\$328.38	\$354.65	\$354.65	\$334.94	\$334.94	
36	\$330.53	\$330.53	\$356.97	\$356.97	\$337.14	\$337.14	
37	\$332.68	\$332.68	\$359.29	\$359.29	\$339.33	\$339.33	
38	\$334.83	\$334.83	\$361.61	\$361.61	\$341.52	\$341.52	
39	\$339.12	\$339.12	\$366.25	\$366.25	\$345.91	\$345.91	
40	\$343.42	\$343.42	\$370.90	\$370.90	\$350.29	\$350.29	
40							
	\$349.87	\$349.87	\$377.86	\$377.86	\$356.87	\$356.87	
42	\$356.05	\$356.05	\$384.54	\$384.54	\$363.18	\$363.18	
43	\$364.65	\$364.65	\$393.83	\$393.83	\$371.95	\$371.95	
44	\$375.40	\$375.40	\$405.43	\$405.43	\$382.91	\$382.91	
45	\$388.03	\$388.03	\$419.07	\$419.07	\$395.79	\$395.79	
46	\$403.08	\$403.08	\$435.33	\$435.33	\$411.14	\$411.14	
47	\$420.01	\$420.01	\$453.61	\$453.61	\$428.41	\$428.41	
48	\$439.36	\$439.36	\$474.51	\$474.51	\$448.14	\$448.14	
49	\$458.44	\$458.44	\$495.11	\$495.11	\$467.61	\$467.61	
50	\$479.93	\$479.93	\$518.33	\$518.33	\$489.53	\$489.53	
51		\$501.16	\$541.26	\$541.26	\$511.19	\$511.19	
	\$501.16						
52	\$524.54	\$524.54	\$566.50	\$566.50	\$535.03	\$535.03	
53	\$548.19	\$548.19	\$592.04	\$592.04	\$559.15	\$559.15	
54	\$573.72	\$573.72	\$619.61	\$619.61	\$585.19	\$585.19	
55	\$599.25	\$599.25	\$647.19	\$647.19	\$611.23	\$611.23	
56	\$626.92	\$626.92	\$677.08	\$677.08	\$639.46	\$639.46	
57	\$654.87	\$654.87	\$707.26	\$707.26	\$667.97	\$667.97	
58	\$684.70	\$684.70	\$739.47	\$739.47	\$698.39	\$698.39	
59	\$699.48	\$699.48	\$755.44	\$755.44	\$713.47	\$713.47	
60	\$729.31	\$729.31	\$787.65	\$787.65	\$743.89	\$743.89	
	\$7EE 10	\$7EE 10	¢01E E1	¢91E E1	\$770.21	\$770.21	

\$755.10

\$772.03

\$793.26

\$806.15

61

62

63

64+

\$755.10

\$772.03

\$793.26

\$806.15

\$815.51

\$833.80

\$856.72

\$870.65

\$815.51

\$833.80

\$856.72

\$870.65

\$770.21

\$787.47

\$809.13

\$822.27

Г March 31, 2021

\$770.21

\$787.47

\$809.13

\$822.27

	Keystone Health Plan Central
Company Name:	(KHPC)
Market:	Small Group
Product:	НМО
Effective Date of Rates:	April 1, 2021

Effective Date of Rates:	April 1	, 2021	1		Ending date of	Nates.
HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	53789PA	0090004	53789PA0090004		53789PA0090004	
Plan Marketing Name =>	Bronze HMC	0 8000/0/50	Bronze HMO 8000/0/50		Bronze HMO 8000/0/50	
Form # =>	C21-KH	PC-SPG	C21-KH	PC-SPG	C21-KH	PC-SPG
Rating Area =>		-		7		
Network =>	HN	-	HN	-	HMO	
Metal =>	Bro		Bro		Bro	
Deductible =>	\$8000 Med/I		\$8000 Med/I		\$8000 Med/I	
Coinsurance =>	0		0		0	
Copays => OOP Maximum =>	\$50/\$0/\$0 F \$8550 Med/F		\$50/\$0/\$0 I \$8550 Med/I		\$50/\$0/\$0 I \$8550 Med/I	
Pediatric Dental (Yes/No) =>	38550 Wed/1		Y		38550 Wied/i	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$208.91	\$208.91	\$225.62	\$225.62	\$213.08	\$213.08
15	\$227.48	\$227.48	\$245.67	\$245.67	\$232.03	\$232.03
16	\$234.58	\$234.58	\$253.34	\$253.34	\$239.27	\$239.27
17	\$241.68	\$241.68	\$261.01	\$261.01	\$246.51	\$246.51
18	\$249.32	\$249.32	\$269.27	\$269.27	\$254.31	\$254.31
19	\$256.97	\$256.97	\$277.53	\$277.53	\$262.11	\$262.11
20	\$264.89	\$264.89	\$286.08	\$286.08	\$270.19	\$270.19
21	\$273.08	\$273.08	\$294.93	\$294.93	\$278.54	\$278.54
22	\$273.08	\$273.08	\$294.93	\$294.93	\$278.54	\$278.54
23	\$273.08	\$273.08	\$294.93	\$294.93	\$278.54	\$278.54
24 25	\$273.08	\$273.08	\$294.93	\$294.93 \$296.11	\$278.54 \$279.66	\$278.54 \$279.66
25	\$274.17 \$279.63	\$274.17 \$279.63	\$296.11 \$302.00	\$296.11	\$279.00	\$279.66
20	\$275.03	\$279.03	\$302.00	\$302.00	\$285.25	\$283.23
28	\$296.84	\$296.84	\$320.58	\$320.58	\$302.77	\$302.77
29	\$305.58	\$305.58	\$330.02	\$330.02	\$311.69	\$311.69
30	\$309.95	\$309.95	\$334.74	\$334.74	\$316.14	\$316.14
31	\$316.50	\$316.50	\$341.82	\$341.82	\$322.83	\$322.83
32	\$323.05	\$323.05	\$348.90	\$348.90	\$329.51	\$329.51
33	\$327.15	\$327.15	\$353.32	\$353.32	\$333.69	\$333.69
34	\$331.52	\$331.52	\$358.04	\$358.04	\$338.15	\$338.15
35	\$333.70	\$333.70	\$360.40	\$360.40	\$340.38	\$340.38
36	\$335.89	\$335.89	\$362.76	\$362.76	\$342.61	\$342.61
37	\$338.07	\$338.07	\$365.12	\$365.12	\$344.83	\$344.83
38	\$340.26	\$340.26	\$367.48	\$367.48	\$347.06	\$347.06
39 40	\$344.63	\$344.63	\$372.20	\$372.20 \$376.92	\$351.52	\$351.52
40 41	\$349.00 \$355.55	\$349.00 \$355.55	\$376.92 \$383.99	\$376.92	\$355.98 \$362.66	\$355.98 \$362.66
41 42	\$361.83	\$361.83	\$390.78	\$390.78	\$369.07	\$369.07
42	\$370.57	\$370.57	\$400.22	\$400.22	\$377.98	\$377.98
44	\$381.49	\$381.49	\$412.01	\$412.01	\$389.12	\$389.12
45	\$394.33	\$394.33	\$425.87	\$425.87	\$402.21	\$402.21
46	\$409.62	\$409.62	\$442.39	\$442.39	\$417.81	\$417.81
47	\$426.82	\$426.82	\$460.97	\$460.97	\$435.36	\$435.36
48	\$446.49	\$446.49	\$482.20	\$482.20	\$455.42	\$455.42
49	\$465.87	\$465.87	\$503.14	\$503.14	\$475.19	\$475.19
50	\$487.72	\$487.72	\$526.74	\$526.74	\$497.48	\$497.48
51	\$509.29	\$509.29	\$550.04	\$550.04	\$519.48	\$519.48
52	\$533.05	\$533.05	\$575.70	\$575.70	\$543.71	\$543.71
53 54	\$557.08	\$557.08	\$601.65	\$601.65	\$568.22	\$568.22
54 55	\$583.03 \$608.97	\$583.03 \$608.97	\$629.67 \$657.69	\$629.67 \$657.69	\$594.69 \$621.15	\$594.69 \$621.15
55	\$637.10	\$637.10	\$688.06	\$688.06	\$649.84	\$649.84
57	\$665.50	\$665.50	\$718.74	\$718.74	\$678.81	\$678.81
58	\$695.81	\$695.81	\$751.47	\$751.47	\$709.72	\$709.72
59	\$710.83	\$710.83	\$767.69	\$767.69	\$725.04	\$725.04
60	\$741.14	\$741.14	\$800.43	\$800.43	\$755.96	\$755.96
61	\$767.35	\$767.35	\$828.74	\$828.74	\$782.70	\$782.70
62	\$784.56	\$784.56	\$847.32	\$847.32	\$800.25	\$800.25
63	\$806.13	\$806.13	\$870.62	\$870.62	\$822.25	\$822.25
64+	\$819.23	\$819.23	\$884.78	\$884.78	\$835.61	\$835.61

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June 30, 2021

	Keystone Health Plan Central
Company Name:	(KHPC)
Market:	Small Group
Product:	НМО
Effective Date of Rates:	July 1, 2021

Ending	date	of Rates:
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	September 30, 2021	
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HIOS Plan ID (On Exchange)=>	F276054	000004	F 3 7 9 0 5 4	0000004	F 27905 A	000004	
HIOS Plan ID (Off Exchange)=>	53789PA		53789PA0090004		53789PA0090004 Bronze HMO 8000/0/50		
Plan Marketing Name =>	Bronze HMC		Bronze HMO 8000/0/50				
Form # =>	C21-KH		C21-KHPC-SPG 7		C21-KHPC-SPG		
Rating Area => Network =>	HN C		HN		3		
Metal =>	Bro		Bro		HMO Bronze		
Deductible =>	\$8000 Med/I	-	\$8000 Med/I	-	\$8000 Med/R		
Coinsurance =>	38000 Med/1		38000 Wieu/1		38000 Wieu/ N 09		
Copays =>	\$50/\$0/\$0		\$50/\$0/\$0		\$50/\$0/\$0 P		
OOP Maximum =>	\$8550 Med/I		\$8550 Med/I		\$8550 Med/R		
Pediatric Dental (Yes/No) =>	Ye		Y		Ye		
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0 - 14	\$212.30	\$212.30	\$229.28	\$229.28	\$216.54	\$216	
15	\$231.17	\$231.17	\$249.66	\$249.66	\$235.79	\$235	
16	\$238.38	\$238.38	\$257.45	\$257.45	\$243.15	\$243	
17	\$245.60	\$245.60	\$265.24	\$265.24	\$250.51	\$250	
18	\$253.37	\$253.37	\$273.64	\$273.64	\$258.43	\$258	
19	\$261.14	\$261.14	\$282.03	\$282.03	\$266.36	\$266	
20	\$269.18	\$269.18	\$290.72	\$290.72	\$274.57	\$274	
21	\$277.51	\$277.51	\$299.71	\$299.71	\$283.06	\$283	
22	\$277.51	\$277.51	\$299.71	\$299.71	\$283.06	\$283	
23	\$277.51	\$277.51	\$299.71	\$299.71	\$283.06	\$283	
24	\$277.51	\$277.51	\$299.71	\$299.71	\$283.06	\$283	
25	\$278.62	\$278.62	\$300.91	\$300.91	\$284.19	\$284	
26	\$284.17	\$284.17	\$306.90	\$306.90	\$289.85	\$289	
27	\$290.83	\$290.83	\$314.10	\$314.10	\$296.65	\$296	
28	\$301.65	\$301.65	\$325.79	\$325.79	\$307.69	\$307	
29	\$310.53	\$310.53	\$335.38	\$335.38	\$316.74	\$316	
30	\$314.97	\$314.97	\$340.17	\$340.17	\$321.27	\$321	
31	\$321.63	\$321.63	\$347.36	\$347.36	\$328.07	\$328	
32	\$328.29	\$328.29	\$354.56	\$354.56	\$334.86	\$334	
33	\$332.46	\$332.46	\$359.05	\$359.05	\$339.11	\$339	
34	\$336.90	\$336.90	\$363.85	\$363.85	\$343.64	\$343	
35	\$339.12	\$339.12	\$366.25	\$366.25	\$345.90	\$345	
36	\$341.34	\$341.34	\$368.64	\$368.64	\$348.16	\$348	
37	\$343.56	\$343.56	\$371.04	\$371.04	\$350.43	\$350	
38	\$345.78	\$345.78	\$373.44	\$373.44	\$352.69	\$352	
39	\$350.22	\$350.22	\$378.24	\$378.24	\$357.22	\$357	
40	\$354.66	\$354.66	\$383.03	\$383.03	\$361.75	\$361	
41	\$361.32	\$361.32	\$390.22	\$390.22	\$368.54	\$368	
42	\$367.70	\$367.70	\$397.12	\$397.12	\$375.05	\$375	
43 44	\$376.58	\$376.58	\$406.71	\$406.71	\$384.11	\$384	
44 45	\$387.68 \$400.72	\$387.68 \$400.72	\$418.70	\$418.70	\$395.44 \$408.74	\$395 \$408	
45 46			\$432.78 \$449.57	\$432.78 \$449.57		\$408 \$424	
46 47	\$416.26 \$433.75	\$416.26 \$433.75	\$449.57 \$468.45	\$449.57 \$468.45	\$424.59 \$442.42	\$424 \$442	
47	\$433.75 \$453.73	\$433.75 \$453.73	\$468.45	\$468.45 \$490.03	\$442.42 \$462.80	\$442 \$462	
48	\$473.43	\$453.73	\$490.03	\$490.03 \$511.31	\$482.80	\$462 \$482	
49 50	\$495.63	\$495.63	\$535.28	\$535.28	\$482.90	\$482	
50	\$517.56	\$517.56	\$558.96	\$558.96	\$527.91	\$505	
52	\$541.70	\$541.70	\$585.04	\$585.04	\$552.53	\$552	
53	\$566.12	\$566.12	\$611.41	\$611.41	\$577.44	\$577	
54	\$592.48	\$592.48	\$639.88	\$639.88	\$604.33	\$604	
55	\$618.85	\$618.85	\$668.36	\$668.36	\$631.22	\$631	
56	\$647.43	\$647.43	\$699.23	\$699.23	\$660.38	\$660	
57	\$676.29	\$676.29	\$730.40	\$730.40	\$689.82	\$689	
58	\$707.10	\$707.10	\$763.66	\$763.66	\$721.24	\$721	
59	\$722.36	\$722.36	\$780.15	\$780.15	\$736.81	\$736	
60	\$753.16	\$753.16	\$813.42	\$813.42	\$768.23	\$768	
61	\$779.80	\$779.80	\$842.19	\$842.19	\$795.40	\$795	
62	\$797.29	\$797.29	\$861.07	\$861.07	\$813.23	\$813	
63	\$819.21	\$819.21	\$884.75	\$884.75	\$835.59	\$835	
64+	\$832.52	\$832.52	\$899.12	\$899.12	\$849.17	\$849	

	Keystone Health Plan Central
Company Name:	(KHPC)
Market:	Small Group
Product:	НМО
Effective Date of Rates:	October 1, 2021

Ending	date	of	Rates:
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Decembe	r 31, 2021

Product:	НМ	0				_
Effective Date of Rates:	October 1, 2021			Ending date of F	of Rates:	
HIOS Plan ID (On Exchange)=> HIOS Plan ID (Off Exchange)=>	E2790DA0	000004	53789PA	000004	E2790DA	000004
Plan Marketing Name =>	53789PA0090004 Bronze HMO 8000/0/50				53789PA0090004 Bronze HMO 8000/0/50	
Form # =>	C21-KHPC-SPG		Bronze HMO 8000/0/50 C21-KHPC-SPG		C21-KHPC-SPG	
Rating Area =>	6		7		9	
Network =>	НМО		НМО		НМО	
Metal =>	Bronze		Bronze		Bronze	
Deductible =>	\$8000 Med/Rx Combined		\$8000 Med/Rx Combined		\$8000 Med/Rx Combined	
Coinsurance =>	0%		0%		0%	
Copays =>	\$50/\$0/\$0 PCP/SPC/ER		\$50/\$0/\$0 PCP/SPC/ER		\$50/\$0/\$0 PCP/SPC/ER \$8550 Med/Rx Combined	
OOP Maximum => Pediatric Dental (Yes/No) =>	\$8550 Med/Rx Combined Yes		\$8550 Med/Rx Combined Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco Tobacco	
0 - 14	\$215.74	\$215.74	\$233.00	\$233.00	\$220.05	\$220.05
15	\$234.91	\$234.91	\$253.71	\$253.71	\$239.61	\$239.61
16	\$242.25	\$242.25	\$261.63	\$261.63	\$247.09	\$247.09
17	\$249.58	\$249.58	\$269.55	\$269.55	\$254.57	\$254.57
18	\$257.48	\$257.48	\$278.07	\$278.07	\$262.62	\$262.62
19	\$265.37	\$265.37	\$286.60	\$286.60	\$270.68	\$270.68
20	\$273.55	\$273.55	\$295.43	\$295.43	\$279.02	\$279.02
21 22	\$282.01	\$282.01	\$304.57	\$304.57 \$204.57	\$287.65	\$287.65
22 23	\$282.01 \$282.01	\$282.01 \$282.01	\$304.57 \$304.57	\$304.57 \$304.57	\$287.65 \$287.65	\$287.65 \$287.65
23	\$282.01	\$282.01	\$304.57	\$304.57 \$304.57	\$287.65	\$287.65
25	\$283.14	\$283.14	\$305.79	\$305.79	\$288.80	\$288.80
26	\$288.78	\$288.78	\$311.88	\$311.88	\$294.55	\$294.55
27	\$295.55	\$295.55	\$319.19	\$319.19	\$301.46	\$301.46
28	\$306.54	\$306.54	\$331.07	\$331.07	\$312.68	\$312.68
29	\$315.57	\$315.57	\$340.81	\$340.81	\$321.88	\$321.88
30	\$320.08	\$320.08	\$345.69	\$345.69	\$326.48	\$326.48
31	\$326.85	\$326.85	\$353.00	\$353.00	\$333.39	\$333.39
32 33	\$333.62 \$337.85	\$333.62 \$337.85	\$360.31 \$364.88	\$360.31 \$364.88	\$340.29 \$344.60	\$340.29 \$344.60
35	\$342.36	\$342.36	\$364.88 \$369.75	\$364.88 \$369.75	\$344.00 \$349.21	\$349.21
35	\$344.62	\$344.62	\$372.19	\$372.19	\$351.51	\$351.51
36	\$346.87	\$346.87	\$374.62	\$374.62	\$353.81	\$353.81
37	\$349.13	\$349.13	\$377.06	\$377.06	\$356.11	\$356.11
38	\$351.38	\$351.38	\$379.50	\$379.50	\$358.41	\$358.41
39	\$355.90	\$355.90	\$384.37	\$384.37	\$363.01	\$363.01
40	\$360.41	\$360.41	\$389.24	\$389.24	\$367.62	\$367.62
41	\$367.18	\$367.18	\$396.55	\$396.55	\$374.52	\$374.52
42 43	\$373.66	\$373.66	\$403.56	\$403.56 \$412.20	\$381.14	\$381.14
43 44	\$382.69 \$393.97	\$382.69 \$393.97	\$413.30 \$425.49	\$413.30 \$425.49	\$390.34 \$401.85	\$390.34 \$401.85
44	\$407.22	\$407.22	\$439.80	\$439.80	\$415.37	\$415.37
46	\$423.02	\$423.02	\$456.86	\$456.86	\$431.48	\$431.48
47	\$440.78	\$440.78	\$476.04	\$476.04	\$449.60	\$449.60
48	\$461.09	\$461.09	\$497.97	\$497.97	\$470.31	\$470.31
49	\$481.11	\$481.11	\$519.60	\$519.60	\$490.73	\$490.73
50	\$503.67	\$503.67	\$543.96	\$543.96	\$513.74	\$513.74
51	\$525.95	\$525.95	\$568.02	\$568.02	\$536.47	\$536.47
52	\$550.48	\$550.48	\$594.52	\$594.52	\$561.49	\$561.49
53 54	\$575.30 \$602.09	\$575.30 \$602.09	\$621.32 \$650.26	\$621.32 \$650.26	\$586.81 \$614.13	\$586.81 \$614.13
55	\$628.88	\$628.88	\$679.19	\$679.19	\$641.46	\$641.46
56	\$657.93	\$657.93	\$710.56	\$710.56	\$671.09	\$671.09
57	\$687.26	\$687.26	\$742.24	\$742.24	\$701.00	\$701.00
58	\$718.56	\$718.56	\$776.05	\$776.05	\$732.93	\$732.93
59	\$734.07	\$734.07	\$792.80	\$792.80	\$748.75	\$748.75
60	\$765.38	\$765.38	\$826.61	\$826.61	\$780.68	\$780.68
61	\$792.45	\$792.45	\$855.84	\$855.84	\$808.30	\$808.30
62	\$810.21	\$810.21	\$875.03	\$875.03	\$826.42	\$826.42
63	\$832.49	\$832.49	\$899.09	\$899.09 \$913.70	\$849.14	\$849.14 \$862.94
64+	\$846.02	\$846.02	\$913.70	2913.70	\$862.94	2002.94

Keystone Health Plan Central (KHPC) Small Group Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
53789PA0090004	Bronze HMO 8000/0/50	НМО	Bronze	Off	HMO	6,7,9	All

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

					RATING AR	EA 6									RATING	AREA 7			RATING AREA 9						
	02-01-2020 Number of Cover	ed Lives by Ra	ting County		0	0	5	0	0	7	0	0	0	0	0	14	13	8	4	15	1	0	0	2	0
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
53789PA0090004	Bronze HMO 8000/0/50	нмо	Bronze	Off	\$268.72	\$268.72	\$268.72	\$268.72	\$268.72	\$268.72	\$268.72	\$268.72	\$268.72	\$268.72	\$290.22	2 \$290.22	\$290.22	\$290.22	\$274.09	\$274.09	\$274.09	\$274.09	\$274.09	\$274.09	\$274.09
	·			Exchange																					

A B	C	D	E	F	G	Н	1	JKLMNOPQR
Unified Rate Review v5.1								To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl +
								To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L
Company Legal Name:	Keystone Health Plan Central					5	State: PA	To validate, select the Validate button or Ctrl + Shift + I.
HIOS Issuer ID:	53789						Market: Small Gro	
	1/1/2021	1						
Effective Date of Nate change(s).	1/1/2021							
Market Level Calculations (Same for	all Diane)							
Warket Level Calculations (Same for	an riansj							
Section I: Experience Period Data			_					
Experience Period:		1/1/2019		12/31/2019				
			Total	PMPM				
Allowed Claims			\$465,619.73					
Reinsurance Incurred Claims in Experience Period			\$0.00 \$369,935.85					
Risk Adjustment			-\$149,358.00					
Experience Period Premium			\$558,086.51					
Experience Period Member Months			1,145					
L				·]	1			
Section II: Projections								
		Year	1 Trend	Year 2	Trend			
Benefit Category	Experience Period Index					Trended EHB Allowed Claims		
	Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM		
Inpatient Hospital Outpatient Hospital	\$42.19 \$207.76	1.05		1.057	1.000	\$47.00 \$232.56		
Professional	\$89.34	1.05		1.055		\$232.56		
Other Medical	\$27.13	1.05		1.052		\$30.37		
Capitation	\$10.00	1.03		1.030	1.000	\$10.61		
Prescription Drug	\$30.24	1.09	i 1.010	1.104	1.013	\$37.44		
Total	\$406.66					\$456.94		
Morbidity Adjustment				0.610				
Demographic Shift				1.000				
Plan Design Changes Other				0.991				
Adjusted Trended EHB Allowed Claim	s PMPM for	1/1/202		\$276.23				
		1/1/202		0270125	1			
Manual EHB Allowed Claims PMPM				\$410.37				
Applied Credibility %				0.00%				
					Projected Period Totals	1		
Projected Index Rate for		1/1/202	L	\$410.37	\$314,343.42			
Reinsurance Rick Adjustment Payment/Charge				\$0.00 -\$268.31	\$0.00 -\$205,525.46			
Risk Adjustment Payment/Charge Exchange User Fees				-\$268.31 0.00%	-\$205,525.46			
Market Adjusted Index Rate				\$678.68	\$519,868.88			
				Çevelec	\$515,666,66	I		
Projected Member Months				766				
Information Not Releasable to t	he Public Unless Authorized b	y Law: This information has not be	en publically disclosed and may be	privileged and confidential. It is for ir	nternal government use only and m	ust not be disseminated, distribute	d, or copied to perso	ins not authorized to receive the information. Unauthorized disclosure may result in
					e full extent of the law.			

Product-Plan Data Collection

				To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
Company Legal Name:	Keystone Health Plan Central	State:	PA	To validate, select the Validate button or Ctrl + Shift + I.
HIOS Issuer ID:	53789	Market:	Small Group	To finalize, select the Finalize button or Ctrl + Shift + F.
Effective Date of Rate Change(s):	1/1/2021			To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product buttan or Ctrl + Shift + Q. To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

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

Proc
 Field #
 Section E General Product and Plan Information

 1.1 Product Name
 1.2 Product ID

 1.2 Product ID
 1.3 Plan Name

 1.4 Plan ID (Standard Component ID)
 1.5 More and Plan Information

 1.6 AV Metal Value
 1.7 Plan Category

 1.8 Plan Type
 1.8 Plan Type

 1.9 Locategory
 1.1 Comparison Plan Plan

 1.10 Effective Road Proposed Rates
 1.11 Committee Rate Change % (over 12 mos prior)

 1.2 Product Rate Increase %
 1.3 Submitsion Level Rate Increase %
 HMO 53789PA009 8000/0/50 53789PA0090004 Bronze 0.635 Renewing HMO No 1/1/2021 -8.74% -8.74%

Worksheet 1 Totals	Section II: Experience Period and Current Plan	n Level Information	
	2.1 Plan ID (Standard Component ID)	Total	53789PA0090004
\$465,620	2.2 Allowed Claims	\$465,620	\$465,620
\$0	2.3 Reinsurance	\$0	\$0
	2.4 Member Cost Sharing	\$95,684	\$95,684
	2.5 Cost Sharing Reduction	\$0	\$0
\$369,936	2.6 Incurred Claims	\$369,936	\$369,936
-\$149,358	2.7 Risk Adjustment Transfer Amount	-\$149,358	-\$149,358
\$558,087	2.8 Premium	\$558,087	\$558,087
1,145	2.9 Experience Period Member Months	1,145	1,145
	2.10 Current Enrollment	69	69
	2.11 Current Premium PMPM	\$464.85	\$464.85
	2.12 Loss Ratio	90.51%	90.51%
	Per Member Per Month		
	2.13 Allowed Claims	\$406.65	\$406.65
	2.14 Reinsurance	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$83.57	\$83.57
	2.16 Cost Sharing Reduction	\$0.00	\$0.00
	2.17 Incurred Claims	\$323.09	\$323.09
	2.18 Risk Adjustment Transfer Amount	-\$130.44	-\$130.44
	2.19 Premium	\$487.41	\$487.41

Section III: Plan Adjustment Factors		
3.1 Plan ID (Standard Component ID)		53789PA0090004
3.2 Market Adjusted Index Rate		\$678.68
3.3 AV and Cost Sharing Design of Plan		0.5149
3.4 Provider Network Adjustment		1.0000
3.5 Benefits in Addition to EHB		1.0000
Administrative Costs		
3.6 Administrative Expense		16.56%
3.7 Taxes and Fees		0.52%
3.8 Profit & Risk Load		2.00%
3.9 Catastrophic Adjustment		1.0000
3.10 Plan Adjusted Index Rate		\$431.85
3.11 Age Calibration Factor	0.6437	0.6437
3.12 Geographic Calibration Factor	0.9667	0.9667
3.13 Tobacco Calibration Factor	1.0000	1.0000
3.14 Calibrated Plan Adjusted Index Rate		\$268.72

3.14 Calibrated Plan Adjusted Index Rate		\$268.7
3.13 Tobacco Calibration Factor	1.0000	1.0000
3.12 Geographic Calibration Factor	0.9667	0.9667
3.11 Age Calibration Factor	0.0437	0.0437

Section IV: Projected Plan Level Information

Section III: Plan Adjustment Factors

4.1 Plan ID (Standard Component ID)	Total	53789PA0090004
4.2 Allowed Claims	\$314,346	\$314,346
4.3 Reinsurance	\$0	\$0
4.4 Member Cost Sharing	\$152,479	\$152,479
4.5 Cost Sharing Reduction	\$0	\$0
4.6 Incurred Claims	\$161,867	\$161,867
4.7 Risk Adjustment Transfer Amount	-\$105,831	-\$105,831
4.8 Premium	\$330,820	\$330,820
4.9 Projected Member Months	766	766
4.10 Loss Ratio	71.94%	71.94%
Per Member Per Month		
4.11 Allowed Claims	\$410.37	\$410.37
4.12 Reinsurance	\$0.00	\$0.00
4.13 Member Cost Sharing	\$199.06	\$199.06
4.14 Cost Sharing Reduction	\$0.00	\$0.00
4.15 Incurred Claims	\$211.31	\$211.31
4.16 Risk Adjustment Transfer Amount	-\$138.16	-\$138.16
4.17 Premium	\$431.88	\$431.88

Rating Area Data Collection

Rating Area	Rating Factor
Rating Area 6	1.0000
Rating Area 7	1.0800
Rating Area 9	1.0200

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.

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM Small Group Rates Effective January 1, 2021

General Information

Company Information

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Small Group
- Effective Date: 1/1/2021

<u>PID Company Information</u>

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2021
- Average Rate Change: -8.7%
- Range of Requested Rate Change: -8.7% to -8.7%
- Total additional annual revenue generated from the proposed rate change: \$(37,324)
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 69/49
- 2021 Number of Plans: 1
- 2020 Number of Plans and Change: 1/No Plan Change
- Contract Form #: C21-KHPC-SPG
- Form Filing SERFF #: CABC-132352713
- Binder SERFF #: CABC-PA21-125097623
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-1735063902116677640

Company Contact Information

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

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to all small groups effective January 1, 2021. KHPC will offer small group products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Small Group	КНРС	1/1/2017	CABC-130539616	4.5%
Small Group	КНРС	7/1/2017	CABC-130954830	6.8%
Small Group	КНРС	1/1/2018	CABC-131022144	-13.4%
Small Group	КНРС	1/1/2019	CABC-131455108	5.0%
Small Group	КНРС	1/1/2020	CABC-131921815	1.2%
Small Group	КНРС	7/1/2020	CABC-132294841	-2.1%

Average Rate Change

KHPC is proposing an aggregate annual -8.7% rate change. The rate change does vary by plan. The rate change is calculated in PA Rate Exhibits Part III, Table 10, cell AC15.

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

Favorable Experience Net Risk Adjustment: -11% Less migration of groups from ACA to ASO arrangements: -3% Suspension of the Health Insurer Fee: -2% Future Cost and Utilization: 7%

Please note the filing contains a COVID-19 adjustment of 1.0.

Rate Change Disclosure

As discussed with the Department on 4/3/2020, CBC inadvertently released Q2 2020 Small Group renewals and sold new groups using Q1 2020 rates. This administrative error does not impact the rate change calculation, as the 2021 calculation is Q1 2021 over Q1 2020. But please note that Q2 2021 groups would receive a -2.5% aggregate rate change without the administrative error, but instead will see -1.1% on average. The average is calculated across all CBC subsidiaries – CAAC, CAIC and KHPC.

<u>Membership</u>

Membership is shown in PA Rate Template Part I, Table 1. The average age is 42.

Benefit Changes 2020-2021

A summary of proposed 2021 benefits is included in Exhibit A.

There are benefit changes being implemented in 2021. 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 small group 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, 2019 and December 31, 2019.

Transitional membership is not included in PA Rate Exhibits Table 2 or URRT.

Paid Through Date: Claims in the BEP are paid through February 29, 2020

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

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 (CSR does not apply to Small Group).
- CBC only covers Essential Health benefits (EHBs).
- KHPC includes capitated PCP and mental health 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 corporate 2019 budgeted amounts and will be updated once finalized transfer payments are available.

Loss Ratio in BEP: Loss ratio is 90.51%

Credibility of Data

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from CBC subsidiaries. Combining the experience is actuarially justifiable for several reasons:

- 1. The demographics of members buying PPO and other products are similar.
- 2. Cost and utilization between PPO and other products are similar.

3. Medical policy between PPO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO.

The credibility manual is the combination of KHPC, Capital Advantage Assurance Company (CAAC), and Capital Advantage Insurance Company (CAIC) HMO data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2019 and December 31, 2019. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.65%

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. There are 2 components to the morbidity factor: 1. Movement to ASO and 2. CAIC morbidity compared to CAAC (majority of BEP).

1. CBC projects 1.6% change in morbidity due to the presumed statewide movement of small group PPACA business to ASO. The morbidity factor is based on the following analysis:

- 1. Gather BEP medical and Rx claims, membership and premium for all PPACA groups active during the period.
- 2. Develop Loss Ratio A using data from (1)

- 3. Gather BEP medical and Rx claims, membership and premium for only PPACA groups still active in a PPACA product as of 3/31/2020
- 4. Develop Loss Ratio B using data from (2)
- 5. Loss Ratio B/Loss Ratio A 1 = 1.6%
- 6. 1.6% is applied in rating

Because CBC is competing against statewide carriers in the SG ASO market, we assume this transition is occurring statewide and will continue 2020-2021. Further, the statewide transition translates to a worsening PPACA risk pool, not unique to CBC. Therefore, we project no explicit change to CBC risk adjustment transfer amounts from this migration.

2. In addition to the 1.6% morbidity change, KHPC is also applying a factor of 0.7 to reflect the difference is projected Plan Liability Risk Score (PLRS) between KHPC and its subsidiary, CAAC, which underwrites the vast majority of the BEP experience. This assumption will need to be updated once 2019 risk adjustments are finalized.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2019 to 2021. 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 projected manual PMPM divided by member-month weighted section below.

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

Changes in Network: No Network change is applied.

Other Adjustments: An additional adjustment is applied to reflect pharmacy contracting savings in the projection period. Capital BlueCross (CBC) has contracted a new Pharmacy Benefit Manager (PBM) effective 1/1/2020, with calculated savings (combined price and Rx rebate savings) of 5% over CBC's current contract. The other adjustment factor is calculated as:

Other Adjustment

 $= ([Rx Savings Factor] - 1) \times [BEP Allowed Prescription Drug PMPM]$ + [BEP Allowed Total PMPM] + 1

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 <u>Projection Factors</u> section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits*. This number is reflected in Worksheet 1 of 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:

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

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

3. Develop the BEP Paid and Incurred Claim PMPM:

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

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

Trended Claim PMPM

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

5. Develop Projected Paid and Incurred Claim PMPM:

Projected Paid and Incurred Claims PMPM = [Trended Claim PMPM] × [Benefit Adjustment] × [Morbidity Adjustment] × [Other Adjustment]

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

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

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

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

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

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

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

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

Projected Claims PMPM Benefit A = Projected Claims PMPM Base Plan \times Pricing Relativity A

b. And to arrive at the Total Projected Claims PMPM, KHPC assumes a distribution of members across the benefit plans being offered in 2021. The Total Projected Claims PMPM :

= Projected Claims PMPM Benefit $A \times Expected$ Member Dist of Benefit A + Projected Claims PMPM Benefit B \times Expected Member Dis of Benefit B + …

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

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

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

Market Adjusted Index Rate

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

[Market Adjusted Index Rate]

- = ([Index Rate] x [Paid to Allowed Ratio]
- [Projected Incurred Reinsurace Recoveries]
- [Projected Incurred Risk Adjustment PMPM]
- + [Exchange Fees PMPM]) ÷ [Paid to Allowed Ratio]

Projected Incurred Risk Adjustments PMPM:

Relevant to 2021 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2021. 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. 2018-2019 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.

Please note that corporate budgeted amounts are used in the BEP. While CBC has done additional work to project 2020/2021 CRA expectations, those calculations will be finalized once 2019 CRA results are released, and a detailed calculation will be provided at that time. At the time of the initial filing, a placeholder is being used, reflecting best estimates to date.

Projected Incurred Reinsurance Recoveries:

Reinsurance does not apply to the small group market.

Exchange Fee PMPM:

KHPC only offers off-exchange plans in the small group market, so the exchange fee is \$0.

The exchange fee PMPM is calculated as:

```
Exchange Fee PMPM

= [Avg 2021 On - Exchange Premium PMPM] × [% Members On

- Exchange]

Where

[Avg 2021 On - Exchange Premium PMPM
```

 $= [Avg \ 2020 \ On - Exchange \ Premium \ PMPM \ \times (1)]$

+ [Avg Proposed Rate Change])

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

Retention Items

Administrative Expense Load:

Administrative Expense Load:

- Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.19 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 small group 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.
 - a. 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:
 - i. Complete biometric screening and receive a gift card.
 - ii. Meeting biometric measure or finish online coaching program and receive a gift card reward.
 - iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
 - iv. Fees are included in overall administrative expense fee discussed above.
 - v. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
- 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. Brokers are paid on new business and renewals the same commission rate for all geographic locations, enrollment dates, and metal levels. 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 Standard Producer Master Agreement: "SG_20-41_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20200519.pdf"
- b. Redacted Preferred Producer Master Agreement: "SG_20-41_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20200519.pdf"
- 4. 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:

5. Contingency: Contingency is included in URRT Worksheet 2, "Profit & Risk Load" and PA Rate Exhibits Table 6.

Taxes and Fees:

- 1. Exchange Fee: N/A
- 2. 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 as well as PA Rate Exhibits Table 6 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: Induced Demand: Induced Demand: Please see Table 8. Induced Demand is calculated as:

 $[Pricing AV]^2 - [Pricing AV] + 1.24$

Where *Pricing AV* is adjusted by the Non-Funding of CSR factor: PA Rate Exhibits, Table 10, column K x column P.

- 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. Adjustment for distribution and administrative costs: Described in <u>Retention Items</u> section above.
- 6. Tobacco Adjustment: Not applied to Small Group plans.

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

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current small group enrollment by age in CBC. 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 SG_20-41_Initial_KHP_HMO_List-Billed_Supporting_20200519.xlsb for the calculation.

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

Geographic factors are unchanged from 2020.

Tobacco Factor Calibration: Tobacco factor not applied.

The calibration is:

[Calibrated Plan Adjusted Index Rate] = [Plan Adjusted Index Rate] ÷ ([Age Curve Calibration] × [Geographic Factor Calibration] x [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:

[Member – Level Consumer Adjusted Premium Rate] = [Calibrated Plan Adjusted Index Rate] × [Age Factor] × [Geographic Factor] × [Tobacco Factor] 2. [Family Consumer Adjusted Premium Rate] = $\sum [Member - Level Consumer Adjusted Premium Rate]$ With no more than three child dependents under age 21 taken into account

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 CBC's actuarial cost model and actuarial judgment as described in section <u>Paid to Allowed</u> 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 that moderate decline in enrollment 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 Morbidity Factor

Broker Contracts Actuarial Value Screenshots List-Billed Data Extended OEP and Covid-19 Estimates

Actuarial Statement

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

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

- e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
- 3. The percent of total premium that represents essential health benefits 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 are not 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 2021 Rate Filing Justification.



Actuarial Associate Capital BlueCross



KEYSTONE HEALTH PLAN CENTRAL RFJ Part II – Consumer Friendly Justification

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

- Slowing migration to non-ACA group coverage options
- o Suspension of the Health Insurer Fee in 2021
- 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
- o Inflation adjustment to administrative expenses

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53789PA0090004 Rating Area 9	No Preference	18	254.31
53789PA0090004 Rating Area 9	No Preference	19	262.11
53789PA0090004 Rating Area 9	No Preference	20	270.19
53789PA0090004 Rating Area 9	No Preference	21	278.54
53789PA0090004 Rating Area 9	No Preference	22	278.54
53789PA0090004 Rating Area 9	No Preference	23	278.54
53789PA0090004 Rating Area 9	No Preference	24	278.54
53789PA0090004 Rating Area 9	No Preference	25	279.66
53789PA0090004 Rating Area 9	No Preference	26	285.23
53789PA0090004 Rating Area 9	No Preference	27	291.91
53789PA0090004 Rating Area 9	No Preference	28	302.77
53789PA0090004 Rating Area 9	No Preference	29	311.69
53789PA0090004 Rating Area 9	No Preference	30	316.14
53789PA0090004 Rating Area 9	No Preference	31	322.83
53789PA0090004 Rating Area 9	No Preference	32	329.51
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	33	333.69
	No Preference	33	338.15
53789PA0090004 Rating Area 9	No Preference	34 35	330.15
53789PA0090004 Rating Area 9			
53789PA0090004 Rating Area 9	No Preference	36	342.61
53789PA0090004 Rating Area 9	No Preference	37	344.83
53789PA0090004 Rating Area 9	No Preference	38	347.06
53789PA0090004 Rating Area 9	No Preference	39	351.52
53789PA0090004 Rating Area 9	No Preference	40	355.98
53789PA0090004 Rating Area 9	No Preference	41	362.66
53789PA0090004 Rating Area 9	No Preference	42	369.07
53789PA0090004 Rating Area 9	No Preference	43	377.98
53789PA0090004 Rating Area 9	No Preference	44	389.12
53789PA0090004 Rating Area 9	No Preference	45	402.21
53789PA0090004 Rating Area 9	No Preference	46	417.81
53789PA0090004 Rating Area 9	No Preference	47	435.36
53789PA0090004 Rating Area 9	No Preference	48	455.42
53789PA0090004 Rating Area 9	No Preference	49	475.19
53789PA0090004 Rating Area 9	No Preference	50	497.48
53789PA0090004 Rating Area 9	No Preference	51	519.48
53789PA0090004 Rating Area 9	No Preference	52	543.71
53789PA0090004 Rating Area 9	No Preference	53	568.22
53789PA0090004 Rating Area 9	No Preference	54	594.69
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	55	621.15
53789PA0090004 Rating Area 9	No Preference	56	649.84
53789PA0090004 Rating Area 9	No Preference	57	678.81
53789PA0090004 Rating Area 9	No Preference	58	709.72
53789PA0090004 Rating Area 9	No Preference	59	725.04
53789PA0090004 Rating Area 9	No Preference	60	755.96
53789PA0090004 Rating Area 9	No Preference	61	782.70
53789PA0090004 Rating Area 9	No Preference	62	800.25
53789PA0090004 Rating Area 9	No Preference	63	822.25
53789PA0090004 Rating Area 9	No Preference	64 and over	835.61

		tate, select Family-Tier Rates under Rating M ng state, select Age-Based Rates under Rating		te for every age band
		Tobacco User, you must give a rate for Tobac		
		dd Sheet button, or Ctrl + Shift + H. All plans n	nust have the same dates on a sheet.	
HIOS Issuer ID* Rate Effective Date*				
Rate Effective Date*				
•	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a	Required: Select the age of a subscriber eligible for the	Required: Enter the rate of an Individual Non-To
	Select the Rating Alea ID	plan	rate	No Preference enrollee on a p
53789PA0090004	-	No Preference	0-14	
53789PA0090004 53789PA0090004	0	No Preference	15 16	
53789PA0090004 53789PA0090004	U U	No Preference	17	
53789PA0090004	0	No Preference	18	
53789PA0090004	-	No Preference	19	
53789PA0090004	0	No Preference	20	
53789PA0090004 53789PA0090004	U U	No Preference No Preference	21 22	
53789PA0090004 53789PA0090004	U U	No Preference	22	
53789PA0090004	0	No Preference	24	
53789PA0090004	Rating Area 6	No Preference	25	
53789PA0090004	U U	No Preference	26	
53789PA0090004 53789PA0090004	U U	No Preference	27 28	
53789FA0090004 53789PA0090004	0	No Preference	20	
53789PA0090004	Rating Area 6	No Preference	30	
53789PA0090004	U U	No Preference	31	
53789PA0090004	0	No Preference	32 33	
53789PA0090004 53789PA0090004	0	No Preference No Preference	33	
53789PA0090004	0	No Preference	35	
53789PA0090004	Rating Area 6	No Preference	36	
53789PA0090004	0	No Preference	37	
53789PA0090004 53789PA0090004		No Preference No Preference	38 39	
53789FA0090004		No Preference	40	
53789PA0090004	0	No Preference	41	
53789PA0090004	0	No Preference	42	
53789PA0090004	0	No Preference	43	
53789PA0090004 53789PA0090004	-	No Preference No Preference	44 45	
53789PA0090004	0	No Preference	43	
53789PA0090004	0	No Preference	47	
53789PA0090004	0	No Preference	48	
53789PA0090004	-	No Preference	49	
53789PA0090004 53789PA0090004	0	No Preference No Preference	50 51	
53789PA0090004	0	No Preference	52	
53789PA0090004		No Preference	53	
53789PA0090004	-	No Preference	54	
53789PA0090004	0	No Preference	55 56	
53789PA0090004 53789PA0090004	0	No Preference	57	
53789PA0090004		No Preference	58	
53789PA0090004		No Preference	59	
53789PA0090004	0	No Preference	60	
53789PA0090004 53789PA0090004	0	No Preference No Preference	61 62	
53789PA0090004		No Preference	63	
53789PA0090004		No Preference	64 and over	
53789PA0090004		No Preference	0-14	
53789PA0090004		No Preference	15	
53789PA0090004 53789PA0090004		No Preference No Preference	16 17	
53789PA0090004		No Preference	18	
53789PA0090004	Rating Area 7	No Preference	19	
53789PA0090004	0	No Preference	20	
53789PA0090004 53789PA0090004		No Preference No Preference	21 22	
53789PA0090004 53789PA0090004		No Preference	22 23	
53789PA0090004	-	No Preference	24	
53789PA0090004	Rating Area 7	No Preference	25	
53789PA0090004		No Preference	26	
53789PA0090004 53789PA0090004		No Preference No Preference	27 28	
53789FA0090004 53789PA0090004	-	No Preference	20	
53789PA0090004	0	No Preference	30	
53789PA0090004	-	No Preference	31	
53789PA0090004	0	No Preference	32	
53789PA0090004 53789PA0090004		No Preference No Preference	33 34	
53789FA0090004 53789PA0090004		No Preference	35	
53789PA0090004		No Preference	36	
53789PA0090004	Rating Area 7	No Preference	37	
53789PA0090004	-	No Preference	38	
53789PA0090004	0	No Preference	39	
53789PA0090004 53789PA0090004	0	No Preference No Preference	40 41	
53789PA0090004	0	No Preference	42	
53789PA0090004	Rating Area 7	No Preference	43	
53789PA0090004	Rating Area 7	No Preference	44	
53789PA0090004	0	No Preference	45	
53789PA0090004 53789PA0090004	0	No Preference No Preference	46 47	
53789FA0090004	0	No Preference	47	
53789PA0090004	Rating Area 7	No Preference	49	
53789PA0090004	0	No Preference	50	
53789PA0090004		No Preference	51	

53789PA0090004 Rating Area 7	No Preference	53	611.41
53789PA0090004 Rating Area 7	No Preference	54	639.88
53789PA0090004 Rating Area 7	No Preference	55	668.36
53789PA0090004 Rating Area 7	No Preference	56	699.23
53789PA0090004 Rating Area 7	No Preference	57	730.40
53789PA0090004 Rating Area 7	No Preference	58	763.66
53789PA0090004 Rating Area 7 53789PA0090004 Rating Area 7	No Preference	59	780.15
53789PA0090004 Rating Area 7 53789PA0090004 Rating Area 7	No Preference	60	813.42
53789PA0090004 Rating Area 7 53789PA0090004 Rating Area 7	No Preference	61	842.19
	No Preference	62	
53789PA0090004 Rating Area 7		63	861.07
53789PA0090004 Rating Area 7	No Preference		884.75
53789PA0090004 Rating Area 7	No Preference	64 and over	899.12
53789PA0090004 Rating Area 9	No Preference	0-14	216.54
53789PA0090004 Rating Area 9	No Preference	15	235.79
53789PA0090004 Rating Area 9	No Preference	16	243.15
53789PA0090004 Rating Area 9	No Preference	17	250.51
53789PA0090004 Rating Area 9	No Preference	18	258.43
53789PA0090004 Rating Area 9	No Preference	19	266.36
53789PA0090004 Rating Area 9	No Preference	20	274.57
53789PA0090004 Rating Area 9	No Preference	21	283.06
53789PA0090004 Rating Area 9	No Preference	22	283.06
53789PA0090004 Rating Area 9	No Preference	23	283.06
53789PA0090004 Rating Area 9	No Preference	24	283.06
53789PA0090004 Rating Area 9	No Preference	25	284.19
53789PA0090004 Rating Area 9	No Preference	26	289.85
53789PA0090004 Rating Area 9	No Preference	27	296.65
53789PA0090004 Rating Area 9	No Preference	28	307.69
53789PA0090004 Rating Area 9	No Preference	29	316.74
53789PA0090004 Rating Area 9	No Preference	30	321.27
53789PA0090004 Rating Area 9	No Preference	31	328.07
53789PA0090004 Rating Area 9	No Preference	32	334.86
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	33	339.11
	No Preference	33	343.64
53789PA0090004 Rating Area 9	No Preference	34 35	345.90
53789PA0090004 Rating Area 9			
53789PA0090004 Rating Area 9	No Preference	36	348.16
53789PA0090004 Rating Area 9	No Preference	37	350.43
53789PA0090004 Rating Area 9	No Preference	38	352.69
53789PA0090004 Rating Area 9	No Preference	39	357.22
53789PA0090004 Rating Area 9	No Preference	40	361.75
53789PA0090004 Rating Area 9	No Preference	41	368.54
53789PA0090004 Rating Area 9	No Preference	42	375.05
53789PA0090004 Rating Area 9	No Preference	43	384.11
53789PA0090004 Rating Area 9	No Preference	44	395.44
53789PA0090004 Rating Area 9	No Preference	45	408.74
53789PA0090004 Rating Area 9	No Preference	46	424.59
53789PA0090004 Rating Area 9	No Preference	47	442.42
53789PA0090004 Rating Area 9	No Preference	48	462.80
53789PA0090004 Rating Area 9	No Preference	49	482.90
53789PA0090004 Rating Area 9	No Preference	50	505.55
53789PA0090004 Rating Area 9	No Preference	51	527.91
53789PA0090004 Rating Area 9	No Preference	52	552.53
53789PA0090004 Rating Area 9	No Preference	53	577.44
53789PA0090004 Rating Area 9	No Preference	54	604.33
53789PA0090004 Rating Area 9	No Preference	55	631.22
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9		56	
0	No Preference		660.38
53789PA0090004 Rating Area 9	No Preference	57	689.82
53789PA0090004 Rating Area 9	No Preference	58	721.24
53789PA0090004 Rating Area 9	No Preference	59	736.81
53789PA0090004 Rating Area 9	No Preference	60	768.23
53789PA0090004 Rating Area 9	No Preference	61	795.40
53789PA0090004 Rating Area 9	No Preference	62	813.23
53789PA0090004 Rating Area 9	No Preference	63	835.59
53789PA0090004 Rating Area 9	No Preference	64 and over	849.17

	If you are in a community rating s If you are not in a community ratin	required. To validate press Validate button or tate, select Family-Tier Rates under Rating M ng state, select Age-Based Rates under Ratin	ethod and fill in all columns. g Method and provide an Individual Ra	
		Tobacco User, you must give a rate for Tobac Id Sheet button, or Ctrl + Shift + H. All plans n		
HIOS Issuer ID*				
Rate Effective Date*	10/1/2021			
Rate Expiration Date*				
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required:	Required:	Required: Select if Tobacco use of subscriber is used to	Required: Select the age of a subscriber eligible for the	Required:
Enter the 14-character Plan ID	Select the Rating Area ID	determine if a person is eligible for a rate from a plan	rate	No Preference enrollee on a plan
53789PA0090004 53789PA0090004	-	No Preference No Preference	0-14 15	21 23
53789PA0090004	0	No Preference	16	23
53789PA0090004	U U	No Preference	17	24
53789PA0090004	Rating Area 6	No Preference	18	25
53789PA0090004	-	No Preference	19	26
53789PA0090004	0	No Preference	20	27
53789PA0090004	U U	No Preference	21 22	28
53789PA0090004 53789PA0090004	U U	No Preference No Preference	22	28
53789PA0090004	0	No Preference	23	28
53789PA0090004	-	No Preference	25	28
53789PA0090004	0	No Preference	26	28
53789PA0090004	U U	No Preference	27	29
53789PA0090004	Rating Area 6	No Preference	28	30
53789PA0090004	Rating Area 6	No Preference	29	3.
53789PA0090004	0	No Preference	30	32
53789PA0090004	U U	No Preference	31	32
53789PA0090004		No Preference	32	33
53789PA0090004	-	No Preference	33	33
53789PA0090004	-	No Preference	34	34 34
53789PA0090004 53789PA0090004	0	No Preference No Preference	36	34
53789PA0090004	U U	No Preference	37	34
53789PA0090004		No Preference	38	35
53789PA0090004	Rating Area 6	No Preference	39	35
53789PA0090004		No Preference	40	36
53789PA0090004	Rating Area 6	No Preference	41	36
53789PA0090004	0	No Preference	42	37
53789PA0090004	0	No Preference	43	38
53789PA0090004	-	No Preference	44	39
53789PA0090004 53789PA0090004	0	No Preference No Preference	45 46	4(
53789PA0090004 53789PA0090004	0	No Preference	40	42
53789PA0090004	0	No Preference	48	46
53789PA0090004	0	No Preference	49	44
53789PA0090004	-	No Preference	50	50
53789PA0090004	Rating Area 6	No Preference	51	52
53789PA0090004		No Preference	52	5
53789PA0090004		No Preference	53	5
53789PA0090004	-	No Preference	54 55	60
53789PA0090004 53789PA0090004	0	No Preference No Preference	55	62
53789PA0090004	0	No Preference	57	68
53789PA0090004		No Preference	58	7
53789PA0090004		No Preference	59	7:
53789PA0090004	Rating Area 6	No Preference	60	70
53789PA0090004	0	No Preference	61	75
53789PA0090004		No Preference	62	8
53789PA0090004		No Preference	63 64 and over	8
53789PA0090004		No Preference No Preference	64 and over 0-14	84
53789PA0090004 53789PA0090004		No Preference	0-14 15	2
53789PA0090004		No Preference	16	2
53789PA0090004		No Preference	17	2
53789PA0090004	Rating Area 7	No Preference	18	2
53789PA0090004	0	No Preference	19	2
53789PA0090004	0	No Preference	20	2
53789PA0090004		No Preference	21	3
53789PA0090004		No Preference	22	3
53789PA0090004 53789PA0090004	-	No Preference No Preference	23	30 31
53789PA0090004 53789PA0090004	0	No Preference	24	3i
53789PA0090004		No Preference	26	3
53789PA0090004		No Preference	27	3
53789PA0090004		No Preference	28	3
53789PA0090004	Rating Area 7	No Preference	29	3
53789PA0090004		No Preference	30	3
53789PA0090004	-	No Preference	31	3
53789PA0090004	0	No Preference	32	3
53789PA0090004		No Preference	33	3
53789PA0090004		No Preference	34	3
53789PA0090004 53789PA0090004		No Preference No Preference	35 36	3
53789PA0090004 53789PA0090004	0	No Preference No Preference	36	3
53789PA0090004 53789PA0090004	0	No Preference	37	3
53789PA0090004	-	No Preference	39	3
53789PA0090004	0	No Preference	40	3
53789PA0090004	0	No Preference	41	3
53789PA0090004	0	No Preference	42	4
53789PA0090004		No Preference	43	4
53789PA0090004	-	No Preference	44	42
53789PA0090004	0	No Preference	45	4
53789PA0090004	0	No Preference	46	4
53789PA0090004	0	No Preference	47	4
53789PA0090004	-	No Preference	48 49	49
53789PA0090004 53789PA0090004	0	No Preference No Preference	49 50	5 [.] 54
53769FA0090004	0		50	5/ 5/
53789PA0090004	Rating Area /	No Preference		

53789PA0090004 Rating Area 7	No Preference	53	621.32
53789PA0090004 Rating Area 7	No Preference	54	650.26
53789PA0090004 Rating Area 7	No Preference	55	679.19
53789PA0090004 Rating Area 7	No Preference	56	710.56
53789PA0090004 Rating Area 7	No Preference	57	742.24
53789PA0090004 Rating Area 7 53789PA0090004 Rating Area 7	No Preference	58	742.24
53789PA0090004 Rating Area 7 53789PA0090004 Rating Area 7	No Preference	59	776.05
	No Preference		826.61
53789PA0090004 Rating Area 7		60	
53789PA0090004 Rating Area 7	No Preference		855.84
53789PA0090004 Rating Area 7	No Preference	62	875.03
53789PA0090004 Rating Area 7	No Preference	63	899.09
53789PA0090004 Rating Area 7	No Preference	64 and over	913.70
 53789PA0090004 Rating Area 9	No Preference	0-14	220.05
53789PA0090004 Rating Area 9	No Preference	15	239.61
53789PA0090004 Rating Area 9	No Preference	16	247.09
53789PA0090004 Rating Area 9	No Preference	17	254.57
53789PA0090004 Rating Area 9	No Preference	18	262.62
53789PA0090004 Rating Area 9	No Preference	19	270.68
53789PA0090004 Rating Area 9	No Preference	20	279.02
53789PA0090004 Rating Area 9	No Preference	21	287.65
53789PA0090004 Rating Area 9	No Preference	22	287.65
53789PA0090004 Rating Area 9	No Preference	23	287.65
53789PA0090004 Rating Area 9	No Preference	24	287.65
53789PA0090004 Rating Area 9	No Preference	25	288.80
53789PA0090004 Rating Area 9	No Preference	26	294.55
53789PA0090004 Rating Area 9	No Preference	27	301.46
53789PA0090004 Rating Area 9	No Preference	28	312.68
53789PA0090004 Rating Area 9	No Preference	29	321.88
53789PA0090004 Rating Area 9	No Preference	30	326.48
53789PA0090004 Rating Area 9	No Preference	30	333.39
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	31	340.29
	No Preference	33	340.29
53789PA0090004 Rating Area 9			
53789PA0090004 Rating Area 9	No Preference	34	349.21
53789PA0090004 Rating Area 9	No Preference	35	351.51
53789PA0090004 Rating Area 9	No Preference	36	353.81
53789PA0090004 Rating Area 9	No Preference	37	356.11
53789PA0090004 Rating Area 9	No Preference	38	358.41
53789PA0090004 Rating Area 9	No Preference	39	363.01
53789PA0090004 Rating Area 9	No Preference	40	367.62
53789PA0090004 Rating Area 9	No Preference	41	374.52
53789PA0090004 Rating Area 9	No Preference	42	381.14
53789PA0090004 Rating Area 9	No Preference	43	390.34
53789PA0090004 Rating Area 9	No Preference	44	401.85
53789PA0090004 Rating Area 9	No Preference	45	415.37
53789PA0090004 Rating Area 9	No Preference	46	431.48
53789PA0090004 Rating Area 9	No Preference	47	449.60
53789PA0090004 Rating Area 9	No Preference	48	470.31
53789PA0090004 Rating Area 9	No Preference	49	490.73
53789PA0090004 Rating Area 9	No Preference	50	513.74
53789PA0090004 Rating Area 9	No Preference	51	536.47
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference	52	561.49
53789PA0090004 Rating Area 9 53789PA0090004 Rating Area 9	No Preference No Preference	52	561.49
-	No Preference No Preference	53	614.13
53789PA0090004 Rating Area 9			
53789PA0090004 Rating Area 9	No Preference	55	641.46
53789PA0090004 Rating Area 9	No Preference	56	671.09
53789PA0090004 Rating Area 9	No Preference	57	701.00
53789PA0090004 Rating Area 9	No Preference	58	732.93
53789PA0090004 Rating Area 9	No Preference	59	748.75
53789PA0090004 Rating Area 9	No Preference	60	780.68
53789PA0090004 Rating Area 9	No Preference	61	808.30
53789PA0090004 Rating Area 9	No Preference	62	826.42
53789PA0090004 Rating Area 9	No Preference	63	849.14
53789PA0090004 Rating Area 9	No Preference	64 and over	862.94

SMALL GROUP 1-50 PORTFOLIO

Changes	Plan Name	HIC	OS ID	Deductible	Coinsurance	Out-of-Pocket	РСР	Specialist	Emergency	Urgent	IP Hospital	Hi-Tech Imaging	Lab	OP Surgery	Small Group: Rx \$0	Small Group: Rx \$
				(2x Family)		Maximum			Room	Care	per day,		Ind Hos	ASC ACH	Individual: Rx	Inc
											maximum of 5 days	s				
		Small Group: Rx \$0	Small Group: Rx \$250													
		Individual: Rx	(brand only deductible)													
			Individual: N/A	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network		
								BRONZE PRODUC	CTS							
1 Changes	Bronze HMO 8000/0/50	53789P/	A0090004	\$8,000	0%	\$8,550	\$50	D/0	D/0	D/0	N/A	D/0	D/50 D/100	D/0 D/0	Rx Ded: Combined, Rx Gen - Dec	d Applies? Y, Retail: 0/0/0
	-	-								-	-	-	-	-		

8

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

: Rx \$250 (brand only deductible) Individual: N/A

0/0/0/0, Mail: 0/0/0/0

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						A	V	Pricin	g AV	Metal	l Level	HRA A	mount	Deductible	(2x Family)	Coinsu	rance	MO	OP
Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
1	Off Exchange	Existing	45127PA0010055	Platinum PPO 0/0/15	Rx 0	91.1%	91.3%	101.2%		Platinum	Platinum	0	0	0	0	0%	0%	6,650	6,900
2	Off Exchange	Existing	45127PA0010054	Platinum PPO 0/0/15	Rx 250	90.1%	88.4%	99.6%		Platinum	Platinum	0	0	0	0	0%	0%	6,650	6,900
3	Off Exchange	Existing	45127PA0010058	Platinum PPO 250/0/15	Rx 0	89.6%	89.4%	97.5%		Platinum	Platinum	0	0	250	250	0%	0%	6,650	6,900
4	Off Exchange	Existing	45127PA0010057	Platinum PPO 250/0/15	Rx 250	88.5%	86.9%	95.9%		Platinum	Platinum	0	0	250	250	0%	0%	6,650	6,900
5	Off Exchange	Existing	45127PA0010117	Gold PPO 500/0/25	Rx 0	81.9%	79.7%	96.7%		Gold	Gold	0	0	500	500	0%	0%	6,650	8,550
6	Off Exchange	Existing	45127PA0010116	Gold PPO 500/0/25	Rx 250	81.2%	78.0%	95.0%		Gold	Gold	0	0	500	500	0%	0%	6,650	8,550
7	Off Exchange	Existing	45127PA0010085	Gold PPO 1000/0/25	Rx 0	79.3%	79.0%	90.9%		Gold	Gold	0	0	1,000	1,000	0%	0%	7,900	8,550
8	Off Exchange	Existing	45127PA0010084	Gold PPO 1000/0/25	Rx 250	78.5%	77.4%	89.2%		Gold	Gold	0	0	1,000	1,000	0%	0%	7,900	8,550
9	Off Exchange	Existing	45127PA0130002	Gold Valley Advantage EPO 2000/0/20	Rx 0	80.8%	77.6%	90.8%		Gold	Gold	0	0	1,000	2,000	0%	0%	7,900	8,550
10	Off Exchange	Existing	45127PA0130001	Gold Valley Advantage EPO 2000/0/20	Rx 250	80.0%	76.2%	89.1%		Gold	Gold	0	0	1,000	2,000	0%	0%	7,900	8,550
11	Off Exchange	Existing	45127PA0010161	Gold QHDHP PPO 1500/0/10	Combined	78.6%	76.1%	86.8%		Gold	Gold	0	0	1,500	1,500	0%	0%	6,650	6,900
12	Off Exchange	Existing	45127PA0010090	Gold PPO 2000/0/20	Rx 0	78.3%	77.7%	83.6%		Gold	Gold	0	0	2,000	2,000	0%	0%	7,900	8,550
13	Off Exchange	Existing	45127PA0010089	Gold PPO 2000/0/20	Rx 250	77.5%	76.2%	81.9%		Gold	Gold	0	0	2,000	2,000	0%	0%	7,900	8,550
14	Off Exchange	Existing	45127PA0010191	Gold PPO 2000/20/20	Rx 0	78.1%	79.8%	79.1%		Gold	Gold	0	0	2,000	2,000	20%	20%	7,900	8,550
15	Off Exchange	Existing	45127PA0010190	Gold PPO 2000/20/20	Rx 250	77.2%	78.2%	77.4%		Gold	Gold	0	0	2,000	2,000	20%	20%	7,900	8,550
16	Off Exchange	Existing	45127PA0010189	Gold Shared Deductible PPO 3000/0/25 - 500	Rx 0	80.0%	79.9%	84.0%		Gold	Gold	500	500	3,000	3,000	0%	0%	7,900	8,550
17	Off Exchange	Existing	45127PA0010188	Gold Shared Deductible PPO 3000/0/25 - 500	Rx 250	79.3%	78.6%	82.2%		Gold	Gold	500	500	3,000	3,000	0%	0%	7,900	8,550
18	Off Exchange	Existing	45127PA0010195	Gold PPO 3000/0/15	Rx 0	77.1%	78.1%	80.6%		Gold	Gold	0	0	3,000	3,000	0%	0%	7,900	8,550
19	Off Exchange	Existing	45127PA0010194	Gold PPO 3000/0/15	Rx 250	76.2%	76.6%	78.9%		Gold	Gold	0	0	3,000	3,000	0%	0%	7,900	8,550
20	Off Exchange	New	45127PA0010196	Gold Easy Blue PPO 0/0/25	Rx 0		80.2%				Gold		0		0		0%		8,550
21	Off Exchange	New	45127PA0010197	Gold PPO Choice 3000/0/30	Rx \$250		77.2%				Gold				3,000				
22	Off Exchange	New	45127PA0010198	Gold PPO Choice 3000/0/30	Rx \$0		79.0%				Gold				3,000				
23	Off Exchange	New	45127PA0010199	Silver QHDHP-E PPO 4500/0/10	Combined		66.1%				Silver		0		4,500		0%		6,900
24	Off Exchange	Existing	45127PA0010132	Silver PPO 4000/0/45	Rx 0	72.0%	70.4%	76.9%		Silver	Silver	0	0	4,000	4,000	0%	0%	7,900	8,550
25	Off Exchange	Existing	45127PA0010131	Silver PPO 4000/0/45	Rx 250	71.3%	69.1%	75.1%		Silver	Silver	0	0	4,000	4,000	0%	0%	7,900	8,550
26	Off Exchange	Existing	45127PA0010185	Silver PPO 5000/0/40	Rx 0	71.2%	70.3%	72.6%		Silver	Silver	0	0	5,000	5,000	0%	0%	7,900	8,550
27	Off Exchange	Existing	45127PA0010184	Silver PPO 5000/0/40	Rx 250	70.5%	69.0%	70.8%		Silver	Silver	0	0	5,000	5,000	0%	0%	7,900	8,550
28	Off Exchange	Existing	45127PA0130004	Silver Valley Advantage EPO 5000/0/35	Rx 0	70.9%	70.2%	73.8%		Silver	Silver	0	0	5,000	5,000	0%	0%	7,900	8,550
29	Off Exchange	Existing	45127PA0130003	Silver Valley Advantage EPO 5000/0/35	Rx 250	70.2%	68.9%	71.9%		Silver	Silver	0	0	5,000	5,000	0%	0%	7,900	8,550
30	Off Exchange	Existing	45127PA0010187	Silver PPO 6000/0/35	Rx 0	70.2%	69.5%	71.1%		Silver	Silver	0	0	6,000	6,000	0%	0%	7,900	8,550
31	Off Exchange	Existing	45127PA0010186	Silver PPO 6000/0/35	Rx 250	69.5%	68.4%	69.2%		Silver	Silver	0	0	6,000	6,000	0%	0%	7,900	8,550
32	Off Exchange	Existing	45127PA0010124	Silver QHDHP PPO 2750/0/25	Combined	71.2%	68.8%	78.9%		Silver	Silver	0	0	2,750	2,750	0%	0%	6,650	6,900
33	Off Exchange	Existing	45127PA0010170	Silver QHDHP PPO 3500/0/25	Combined	69.0%	67.3%	72.5%		Silver	Silver	0	0	3,500	3,500	0%	0%	6,650	6,900
34	Off Exchange	Existing	45127PA0010135	Bronze QHDHP-E PPO 6900/0/0	Combined	62.7%	64.8%	60.0%		Bronze	Bronze	0	0	6,650	6,900	0%	0%	6,650	6,900
35	Off Exchange	Existing	82795PA0130001	Gold PPO 0/0/20	Rx 500	80.7%	80.3%	87.7%		Gold	Gold	0	0	0	0	0%	0%	6,650	8,550
36	Off Exchange	Existing	53789PA0090004	Bronze HMO 8000/0/50	Combined	63.0%	63.5%	54.0%	51.5%	Bronze	Bronze	0	0	7,000	8,000	0%	0%	7,900	8,550

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					AC	CA PCP	Non-	ACA PCP		SPC		ER		UC	IP Hosp Co	opay Per Day	Hi-Tech	1 Imaging	Low End	d Imaging	Lab Ind	ependent	Lab Hosi	oital-Based	OP Su	Surg ASC
Line On/Off Exchar	ge New/Existin	g HIOS	Med Description	Rx Description	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
1 Off Exchange	Existing	45127PA0010055	Platinum PPO 0/0/15	Rx 0	15	15	15	15	30	30	150	150	50	50	N/A	N/A	0	0	0	0	15	15	30	30	0	0
2 Off Exchange	Existing	45127PA0010054	Platinum PPO 0/0/15	Rx 250	15	15	15	15	30	30	150	150	50	50	N/A	N/A	0	0	0	0	15	15	30	30	0	0
3 Off Exchange	Existing	45127PA0010058	Platinum PPO 250/0/15	Rx 0	15	15	15	15	30	30	D/200	D/200	50	50	N/A	N/A	D/0	D/0	D/0	D/0	15	15	D/30	D/30	D/0	D/0
4 Off Exchange	Existing	45127PA0010057	Platinum PPO 250/0/15	Rx 250	15	15	15	15	30	30	D/200	D/200	50	50	N/A	N/A	D/0	D/0	D/0	D/0	15	15	D/30	D/30	D/0	D/0
5 Off Exchange	Existing	45127PA0010117	Gold PPO 500/0/25	Rx 0	20	25	20	25	40	55	D/250	D/350	75	75	N/A	N/A	D/125	D/125	D/0	D/0	20	25	D/40	D/55	, 125	D/350
6 Off Exchange	Existing	45127PA0010116	Gold PPO 500/0/25	Rx 250	20	25	20	25	40	55	D/250	D/350	75	75	N/A	N/A	D/125	D/125	D/0	D/0	20	25	D/40	D/55	125	D/350
7 Off Exchange	Existing	45127PA0010085	Gold PPO 1000/0/25	Rx 0	25	25	25	25	50	50	D/250	D/250	75	75	N/A	N/A	D/0	D/0	D/0	D/0	25	25	D/50	D/50	150	D/250
8 Off Exchange	Existing	45127PA0010084	Gold PPO 1000/0/25	Rx 250	25	25	25	25	50	50	D/250	D/250	75	75	N/A	N/A	D/0	D/0	D/0	D/0	25	25	D/50	D/50	150	D/250
9 Off Exchange	Existing	45127PA0130002	Gold Valley Advantage EPO 2000/0/20	Rx 0	25	20	25	20	50	40	D/250	D/250	75	75	N/A	N/A	D/125	D/125	D/0	D/0	D/25	D/20	D/25	D/20	D/125	D/250
10 Off Exchange	Existing	45127PA0130001	Gold Valley Advantage EPO 2000/0/20	Rx 250	25	20	25	20	50	40	D/250	D/250	75	75	N/A	N/A	D/125	D/125	D/0	D/0	D/25	D/20	D/25	D/20	D/125	D/250
11 Off Exchange	Existing	45127PA0010161	Gold QHDHP PPO 1500/0/10	Combined	D/15	D/10	D/15	D/10	D/30	D/30	D/250	D/250	D/75	D/75	N/A	N/A	D/0	D/0	D/0	D/0	D/15	D/10	D/30	D/30	D/0	D/250
12 Off Exchange	Existing	45127PA0010090	Gold PPO 2000/0/20	Rx 0	20	20	20	20	40	40	D/250	D/250	75	75	N/A	N/A	D/0	D/0	D/0	D/0	20	20	D/40	D/40	100	D/250
13 Off Exchange	Existing	45127PA0010089	Gold PPO 2000/0/20	Rx 250	20	20	20	20	40	40	D/250	D/250	75	75	N/A	N/A	D/0	D/0	D/0	D/0	20	20	D/40	D/40	100	D/250
14 Off Exchange	Existing	45127PA0010191	Gold PPO 2000/20/20	Rx 0	20	20	20	20	40	40	D/250	D/250	75	75	N/A	N/A	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%	D/40%	D/40%	D/20%	D/20%
15 Off Exchange	Existing	45127PA0010190	Gold PPO 2000/20/20	Rx 250	20	20	20	20	40	40	D/250	D/250	75	75	N/A	N/A	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%	D/40%	D/40%	D/20%	D/20%
16 Off Exchange	Existing	45127PA0010189	Gold Shared Deductible PPO 3000/0/25 - 500	Rx 0	25	25	25	25	50	60	D/250	D/250	75	75	N/A	N/A	D/0	D/0	D/0	D/0	25	25	D/50	D/60	250	D/250
17 Off Exchange	Existing	45127PA0010188	Gold Shared Deductible PPO 3000/0/25 - 500	Rx 250	25	25	25	25	50	60	D/250	D/250	75	75	N/A	N/A	D/0	D/0	D/0	D/0	25	25	D/50	D/60	250	D/250
18 Off Exchange	Existing	45127PA0010195	Gold PPO 3000/0/15	Rx 0	15	15	15	15	30	30	D/150	D/150	100	100	N/A	N/A	D/0	D/0	D/0	D/0	15	15	D/30	D/30	125	D/150
19 Off Exchange	Existing	45127PA0010194	Gold PPO 3000/0/15	Rx 250	15	15	15	15	30	30	D/150	D/150	100	100	N/A	N/A	D/0	D/0	D/0	D/0	15	15	D/30	D/30	125	D/150
20 Off Exchange	New	45127PA0010196	Gold Easy Blue PPO 0/0/25	Rx 0		25		25		50		200		50		4,000		200		25		25		50		2,000
21 Off Exchange	New	45127PA0010197	Gold PPO Choice 3000/0/30	Rx \$250																						
22 Off Exchange	New	45127PA0010198	Gold PPO Choice 3000/0/30	Rx \$0																						
23 Off Exchange	New	45127PA0010199	Silver QHDHP-E PPO 4500/0/10	Combined		D/10		D/10		D/20		D/350		100		N/A		D/0		D/0		D/10		D/20		D/350
24 Off Exchange	Existing	45127PA0010132	Silver PPO 4000/0/45	Rx 0	35	45	35	45	65	75	D/350	D/400	100	100	D/125	D/125	D/300	D/300	D/0	D/0	35	45	D/65	D/75	250	D/400
25 Off Exchange	Existing	45127PA0010131	Silver PPO 4000/0/45	Rx 250	35	45	35	45	65	75	D/350	D/400	100	100	D/125	D/125	D/300	D/300	D/0	D/0	35	45	D/65	D/75	250	D/400
26 Off Exchange	Existing	45127PA0010185	Silver PPO 5000/0/40	Rx 0	35	40	35	40	65	65	D/350	D/350	100	100	N/A	N/A	D/0	D/0	D/0	D/0	35	40	D/65	D/65	500	D/350
27 Off Exchange	Existing	45127PA0010184	Silver PPO 5000/0/40	Rx 250	35	40	35	40	65	65	D/350	D/350	100	100	N/A	N/A	D/0	D/0	D/0	D/0	35	40	D/65	D/65	500	D/350
28 Off Exchange	Existing	45127PA0130004	Silver Valley Advantage EPO 5000/0/35	Rx 0	35	35	35	35	65	65	D/350	D/350	100	100	N/A	N/A	D/325	D/325	D/0	D/0	D/35	D/35	D/35	D/35	D/250	D/350
29 Off Exchange	Existing	45127PA0130003	Silver Valley Advantage EPO 5000/0/35	Rx 250	35	35	35	35	65	65	D/350	D/350	100	100	N/A	N/A	D/325	D/325	D/0	D/0	D/35	D/35	D/35	D/35	D/250	D/350
30 Off Exchange	Existing	45127PA0010187	Silver PPO 6000/0/35	Rx 0	35	35	35	35	65	65	D/350	D/350	100	100	N/A	N/A	D/0	D/0	D/0	D/0	35	35	D/65	D/65	500	D/350
31 Off Exchange	Existing	45127PA0010186	Silver PPO 6000/0/35	Rx 250	35	35	35	35	65	65	D/350	D/350	100	100	N/A	N/A	D/0	D/0	D/0	D/0	35	35	D/65	D/65	500	D/350
32 Off Exchange	Existing	45127PA0010124	Silver QHDHP PPO 2750/0/25	Combined	D/25	D/25	D/25	D/25	D/50	D/50	D/350	D/350	D/100	D/100	N/A	N/A	D/200	D/200	D/0	D/0	D/25	D/25	D/50	D/50	D/0	D/350
33 Off Exchange	Existing	45127PA0010170	Silver QHDHP PPO 3500/0/25	Combined	D/25	D/25	D/25	D/25	D/50	D/50	D/350	D/350	D/100	D/100	N/A	N/A	D/0	D/0	D/0	D/0	D/25	D/25	D/50	D/50	D/0	D/350
34 Off Exchange	Existing	45127PA0010135	Bronze QHDHP-E PPO 6900/0/0	Combined	D/0	D/0	D/0	D/0	D/0	D/0	D/0	D/0	D/0	D/0	N/A	N/A	D/0	D/0	D/0	D/0	D/0	D/0	D/0	D/0	D/0	D/0
35 Off Exchange	Existing	82795PA0130001	Gold PPO 0/0/20	Rx 500	25	20	25	20	50	40	300	300	75	75	500	500	250	250	0	0	25	20	50	40	125	300
36 Off Exchange	Existing	53789PA0090004	Bronze HMO 8000/0/50	Combined	50	50	50	50	D/0	D/0	D/0	D/0	D/0	D/0	N/A	N/A	D/0	D/0	D/0	D/0	D/50	D/50	D/100	D/100	D/0	D/0

					ı	OP S.	Surg AHC	R.	Rx Ded	Rx Gen - L	Ded Applies?	Rx G	Gen Pref	Rx Gen	n Non-Pref	Rx Br.	Frand Pref	Rx Bran	nd Non-Pref	Rx Specialt	lty Coin Tier 1	Rx Specialt	lty Max Tier 1	Rx Specialt	lty Coin Tier 2	Rx Specialty N	Max Tier 2	Rx Gen P
Line On/Off	f Exchange N	New/Existing	ng HIOS	Med Description	Rx Description	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	, 2021	2020	, 2021	2020	, 2021	2020	2021	2020
1 Off Excha		Existing	45127PA0010055	•	Rx 0	0	0	0	0	Ν	N	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
2 Off Excha	-	Existing	45127PA0010054		Rx 250	0	0	250	250	Ν	Ν	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
3 Off Excha	-	Existing	45127PA0010058		Rx 0	D/0	D/0	0	0	Ν	N	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
4 Off Excha		Existing	45127PA0010057		Rx 250	D/0	D/0	250	250	N	N	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
5 Off Excha		Existing	45127PA0010117		Rx 0	D/250	D/350	0	0	Ν	N	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
6 Off Excha	-	Existing	45127PA0010116		Rx 250	D/250	D/350	250	250	Ν	N	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
7 Off Excha	-	Existing	45127PA0010085		Rx 0	D/300	D/250	0	0	Ν	Ν	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
8 Off Excha		Existing	45127PA0010084		Rx 250	D/300	D/250	250	250	Ν	Ν	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
9 Off Excha		Existing	45127PA0130002		Rx 0	D/125	D/250	0	0	N	N	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
10 Off Excha		Existing	45127PA0130001		Rx 250	D/125	D/250	250	250	N	N	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
11 Off Excha		Existing	45127PA0010161	-	Combined	D/0	D/250	Combined		Y	Y	7	7	25	25	55	55	80	80	20%	20%	250	250	20%	20%	350	350	0%
12 Off Excha		Existing	45127PA0010090		Rx 0	D/200	D/250	0	0	N	Ν	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
13 Off Excha		Existing	45127PA0010089		Rx 250	D/200	D/250	250	250	N	Ν	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
14 Off Excha	-	Existing	45127PA0010191		Rx 0	D/40%	D/20%	0	0	N	N	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
15 Off Excha		Existing	45127PA0010190		Rx 250	D/40%	D/20%	250	250	N	N	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
16 Off Excha		Existing	45127PA0010189		Rx 0	D/500	D/250	0	0	Ν	Ν	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
17 Off Excha		Existing	45127PA0010188		Rx 250	D/500	D/250	250	250	N	Ν	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
18 Off Excha	ange Ex.	Existing	45127PA0010195	Gold PPO 3000/0/15	Rx 0	D/250	D/150	0	0	Ν	Ν	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
19 Off Excha	_	Existing	45127PA0010194	Gold PPO 3000/0/15	Rx 250	D/250	D/150	250	250	Ν	Ν	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
20 Off Excha	-	New	45127PA0010196		Rx 0	l	2,000		0		Ν	Į	4	t	15	٩	45	l	70	l	20%		250	I	20%	l	350	۲
21 Off Excha	-	New	45127PA0010197	Gold PPO Choice 3000/0/30	Rx \$250	l			250		Y	Į	7	t	25	٩	55	l	80		20%		250	I	20%	t	350	۲
22 Off Excha	ange Ne	New	45127PA0010198		Rx \$0	l			0		Ν	Į	4	t	15	٩	45	l	70	l	20%		250	I	20%	l	350	۲
23 Off Excha	ange Ne	New	45127PA0010199	Silver QHDHP-E PPO 4500/0/10	Combined	l	D/350		Combined		Y	Į	7	t	25	٩	55	l	80		20%		250	I	20%	t	350	۲
24 Off Excha	ange Ex.	Existing	45127PA0010132	· ·	Rx 0	D/500	D/400	0	0	Ν	Ν	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
25 Off Excha	ange Ex.	Existing	45127PA0010131	· ·	Rx 250	D/500	D/400	250	250	Ν	Ν	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
26 Off Excha	ange Ex	Existing	45127PA0010185		Rx 0	D/1000	D/350	0	0	Ν	Ν	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
27 Off Excha	ange Ex	Existing	45127PA0010184		Rx 250	D/1000	D/350	250	250	Ν	Ν	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
28 Off Excha		Existing	45127PA0130004		Rx 0	D/250	D/350		0	N	Ν	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
29 Off Excha	ange Ex	Existing		Silver Valley Advantage EPO 5000/0/35	Rx 250	D/250	D/350		250	N	Ν	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
30 Off Excha	ange Ex	Existing	45127PA0010187		Rx 0	D/1000		0	0	Ν	Ν	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
31 Off Excha	ange Ex	Existing	45127PA0010186		Rx 250	D/1000		250	250	Ν	Ν	4	7	15	25	45	55	70	80	20%	20%	250	250	20%	20%	350	350	0%
32 Off Excha	ange Ex	Existing	45127PA0010124		Combined	D/0	D/350	Combined		Y	Y	7	7	25	25	55	55	80	80	20%	20%	250	250	20%	20%	350	350	0%
33 Off Excha	ange Ex	Existing	45127PA0010170		Combined	D/0	D/350	Combined		Y	Y	7	7	25	25	55	55	80	80	20%	20%	250	250	20%	20%	350	350	0%
34 Off Excha	ange Ex	Existing	45127PA0010135		Combined	D/0	D/0	Combined		Y	Y	0	0	0	0	• 0	0	0	0	0%	0%	0	0	0%	0%	0	0	0%
35 Off Excha	ange Ex.	Existing			Rx 500	250	300	500	500	Ν	Ν	4	4	15	15	45	45	70	70	20%	20%	250	250	20%	20%	350	350	0%
36 Off Excha		Existing		Bronze HMO 8000/0/50	Combined	D/0	D/0	Combined		Y	Y	0	0	0	0	• 0	0	0	0	0%	0%	0	0	0%	0%	0	0	0%
								-		-		-		-		-		-		-		-		-		-	*	-

11

					ref Coins	By Con No.	n-Pref Coins	By Brand	Pref Coin	Rx Brand No	n Prof Coinc	By Gop Bro	f Mail Copay	Py Con Non	Pref Mail Copay	By Brand D	ef Mail Copay	By Brand Non	Pref Mail Copay
Lina On/Off Eych	inge New/Existing	HIOS	Med Description	Rx Description	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
Line On/Off Excha 1 Off Exchange	Existing	45127PA0010055	Platinum PPO 0/0/15	Rx 0	0%	0%	0%	0%	0%	0%	0%	2020	2021	30	30	90	90	140	140
2 Off Exchange	Existing	45127PA0010055	Platinum PPO 0/0/15	Rx 250	0%	0%	0%	0%	0%	0%	0%	8	14	30	50	90 90	110	140	140
3 Off Exchange	Existing	45127PA0010058	Platinum PPO 250/0/15	Rx 0	0%	0%	0%	0%	0%	0%	0%	8	24 8	30	30	90	90	140	140
4 Off Exchange	Existing	45127PA0010057	Platinum PPO 250/0/15	Rx 250	0%	0%	0%	0%	0%	0%	0%	8	14	30	50	90 90	110	140	140
5 Off Exchange		45127PA0010037	Gold PPO 500/0/25	Rx 0	0%	0%	0%	0%	0%	0%	0%	0	0	30	30	90 90	90	140	140
6 Off Exchange	Existing	45127PA0010117	Gold PPO 500/0/25	Rx 250	0%	0%	0%	0%	0%	0%	0%	0	0 14	30	50	90 90		140	140
7 Off Exchange	Existing	45127PA0010116	Gold PPO 1000/0/25	Rx 0	0%	0%	0%	0%	0%	0%		0 0	0	30	30	90 90	<mark>110</mark> 90	140 140	140
	Existing	45127PA0010083	Gold PPO 1000/0/25	Rx 250	0%	0%	0%	0%	0%	0%	0% 0%	0 0	ہ 14	30	50	90 90		140	140
8 Off Exchange 9 Off Exchange	Existing	45127PA0010084		Rx 0	0%	0%	0%	0%	0%	0%	0%	0	4 	30		90 90	110 00	140 140	140
	Existing		Gold Valley Advantage EPO 2000/0/20	Rx 250	0%	0%				0%		0	ہ 14	30	30 50	90 90	90		
10 Off Exchange	Existing	45127PA0130001 45127PA0010161	Gold Valley Advantage EPO 2000/0/20 Gold QHDHP PPO 1500/0/10	Combined	0%	0%	0% 0%	0% 0%	0% 0%	0%	0% 0%	0	14	50	50		110	140 160	160
11 Off Exchange	Existing	45127PA0010101	Gold PPO 2000/0/20	Rx 0	0%	0%	0%	0%	0%	0%		14 o	14 0	30	30	110 90	110	180	160
12 Off Exchange 13 Off Exchange	Existing Existing	45127PA0010090	Gold PPO 2000/0/20	Rx 250	0%	0%	0%	0%	0%	0%	0% 0%	0 0	ہ 14	30	50	90 90	90 110	140 140	140 160
14 Off Exchange	Existing	45127PA0010089	Gold PPO 2000/20/20	Rx 0	0%	0%	0%	0%	0%	0%	0%	0	0	30	30	90 90	90	140	140
15 Off Exchange	Existing	45127PA0010191	Gold PPO 2000/20/20	Rx 250	0%	0%	0%	0%	0%	0%	0%	0	0 14	30	50	90 90	110	140 140	140
16 Off Exchange	Existing	45127PA0010190	Gold Shared Deductible PPO 3000/0/25 - 500	Rx 0	0%	0%	0%	0%	0%	0%	0%	0	0	20	30	90 90	90	140 140	140
17 Off Exchange		45127PA0010189	Gold Shared Deductible PPO 3000/0/25 - 500	Rx 250	0%	0%	0%	0%	0%	0%	0%	0	0 14	30	50	90 90		140	140
18 Off Exchange	Existing	45127PA0010188	Gold PPO 3000/0/15	Rx 0	0%	0%	0%	0%	0%	0%	0%	0 0	0	30		90 90	<u>110</u>	140 140	140
19 Off Exchange	Existing Existing	45127PA0010193	Gold PPO 3000/0/15	Rx 250	0%	0%	0%	0%	0%	0%	0%	0 0	ہ 14	30	30 50	90 90	90 110	140 140	140
		45127PA0010194	Gold Easy Blue PPO 0/0/25	Rx 0	0%	0%		0%	0%	0%	0%	0	0	50	30	90	90	140	140
20 Off Exchange	New	45127PA0010196	Gold PPO Choice 3000/0/30	Rx \$250	0%		0% 0%				0%		0		50 50				
21 Off Exchange22 Off Exchange	New	45127PA0010197	Gold PPO Choice 3000/0/30	Rx \$0	0%		0%		0% 0%		0%		14 0		30		110 90		160 140
	New	45127PA0010198	Silver QHDHP-E PPO 4500/0/10	Combined	0%		0%		0%		0%		0		50 50		90 110		
23 Off Exchange	New	45127PA0010199	Silver PPO 4000/0/45	Rx 0	0%	0%	0%	0%	0%	0%	0%	o	14 0	20	30	00		140	160 140
24 Off Exchange 25 Off Exchange	Existing	45127PA0010132	Silver PPO 4000/0/45	Rx 250	0%	0%	0%	0% 0%	0%	0%	0%	0 0	ہ 14	30 30	50	90 90	90	140 140	140
	Existing	45127PA0010131 45127PA0010185	Silver PPO 5000/0/45	Rx 0	0%	0%	0%	0%	0%	0%	0%	0 0	0	30	30	90 90	<u>110</u>	140 140	140
26 Off Exchange 27 Off Exchange	Existing Existing	45127PA0010183	Silver PPO 5000/0/40	Rx 250	0%	0%	0%	0%	0%	0%	0%	0	8 14	30	50	90 90	90 110	140	140
28 Off Exchange	Existing	45127PA0010184	Silver Valley Advantage EPO 5000/0/35	Rx 0	0%	0%	0%	0%	0%	0%	0%	0	0	30	30	90 90	90	140 140	140
29 Off Exchange	Existing		Silver Valley Advantage EPO 5000/0/35	Rx 250		0%	00/	0%	00/	0%	00/	0	14	30	50	90	110	140	160
			Silver PPO 6000/0/35	Rx 0	0%	0% 0%	0%	0%	0%	0%	0%	0	0	30					
	Existing Existing	45127PA0010187 45127PA0010186	Silver PPO 6000/0/35 Silver PPO 6000/0/35	Rx 250	0% 0%	0%	0% 0%	0% 0%	0% 0%	0%	0% 0%	0 0	8 14	30	30 50	90 90	90 110	140 140	140
	Existing	45127PA0010186	Silver QHDHP PPO 2750/0/25	Combined	0%	0%	0% 0%	0%	0% 0%	0%	0% 0%	0 1 /	14 14	50			110	140 160	160
32 Off Exchange		45127PA0010124	Silver QHDHP PPO 2750/0/25 Silver QHDHP PPO 3500/0/25	Combined	0%	0%		0%		0%		14 1 <i>1</i>		50	50 50	110 110			160 160
33 Off Exchange	Existing	45127PA0010170 45127PA0010135	Bronze QHDHP-E PPO 6900/0/25	Combined	0%	0%	0%	0%	0%	0%	0% 0%	14	14	50	50	110	110	160	160
34 Off Exchange	Existing				0%	0%	0%	0%	0%	0%	0% 0%	0	U	0	0	0	0	140	0
35 Off Exchange	Existing	82795PA0130001	Gold PPO 0/0/20	Rx 500	U%	0%	0%	0%	0%	U%	0%	ŏ	ŏ	30	30	90	90	140	140
36 Off Exchange	Existing	53789PA0090004	Bronze HMO 8000/0/50	Combined	0%	0%	0%	0%	0%	0%	0%	U	U	l U	U	U	0	U	0

IP OP Professional Inpatient Outpatient Professional Other Medical Other Medical

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

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Exhibit C_BeneCat

Keystone Health Plan Central Small Group Rates Effective 1/1/2021 Benefit Mix Changes

Benefit Mix Calculation		BEP Manual Cost Calcul	335.86 Manual Cost	506,640	Projected 2021 Manual Co	218.46
	Manual Cost PMPM	HIOS 14 Digit	<u>PMPM</u>	BEP MM	HIOS 14 Digit	Total
Average in Experience Period	335.86	45127PA0010054	397.86	14,139	53789PA0090004	218.46
Average in Rating Period	218.46	45127PA0010055	406.45	29,116		
		45127PA0010057	382.86	8,623		
Benefit Mix Adjustment	0.650	45127PA0010058	391.70	20,320		
		45127PA0010084	353.16	14,066		
		45127PA0010085	363.50	44,922		
		45127PA0010089	324.26	28,616		
		45127PA0010090	335.07	92,025		
		45127PA0010116	374.00	10,253		
		45127PA0010117	384.00	31,332		
		45127PA0010161	341.50	6,529		
		45127PA0010188	325.11	0		
		45127PA0010189	335.92	48		
		45127PA0010190	305.58	267		
		45127PA0010191	316.81	200		
		45127PA0010194	312.38	0		
		45127PA0010195	323.39	0		
		45127PA0010124	303.29	23,397		
		45127PA0010131	295.32	18,500		
		45127PA0010132	307.48	34,841		
		45127PA0010170	278.56	17,399		
		45127PA0010184	278.61	5,746		
		45127PA0010185	291.03	9,555		
		45127PA0010186	272.87	2,764		
		45127PA0010187	285.41	3,233		
		45127PA0010135	238.46	16,010		
		45127PA0010069	308.63	1,042		
		45127PA0010070	317.78	4,739		
		45127PA0010100	376.35	969		
		45127PA0010101	385.38	1,085		
		45127PA0010143	310.59	15,029		
		45127PA0010144	319.72	49,082		
		45127PA0010192	311.49	100		
		45127PA0010193	317.72	80		
		45127PA0020008	315.96	0		
		45127PA0130001	322.80	121		
		45127PA0130002	333.65	81		
		45127PA0130003	282.87	292		
		45127PA0130004	295.24	56		
		53789PA0090004	248.69	1,145		
		82795PA0130001	328.90	801		
		82795PA0110007	316.61	117		

.46	766				
	Proj Member				
al	<u>Dist</u>				
.46	766				

Keystone Health Plan Central Small Group Rates Effective 1/1/2021 Trend

					11 enu					
					Trend by Service C	Category				
		<u>Year 1</u>			<u>Year 2</u>					
<u>Category</u>	Cost	<u>Util</u>	Induced Demand	Cost	<u>Util</u>	Induced Demand	Total Year 1	Total Year 2	Weights	Total Weights
Inpatient Hospital	5.40%	0.00%	0.00%	5.70%	0.00%	0.0%	5.4%	5.7%	23%	19%
Outpatient Hospital	5.70%	0.00%	0.00%	5.90%	0.00%	0.0%	5.7%	5.9%	46%	38%
Professional	5.30%	0.00%	0.00%	5.20%	0.00%	0.0%	5.3%	5.2%	28%	23%
Other Medical	5.70%	0.00%	0.00%	5.90%	0.00%	0.0%	5.7%	5.9%	3%	3%
Capitation	3.00%	0.00%	0.00%	3.00%	0.00%	0.0%	3.0%	3.0%	0%	0%
Prescription Drug	9.60%	1.00%	0.00%	10.40%	1.30%	0.0%	10.7%	11.8%	100%	18%
Dental & Vision	1.00%	1.00%	0.00%	1.00%	1.00%	0.0%	2.0%	2.0%	100%	100%

Aggregate Pricing		
Total	6.5%	
Medical	5.5%	
Drug	10.7%	
Agg Med + Rx Trend	6.5%	
Dental and Vision	2.0%	

Aggregate Pricing Trend Year 2					
Total	6.8%				
Medical	5.7%				
Drug	11.8%				
Agg Med + Rx Trend	6.8%				
Dental and Vision	2.0%				

Year 1 Raw Trends*					Year 2 Raw Trends*					
URRT Categories	Cost	Utilization	Induced Demand	<u>Composite</u>	Cost	<u>Utilization</u>	Induced Demand	Composite		
Inpatient Hospital	4.8%	0.0%	0.0%	4.8%	5.1%	0.0%	0.0%	5.1%		
Outpatient Hospital	5.1%	0.0%	0.0%	5.1%	5.3%	0.0%	0.0%	5.3%		
Professional	4.7%	0.0%	0.0%	4.7%	4.6%	0.0%	0.0%	4.6%		
Other Medical	5.1%	0.0%	0.0%	5.1%	5.3%	0.0%	0.0%	5.3%		
Capitation	3.0%	0.0%	0.0%	3.0%	3.0%	0.0%	0.0%	3.0%		
Prescription Drugs	9.0%	1.0%	0.0%	11.2%	9.8%	1.3%	0.0%	12.2%		
Dental & Vision	1.0%	1.0%	0.0%	2.0%	1.0%	1.0%	0.0%	2.0%		

*From Hospital and Physician Trend Models

Adjustments to Pricing Trend Medical

	Medical	Dru	<u>1g</u>
Intensity	0.0%	Contracting	0.0%
Leveraging	0.6%	Leveraging	0.6%
Demographics	0.0%	Demographics	0.0%
Buy-Downs	0.0%	Buy-Downs	0.0%
Other	0.0%	Pipeline	0.0%
Total	0.6%	Total	0.6%

osite

7/13/2020

Keystone Health Plan Central Small Group Rates Effective 1/1/2021 Credibility Manual Development for URRT

Experience Period Member Months

506,640

Section II: Projections			Year 1 Trend	Y	ear 2 Trend					_	
							Trended EHB				
	Experience Perio	d Index Rate					Allowed Claims				
Benefit Category	PMPM		Cost	Utilization	Cost	Utilization	PMPM	Incurred	Allowed		PMPM
Inpatient Hospital	\$	113.02	1.054	1.000	1.057	1.000	125.91	56,134,773	\$ 57,260,190	\$	113.02
Outpatient Hospital	\$	224.22	1.057	1.000	1.059	1.000	250.98	94,271,696	\$ 113,600,449	\$	224.22
Professional	\$	134.75	1.053	1.000	1.052	1.000	149.27	51,248,521	\$ 68,271,307	\$	134.75
Other Medical	\$	16.05	1.057	1.000	1.059	1.000	17.97	6,689,556	\$ 8,132,115	\$	16.05
Capitation	\$	0.02	1.030	1.000	1.030	1.000	0.02	5 11,449	\$ 11,449	\$	0.02
Prescription Drug	\$	109.24	1.096	1.010	1.104	1.013	135.24	47,198,883	\$ 55,342,828	\$	109.24
Total	\$	597.30					679.39			\$	597.30

* All data experience is from CAAC, and other CBC subsidiaries - Capital Advantage Insurance Company (CAIC), and Keystone Health Plan Central (KHPC)

Morbidity	0.610
Other	
Change in Demographics	1.0000
Change in Network	0.9909
Change in Benefits	1.0000
Change in Other	1.0000
Projected Index Rate	410.37
Change in Other	1.0000

Drug Rate Deve

Medical Rate Development

Base Experience Period:	1/1/2018-12/31/2018
Data as of	3/31/2019
Rating Period:	1/1/2020 - 12/31/2020
Trend Months:	24
Trend:	5.5%

1	Medical Paid and Incurred Claims + ACA Payments	202,009,296
2	Completion Factor	0.97
3	BEP Completed Claims (1) / (2)	207,351,865
4	BEP Member Months	506,640
5	BEP Completed Claim PMPM (3) / (4)	409.27
6	Trend Factor	1.11
7	Trended Claim PMPM (5) x (6)	455.70
8	Benefit Change Factor	0.650
9	Morbidity	0.610
10	Capitation	11,449
11	Capitation PMPM	0.02
12	Other Adjustment	1.000
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	180.71

Base Experience Period:
Data as of
Rating Period:
Trend Months:
Trend:

BEP Paid and Incurred Claims
Completion Factor
BEP Completed Claims (1) / (2)
BEP Member Months
BEP Completed Claim PMPM (3) / (4)
Trend Factor
Trended Claim PMPM (5) x (6)
Benefit Change Factor
Morbidity
In Rx Rebates
In Rx Rebates PMPM
Cother Adjustment (Rx Contracting Savings)
Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (10)

	Expected Claim PMPM in
	Rating Period
Medical	180.71
Drug	29.36
Pediatric Dental	1.14
Pediatric Vision	0.10
Expected Distribution of Embedded Dental Benefit	100%
Total Expected Incurred in Rating Period	211.31
Total Expected Incurred in Rating Period Net RA	349.47
	(10.07
Projected Allowed	410.37
Paid to Allowed Ratio	0.515

*Other Adjustment is for Rx Contracting

Keystone Health Plan Central Small Group Rates Effective 1/1/2021 Paid to Allowed Ratio Development

velopment	Pediatric Dental Rate Dev	velopment	Pediatric Vision Rate Develo	oment
1/1/2018-12/31/2018 3/31/2019	Base Experience Period: Data as of	1/1/2018-12/31/2018 3/31/2019	Base Experience Period: Data as of	1/1/2018-12/31/2018 3/31/2019
1/1/2020 - 12/31/2020	Rating Period:	1/1/2020 - 12/31/2020	Rating Period:	1/1/2020 - 12/31/2020
24	Trend Months:	24	Trend Months:	24
10.7%	Trend:	2.0%	Trend:	2.0%
61,352,156	1 BEP Paid and Incurred Claims	870,303	1 BEP Paid and Incurred Claims	80,33
1.000	2 Completion Factor	0.955	2 Completion Factor	0.99
61,352,156	3 BEP Completed Claims (1) / (2)	911,502	3 BEP Completed Claims (1) / (2)	81,17
506,640	4 BEP Member Months	506,640	4 BEP Member Months	506,64
121.10	5 BEP Completed Claim PMPM (3) / (4)	1.80	5 BEP Completed Claim PMPM (3) / (4)	0.1
1.23	6 Trend Factor	1.04	6 Trend Factor	1.0
148.39	7 Trended Claim PMPM (5) x (6)	1.87	7 Trended Claim PMPM (5) x (6)	0.1
0.650	8 Benefit Change Factor	1.00	8 Benefit Change Factor	1.0
0.610	9 Morbidity	0.610	9 Morbidity	0.61
14,153,273	10		10	
27.94	11		11	
0.950	12 Other Adjustment	1.000	12 Other Adjustment	1.00
)] x (12) 29.36	13 Total Benefit Adjusted Claim PMPM $[(7) \times (8) \times (9) \times (10) + (11)] \times (12)$	1.14	13 Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	0.1

Exhibit H_Ret

Keystone Health Plan Central **Small Group Rates** Effective 1/1/2021 Retention

Medical $+ Rx$	Dental	Vision	<u>Total</u>	% of Premium
\$0.00	\$0.00	\$0.00	\$0.00	0.0%
\$0.25	\$0.00	\$0.00	\$0.25	0.1%
\$49.18	\$0.60	\$0.09	\$49.87	11.5%
\$19.91	\$0.00	\$0.00	\$19.91	4.6%
\$0.00	\$0.00	\$0.00	\$0.00	0.0%
\$0.00	\$0.00	\$0.00	\$0.00	0.0%
\$0.00	\$0.00	\$0.00	\$0.00	0.0%
0.4%	0.4%	0.4%	0.4%	0.4%
2.0%	2.0%	2.0%	2.0%	2.0%
\$0.20	\$0.00	\$0.00	\$0.20	0.0%
0.0%	0.0%	0.0%	0.0%	0.0%
\$0.00	\$0.00	\$0.00	\$0.00	0.0%
0.4%	0.4%	0.4%	0.4%	0.4%
0.0%	0.0%	0.0%	0.0%	0.0%
	\$0.25 \$49.18 \$19.91 \$0.00 \$0.00 \$0.00 0.4% 2.0% \$0.20 0.0% \$0.20 0.0% \$0.00 0.4%	\$0.00 \$0.00 \$0.25 \$0.00 \$49.18 \$0.60 \$19.91 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.20 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.4% \$0.4%	\$0.00 \$0.00 \$0.00 \$0.00 \$0.25 \$0.00 \$0.00 \$0.00 \$49.18 \$0.60 \$0.09 \$19.91 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.20 \$0.00 \$0.00 \$0.00 \$0.20 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.4% \$0.4% \$0.4% \$0.4%	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

Insurer Tax and Admin Fee Calc

Applied HIF to All Quarters		0.00%				
Quarter	% of Enrollees	HIF		20)21 assessmen	2022 as
1	26%	0.00%		0	0.00%	0.0
2	16%	0.00%		3	0.00%	0.0
3	15%	0.00%		6	0.00%	0.0
4	43%	0.00%		9	0.00%	0.0
	Admin	<u>Profit</u>	Taxes			
	16.6%	2.0%	0.5%			
Claims	11.5%					
Broker	4.6%					
Quality Improvement	0.4%					

2021 assessment	2022 assessment
0.00%	0.00%
0.00%	0.00%
0.00%	0.00%
0.00%	0.00%
	0.00% 0.00% 0.00%

HIOS	53789PA0090004
	Bronze HMO
Med Plan	8000/0/50
Rx Plan	Combined
Deductible	8000
Expected Claim Cost	349.47
Expected Premium PMPM *	\$431.87
Allowed Adjustments to Premium for MLR	
Reinsurance Contribution	0.00
Patient-Centered Outcomes Research Trust Fund:	0.20
Risk Adjustment Fee	0.25
Premium Tax	0.00
Insurer Tax	0.00
Exchange Fee	0.00
Quality Improvement	1.73
Federal Income Tax**	1.81
MLR Adjusted Claims	\$351.20
MLR Adjusted Premium	\$429.61
Expected Member Distribution	100.0%

81.7%

Unadjusted Premium	\$431.87
Expected MLR Adjusted Claims	\$351.20
Expected MLR Adjusted Premium	\$429.61

MLR	

* From Exhibit L

**21% of profit or contingency (assumed to be 2%)

Keystone Health Plan Central Small Group Rates Effective 1/1/2021 Projected Index Rate

Projected Index Rate	\$410.37				
Effective Date	Total Index Rate	Trend	Distribution of Members	Projected Allowed	Market Adjusted Index Rate
January - March (Index 1)	\$410.37		26%	\$410.37	\$678.68
April - June (Index 2)	\$416.85	6.5%	16%	\$417.03	\$685.34
July - September (Index 3)	\$423.43	6.5%	15%	\$423.80	\$692.11
October - December (Index 4)	\$430.12	6.5%	43%	\$430.68	\$698.99
Average for Projection Period	\$421.95			\$422.28	\$690.58

* From URRT and Exhibit B

Keystone Health Plan Central Small Group Rates Effective 1/1/2021 Market Adjusted Index Rate

Development of Market Adjusted Index Rate

Q1 Index Rate	410.37
Paid to Allowed	0.51
Q1 Projected Claims	211.31
Net Projected ACA Reinsurace Recoveries	0.00
Net Projected Risk Adjustments PMPM	-138.16
Exchange User Fee Adjustment	0.00
Q1 Market-Adjusted Projected Paid EHB Claims PMPM	349.47
Q1 Market Adjusted Index Rate	678.68
Development of Exchange User Fee	
Average SHOP Premium	\$0.00
Average Exchange Fee	\$0.00
Percentage of Membership on SHOP	0%
Exchange Fee to Add to Market Index Rate	\$0.00
Development of Risk Adjustment Projection	
Projected 2021 Risk Adjustment Transfer	-\$138.16
Projected 2019 Risk Adjustment Payment Payable	-\$149,358
2019 MemberMonths	1,145
Projected 2019 Risk Adjustment Payment PMPM	-\$130.44
	φ100i11

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Show Normalization		
Adjustment for Network	1.000	
Adjustment for Induced Demand	1.000	
Rate Development by Benefit Option	Off Exchange	
Level of Coverage	Bronze	
HIOS	53789PA0090004	
Med Plan Name:	Bronze HMO 8000/0/50	
Rx:	Combined	
Network:	НМО	
HRA	Ν	
Q1 Market Adjusted Index Rate	678.68	
AV and Cost Sharing Adjustment	0.51	
Network	1.000	
Induced Demand	1.000	
Total Projected Claims PMPM + Market Level Adjustments:	349.47	
Retention		
Admin PMPM	\$49.87	
Broker PMPM	\$19.91	
Risk Adjustment User Fee	\$0.25	
PCORTF	\$0.20	
Placeholder1	\$0.00	
Placeholder2	\$0.00	
Premium Tax	0.0%	
Federal Income Tax	0.4%	
Insurer Tax	0.0%	
Contingency	2.0%	
Quality Improvement	0.4%	
Premium Neutrality	1.61	
Total Premium Single Rate:	\$268.71	
Plan Adjusted Index Rates	\$431.87	
Expected Member Distribution	100.0%	
	\$69.78	
Admin	16.6%	
Taxes	0.5%	

ExhibitL_RateDev

											Induced						:	Average Plan Adj	<u>Q1 Plan Adj Index</u>	Q2 Plan Adj Index	<u>J3 Plan Adj Index</u> (Q4 Plan Adj Inder	X
<u>#</u>	Combo Description	Projected Membership	<u>Proj MM</u>	<u>New or Existing</u>	Product ID Plan ID	On/Off Exchange	Metal Level	Metal Value	Pricing Value	<u>Network</u>	Demand	Product	Med Plan Description	Deductible	<u>Drug Plan</u>	Pediatric Dental	Pediatric Vision	Index Rate	<u>Rate</u>	<u>Rate</u>	<u>Rate</u>	<u>Rate</u>	Medical & Rx
1	Bronze HMO 8000/0/50	100.0%	766	Existing	53789PA009 53789PA00900	04 Off Exchange	Bronze	63.5%	51.5%	1.00	1.00	НМО	Bronze HMO 8000/0/50	8000	Combined	Embedded	Embedded	\$431.88	\$431.88	\$438.70	\$445.63	\$452.66	6.47%

Benefit Plans

Annual Trend



7/13/2020

Keystone Health Plan Central Small Group Rates Effective 1/1/2021 Calibration

<u>Factor</u> 1.0000 1.0800 1.0200

Expected Average Age Factor:	1.564
List-Billed Adjustment for Max 3 Children	1.007
Adjusted Average Age Factor	1.554
Expected Average Region Factor:	1.03
Expected Average Tobacco Factor	1.00
Cumulative Rating Factors (Premium Neutrality):	1.607

	Age Factors			Region Factors
Age	Distribution of Poplulation	Age Factor	<u>Region</u>	Distribution of Population
0-14	12.9%	0.7650	6	43.0%
15	0.9%	0.8330	7	38.5%
16	1.1%	0.8590	9	18.5%
17	1.0%	0.8850		
18	1.0%	0.9130		
19	1.1%	0.9410		
20	1.2%	0.9700		
21	1.3%	1.0000		
22	1.3%	1.0000		
23	1.3%	1.0000		
24	1.4%	1.0000		
25	1.6%	1.0040		
26	1.6%	1.0240		
27	1.6%	1.0480		
28	1.7%	1.0870		
29	1.7%	1.1190		
30	1.7%	1.1350		
31	1.6%	1.1590		
32	1.7%	1.1830		
33	1.6%	1.1980		
34	1.6%	1.2140		
35	1.6%	1.2220		
36	1.7%	1.2220		
37	1.6%	1.2380		
38	1.8%	1.2460		
39	1.6%	1.2620		
40	1.8%	1.2780		
40	1.6%	1.3020		
42	1.6%	1.3250		
42	1.7%	1.3570		
43	1.7%	1.3970		
44 45	1.6%	1.4440		
43 46	1.8%	1.5000		
40 47		1.5630		
	1.8%			
48	1.8%	1.6350		
49 50	2.1%	1.7060		
50	2.0%	1.7860		
51	2.0%	1.8650		
52	2.1%	1.9520		
53	2.1%	2.0400		
54	2.1%	2.1350		
55	2.2%	2.2300		
56	2.2%	2.3330		
57	2.1%	2.4370		
58	2.3%	2.5480		
59	2.3%	2.6030		
60	2.2%	2.7140		
61	2.3%	2.8100		
62	2.2%	2.8730		
63	1.9%	2.9520		
64+	3.3%	3.0000		

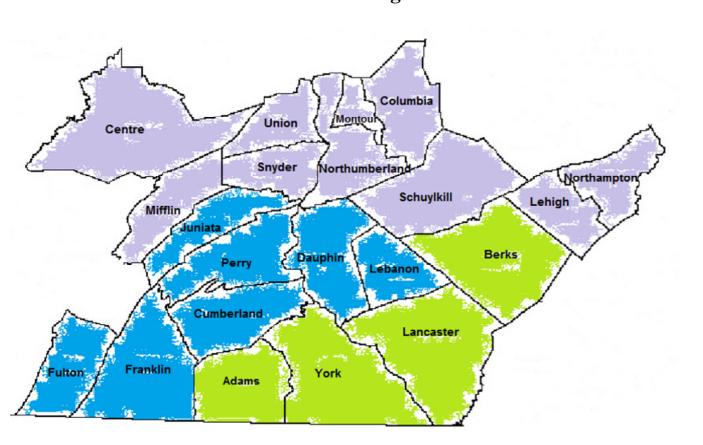


7/13/2020

Keystone Health Plan Central Small Group Rates Effective 1/1/2021 Rating Factors

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

Region



Region	Factor
6	1.0000
7	1.0800
9	1.0200

Network	Factor
НМО	1.00

Premium Ratio
 2.135
2.230
2.333
2.437
2.548
2.603
2.714
2.810
2.873
2.952
3.000

Filing 20-41

 Base Rates
 Base Ra

Exhibit P_QtlyRate

Keystone Health Plan Central Small Group Rates Effective 1/1/2021 Morbidity Factor Calculation

From Ib Manual Data Table 2

Earned Premium	Ultimate Incurred Claims	Member Months	Total Prescription Drug Rebates*	Total EHB Capitation	Premium PMPM	Incurred Clm PMPM	Loss Ratio*
\$ 315,438,722.74	\$ 269,696,701.86	506,640	\$ (14,153,272.73)	\$ 11,448.50	\$ 622.61	\$ 504.41	<mark>81.0%</mark>

*Loss Ratio gross of risk adjustment

For Small Groups still in PPACA Insured Market as of 202003

Earned Premium	Ultimate Incurred Claims	Member Months	Total Prescription Drug Rebates*	Total EHB Capitation
\$ 238,87 <mark>0,979.77</mark>	\$ 209,254,862.68	380,074	\$ (12,678,614.93)	\$ 99,207.90

Premium PMPM	Incurred Clm PMPM	Loss Ratio*
\$ 628.49	\$ 517.47	82.3%

*Loss Ratio gross of risk adjustment

Change in Incurred		Morbidity Factor		
Claims	Change in LR	Applied	Addl Factor	Total Morbidity
2.6%	1.6%	1.016	0.600	0.610

*Note that this factor varies with projected risk adjustment transfer amount. This factor assumes KHPC membership less risky than CAAC (majority of the BEP), resulting in a large risk adjustment transfer payment.

Capital BLUE

June 23, 2020

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

> Re: Keystone Health Plan Central Small Group Rates Filing No 20-41 TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense Sub-TOI Code: H15G.003 Small Group Only Filing Type: Rate

Dear Ms. Gray:

KHPC received an objection letter from the Department dated June 16, 2020. KHPC is providing the following in response to the objection letter:

- Q&A written response
- Q&A exhibits
- Risk adjustment calculation workbook
- Expanded Bronze justification workbook
- Trend leveraging calculation workbook
- Completeness and Redaction Justification Checklist
- Broker commission schedules
- Revised Rate Development workbook
- Revised PAAM Exhibits
- Revised URRT
- Revised Rates (PA and Federal Templates)
- Revised Memos Actuarial, Cover Letter

All changes are due to PID requests/questions and have been disclosed in the Q&A written response. Additionally, below is a summary of changes:

- Question 2: Correction to Table 0, product type
- Question 3: Update to Table 2 BEP risk adjustment
- Question 8: Change to trend
- Question 9: Change to Table 5, Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims, Projected Incurred Risk Adjustment PMPM

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- Question 10: Change to projected risk adjustment
- Question 12: Change to risk adjustment fee amount
- Question 13: Change to induced demand change is to show formula only, values are the same
- Question 18: Correct formula in Exhibit L to include PCORTF. This flows to Table 10, taxes and fees
- Question 19: Change to projected loss ratio formula
- Question 20: Change to morbidity factor
- Question 21: Correction to URRT Worksheet 2 formula

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

Sincerely,

y, 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 Small Group Rates Effective January 1, 2021

With this response, please find corresponding Q&A Exhibits in SG_20-41_Initial_KHP_HMO_Q&AExhibits1_Supporting_20200623.xlsx

Question 1. In the Rate/Rule Schedule tab, the Number of Policyholders Affected for this Program is listed as 60. Per the PA AM Exhibits, Table 10, cell V15, the total policyholders listed is 69. These numbers should be consistent, please update accordingly.

Answer 1. The Rate/Rule Schedule tab has been corrected to match Table 10.

Question 2. In Table 0, Company Information, cell D7: Product Type, please validate the correct product is selected.

Answer 2. Table 0 has been corrected to display HMO instead of PPO.

Question 3. Per Table 2: Experience Period Claims and Premiums, please update the Estimated Risk Adjustment, in cell L36, to reflect the amount provided in the Department issued RATEE files.

Answer 3. Estimated Risk Adjustment has been updated to the amount provided by the Department.

Question 4. Per Table 2: Experience Period Claims and Premiums, Ultimate Incurred Claims, cell D36, is \$363,857.83. Per Table 4: Historical Experience, the ultimate incurred claims for 2019 sums to \$375,306.33. Please explain and update as necessary.

Answer 4. The difference is capitation. Table 2 lists capitation separately in cell J36. Table 4 includes capitation in Ultimate Incurred Claims.

Question 5. Per Table 4: Historical Experience, the completion factors for Jan-16 and Oct-16 are 0.9342 and 0.9537 respectively. Please explain why these completion factors are so low. Also, explain why the Nov-19 completion factor is lower than the Dec-19 completion factor.

Answer 5. Lower completion factors in all 3 months are due to high claimants, with reserve amounts set according to actuarial standards of practice. Reserve amounts continue to be held for these members. Completion factors are developed and applied equally across the entire small group market. Below are the high claim reserves impacting completion factors:

	High Claim
<u>Date</u>	<u>Reserve</u>
Jan-16	\$2,700,000
Oct-16	\$2,100,000
Nov-19	\$800,000

Question 6. Regarding Trend:

- a. Is the data in Table 4 or 4b utilized in developing the proposed trend?
- b. Is the data in Table 4 or 4b raw unadjusted data or has it been normalized or otherwise adjusted? If the data has been adjusted, please provide an exhibit that quantitatively shows the unadjusted allowed monthly data for the 48 months. Also include the following monthly data:
 - i. The average age factor;
 - ii. The average geographic factor;
 - iii. The average tobacco factor;
 - iv. The average benefit factor;
 - v. The normalized average PMPM (should match the allowed PMPMs in Column L of Table 4b).

Answer 6.

- a. The data in Table 4/4b is not utilized to develop trend.
- b. The data in Table 4/4b is raw unadjusted data.

Question 7. Please provide support for not including any utilization trend in the Medical trend amounts.

Answer 7. Annually, the actuarial team meets with our Chief Medical Officer to discuss utilization trends by market segment based on provider conversations and emerging trends in the medical community. Based on those conversations, her best estimate is no change in utilization from 2019 to 2021. Please note this is pre-Covid-19, as Covid-19 factors will be applied separately.

Question 8. Please demonstrate the development of the leveraging and intensity adjustments utilized on the Exhibit E_Trend tab.

Answer 8. Please see SG_20-39_Initial_CAAC_PPO_Leveraging_Supporting_20200623.xlsx , tab: LeveragingSGAllData. In order to determine the future impact of leveraging, including the impact of increasing cost sharing due to allowed costs rising, the exhibit shows a claim probability distribution with allowed amounts by range. The data is 2019 CBC ACA single risk pool population. The average AV in the Small Group market is approximately 0.85. From the data, I can infer that a deductible (applying to all services) of \$1,296 is equal to 85% AV for this population. Using that deductible amount, I can measure incurred claims and member cost-sharing trend, given an allowed trend of 6.5%. Claims are trended in a database in order to move claims into the correct buckets. You can see that the total allowed amounts are increasing at 6.5% annually (columns P and Z). Given the deductible and allowed trend, incurred claims trend

at 7.1%, member cost-share at 1.4% and leveraging is 7.1%-6.5% = 0.6%. The leveraging factor has been updated from 0.5% to 0.6% to match the calculation.

The intensity factor of 0.5% is being revised to 0% with this submission. While intensity of OP services continues to grow, that has been offset by reductions in IP services.

Question 9. Per Table 5: Development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims, Projected Incurred Risk Adjustment PMPM, please update the amount, as necessary. Please remember to update the URRT as well.

Answer 9. All identified amounts and templates have been updated.

Question 10. Please provide quantitative development of the projected incurred risk adjustment PMPM included in Table 5 of the PA Rate Template. Specifically, provide the necessary quantitative and qualitative support, as well as the source and any adjustments to the source information, for each item included in the risk adjustment calculation (i.e., carrier and statewide PLRS, IDF, GCF, ARF, AV, premium).

Answer 10. The projected risk adjustment PMPM has been updated to reflect 2019 risk adjustment amounts provided by the Department as the baseline. The baseline is then adjusted for changes in risk between 2019 and May 2020. Please see SG_20-41_Initial_KHP_HMO_RiskCalc_Supporting_CONF_20200623.xlsx for the RA calculation and assumptions including all values requested above. Please note that the 2019 amounts do not exactly match the Department's values, but are reasonably close. These will be updated once CMS releases their final report.

The Summary tab contains the final projected incurred risk adjustment PMPM, highlighted in yellow.

Question 11. Please provide quantitative and qualitative support for not applying any adjustment for a change in demographics or geography.

Answer 11. We utilize the assumption that new membership will resemble existing membership, making changes to demographics or region negligible.

Question 12. Per Table 6: Retention:

- a. Please provide the proposed commission schedules for 2021.
- b. Using the proposed commission schedules, quantitatively show the development of the percent and PMPM amounts in cells C51 and D51.
- c. Using the 2019 SCHE in the Annual Statement, please quantitatively show the development of the Quality Improvements initiatives percent and PMPM amount.
- d. Please update the risk adjustment user fee to \$0.25, per the 2021 Final Benefit Notice and Payment Parameters.

Answer 12.

a. Please see SG_20-

41_Initial_KHP_HMO_PPMABrokerGroup_Supporting_CONF_20200623 and SG_20-

41_Initial_KHP_HMO_SPMABrokerGroup_Supporting_CONF_20200623 for the unredacted commission schedules.

b. The commission amounts for 2021 are the same as 2020, so past and current financial line of business reports are used to determine the PMPM amount. \$19.91 on Exhibit H - Retention is the 2020 budgeted CBC Small Group broker fee amount. (Note that 2019 also utilized the same commission schedule and actual broker commissions paid in the year were \$20.66 PMPM.) \$19.91 is then calculated as a percent of premium using average premium PMPM calculated in Exhibit I – Projected Loss Ratio. That premium is slightly higher than that shown in Table 6 due to using projected membership, while Table 6 relies on current membership averages to calculate retention PMPMs. This causes slight differences in the values between Exhibit H and Table 6.

c. According to MLR rebate rules, 0.4% is the maximum allowable Quality Improvement (QI) amount to include in the MLR rebate calculations without providing extensive documentation. For that reason, the same amount is used in pricing. But please note the 2019 SHCE shows a QI amount greater than 0.4%.

d. The risk adjustment fee amount has been updated to \$0.25.

Question 13. Per the Department's published guidance, the Benefit Richness factors in Table 10 Column L should be developed based upon the following formula: (Plan Pricing AV in column K * CSR Defunding Adjustment in column P) 2 - (Plan Pricing AV in column K * CSR Defunding Adjustment in column P) + 1.24. Further, the value developed by the quadratic formula must then be multiplied by a normalization constant such that the value in Cell L15 or L16 balances back to 1.000. Please modify the cells in Column L to explicitly show the quadratic formula and normalizing constant to demonstrate compliance with our guidance.

Answer 13. The requested formula has been added. The values are the same as originally filed.

Question 14. Please provide quantitative support for the development of the area factors. This should include a demonstration of how morbidity differences were excluded from the area factor development

Answer 14. Capital's Small Group area factors were approved in the 2020 filing, and we are continuing to rely on the data provided at that time. We are proposing no changes to the factors in 2021 in order to offer stabile pricing in the market.

Question 15. Please update, Exhibit B_BenChange, the pricing AV columns to reflect the years 2020 and 2021.

Answer 15. Exhibit B – Benefit Changes has been corrected.

Question 16. Please provide support for not applying an induced utilization adjustment to the experience period allowed claims due to a decrease in benefit mix as noted on Exhibit D_BenMix.

Answer 16. The changes in benefit mix are small enough that we did not deem an induced demand factor greater than 1.0 necessary. We believe induced demand changes to allowed claims in this market segment are negligible. Exhibit D – Benefit Change shows the expected

changes to incurred claims due to differences in cost sharing between the BEP and the projection period, which is used to develop the Paid-to-Allowed ratio in Exhibit G.

Question 17. The Federal Income Tax in Exhibit H_Ret is calculated as a subset of the Contingency amount (21% of the 2% Contingency). However, it is included in the rate development as an amount in addition to the 2% Contingency amount. Please provide an explanation as to why this approach is appropriate and does not double count the impact of Federal Income Tax (i.e., 2.0% is stated as the Contingency amount in the actuarial memorandum but 2.42% is actually included into the rate development).

Answer 17. Federal income tax is estimated using 2% contingency and included as an allowable retention item. While federal income tax is tied to UW gain/loss, and that amount can only be estimated by considering contingency pricing, it is its own retention line item separate from contingency.

Question 18. Please validate that the Patient-Centered Outcomes Research Trust Fund fee from the Exhibit H_Ret tab flows through to the appropriate exhibits (i.e., Exhibit I_Proj_LR).

Answer 18. Exhibit I – Projected Loss Ratio has been corrected to display the same PCORTF amount found in Exhibit H. PCORTF was also missing from Exhibit L – Rate Development, which feeds retention percentages to Table 10. This has been corrected.

Question 19. Per Exhibit I_ProjLR, Quality Improvements is being subtracted from the denominator in calculating the federal medical loss ratio. Per my understanding, the federal medical loss ratio equation is (Incurred Claims + Quality Improvements) / (Premiums "C Taxes & Fees). Please explain why it is appropriate to subtract Quality Improvements from the denominator instead of adding it to the numerator.

Answer 19. Exhibit I – Projected Loss Ratio has been corrected to use the formula described above.

Question 20. We have the following questions related to the morbidity adjustment on the ExhibitQ_Morbidity tab:

- a. Please provide additional support to demonstrate that the higher loss ratio is not due to a shift in plan and/or rating area distribution (i.e., provide the information for all members and those active as of 202003 by metal level and rating area).
- b. Please provide the average risk score for each grouping from item a.
- c. Please provide quantitative and qualitative support for how the impact of new members as of 202003 were accounted for in the morbidity calculation. Also provide the distribution of new and continuing members as of 202003.
- d. Please provide qualitative and quantitative support for the 0.700 additional factor used in the morbidity calculation in cell D18.

Answer 20.

a. Please see Q&A Exhibit 1 for the requested data.

b. Please see Q&A Exhibit 1 for the requested data. The risk score utilized here is CBC's internal risk score, which is useful in comparison of two populations.

c. Please see Q&A Exhibit 1 for the requested data. Renewing members are any members active in 2019 with enrollment in 202003. New members make up an insignificant percentage of the pool and are assumed to have characteristics similar to the renewing members. d. The additional morbidity factor has been adjusted from 0.7 to 0.6, given updated risk information delivered by the Department. The additional morbidity factor is used to adjust CAAC (vast majority of the BEP) to KHPC morbidity levels. Please see SG_20-41_Initial_KHP_HMO_RiskCalc_Supporting_CONF_20200623.xlsx, Summary tab for difference between CAAC and KHPC PLRS (HHS risk score). While KHPC's risk score is about 51% lower than CAAC's, 0.6 is applied in order to achieve rate parity (rates that differ by benefits and network), which is especially important in the Group market where groups are comparing CBC's PPO bronze plan to the HMO bronze plan.

Question 21. Per URRT, WKsh. 2 "C Plan Product Info, Section IV: Projected Plan Level Information, it appears that the information has not been correctly inputted. Please update, as necessary.

Answer 21. URRT WS 2 has been corrected.

Question 22. For the expanded Bronze plan, please demonstrate that the copay is less than or equal to 50% coinsurance for that category.

Answer 22. Please see SG_20-41_Initial_KHP_HMO_ExpandedBronze_Supporting_20200623 which contains detail pertaining to all CBC expanded bronze plans in the Small Group and Individual markets.

Question 23. Please provide an exhibit showing the average quarterly rate change (Q1 2021/Q1 2020 "C approved, etc.) groups will see if the proposed rates are approved.

Answer 23. Please see Q&A Exhibit 2 for the requested data.

Question 24. Please provide by service category the emerging claims data for this policy for the calendar year y-t-d as of end of May and discuss how this data may impact the resulting trend.

Answer 24. Please see Q&A Exhibit 3 for the requested data. While 2020 has seen a dip in claims due to Covid-19, we expected claims to rebound in the fall continuing to 2021. Therefore it is reasonable to use typical trends from 2019 (no Covid impact) to 2021 (limited to no Covid impact).

Question 25. Please confirm that you have tested the rates in Table 11 of the PA AM Exhibits, PA Plan Design Summary and Rate Tables, Federal Rate Template, and the binder to ensure that rates are identical.

Answer 25. I confirm that the exhibits above have been tested to ensure that rates are identical.

Question 26. Please provide an exhibit that quantitatively shows a comparison of the actual to projected claim cost PMPMs for calendar years 2015-2019, as applicable.

Answer 26. Please see Q&A Exhibit 4 for the requested data.

Question 27. Please provide an exhibit showing the financial gains and losses for calendar years 2015-2019 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.

Answer 27. Please see Q&A Exhibit 5 for the requested data.

Keystone Health Plan Central Small Group Rates Q&A Exhibit 1 Morbidity

Average Ris	k Score by Metal Level		Average	Risk Score by Region		Distribution
Metal Level	Average 2019 Risk Score	Currently Enrolled Risk Score	Region	Average 2019 Risk Score	Currently Enrolled Risk Score	
Platinum	1.515	1.582	6	1.495	1.531	Renewed
Gold	1.443	1.508	7	1.350	1.448	New
Silver	1.378	1.446	9	1.450	1.502	
Bronze	1.319	1.423				
Total	1.424	1.494	Average	1.424	1.494	
Enrollment	Distribution by Metal Leve	<u>9</u>	Enrollme	ent Distribution by Region		
Metal Level	2019	Currently Enrolled	Region	2019	Currently Enrolled	
Platinum	14%	15%	6	39%	44%	
Gold	46%	47%	7	43%	38%	
Silver	36%	35%	9	18%	18%	
Bronze	4%	4%				

Distribution of Renewing/New Members as of 202003										
Renewed	98.9%									

1.1%

Keystone Health Plan Central Small Group Rates Q&A Exhibit 2 Rate Change by Quarter

Summary			
<u>Quarter</u>	<u>% Change</u>	Enrollment Distribution	
Q1 over Q1	-9.3%	26%	
Q2 over Q2	-7.8%	16%	N
Q3 over Q3	-3.5%	15%	Τł
Q4 over Q4	-3.8%	43%	
Average	-5.8%		

Note that Q2 2020 Rates were loaded incorrectly, so Q2 groups received Q1 rates This was discussed with the Department and is noted in the Actuarial Memorandum

Keystone Health Plan Central Small Group Rates Q&A Exhibit 3 2020 Jan to May Service by Category								
Inpatient Outpatient Professional	Incurred \$119,474 \$20,016 \$16,413	Allowed \$125,365 \$43,308 \$36,782	MemberMonths 344 344 344	Incurred PMPM \$347.31 \$58.18 \$47.71	Allowed PMPM \$364.43 \$125.90 \$106.92			
Total Other Capitation Rx Net Rebates Total	\$231 \$4,417 \$182 \$160,731	\$231 \$4,417 \$1,742 \$211,845	344 344 344 344	\$0.67 \$12.84 \$0.53 \$467.24	\$0.67 \$12.84 \$5.06 \$615.83			
Compare to 2019 Total		\$459,542	1,145	\$317.78 47.0%	\$401.35 53.4%			

Keystone Health Plan Central Small Group Rates Q&A Exhibit 4 Projected vs. Actual

	Paid		Paid Risk Adjustment		Exhange L	lser Fees	Market Adjusted Paid	
Year	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual
2015	\$351.25	\$327.42	-\$0.08	\$1.99	\$9.10	\$6.01	\$360.43	\$331.43
2016	\$334.77	\$256.40	-\$0.15	-\$146.85	\$4.39	\$4.56	\$339.32	\$407.81
2017	\$403.76	\$451.77	-\$5.93	-\$3.46	\$0.00	\$0.64	\$409.70	\$455.87
2018	\$315.56	\$281.08	-\$42.86	-\$135.99	\$0.00	\$0.00	\$358.42	\$417.07
2019	\$378.14	\$323.09	-\$10.13	-\$127.80	\$0.00	\$0.00	\$388.27	\$450.88

Keystone Health Plan Central Small Group Rates Q&A Exhibit 5 Financial History and Projection

Year	Member Months	Total Premium	Total Incurred	Total Admin	Total Taxes & Fees	Total Profit	Annual Underwriting gain/loss	Annu
2015	21,839	\$10,037,153	\$8,680,324	\$1,035,027	\$458,281	-\$136,479	-\$136,479	
2016	10,725	\$3,593,501	\$3,176,842	\$746,766	\$26,367	-\$356,474	-\$356,474	
2017	10,235	\$4,182,963	\$4,297,040	\$534,344	-\$1,440,845	\$792,424	\$792,424	
2018	3,986	\$1,345,001	\$973,370	\$230,572	\$124,741	\$16,318	\$16,318	
2019	1,822	\$933,644	\$767,006	\$87,938	\$111,664	-\$32,964	-\$32,964	
Projected 2020	1,243	\$631,981	\$888,411	\$85 <i>,</i> 305	\$20,983	-\$362,719	-\$362,719	
Projected 2021	766	\$328,728	\$265,666	\$54,762	\$1,725	\$6 <i>,</i> 575	\$6,575	

inual Underwriting gain/loss PMPY -\$74.99 -\$398.85 \$929.08 \$49.13 -\$217.11 -\$3,502.02

\$103.00

Capital BLUE

July 20, 2020

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

> Re: Keystone Health Plan Central Small Group Rates Filing No 20-41 TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense Sub-TOI Code: H15G.003 Small Group Only Filing Type: Rate

Dear Ms. Gray:

KHPC received an objection letter from the Department dated July 7, 2020. KHPC is providing the following in response to the objection letter:

- Q&A written response
- Q&A exhibits
- Revised risk adjustment calculation workbook
- Revised Rate Development workbook
- Revised PAAM Exhibits
- Revised URRT
- Revised Rates (PA and Federal Templates)
- Revised Memos Actuarial, Cover Letter
- Rate Change Summary (Attachment 1)
- Public Filing

All changes are due to PID requests/questions and have been disclosed in the Q&A written response. Additionally, below is a summary of changes:

- Question 1: The COVID Factor is applied to Table 5, cells C16 and D16, and reflects the issuer's morbidity assumption * Individual Adjustment (individual market only) * COVID factor.
- Question 2: Update to Table 2 BEP risk adjustment
- Question 3: Update to Table 5 Projected Incurred Risk Adjustment PMPM

If you have any questions regarding this filing, please call me at for via email at for via

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 Small Group Rates Effective January 1, 2021

With this response, please find corresponding Q&A Exhibits in SG_20-41_Initial_KHP_HMO_Q&AExhibits2_Supporting_20200720.xlsx

Question 1. On July 13th, the Department will communicate our guidance based upon updated survey information from the issuers on their best estimate of the COVID-19 impact on 2021 rates. Responses to the round two questions are due on July 16th. Please be sure that all documents in SERFF, after that date, reflect the impact of COVID-19 and are consistent with the Department's July 13th guidance.

Answer 1. The documents in SERFF reflect the impact of COVID-19 and are consistent with the Department's July 13th guidance.

Question 2. Please update the 2019 experience period risk adjustment amount, in Table 2, to reflect the Department calculated revised risk adjustment transfer amount sent to your company on June 30th, 2020, or the final CMS transfer amount published on or before July 16th, if it differs from the Department calculation.

Answer 2. Table 2 BEP risk adjustment is updated to reflect the Department's calculated revised risk adjustment transfer amount sent on June 30, 2020.

Question 3. If the projected risk adjustment transfer amount in Table 5 will be modified, due to the June 30th revisions, or the final CMS transfer amount published on or before July 16th, if it differs from the Department calculation, please provide narrative and detailed supporting data to justify the proposed changes.

Answer 3. Projected risk adjustment in Table 5 has been modified to reflect the June 30th revisions. Please see SG_20-

41_Revised_KHP_HMO_RiskCalc_Supporting_CONF_20200720.xls. The calculation is the same as that submitted in June with changes only for the revised statewide average PLRS. Additionally, the "Comparison" tab shows the change to projected RA in comparison to the change in 2019 amounts provided by the Department. The change in projection is consistent with the change in 2019 results.

Question 4. As a follow-up to question 10, please provide support for the following assumptions:

- a. The 1.050 adjustment to the statewide average premium
- b. The 1.030 adjustment to the statewide PLRS
- c. The 0.980 adjustment to the statewide membership

- i. Please note this adjustment should be updated to be applied as a multiplicative adjustment instead of an additive adjustment
- d. The values listed as "202004 CBC Estimates", the support for these values should include the following:
 - i. Source of the data used
 - ii. The time-frame of the data used (e.g., 202001 202004 data)
 - iii. The development of any completion factors which were applied if a full year of data was not utilized
 - iv. Any adjustments which were applied to reflect any decrease in utilization which has occurred in 2020 as a result of COVID-19
 - v. Any other adjustments which were applied to change the calculation from a 2020 estimate to a 2021 estimate

Answer 4.

- a. 1.05 is the approximate SG premium change between 2019 and 2021. This accounts for rate increases as well as new lower-cost product entries in the market.
- b. 1.03 is the approximate PLRS change in the SG market due to the continual availability of ASO plan options in this market. The estimated CBC PLRS as of 202005 is about 4% higher than 2019. 3% statewide is assumed to reflect CBC's own population while acknowledging that movement to ASO may be less in other areas of PA.
- c. 0.98 is the approximate change in statewide membership due to movement to ASO. Please note that the calculation is performed on a PMPM basis, so changing the factor to 1.0 has no impact of the final result.
 - i. The formula has been corrected.
- d. Documentation of 202005 CBC Estimates is included on the "Documentation" tab of SG_20-41_Revised_KHP_HMO_RiskCalc_Supporting_CONF_20200720. Please note that the title of "202004 CBC Estimates" is corrected to "202005 CBC Estimates" with this submission.
 - i. CBC collects and tracks member risk score information using the HHS risk model. This is referred to as Care Modeler data in the documentation.
 - ii. Timeframe used: 202001-202005
 - iii. Completion factors are developed by comparing PLRS as of 201905 to final PLRS as of 201912, but final PLRS derivation does vary by company/market. Actual PLRS as of 201905, factor applied, and notes are found on the "PLRSCompletion" tab.
 - iv. No utilization adjustments are made for COVID-19.
 - v. The only adjustment to move from 2020 to 2021 is noted in a. above statewide average premium assumed to increase 2.5% annually.

Question 5. As a follow-up to question 11, please provide support for the assumption that projected membership distributions will resemble the experience membership distributions.

Answer 5. Please see Q&A Exhibit 1 for historical enrollment by age and region. The data is all Capital Individual ACA members enrolled between 201701 and 202006. The average age is consistent, although it does increase slightly each year. Regional distributions have moved some between 2017 and 2020. Using filed regional rating factors, the average factor moved from 1.039 in 2017 to 1.034 in 2020. For both age and region, this slight variation from year to year provides assurance that a factor of 1.0 is reasonable.

Question 6. 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, and Federal Rates Template are identical.

Answer 6. I confirm that I have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, and Federal Rates Template are identical.

Question 7. Please ensure that the 7/16/20 versions of the following items are posted in SERFF with your July 16th response to this data call:

- a. Cover letter identifying all changes made and the reason for the change. Also, show the revised rate change
- b. PA Actuarial Memorandum
- c. PA Actuarial Memorandum Exhibits
- d. Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values no "NA")
- e. URRT
- f. Federal Rate Template
- g. Part III: Actuarial Memorandum
- h. Updated Rate Change Request Summary (Attachment 1)
- i. Public filing PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits subsequent to the initial submission, in addition to all the above items).

Answer 7. The following is included with this data call as of 7/16/2020:

- a. Cover letter identifying all changes made, the reason for the change, and revised rate change.
- b. PA Actuarial Memorandum
- c. PA Actuarial Memorandum Exhibits
- d. Department's Plan Design Summary and Rate Template Exhibits (rate template by county is populated with only numeric values no "NA")
- e. URRT
- f. Federal Rate Template
- g. Part III: Actuarial Memorandum
- h. Updated Rate Change Request Summary (Attachment 1)
- i. Public filing PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits subsequent to the initial submission, in addition to all the above items).

Keystone Health Plan Central Q&A Exhibit 1

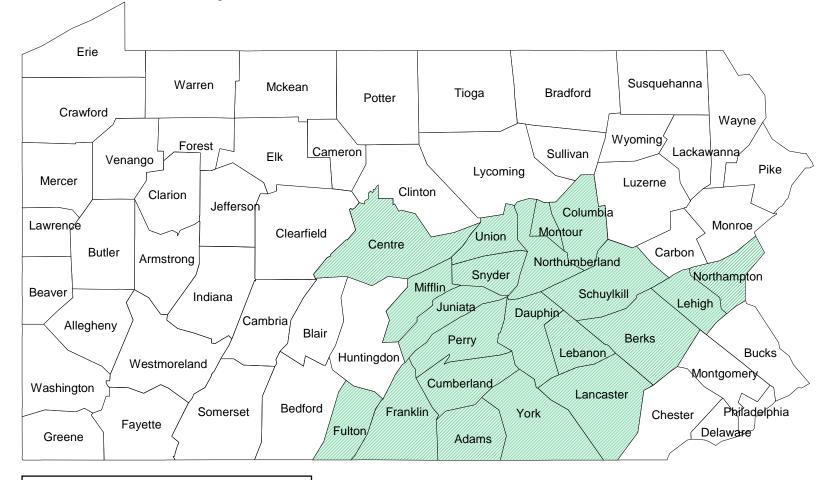
Age and Region Supporting Data

Indiv	ridual	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
A	ge	43.0	44.8	45.3	45.8
Regior	Factor	1.051	1.062	1.060	1.055

Small Group	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
Age	37.6	37.8	38.4	38.8
Region Factor	1.039	1.039	1.037	1.034

2020 Service Area

Issuer: 53789 Market: Small Group



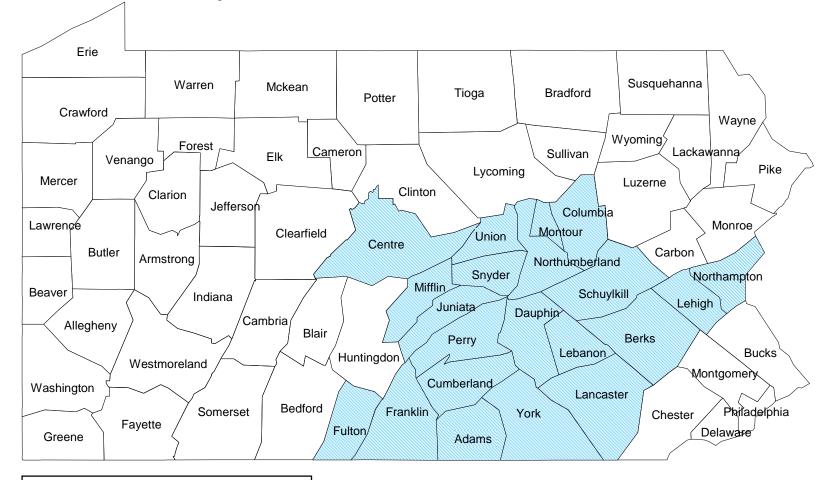
Key (modify as needed)

: 2020 on-exchange service area

2020 off-exchange only service area

2021 Service Area

Issuer: 53789 Market: Small Group



Key (modify as needed)

: 2021 on-exchange service area

: 2021 off-exchange only service area