Rate/Rule Schedule

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**Company Name:** Capital Advantage Assurance Company

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**Company Name:** Capital Advantage Assurance Company  
**Product:** Individual  
**Effective Date of Rates:** January 1, 2016
### Supporting Document Schedules

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CAPITAL ADVANTAGE ASSURANCE COMPANY CAAC - PA

ACTUARIAL MEMORANDUM
Individual Product Rate Filing
Effective January 1, 2016
Filing # 15-35

General Information

Company Information

- Company Legal Name: Capital Advantage Assurance Company CAAC - PA
- State: PA
- HQOS Issuer ID: 45127
- Market: Individual
- Effective Date: 1/1/2016

Company Contact Information

- Primary Contact Name: Edmund Scheuermann
- Primary Contact Telephone Number: (717) 541 - 6837
- Primary Contact Email Address: Edmund.scheuermann@capbluecross.com

Scope and Purpose

By this filing, Capital Advantage Assurance Company (CAAC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be offered on and off the Individual Exchange, effective January 1, 2016. Products submitted by this filing will be made available to all individuals within the 21 county CBC service area on and after January 1, 2016. This filing complies with the following parts of the Code of Federal Regulations (CFR):

- 45 CFR Part 147, Section 102
- 45 CFR Part 154, Sections 200, 215, 301
- 45 CFR Part 156, Sections 80, 115, 135
- 45 CFR Part 158, Sections 140, 150, 151, 161, 162, 230

The following sections simultaneously describe the data entered into the Unified Rate Review Template (URRT), and the method used to develop rates.

Proposed Rates

Plan-Level Rates: Proposed rates by effective date are developed and displayed in the file titled "IND_15-35_Initial_CAAC_PPO_RateRule_RateDev_V20150309.xls".
Benefits: Benefits complying with the Essential Health Benefits (EHBs) and Actuarial Value (AV) Metal level provisions of the Patient Protection and Affordable Care Act (PPACA) are included in the Schedule of Benefits.

Proposed Rate Increases

CAAC is proposing an aggregate 2.3% rate change effective 1/1/2016. The rate change varies by plan.

Experience Period Premium and Claims

Base Experience Period: The base experience period (BEP) includes completed fee-for-service paid and incurred claims for dates of service between January 1, 2014 and December 31, 2014.

Paid Through Date: Claims in the BEP are paid through March 31, 2015.

Allowed and Incurred Claims during the Experience Period: 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 is assumed to be identical.
6. Both allowed and paid claims in the base experience period (BEP) are completed by applying completion factors by incurred month developed in Step 5.
\[
\text{BEP Incurred Claims} = \sum \frac{\text{BEP Paid Claims by Incurred Month}}{\text{Completion by Incurred Month}}
\]

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

**Benefit Categories**

Claims in the benefit categories displayed in Worksheet 1, Section II of the URRT come directly from CBC’s warehouse. See Exhibit A of the attached “IND 15-35_Initial_CAAC_PPO_Supporting_Exhibits_V20150506.xlsm” file for a description of benefits by benefit category.

**Projection Factors**

**Changes in Morbidity of the Population Insured:**

**Changes in Benefits:** Effective January 1, 2016, all plans will be amended to include Pediatric Dental benefits. In addition, the Out of Pocket Maximum has been increased from $6,350 to $6,850 as permitted. Several other small changes to benefits were required to keep plans within the proper metal levels based on the new Actuarial Value Calculator. All changes in benefits have been considered in the benefit relativity factors used in pricing.

**Changes in Demographics:**

**Trend Factors:** Trend levels reflect our best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

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

1. **Base Cost/ Change in hospital and physician contracting:** The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. CAAC uses a hospital and physician contracting model to determine future trends. This model contains all known contracted payment increases, as well as estimated increases in provider payments.

2. **Utilization:** Utilization trends are established by clinicians, who combine the study of historical utilization increases and clinical knowledge of the current medical environment to determine projected utilization trends by service category. A significant factor in utilization is the impact of the Patient Protection and Affordable Care Act (PPACA). Effective October 1, 2010, CBC removed cost share for many preventive physician and
outpatient services. The impact of PPACA mandated benefits and cost sharing limits are gradually being seen in the experience. Utilization of preventive services and associated outpatient services (i.e. preventive services can lead to tests, scans, etc.) is increasing rapidly. While this may have a favorable cost savings in the long term, the immediate future (the rating period) is unlikely to see any cost savings due to preventive services. CAAC expects this trend to continue as Women Preventive Services (Section 2713 (a) (4) of the Public Health Service Act effective August 1, 2012) was added to the zero cost share preventive list effective August 1, 2012. Additionally, CAAC must assume that utilization will continue to incline sharply as members become educated of these benefit changes.

3. Intensity: Intensity is defined as the amount of inputs used to provide each unit of service. This can best be seen in an example:

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<tr>
<th>Year 2013</th>
<th>Type of Service</th>
<th>Units</th>
<th>Cost per Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>X-Ray</td>
<td>0</td>
<td>$200</td>
<td></td>
</tr>
<tr>
<td>MRI</td>
<td>2</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>$10,000</td>
<td></td>
</tr>
</tbody>
</table>

Total Annual Trend: 92%

4. 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. CAAC strives to mitigate the underwriting cycle by keeping trends consistent through ups and downs of claim cost and utilization.

CAAC has used an aggregate annualized trend factor of 6% in the premium development. This trend is based on past experience and represents our best estimate of future experience.

**Credibility of Experience**

Credibility Manual Rate Development:
Risk Adjustment

The two primary activities related to attempts to quantify expected risk transfer payments are as follows:

1. Develop a thorough understanding of the Department of Health and Human Services (HHS) algorithm for calculating risk score, namely the HHS Hierarchical Condition Category Classification System (HCC) issued in the HHS Notice of Benefit and Payment Parameters.
2. Participate in multiple phases of a vendor developed and administered simulation program named “The Wakely Simulation Project”.

Discussions around the two phases of the risk payment transfer simulation, as well as conclusions drawn are as follows:

1. Phase I of risk payment transfer simulation project: During phase I of the Wakely Simulation Project, which occurred prior to the HHS Notice of Benefit and Payment Parameters, the meaning and value of calculated metrics were limited by the following items:
   a. Timing of release of payment transfer formula: Phase I occurred prior to the HHS Notice of Benefit and Payment Parameters, so the official calculation noting the exact formula for payment transfer had not yet been issued
   b. Timing of release of HHS Actuarial Value (AV) Calculator: Phase I occurred prior to the release and refinement of the HHS issued AV calculator, which plays an integral role in the calculation of the concurrent risk scores assigned to each member.
   c. Participation of other carriers in the state of PA: Given that the risk adjustment payment transfer formula is completely dependent on the entire state of Pennsylvania’s risk, allowable rating factors and state average premium, deriving meaningful information in the absence of these important variables was a challenge.

2. Phase II of risk payment transfer simulation project: During phase II of the Wakely Simulation Project, new information became available - information that was noted as a limitation above. The official AV calculator was released. The HHS Notice of Benefit and Payment Parameters was released, which included all relevant variables in the payment transfer formula as well as the HHS HCC model in its entirety. Even with that, numerous limitations existed, putting the reliability of calculated metrics in question.
   a. AV calculator
      i. Initial release was locked by its creator, preventing carriers from implementing it into their operations. Carriers with hundreds or thousands of products would have to run each benefit design one at a time.
iii. Calculated AVs were not intuitive. Actuaries across the industry agreed that the answers being generated by the AV calculator made little sense. Given the importance of metal level in the calculation of a member risk score, the challenges of generated reliable metrics were exacerbated by the inclusion of an AV calculator that behaved inappropriately.

b. Market participation: The profile of the market participants changed from Phase I to Phase II of the simulation, with a noticeable absence of participation from several key players in the market. As before, given the payment transfer formula’s dependency on the entire market’s profile, metrics were deemed unreliable.

c. Drastic change in results: The results delivered from Phase I of the simulation and Phase II of the simulation were so drastically different that they were deemed completely unreliable.

3. Conclusions: Given the resources devoted to this project and the results delivered, the following decisions were made:

a. Consider the time and effort to be part of the necessary learning curve. While results were not as promising as expected, the simulation project was a helpful guide in facilitating an understanding of the HHS IICC, the AV calculator, and the payment transfer formula.

b. Use an initial risk payment adjustment of

As shown in Exhibit B of the attached “IND_15-35_Initial CAAC_PPO_RateRule_RateDev_V20150309.xls” file, we have included an adjustment factor of XXX for reinsurance recoveries.

Non-Benefit Expenses and Profit & Risk

1. 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 how much of one’s time and/or resources is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask, how much of one’s time and/or resources 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 expected to be allocated to
CAAC individual products. Administrative expenses are included in the URRT Worksheet 1, “Administrative Expense Load”.

2. Broker Expense: Calculated based on CAAC’s explicit per contract broker fee. Broker Expense is included in the URRT Worksheet 1, “Administrative Expense Load”.

3. Fee for Patient-Centered Outcomes Research Trust Fund (PCOR): As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2013, and before October 1, 2014, the applicable dollar amount is $2 per member per year, translating into $0.17 per member per month. PCOR is included in the URRT Worksheet 1, “Taxes and Fees”.

4. Health Insurer Tax (HIT) – Section 9010 of PPACA and Section 1406 of the Reconciliation Act (which modified PPACA) refer to HIT. The fee is a fixed-dollar amount distributed across health insurance providers: $8 billion in 2014, $11.3 billion in 2015-2016, $13.9 billion in 2017, and $14.3 billion in 2018. After 2018, HIT rises according to an index based on net premium growth. In 2016, CBC will pay an estimated [X] of insured premium as a result of HIT. [X] is being applied to 2016 rates. The HIT is included in the URRT Worksheet 1, “Taxes and Fees”.

5. Risk Adjustment Fee (RAF) – To fund the HIIS-risk adjustment program, issuers will remit to HIIS a fee of $0.15 PMPM. The RAF is included in the URRT Worksheet 1.

6. Exchange Fee – All issuers participating in a federally-facilitated exchange will remit a fee equal to 3.5% of premium. This Exchange Fee is to be spread evenly across both on and off exchange products. CBC expects that [X] of all individual product premiums will be from contracts purchased on exchange. Therefore, a [X] premium load is being applied. The Exchange Fee is included in the URRT Worksheet 1, “Taxes and Fees”.

7. Premium Tax - CAAC pays no Premium Tax on Individual Products. The Premium Tax is included in the URRT Worksheet 1, “Taxes and Fees”.

8. Contingency: Contingency is included in the URRT Worksheet 1, “Profit and Risk”.

**Premium Development**

As discussed, the attached “IND 15-35 Initial CAAC PPO RateRule RateDev V20150309.xls” file details CAAC’s premium rate development methodology. As shown on Exhibit B, the experience period (calendar year 2014) average claim cost pmpm for [X] was benefit adjusted to the 2016 CAAC Individual Product Silver Coinsurance Plan level. The benefit adjustment factor was calculated using CBC’s proprietary benefit pricing model.

Next, an annualized 6.0% trend factor was applied for 24 months.

A [X] Reinsurance Adjustment factor was then applied to recognize anticipated reinsurance recoveries. [X]
Note that this factor is not net of the $2.25 PMPM reinsurance charge which is included in the retention load in Exhibit F1.

Finally, as described above, a Risk Adjuster factor of was employed.

Exhibit C contains the anticipated population distribution as well as the CMS mandated age factors. Based on this data, a weighted average age factor was calculated and used to calculate the projected base claim cost for age 21 (the age with a 1.000 age factor) for the Silver Plan. Projected claim costs by age are then calculated by multiplying this projected base claim cost by the mandated age factors as shown in column D.

Exhibit D shows the benefit relativity between the various plans being priced.

Exhibit E shows the costs, utilization assumption, and pricing development for the Pediatric Vision Benefit.

The final Non-Smoker premium rates are developed in Exhibits F1-F10. The claims costs from Exhibit C are multiplied by the appropriate Benefit Relativity Factor from Exhibit D. They are then multiplied by an Area Factor. The 21 county Capital BlueCross service area lies within pricing areas 6, 7, and 9 as established by Pennsylvania. The development of the Area Factors is included in the attached “IND_15-35_Initial_CAAC_PPO_Supporting_RegFact_V20150506.xls” workbook. The claims costs as adjusted above are divided by (1 - Retention Load). The Retention Load is . The components are included as a footnote in Exhibit F1. The Pediatric Vision Premium developed in Exhibit E is also added to the premium.

Exhibits G1 through G10 develop the Smoker rates by applying a smoker load by age to the rates calculated in Exhibits F1-F10 for all but the 0-20 attained age group.

**Paid to Allowed Ratio**

Projected Paid and Incurred Claims are calculated as described above by multiplying the projected claims cost pmpm for the base (Silver) plan by the Benefit Relativity Factor as well as the Area Factor. To arrive at the Total Projected Claims PMPM, CAAC assumes a distribution of members across the benefit plans being offered in 2016. To calculate the Total Projected Claims PMPM we first sum the Projected Claims PMPM x assumed Member Months for each plan being offered. We divide this total by the total assumed member months across all plans being offered.

The Paid-To-Allowed Ratio is then:

\[
\text{Paid to Allowed Ratio} = \frac{\text{Total Projected Claims PMPM}}{\text{Projected Allowed Claims}}
\]

**Projected Loss Ratio**
Sec Exhibit B of the attached “IND_15-35_Initial_CAAC_PPO_Supporting_Exhibits_V20150506.xls” file for the projected loss ratio calculation.

**Single Risk Pool**

The data used to develop rates and shown in the URRT abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered plan for CAAC in the Individual market segment.

**Index Rate**

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

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

**Market Adjusted Index Rate**

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

\[
\begin{align*}
[\text{Market Adjusted Index Rate}] &= [\text{Index Rate}] - [\text{Net Projected ACA Reinsurance Recoveries}] \\
&\quad - [\text{Net Projected Risk Adjustments PMPM}] + [\text{Exchange Fees PMPM}]
\end{align*}
\]

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

**Plan Adjusted Index Rate**

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

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

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

2. Provider Network: The Provider network is the across the projection period and experience period, and across all plans, so no adjustment is necessary.
3. 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 Non-Benefit Expenses and Profit & Risk section above.

**Calibration**

A calibration must be performed in order to apply the allowable rating factors (age and geography) to the Plan Adjusted Rate in order to calculate the Consumer Adjusted Premium Rates.

**Age Curve Calibration:** The projected average age factor is [Blank]. This is calculated based on [Blank] and the age factors mandated by CMS.

**Geographic Factor Calibration:** The Geographic Factor Calibration is outlined in the attached “IND_15-35_Initial_CAAC_PPO_Supporting_RegFact_V20150506.xls” file.

**Geographic Factors:** CMS has approved nine geographical rating areas (GRA) in the state of Pennsylvania. CAAC operates in a 21-county area of Pennsylvania, encompassing three of the nine defined regions. CAAC performed regional analysis to quantify the cost difference between the three regions in our service area. The analysis gathered allowed claims in a 12-month period by region, normalized for demographics. We then compared the claim cost for each of the three regions, and calculated cost differentials between the regions, mostly due to differences in hospital contracting between regions.

The calibration is:

\[
\text{Calibrated Plan Adjusted Index Rate} = \frac{\text{Plan Adjusted Index Rate}}{(\text{Age Curve Calibration} \times \text{Geographic Factor Calibration})}
\]

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan.
Smoker Calibration: The Smoker Calibration is developed in the attached “IND 15-35_Response CAAA C-PPO_Supporting_Exhibits_V20150810.xlsm” file.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

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

\[
\text{[Family Consumer Adjusted Premium Rate]} = \sum \text{[Member-Level Consumer Adjusted Premium Rate]}
\]

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

AV Metal Values

The AV Metal Values included in Worksheet 2 of the URRT were entirely based on the AV Calculator.

AV Pricing Values

All pricing AV values were developed using the actuarial cost model described in the Premium Development section above.

Membership Projection

CBC projects [redacted] total member months in the Individual On and Off-Exchange products being offered through CAAA.

Actuarial Statement

I, Robert Royer, 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, Robert Royer, FSA, MAAA, do hereby certify that:

1. This filing has been prepared in accordance with the following:
   a. Actuarial Standard of Practice No. 5, “Incurred 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 Health, Group Term Life, and Property/Casualty Coverages”

f. Actuarial Standard of Practice No. 26, “Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans”

g. Actuarial Standard of Practice No. 41, “Actuarial Communications”

2. The index rate is:
   a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
   b. Developed in compliance with the applicable Actuarial Standards of Practice.
   c. Reasonable in relation to the benefits provided and the population anticipated to be covered
   d. Neither excessive nor deficient
   e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.

3. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans.

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Robert Royer, FSA, MAAA
Senior Director Actuarial
Capital BlueCross

Date: 4/1/2019
August 17, 2015

Donna Novak

VIA SERFF

Re: Capital Advantage Assurance Company Individual Product Rate Filing/Rule Filing
SERFF Tracking # CABC-130076761

Dear Ms. Novak:

The purpose of this letter is to respond to your questions regarding the above captioned filing. Your questions and our answers are as follows:

1) Regarding your response to item 3.b, which asked for a quantitative development of the [REDACTED] reinsurance factor, please explain where this factor can be found on the spreadsheet provided.

   The “Ind CPD Template” tab, cell K15 shows that reinsurance as a percent of claims is equal to [REDACTED]

2) Regarding your response to item 7, which concerns adjusting the reinsurance and exchange fee values by the paid to allowed ratio in the development of the Market Adjusted Index Rate (MAIR):

   a. Your response states that change is reflected in the URRT. However, the MAIR is not developed in the URRT. The reinsurance, risk adjustment fee, and exchange fee reflected in lines 35, 37, and 42 should not be adjusted by the paid to allowed ratio because they are applied after the paid to allowed ratio has been applied.

      A corrected URRT is attached.

   b. It appears that the exchange fee in Exhibit C still has not been adjusted by the paid to allowed ratio. Please correct this.

      A corrected Exhibit C is attached.

3) Your response to item 8, which concerns including the risk adjustment fee in the MAIR, also states that change is reflected in the URRT. Again, the MAIR is not developed or shown in the URRT. Your MAIR is developed in Exhibit C, which does not include the risk adjustment or reinsurance fees. Please provide a corrected Exhibit C.

   A corrected Exhibit C is attached.
4) Regarding your response to item 9:

a. Your benefit relativity factors are all relative to the Silver Coinsurance Plan. Which is set at [ ]. Please explain why that is the appropriate factor for this plan.

b. Please provide a description of the methodology and a quantitative development of the benefit relativity factors, showing the induced utilization component separately.

The development of the benefit relativity factors is contained in the attached "IND_15-35_Response_CAAC-PPO_Supporting_BenRelFac.xls” file.

c. If rates will be higher for non-tobacco users, the tobacco adjustment must be reflected. [ ]

We have captured the 2014 smoker data and used it to generate the smoking calibration. The calibration is developed in Exhibit D of the attached “IND_15-35_Response_CAAC-PPO_Supporting_Exhibits_V20150811.xlsm” file. It is applied in Exhibits E2 and F1-F10 of the “RateDev” file.

d. Your methodology adds the premium for pediatric vision after the area factor has been applied. All benefits must be included in the plan adjusted index rate, which is determined before the age and area factors are applied.

The pediatric vision rates have been corrected in the attached Rate Development spreadsheet.

e. Your response refers to “IND_15-35_Response_CAAC-PPO_Supporting_RegFac.xls”. We cannot find this file. Please provide or explain.

The file is attached.

f. We are unable to reproduce the plan adjusted index rates shown in the URRT from the factors provided. Please provide the development in Excel with formulas.

The plan adjusted index rates are calculated in the Rate Development spreadsheet in Exhibits F1-F10.

5) While the average gross premium on Worksheet 1 has been reduced in your revised URRT, the plan adjusted index rates (PAIRs) on Worksheet 2 have not changed. As a result, rates based on the PAIRs would result in a higher average gross premium than is reflected in Worksheet 1. Please correct this.

A corrected URRT is attached.
6) Please correct the following in your revised URRT:

a. Please explain where federal income tax is included. Please note that it should be included in Taxes and Fees in the URRT and the profit margin should be on an after-tax basis.

b. Line 67 on worksheet 2 is greater than the experience period incurred claims on Worksheet 1, line 15. The opposite should be the case since line 67 reflects reinsurance.

Reinsurance has now been entered on Worksheet 2.

c. Lines 69 and 70 on Worksheet 2 show zero.

Values have been entered.

d. Lines 95 and 96 do not appear to be net of risk adjustment and reinsurance fees.

Lines 95 and 96 are now net of the risk adjustment and reinsurance fees.

Should you have any questions regarding this filing please contact me by email at Rob.Royer@CapBlucCross.com or by phone at (717) 541-7340.

Yours Truly,

[Signature]

Robert Royer, FSA, MAAA
Senior Director Actuarial
Capital Blue Cross
July 22, 2015

Donna Novak

VIA SERFF

Re: Capital Advantage Assurance Company Individual Product Rate Filing/Rule Filing
SERFF Tracking # CABC-130076761

Dear Ms. Novak:

The purpose of this letter is to respond to your questions regarding the above captioned filing. Your questions and our answers are as follows:

1. Please provide the actuarial memorandum in an unlocked, searchable pdf format.
   The actuarial memorandum, in an unlocked, searchable pdf format and containing the requested change, is attached.

2. Please provide the actuarial value screen shots for all plans being offered.
   The actuarial value screen shots are included in the attached file named IND_15-35_Response_CAAC-PPO_Supporting_AVScrnShts_V20150720.

3. Please provide a quantitative development of the following:
   a. The benefit relativity from normalized small group of [redacted].
      The benefit relativity from the weighted average small group plan of [redacted] is developed in the attached “IND_15-35_Response_CAAC-PPO_Supporting_BenRel.xls” file.
   b. Reinsurance factor of [redacted], including the attachment point and coinsurance rate used.
      The development of the Reinsurance Factor is in the attached “IND_15-35_Response_CAAC-PPO_ReinsFact.xlsx” workbook. The attachment point is $90,000 and the coinsurance rate is 50%.
   c. The HIT fee of [redacted].
      The development of the HIT fee is in the attached “IND_15-35_Response_CAAC-PPO_Supporting_HIT.xls” workbook.

4. The URRT must reflect the reinsurance and risk adjustment fees in cells V35 and V37 and not be included in the taxes and fees cell T43. Please submit an updated URRT reflecting these fees.
   The updated URRT reflecting these fees is attached.
5. The risk adjuster user fee is for 2016 $0.15 PMPM and not $0.08 PMPM as indicated in your memorandum, please submit updated materials reflecting the appropriate risk adjustment fee. An updated memorandum reflecting the appropriate risk adjustment fee is attached.

6. The federal medical loss ratio includes adjustments to the claims (numerator) for reinsurance and quality improvement expenses. Please provide the MLR calculation showing these values. The requested MLR calculation is included in the attached “IND_15-35_Response_CAAC-PPO_Supporting_Exhibits_V20150724.xlsm” file.

7. The federal instructions require the reinsurance and exchange fee values to be adjusted by the paid to allowed ratio in the development of the Market Adjusted Index Rate, please submit updated materials reflecting this change. The attached URRT reflects this change.

8. The risk adjustment fee should be included in the development of the Market Adjusted Index Rate, please submit updated materials reflecting this change. The attached URRT reflects this change.

9. Please provide the development (in Excel with formulas) of the age 21 non-tobacco rate in the SERFF Rate Table Template for all plans starting with the market adjusted index rate and reflecting all applicable factors, including the following (as appropriate):
   iv. AV and cost sharing, please show the AV, cost sharing, and utilization components separately;
   v. Utilization changes due to benefit richness;
   vii. Adjustment for tobacco load;
   vii. Provider network adjustment;
   vii. Benefits in addition to EHBs;
   viii. Non-benefit expenses including administrative costs, margin, taxes, and fees;
   x. Adjustment for eligibility for catastrophic plans (on catastrophic plans only);
   xi. Age calibration, and
   xii. Geographic calibration.

The development of the age 21 non-tobacco rate in the SERFF rate table template for all plans is developed in the file titled “IND_15-35_Response_CAAC-PPO_RateRule_RateDev_V20150724.xls”. The cost sharing, utilization components, and utilization changes due to benefit richness are reflected in the relativity factors contained in the “Exh D_Ben Plan Rel” tab.

All plans use the same network.
No benefits in addition to EHBs are offered.
Non-benefit expenses are detailed on the bottom of Exhibit F1.
No catastrophic plans are offered.
• The age calibration is developed in Exhibit C.
• The geographic calibration is developed in the file titled "IND_15-35_Response_CAAC-PPO_Supporting_RegFac.xls. The factors are applied in Exhibits F1-F10.

10. Please confirm the geographic factors do not consider differences in morbidity. The geographic factors do not consider differences in morbidity.

Should you have any questions regarding this filing please contact me by email at Edmund.Scheuermann@CapBlueCross.com or by phone at (717) 541-6837.

Yours Truly,

Edmund D. Scheuermann, ASA, MAAA
Actuary
Capital Blue Cross
May 12, 2015

Peter Camacci
Accident & Health Bureau
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

VIA SERFF

Re: Capital Advantage Assurance Company Individual Product Rate Filing/Rule Filing
   Individual Comprehensive Major Medical Preferred Provider Organization Benefit Contract (Form No. CAAC-Ind-PPO-C-v0116)
   Capital Filing No. 15-35
   TOI/Sub-TOI Code: H161 Individual Health- Major Medical/ H161.005A
   Individual-Preferred Provider (PPO)/ G.I.

Dear Peter:

Capital Advantage Assurance Company (CAAC) hereby submits for the Insurance Department’s review and approval a rate filing for the Individual Direct Pay Product. The effective date is January 1, 2016. Proposed forms for these products are being filed separately under Filing No. 15-13.

CAAC is proposing an aggregate 2.3% rate change effective 1/1/2016. The rate change varies by plan.

Should you have any questions regarding this filing please contact me by email at Edmund.Scheuermann@CapBlueCross.com or by phone at (717) 541-6837.

Yours Truly,

[Signature]

Edmund D. Scheuermann, ASA, MAAA
Actuary
Capital Blue Cross