



July 16, 2020

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

Re: Highmark Benefits Group 2021 ACA Rate Filing (Individual Market)
Filing # 1A-DP-20-HBG (SERFF # HGHM-132324173)

This constitutes Notice pursuant to Section 707 of the Pennsylvania Right-to-Know Law that the attached Highmark Benefits Group (HBG) 2021 Individual Market Rate Filing contains Trade Secret and Confidential Proprietary Information. Therefore, HBG must, prior to the release of any portion of this Filing, be notified of any request by a third party for access to this Filing, and the Trade Secret and/or Confidential Proprietary Information identified by HBG should be redacted before release.

Dear Ms. Gray:

This Filing includes the Highmark Benefits Group (“HBG”, “Company”) Individual Market rates and the supporting rate development for policies with effective dates on or after January 1, 2021.

As a result of the Department’s review of this filing thus far, the following changes have been made to the initial version of the filing:

- Pursuant to the Department’s July 10, 2020 COVID-19 Impact Guidance, the Company is adding a 2.5% morbidity load to account for anticipated increased claim expense in 2021 due to COVID-19. This factor has been added to Table 5, cells C16 and/or D16 as prescribed.
- At the Department’s request, the Company added the prescribed formula for the benefit richness factors found in Table 10 column L of the PAAM Exhibits file.
- At the Department’s request, the Company made a technical correction to Table 9.

The remainder of this cover letter and all of the supporting filing documents have been revised to reflect the changes described above.

In the event the Department decides to publish this Filing in the PA Bulletin, the company information requested in the Department’s 2021 ACA-Compliant Health Insurance Rate Filing Guidance, Section B, is provided below:

Requested Company Information

1. Company Name & NAIC #: **Highmark Benefits Group, NAIC # 15508**
2. Market: **Individual**
3. On or Off Exchange: **The Company anticipates selling plans on and off of the exchange.**
4. Effective date of coverage: **January 1, 2021**
5. Average rate change requested: **4.0% decrease**
6. Range of rate change requested: **-11.9% to 1.6%**
7. Total additional annual revenue generated from the proposed rate change: **(\$5,840,264)**
8. Product(s): **EPO**
9. Rating Areas and the change from 2020: **Rating Area 3**

There are no changes in our covered Rating Areas from the 2020 rate filing.

10. Metal Levels and Catastrophic Plans: This filing reflects that the Company anticipates selling the following Metal Levels in the indicated market: **Gold, Silver, Bronze, and Catastrophic**
11. Current number of covered lives as of February 1, 2020: **17,184 covered lives**
12. Number of plans offered in 2021 and the change this represents from 2020: **13**

The Company offered 11 plans in 2020. For 2021, the Company is offering 5 new plans in the Market and removing 3 plans from the Market.

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

13. Corresponding contract form #, SERFF and Binder ID#s: **The corresponding SERFF binder number is HGHM-PA21-125098235 affecting the following Company products and forms:**

Product Name / Type	Contract Form & SERFF#
my Priority Blue EPO	EPO/HBG/DP-1; HGHM-132364599

my Priority Blue Flex EPO HDHP	EPO/HDHP/HBG/DP-1; HGHM-132364629
my Priority Blue Major Events EPO	CAT/EPO/HBG/DP-1; HGHM-132364673
my Priority Blue EPO ADV	EPO/ADV/HBG/DP; HGHM-132364685

14. HIOS Issuer ID # and submission tracking number: **HIOS Issuer ID #79962, Company Filing #1A-DP-20-HBG (SERFF Filing # HGHM-132324173)**

Additional Filing Disclosures

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

Potential Changes to Federal Regulations

This rate filing also accounts for the Reinsurance Program operating in the Individual Market in 2021 pursuant to a waiver of certain provisions of the Affordable Care Act for the State of Pennsylvania, as authorized by section 1332 of that Act and expected to be approved by the Centers for Medicare and Medicaid Services and the United States Department of Treasury.

Other assumptions in the filing account for the elimination of the Individual Mandate penalty and the lack of CSR funding in 2021 by using the factors prescribed in the Department's guidance. Additional assumptions include that advance payment of premium tax credits (APTCs) will continue until the end of 2021, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and that there are no significant changes in the participation of QHP issuers that would materially change risk adjustment transfer amounts. Finally, modifications to the rate development may be necessary if significant unforeseen events occur. Examples include, but are not limited to, repeal or invalidation of the ACA or material developments in the course of the COVID-19 pandemic. As a result, HBG reserves the right to submit a revised filing.

Request for Confidentiality

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

Public disclosure of any information contained in this Filing would allow HBG competitors to better understand or discover its confidential and proprietary rating, pricing and/or marketing

practices, would undermine competition in the Individual market and could have negative consequences for the operation of HBG's business. Therefore, HBG asserts that this Filing, in its entirety, constitutes Trade Secret and Confidential Proprietary Information and should not be disclosed.

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

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

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

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

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

Sincerely,

[REDACTED]
[REDACTED]
Vice President, Actuarial Services
Highmark Inc.

cc:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Rate Change Summary

Highmark Benefits Group – Individual Plans

Rate request filing ID # 1A-DP-20-HBG (SERFF # HGHM-132324173) - 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:	-4.0% ¹
Revised requested average rate change:	N/A ¹
Range of requested rate change:	-11.9% to 1.6%
Effective date:	January 1, 2021
People impacted:	17,184
Available in:	Rating Area 3

Key information

Jan. 2019-Dec. 2019 financial experience

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

How it plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2021:

Claims:	89%
Administrative:	8%
Taxes & fees:	3%
Profit:	0%

The company expects its annual medical costs to increase **9.7%**.

Explanation of requested rate change

The proposed average rate change is being driven by changes in the base claims experience, trend, retention, the anticipated impact of Covid-19, and the implementation of the Pennsylvania Health Insurance Individual market Stabilization Reinsurance Program ("Reinsurance Program").

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

Actuarial Memorandum

1. Basic Information and Data

A. Company Information

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

- Company Name: Highmark Benefits Group (“HBG”, “Company”)
- NAIC #: 15508
- HIOS Issuer ID: 79962
- State: Pennsylvania
- Market: Individual
- Effective Date: 1/1/2021
- SERFF Rate Filing #: HGHM-132324173

In accordance with the filing instructions specified by the Pennsylvania Insurance Department, the rate development in this filing includes an assumption within the acceptable range of factors for the COVID-19 impact.

This rate filing also accounts for the Reinsurance Program operating in the Individual Market in 2021 pursuant to a waiver of certain provisions of the Affordable Care Act for the State of Pennsylvania, as authorized by section 1332 of that Act and expected to be approved by the Centers for Medicare and Medicaid Services and the United States Department of Treasury.

Other assumptions in the filing account for the elimination of the Individual Mandate penalty and the lack of CSR funding in 2021 by using the factors prescribed in the Department’s guidance. Additional assumptions include that advance payment of premium tax credits (APTCs) will continue until the end of 2021, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and that there are no significant changes in the participation of QHP issuers that would materially change risk adjustment transfer amounts. Finally, modifications to the rate development may be necessary if significant unforeseen events occur. Examples include, but are not limited to, repeal or invalidation of the ACA or material developments in the course of the COVID-19 pandemic. As a result, HBG reserves the right to submit a revised filing.

B. Rate History and Proposed Variations in Rate Changes

The three most recent rate changes in Pennsylvania for HBG are as follows:

Year	Avg. Increase	SERFF ID#
2020	Initial Filing	HGHM-131904542

The proposed 2021 rate changes vary by plan. This is primarily due to updates in the pricing AV factors and benefit richness factors. The plan level rate changes can be found in Table 10.

C. Average Rate Change

The average rate changes as presented in the filing are:

- Table 10: -4.0%
- Table 11: -3.8%

Table 10 calculates the percentage change in the member weighted average rate for 2020 and the member weighted average rate for 2021. Table 11 calculates the percentage increase for each plan and then member weights the percentage increases.

Worksheet 2 of the URRT also shows a submission level rate change. This value is used in the development of the average rate change shown in the Federal Part II justification. A demonstration of this calculation is included in Attachment F.

D. Membership Count

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

E. Benefit/Cost Sharing Changes

The majority of Highmark Benefits Group's renewing 2021 plans contain cost sharing that differs from the 2020 offering.

The screenshots from the HHS AV calculator, showing the plan benefits and the resulting actuarial values, can be found as a separate attachment within the *Supporting Documentation* section in SERFF. Also, the PA Plan Design Summary and Rate Tables along with the HIOS Plan IDs can be found within the *Rate/Rule Schedule* section in SERFF.

F. Experience Period Claims and Premium

Not applicable, as all plans were new for 2020.

G. Credibility of Data

HBG did not offer any products in 2019. The 2021 rates are based on 2019 experience from First Priority Health (FPH) and First Priority Life Insurance Company (FPLIC), adjusted for the expected 2021 HBG population. This experience was chosen because it is large and reasonably represents the population expected to buy HBG products.

A manual rate was developed by blending 2019 experience from multiple sources, primarily ACA and group claims for the February 1, 2020 snapshot membership, to approximate the anticipated 2021 HBG population. A demonstration of the manual rate calculation can be found in Attachment A.

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

H. Trend Identification

Table 3b identifies the annual medical and prescription drug allowed claims cost and utilization trends. The underlying annual trend is 8.4% for medical, 11.4% for pharmacy. Additionally, there is an induced utilization adjustment of 0.66% per year applied to reach the overall trend of 9.70% shown in Table 3b column G. The definitions of service categories, cost, and utilization in Table 3b are consistent with the URRT instructions.

The cost trends presented in Table 3b reflect the Company's expectations regarding increases in in-network contractual reimbursement, as well as projected out-of-network costs. The significant changes observed in the volume, demographics and morbidity of the ACA population from 2016 to 2019 yield component trends that are generally not directly applicable for trend analysis. The trend components in Table 3b therefore represent the same blended average for all medical types of service and are applied to the aggregate medical experience for pricing. Component data was not used in the development of the trend, except Pharmacy projections data was evaluated. The Pharmacy trend takes into account factors such as projected specialty drug use, pipeline drugs coming to market, and provider contracting.

A separate regression study was developed by the Company's valuation team to analyze the ACA trend levels of enrolled cohorts of ACA members. The enrollment period covers both 2018 and 2019. The analysis took into consideration seasonality and demographics. Resulting r-squared levels were compared to determine confidence levels of the resulting regression trends to develop a reasonable range of trend assumptions.

The regression study resulted in a composite trend that was adjusted for pharmacy expectations as described above.

I. Historical Experience

Not applicable; all plans were new for 2020.

2. Rate Development & Change

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

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

Some of the items separately identified in Table 5 include:

- Given that expected 2021 population is used to develop the manual cost, no Change in Morbidity is required.
- In accordance with the Department's guidance, there is an adjustment of -0.1% to reflect the impact of morbidity improvement due to the Reinsurance program.

Impact of Health Insurance Coverage Mandate Elimination

In accordance with the Department's guidance, the morbidity factor was increased by 1.0% to reflect the market uncertainty from the elimination of the health insurance coverage mandate.

Covid-19 Impact

For the Covid-19 adjustment, Highmark applied a 1.025 factor for the Covid-19 impact which is within the acceptable range of factors specified by the Department in its COVID-19 guidance.

The elimination of the health insurance coverage mandate and the Covid-19 impact are reflected in the filing by multiplying the morbidity factor of 1.00 by 1.01 and 1.025 to arrive at a final morbidity factor of 1.035.

- Given that the population used to set the manual cost is consistent with the expected 2021 population no Change in Demographics is required.
- There is a Change in Network adjustment of 0.975.
- There is no Change in Benefits adjustment.
- The Change in Other adjustment of 1.011 reflects changes in pharmacy rebates and expected changes in hospital/physician settlements.

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

The projected paid-to-allowed ratio is 0.804. The formula found in Table 5 cell C28 was overwritten because, unlike the average factors found in Table 10 cells K15 and K16, the Company's paid-to-allowed factor accounts for the projected enrollment by plan and is also dampened by items such as capitation.

The quantitative development of the projected risk adjustment transfer amount for the Company is shown in Attachment B and included in the accompanying spreadsheet. The transfer amount is developed based on an analysis of the claims data underlying the manual rate development for this filing (risk scores as defined in the HHS Notice of Benefit and Payment Parameters, as well as other risk transfer formula components) and an estimate as to the market-wide risk profile. This market-wide risk profile is developed from available market data, including prior years' risk adjustment transfer results, publicly available data (such as MLR reports), and outside expertise from actuarial consultants. Applying the federally prescribed transfer formula at the level of granularity available in Attachment B yields a projected gross risk adjustment transfer of (\$68.94) PMPM on a *billable* member month basis. This amount is then converted to a *total* member month basis of (\$68.76) PMPM in order to be used in the rate development. The expected risk adjustment payable reflects that the Company anticipates its average risk score (net of allowable rating factors) to be lower than the statewide average.

The (\$69.73) PMPM value in cell C31 of Table 5 equals the (\$68.76) PMPM value from Attachment B, a charge of (\$1.54) PMPM for the projected net impact of the High Cost Risk Pool program, and a further adjustment for the composite effect of catastrophic eligibility and benefits in addition to EHB. Please note that the risk adjustment user fee is captured in the taxes and fees portion of administrative costs.

The exchange user fee in cell C32 of Table 5 is developed by taking the required user fee percentage of 3.0% and multiplying by the percentage of total members expected to be on exchange of 94%. This results in a percentage of 2.8%. The PMPM of \$17.20 is calculated as 2.8% of the total required premium adjusted further for the composite effect of catastrophic eligibility and benefits in addition to EHB.

The projected incurred reinsurance recoveries of \$30.70 PMPM is found in cell C33 of Table 5. The reinsurance recoveries PMPM was developed by trending Highmark PA individual ACA CY2019 incurred claims by member to the CY2021 rating period, applying the parameters defined in Tab II.b, and calculating the amount of incurred claims expected to be reimbursed by the program. Highmark PA individual ACA business was considered due to its level of credibility. The modeling produced an estimated incurred claims savings of 6.1%. This percentage was converted to a PMPM and adjusted further for the composite effect of catastrophic eligibility and benefits in addition to EHB. The formula found in Table 5 cell C33 was overwritten to round the estimate calculated in Tab II.b to exactly 6.10%.

The Company intends to offer four plans that include benefits in addition to EHB. Specifically, the additional benefits include an adult dental benefit and an adult vision benefit. For the adult dental benefit, the Company relied on a cost estimate from United Concordia Dental (UCD). UCD estimated this benefit to be worth \$38.07 PMPM on a paid basis. For the adult vision benefit, the Company relied on a cost estimate from its Highmark Vision Underwriting department. The paid basis cost estimate for the vision benefit was \$6.74 PMPM.

B. Retention Items

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

Administrative costs reflect internal costs that the Company is projected to incur in the rating period and are developed from standard expense allocation methods. Administrative expenses do not vary by plan.

The proposed rate development assumes an average broker commission of \$2.64 PMPM for 2021. The assumed broker commission schedule and the development of the average value are included in Attachment D.

Expenses for Quality Improvement initiatives are assumed to be 0.80%.

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

- Pennsylvania Premium Tax is not applicable to this issuer and thus is set to 0.0%.
- Federal Income Tax is set to 0.0%.
- Health Insurance Provider Fee is set to 0.0%.
- Risk Adjustment User Fee is set to \$0.25 PMPM consistent with Federal regulations.
- Patient-Centered Outcomes Research Institute (PCORI) fee is set to \$0.23 PMPM.

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

C. Normalized Market-Adjusted Projected Allowed Total Claims

The normalization factors presented in Table 7 are each determined from the underlying membership demographics expected in the projected rating period. The 2020 values are pulled from the prior year's filing, while the 2021 values represent our projection for 2021 assumed in the 2021 rate development.

D. Components of Rate Change

Table 8 presents the components of change in the proposed 2021 Calibrated Plan Adjusted Index Rate (PMPM). Cell C73 is populated with the base period allowed charges found in the 2020 plan year rate filing (\$536.81). The difference between Row H (5.6%) and Row A (-4.0%) is caused primarily by the value in cell D83 having the incorrect sign. Changing this value to a negative number would fix the difference.

Table 9 presents the data elements supporting the calculations in Table 8. The 2020 values are populated using the 2020 filed factors adjusted for the membership mix as of February 1, 2020.

3. Plan Rate Development

Table 10 shows the plan rate development for 2021. This table shows the plans that the Company intends to offer in 2021, as well as all plans offered in the 2020 portfolio. The calibrated plan adjusted index rates for 2020 are calculated according to the instructions. The 2021 rating factors are consistent with the factors found on Worksheet 2 of the URRT. The pricing effect on Table 10 is further broken out into Pricing AV, Benefit Richness, and Non-Funding of CSR Adjustment. Similar to the URRT, the admin effect on Table 10 is broken out into Admin Costs, Taxes and Fees, and Profit or Contingency.

The benefit richness factors in column L are populated with the factors found in Attachment C and the corresponding supporting spreadsheet included with this rate filing. The derivation of the AV and Cost Sharing factors can also be found in Attachment C. The values in column 8 of the attachment represent the pure induced utilization for each plan. The Company's induced utilization factors are based on the following state-defined formula: $(\text{Plan AV})^2 - (\text{Plan AV}) + 1.24$. The "Plan AV" is the product of the "Pricing AV" and "Non-Funding of CSR Adjustment." Each plan's factor was then normalized by the average utilization factor. The average is a weighted average using projected membership as the weight. After normalization the average factor as shown in Attachment C is 1.000.

Note that the HHS Actuarial Value Calculator was unable to accommodate all of the Company's benefit designs. Plans needing certification are marked in column I of Table 10. Screen shots of all of the AV calculations and the appropriate certifications are included as a separate attachment within the *Supporting Documentation* section in SERFF.

For discontinuing plans where members are being mapped into a new plan, an effective rate increase is calculated by comparing the 2020 rate of the discontinuing plan to the 2021 rate of the plan to which the member is being mapped.

Columns AG through AP are populated with the February 1, 2020 enrollment by 2021 plan and rating area.

Impact of Non-Payment of Cost Sharing Reduction Subsidies

In accordance with the Department's guidance, we have applied an additional adjustment to our AV pricing values for those Silver plans not offered exclusively off-exchange. This adjustment factor was 1.20 and represents the non-payment of Cost Sharing Reduction subsidies. Consistent with the Department's guidance, this adjustment was reflected in Table 10 in Column P.

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

Table 11 presents the Company's 21-year-old non-tobacco premium in the Individual Market. As mentioned in Section 1.C above, the change in 21-year-old non-tobacco premium PMPM calculated in this table is -3.8%.

5. Plan Factors

A. Age and Tobacco Factors

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

B. Geographic Factors

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

C. Network Factors

Please see Table 14 for a summary of the Company's network rating factors. The factors presented here represent the medical network factors from the prior approved rate filing (if applicable) and the projected medical network factors for the rating period.

D. Service Area Composition

The Plan Design Summary exhibit uploaded as a separate document contains the service areas related to this filing. As requested, service area maps are included.

6. Actuarial Certifications

I, [REDACTED] am a member of the American Academy of Actuaries and meet its qualification standards for actuaries issuing statements of actuarial opinions in the United States. This filing is

prepared on behalf of HBG to accompany its rate filing (for calendar year 2021) for the Individual Market on and off the Pennsylvania Exchange.

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

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

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d) (1) and 45 CFR 156.80(d)(2) were used to generate plan level rates. The allowable modifiers used to generate plan-level rates were:

- The actuarial value and cost-sharing design of the plan.
- The plan's provider network, delivery system characteristics, and utilization management practices.
- The benefits provided under the plan that are in addition to the essential health benefits. These estimated benefits were pooled with similar benefits within the single risk pool and the claims experience from those benefits was utilized to determine rate variations.
- Administrative costs, excluding Exchange user fees.

I certify that all factors, benefit and other changes from the prior approved filing have been disclosed in the 2021 PA Actuarial Memorandum Rate Exhibits.

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

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

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

I certify that the information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2021 Rate Filing Justification.

[REDACTED]

[REDACTED]

[REDACTED]

Date: 07/16/2020

Highmark Benefits Group
Individual Market Product Portfolio
Supplemental Exhibits

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

Highmark Benefits Group

Individual Market

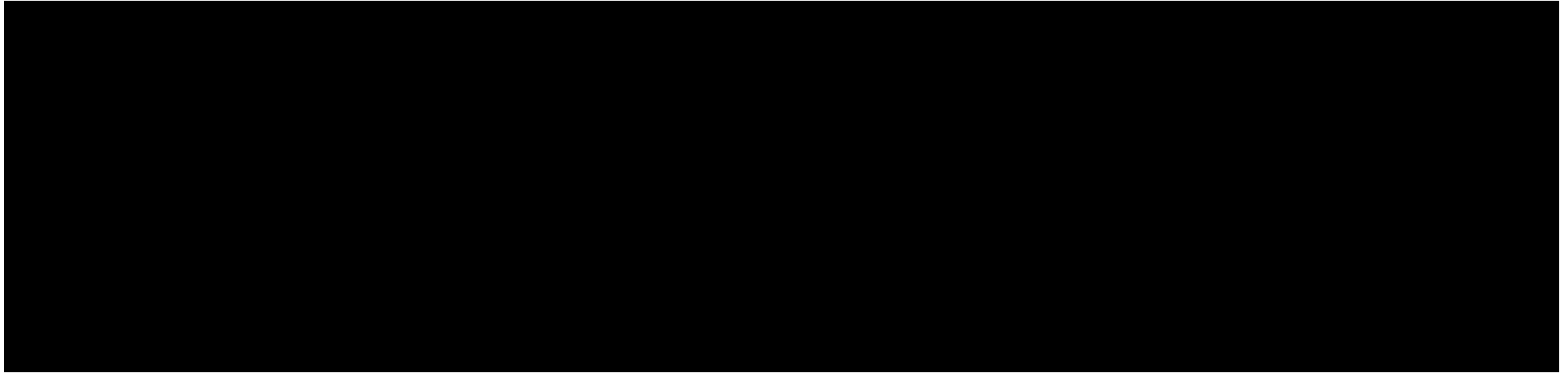
Attachment A - Manual Cost Development

Manual Cost Development	
Projected Member Months	229,524
Manual Allowed Claims	\$121,970,783
Medical Allowed PMPM	\$531.41
Rx Rebates PMPM	(\$26.26)
Hosp/Phys. Settlement PMPM	\$4.67
Dental Claims PMPM	\$0.51
Pediatric Vision Capitation PMPM	\$0.25
Adjusted Manual Cost PMPM - PID Table 5	\$510.59

Highmark Benefits Group

Individual Market

Attachment B - Risk Adjustment Calculation



Highmark Benefits Group

Individual Market

Attachment C - Induced Demand Calculations

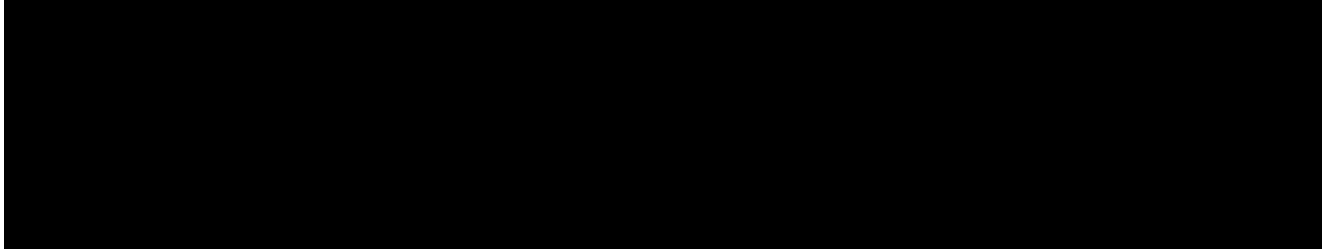
Induced Utilization Exhibit							
Plan ID (1)	Metal Level (2)	Projected Membership (3)	Projected Allowed Claims (4)	Projected Paid Claims (5)	Paid to Allowed Factor (6)	AV & Cost Sharing Factor (7)	(7)/(6) (8)
79962PA0190007	Gold	28,896	\$18,416,655	\$15,521,892	0.843	0.858	1.018
79962PA0190006	Gold	23,004	\$14,816,921	\$12,735,756	0.860	0.884	1.029
79962PA0220004	Gold	4,248	\$2,957,620	\$2,542,197	0.860	0.884	1.029
79962PA0200003	Silver	1,128	\$683,911	\$514,415	0.752	0.728	0.968
79962PA0190009	Silver	336	\$204,972	\$156,744	0.765	0.745	0.974
79962PA0220003	Silver	180	\$120,355	\$92,037	0.765	0.745	0.974
79962PA0190005	Silver	18,084	\$12,047,361	\$10,956,500	0.909	0.968	1.064
79962PA0220002	Silver	9,876	\$7,065,971	\$6,426,163	0.909	0.968	1.064
79962PA0200002	Silver	67,272	\$43,127,154	\$36,752,024	0.852	0.873	1.024
79962PA0190001	Bronze	47,628	\$27,997,984	\$18,969,311	0.678	0.636	0.939
79962PA0220001	Bronze	7,800	\$5,101,173	\$3,456,168	0.678	0.636	0.939
79962PA0200001	Bronze	19,800	\$11,654,070	\$7,937,825	0.681	0.640	0.940
79962PA0210001	Catastrophic	1,272	\$671,758	\$394,099	0.587	0.538	0.917
Total		229,524	\$144,865,903	\$116,455,129	0.804	0.804	1.000

Components of AV & Cost Sharing Factor					
HIOS Plan ID	Metal Level	Paid-to- Allowed Ratio	Induced Utilization Factor	Avg. Benefit Richness	AV & Cost Sharing Factor
79962PA0190007	Gold	0.843	1.108	1.088	0.858
79962PA0190006	Gold	0.860	1.119	1.088	0.884
79962PA0220004	Gold	0.860	1.119	1.088	0.884
79962PA0200003	Silver	0.752	1.054	1.088	0.728
79962PA0190009	Silver	0.765	1.060	1.088	0.745
79962PA0220003	Silver	0.765	1.060	1.088	0.745
79962PA0190005	Silver	0.909	1.158	1.088	0.968
79962PA0220002	Silver	0.909	1.158	1.088	0.968
79962PA0200002	Silver	0.852	1.114	1.088	0.873
79962PA0190001	Bronze	0.678	1.022	1.088	0.636
79962PA0220001	Bronze	0.678	1.022	1.088	0.636
79962PA0200001	Bronze	0.681	1.023	1.088	0.640
79962PA0210001	Catastrophic	0.587	0.998	1.088	0.538

Highmark Benefits Group

Individual Market

Attachment D - Broker Commission Schedule



Highmark Benefits Group

Individual Market

Attachment F - URRT Average Increase

HIOS Plan ID	URRT Plan Category	URRT Current Enrollment	Current Enrollment in Renewing Plans	Current Avg Rate	Projected Avg Rate	Cumulative Rate Change %
79962PA0190001	Renewing	3,593	3,593	\$ 510.46	\$ 483.71	-5.24%
79962PA0190005	Renewing	1,828	1,828	\$ 724.25	\$ 735.84	1.60%
79962PA0190006	Renewing	2,403	2,403	\$ 754.06	\$ 672.40	-10.83%
79962PA0190007	Renewing	1,750	1,750	\$ 724.88	\$ 652.39	-10.00%
79962PA0190009	New	0	0	\$ -	\$ -	0.00%
79962PA0200001	Renewing	53	53	\$ 510.78	\$ 486.93	-4.67%
79962PA0200002	Renewing	4,848	4,848	\$ 659.98	\$ 663.54	0.54%
79962PA0200003	Renewing	330	330	\$ 605.15	\$ 553.89	-8.47%
79962PA0210001	Renewing	99	99	\$ 427.29	\$ 376.27	-11.94%
79962PA0220001	New	0	0	\$ -	\$ -	0.00%
79962PA0220002	New	0	0	\$ -	\$ -	0.00%
79962PA0220003	New	0	0	\$ -	\$ -	0.00%
79962PA0220004	New	0	0	\$ -	\$ -	0.00%
Total		14,904	14,904	\$ 651.32	\$ 624.21	-4.16%



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ACTUARIAL MEMORANDUM

Highmark Benefits Group

Revised Individual Rate Filing - January 1, 2021

I, [REDACTED] am a member of the American Academy of Actuaries and meet its qualification standards for preparing individual rate filings. As a consulting actuary, I was requested by Highmark Benefits Group ("HBG") to review the development of the market-wide base rate for the individual market on and off the Pennsylvania Exchange. The confidential material presented in this revised filing was prepared for the specific purpose of submitting the rating formula for the Pennsylvania Insurance Department and may not be appropriate for other purposes. This filing represents premium rates for individuals sold or renewed effective January 1, 2021. The rates are guaranteed until December 31, 2021.

To the best of my knowledge and judgment, the following are true with respect to this filing:

1. Premium rates are established in accordance with generally accepted actuarial principles and the applicable Actuarial Standards of Practice. They are not excessive, inadequate, or unfairly discriminatory. Rates are reasonable in relationship to the benefits provided. However, it is certain that actual experience will not conform exactly to the assumptions used in this analysis. To the extent that actual experience is different from the assumptions used in developing the rates, the actual results will also deviate from the projected amounts.
2. In compliance with all applicable Pennsylvania and Federal Statutes and Regulations (45 CFR 156.80 and 147.102).
3. The rating factors and rating methodology are reasonable and consistent with HBG's business plan at the time of the filing.

[REDACTED]
[REDACTED]
Fellow, Society of Actuaries
Member, American Academy of Actuaries
July 16, 2020

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	HBG		
Product(s):	EPO		
Market Segment:	Individual		
Rate Effective Date:	01/01/2021	to	12/31/2021
Base Period Start Date:	01/01/2019	to	12/31/2019
Date of Most Recent Membership:	02/01/2020		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2020)	Projected Rating Period
Average Age		46.3	46.4
Total	0	17,184	229,524
<18		941	12,596
18-24		1,040	13,851
25-29		1,082	14,001
30-34		1,132	14,900
35-39		1,064	15,911
40-44		1,213	16,187
45-49		1,513	20,046
50-54		2,044	27,365
55-59		2,877	39,026
60-63		3,308	44,577
64+		970	13,063

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
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$
Loss Ratio											0.00%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

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

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

** Should 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				#DIV/0!		#DIV/0!				#DIV/0!
Feb-16				#DIV/0!		#DIV/0!				#DIV/0!
Mar-16				#DIV/0!		#DIV/0!				#DIV/0!
Apr-16				#DIV/0!		#DIV/0!				#DIV/0!
May-16				#DIV/0!		#DIV/0!				#DIV/0!
Jun-16				#DIV/0!		#DIV/0!				#DIV/0!
Jul-16				#DIV/0!		#DIV/0!				#DIV/0!
Aug-16				#DIV/0!		#DIV/0!				#DIV/0!
Sep-16				#DIV/0!		#DIV/0!				#DIV/0!
Oct-16				#DIV/0!		#DIV/0!				#DIV/0!
Nov-16				#DIV/0!		#DIV/0!				#DIV/0!
Dec-16				#DIV/0!		#DIV/0!				#DIV/0!
Jan-17				#DIV/0!		#DIV/0!				#DIV/0!
Feb-17				#DIV/0!		#DIV/0!				#DIV/0!
Mar-17				#DIV/0!		#DIV/0!				#DIV/0!
Apr-17				#DIV/0!		#DIV/0!				#DIV/0!
May-17				#DIV/0!		#DIV/0!				#DIV/0!
Jun-17				#DIV/0!		#DIV/0!				#DIV/0!
Jul-17				#DIV/0!		#DIV/0!				#DIV/0!
Aug-17				#DIV/0!		#DIV/0!				#DIV/0!
Sep-17				#DIV/0!		#DIV/0!				#DIV/0!
Oct-17				#DIV/0!		#DIV/0!				#DIV/0!
Nov-17				#DIV/0!		#DIV/0!				#DIV/0!
Dec-17				#DIV/0!		#DIV/0!				#DIV/0!
Jan-18				#DIV/0!		#DIV/0!				#DIV/0!
Feb-18				#DIV/0!		#DIV/0!				#DIV/0!
Mar-18				#DIV/0!		#DIV/0!				#DIV/0!
Apr-18				#DIV/0!		#DIV/0!				#DIV/0!
May-18				#DIV/0!		#DIV/0!				#DIV/0!
Jun-18				#DIV/0!		#DIV/0!				#DIV/0!
Jul-18				#DIV/0!		#DIV/0!				#DIV/0!
Aug-18				#DIV/0!		#DIV/0!				#DIV/0!
Sep-18				#DIV/0!		#DIV/0!				#DIV/0!
Oct-18				#DIV/0!		#DIV/0!				#DIV/0!
Nov-18				#DIV/0!		#DIV/0!				#DIV/0!
Dec-18				#DIV/0!		#DIV/0!				#DIV/0!
Jan-19				#DIV/0!		#DIV/0!				#DIV/0!
Feb-19				#DIV/0!		#DIV/0!				#DIV/0!
Mar-19				#DIV/0!		#DIV/0!				#DIV/0!
Apr-19				#DIV/0!		#DIV/0!				#DIV/0!
May-19				#DIV/0!		#DIV/0!				#DIV/0!
Jun-19				#DIV/0!		#DIV/0!				#DIV/0!
Jul-19				#DIV/0!		#DIV/0!				#DIV/0!
Aug-19				#DIV/0!		#DIV/0!				#DIV/0!
Sep-19				#DIV/0!		#DIV/0!				#DIV/0!
Oct-19				#DIV/0!		#DIV/0!				#DIV/0!
Nov-19				#DIV/0!		#DIV/0!				#DIV/0!
Dec-19				#DIV/0!		#DIV/0!				#DIV/0!

* Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

Carrier Name: HBG
Product(s): EPO
Market Segment: Individual
Rate Effective Date: 01/01/2021

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
			229,524		\$ 123,161,783.71	\$ -	\$ (5,027,073.70)	\$ 57,381.00	\$ -		
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 510.59
Less Ratio											0.00%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	4.25%	3.98%	0.66%	9.12%	19.23%
Outpatient Hospital	4.25%	3.98%	0.66%	9.12%	36.82%
Professional	4.25%	3.98%	0.66%	9.12%	22.50%
Other Medical	4.25%	3.98%	0.66%	9.12%	1.33%
Capitation				-12.05%	0.05%
Prescription Drugs	7.10%	4.01%	0.66%	12.14%	19.46%
Total Annual Trend				9.70%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.203	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-16				#DIV/0!		#DIV/0!				#DIV/0!
Feb-16				#DIV/0!		#DIV/0!				#DIV/0!
Mar-16				#DIV/0!		#DIV/0!				#DIV/0!
Apr-16				#DIV/0!		#DIV/0!				#DIV/0!
May-16				#DIV/0!		#DIV/0!				#DIV/0!
Jun-16				#DIV/0!		#DIV/0!				#DIV/0!
Jul-16				#DIV/0!		#DIV/0!				#DIV/0!
Aug-16				#DIV/0!		#DIV/0!				#DIV/0!
Sep-16				#DIV/0!		#DIV/0!				#DIV/0!
Oct-16				#DIV/0!		#DIV/0!				#DIV/0!
Nov-16				#DIV/0!		#DIV/0!				#DIV/0!
Dec-16				#DIV/0!		#DIV/0!				#DIV/0!
Jan-17				#DIV/0!		#DIV/0!				#DIV/0!
Feb-17				#DIV/0!		#DIV/0!				#DIV/0!
Mar-17				#DIV/0!		#DIV/0!				#DIV/0!
Apr-17				#DIV/0!		#DIV/0!				#DIV/0!
May-17				#DIV/0!		#DIV/0!				#DIV/0!
Jun-17				#DIV/0!		#DIV/0!				#DIV/0!
Jul-17				#DIV/0!		#DIV/0!				#DIV/0!
Aug-17				#DIV/0!		#DIV/0!				#DIV/0!
Sep-17				#DIV/0!		#DIV/0!				#DIV/0!
Oct-17				#DIV/0!		#DIV/0!				#DIV/0!
Nov-17				#DIV/0!		#DIV/0!				#DIV/0!
Dec-17				#DIV/0!		#DIV/0!				#DIV/0!
Jan-18				#DIV/0!		#DIV/0!				#DIV/0!
Feb-18				#DIV/0!		#DIV/0!				#DIV/0!
Mar-18				#DIV/0!		#DIV/0!				#DIV/0!
Apr-18				#DIV/0!		#DIV/0!				#DIV/0!
May-18				#DIV/0!		#DIV/0!				#DIV/0!
Jun-18				#DIV/0!		#DIV/0!				#DIV/0!
Jul-18				#DIV/0!		#DIV/0!				#DIV/0!
Aug-18				#DIV/0!		#DIV/0!				#DIV/0!
Sep-18				#DIV/0!		#DIV/0!				#DIV/0!
Oct-18				#DIV/0!		#DIV/0!				#DIV/0!
Nov-18				#DIV/0!		#DIV/0!				#DIV/0!
Dec-18				#DIV/0!		#DIV/0!				#DIV/0!
Jan-19				#DIV/0!		#DIV/0!				#DIV/0!
Feb-19				#DIV/0!		#DIV/0!				#DIV/0!
Mar-19				#DIV/0!		#DIV/0!				#DIV/0!
Apr-19				#DIV/0!		#DIV/0!				#DIV/0!
May-19				#DIV/0!		#DIV/0!				#DIV/0!
Jun-19				#DIV/0!		#DIV/0!				#DIV/0!
Jul-19				#DIV/0!		#DIV/0!				#DIV/0!
Aug-19				#DIV/0!		#DIV/0!				#DIV/0!
Sep-19				#DIV/0!		#DIV/0!				#DIV/0!
Oct-19				#DIV/0!		#DIV/0!				#DIV/0!
Nov-19				#DIV/0!		#DIV/0!				#DIV/0!
Dec-19				#DIV/0!		#DIV/0!				#DIV/0!

*Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information

Carrier Name:	HBG	Attachment Point:	\$60,000
Product(s):	EPO	Reinsurance Cap:	\$100,000
Market Segment:	Individual	Coinsurance Rate:	60%
Rate Effective Date:	01/01/2021		
Incurred Dates:	1/1/2019 to 12/31/2019	Proj. Incurred Claim Impact:	0.0%

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2019 to 12/31/2019				
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims with Reinsurance
\$0	\$29,999			\$0
\$30,000	\$34,999			\$0
\$35,000	\$39,999			\$0
\$40,000	\$44,999			\$0
\$45,000	\$49,999			\$0
\$50,000	\$54,999			\$0
\$55,000	\$59,999			\$0
\$60,000	\$64,999			\$0
\$65,000	\$69,999			\$0
\$70,000	\$74,999			\$0
\$75,000	\$79,999			\$0
\$80,000	\$84,999			\$0
\$85,000	\$89,999			\$0
\$90,000	\$94,999			\$0
\$95,000	\$99,999			\$0
\$100,000	\$109,999			\$0
\$110,000	\$119,999			\$0
\$120,000	\$129,999			\$0
\$130,000	\$139,999			\$0
\$140,000	\$149,999			\$0
\$150,000	\$159,999			\$0
\$160,000	\$169,999			\$0
\$170,000	\$179,999			\$0
\$180,000	\$189,999			\$0
\$190,000	\$199,999			\$0
\$200,000	\$209,999			\$0
\$210,000	\$219,999			\$0
\$220,000	\$229,999			\$0
\$230,000	\$239,999			\$0
\$240,000	\$249,999			\$0
\$250,000	\$259,999			\$0
\$260,000	\$269,999			\$0
\$270,000	\$279,999			\$0
\$280,000	\$289,999			\$0
\$290,000	\$299,999			\$0
\$300,000	\$324,999			\$0
\$325,000	\$349,999			\$0
\$350,000	\$374,999			\$0
\$375,000	\$399,999			\$0
\$400,000	\$424,999			\$0
\$425,000	\$449,999			\$0
\$450,000	\$474,999			\$0
\$475,000	\$499,999			\$0
\$500,000	\$599,999			\$0
\$600,000	\$699,999			\$0
\$700,000	\$799,999			\$0
\$800,000	\$899,999			\$0
\$900,000	\$999,999			\$0
\$1,000,000+				\$0
Total		0	0	\$0

Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information

Carrier Name:	HBG	Attachment Point:	\$60,000
Product(s):	EPO	Reinsurance Cap:	\$100,000
Market Segment:	Individual	Coinsurance Rate:	60%
Rate Effective Date:	01/01/2021	Proj. Incurred Claim Impact:	-6.1%
		Proj. Morbidity Impact:	-0.1%

Reinsurance Program Impact Continuance Table Development - Plan Year 2021					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999				\$62,905,318
\$30,000	\$34,999				\$6,154,206
\$35,000	\$39,999				\$5,659,321
\$40,000	\$44,999				\$6,196,327
\$45,000	\$49,999				\$3,781,994
\$50,000	\$54,999				\$3,194,768
\$55,000	\$59,999				\$4,121,488
\$60,000	\$64,999				\$3,658,621
\$65,000	\$69,999				\$4,161,322
\$70,000	\$74,999				\$3,443,126
\$75,000	\$79,999				\$2,953,506
\$80,000	\$84,999				\$2,273,293
\$85,000	\$89,999				\$1,914,985
\$90,000	\$94,999				\$2,190,717
\$95,000	\$99,999				\$1,798,776
\$100,000	\$109,999				\$3,907,617
\$110,000	\$119,999				\$4,175,356
\$120,000	\$129,999				\$2,739,841
\$130,000	\$139,999				\$2,429,230
\$140,000	\$149,999				\$2,927,314
\$150,000	\$159,999				\$1,567,696
\$160,000	\$169,999				\$1,554,019
\$170,000	\$179,999				\$2,267,710
\$180,000	\$189,999				\$2,589,113
\$190,000	\$199,999				\$1,018,342
\$200,000	\$209,999				\$2,900,297
\$210,000	\$219,999				\$765,093
\$220,000	\$229,999				\$798,527
\$230,000	\$239,999				\$1,481,833
\$240,000	\$249,999				\$1,336,603
\$250,000	\$259,999				\$1,603,613
\$260,000	\$269,999				\$719,181
\$270,000	\$279,999				\$2,007,635
\$280,000	\$289,999				\$1,306,211
\$290,000	\$299,999				\$1,362,364
\$300,000	\$324,999				\$2,862,703
\$325,000	\$349,999				\$3,112,847
\$350,000	\$374,999				\$4,070,985
\$375,000	\$399,999				\$3,944,554
\$400,000	\$424,999				\$768,345
\$425,000	\$449,999				\$1,653,406
\$450,000	\$474,999				\$885,017
\$475,000	\$499,999				\$1,379,061
\$500,000	\$599,999				\$3,183,256
\$600,000	\$699,999				\$1,298,346
\$700,000	\$799,999				\$700,666
\$800,000	\$899,999				\$1,662,064
\$900,000	\$999,999				\$923,923
\$1,000,000+					\$3,063,626
Total		34,863	325,670	\$195,299,684	\$183,374,165

PA Rate Template Part II

Rate Development and Change

Carrier Name:	HBG
Product(s):	EPO
Market Segment:	Individual
Rate Effective Date:	01/01/2021

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

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ -	\$ 510.59	<- Actual Experience PMPM should be consistent with the Index Rate for Experien
Two year trend projection Factor	1.000	1.203	
Unadjusted Projected Allowed EHB Claims PMPM	\$ -	\$ 614.49	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	0.999	0.999	<- See URRT Instructions
Change in Morbidity - All Other		1.035	
Total Non-Morbidity Changes	0.000	0.985	<- See URRT Instructions
Change in Demographics		1.000	
Change in Network		0.975	<- See URRT Instructions
Change in Benefits		1.000	
Change in Other		1.011	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$ -	\$ 626.04	
Credibility Factors	0%	100%	<- See Instructions
Blended Projected EHB Claims PMPM		\$ 626.04	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	\$ 626.04		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.804		
Projected Incurred EHB Claims PMPM	\$ 503.26		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	-\$69.73		<- Market-Adjusted Index Rate
Projected Incurred Exchange User Fees PMPM	\$17.20		
Projected Incurred Reinsurance Recoveries PMPM	\$30.70		
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 559.49		
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 695.99		
Projected Allowed Non-EHB Claims PMPM	\$ 5.97		
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 564.29		
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 701.96		

Table 6. Retention

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	8.42%	\$51.93
General and Claims	7.19%	\$44.36
Agent/Broker Fees and Commissions	0.43%	\$2.64
Quality Improvement Initiatives	0.80%	\$4.93
Taxes and Fees	0.08%	\$0.48
Risk Adjustment User Fee	0.04%	\$0.25
PCORI Fee	0.04%	\$0.23
PA Premium & Other Taxes (if applicable)	0.00%	\$0.00
Federal Income Tax	0.00%	\$0.00
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	0.00%	\$0.00
Total Retention	8.50%	\$52.42
Projected Required Revenue PMPM	\$ 616.71	

Table 8. Components of Rate Change

Rate Components	2020	2021	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 324.26	\$ 311.40	\$ (12.85)	-4.0%
B. Base period allowed claims before normalization	\$ 536.81	\$ 510.59	\$ (26.23)	-8.1%
C. Normalization factor component of change	\$ (268.32)	\$ (263.03)	\$ 5.30	1.6%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 268.49	\$ 247.56	\$ (20.93)	-6.5%
D2. URRT Trend	\$ 41.60	\$ 50.38	\$ 8.77	2.7%
D3. URRT Morbidity	\$ 18.61	\$ 10.19	\$ (8.41)	-2.6%
D4. URRT Other	\$ (7.75)	\$ (4.59)	\$ 3.16	1.0%
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ 26.66	\$ 42.06	\$ 15.39	4.7%
D6. Normalized Exchange User Fee on an allowed basis	\$ 10.61	\$ 10.37	\$ (0.24)	-0.1%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ -	\$ 18.52	\$ 18.52	5.7%
D8. Subtotal - Sum(D1:D7)	\$ 358.22	\$ 374.48	\$ 16.26	5.0%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ (9.12)	\$ (9.53)	\$ (0.41)	-0.1%
E2. Pricing AV	\$ (91.81)	\$ (74.93)	\$ 16.88	5.2%
E3. Benefit Richness	\$ 8.12	\$ 24.65	\$ 16.53	5.1%
E4. Catastrophic Eligibility	\$ (0.12)	\$ (0.15)	\$ (0.02)	0.0%
E5. Subtotal - Sum(E1:E4)	\$ (92.93)	\$ (59.95)	\$ 32.98	10.2%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 28.80	\$ 26.22	\$ (2.58)	-0.8%
F2. Taxes and Fees	\$ 9.17	\$ 0.24	\$ (8.93)	-2.8%
F3. Profit and/or Contingency	\$ -	\$ -	\$ -	0.0%
F4. Subtotal - Sum(F1:F3)	\$ 37.97	\$ 26.47	\$ (11.51)	-3.5%
G. Change in Miscellaneous Items	\$ 21.00	\$ 1.48	\$ (19.52)	-6.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 324.26	\$ 342.47	\$ 18.22	5.6%

100% Period on URR1

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$	510.59	<- Index Rate of Experience Period on URR1
Blended Earned Premium	\$	-	
Blended Loss Ratio		0.00%	

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

Effective Date	01/01/2021	04/01/2021	07/01/2021	10/01/2021	Total Single Risk Pool
# of Member Months Renewing in Quarter					-
Adjusted Projected Allowed EHB Claims PMPM	\$ 626.04	\$ 626.04	\$ 626.04	\$ 626.04	\$ 626.04
Months of Trend	-	3	6	9	
Annual Trend	9.70%	9.70%	9.70%	9.70%	
Single Risk Pool Projected Allowed Claims	\$ 626.04	\$ 640.70	\$ 655.71	\$ 671.07	\$ -
Quarterly Trend Factor	1.000	1.023	1.047	1.072	0.000

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2020	2021
Average Age Factor	1.961	1.926
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.009	1.010
Average Benefit Richness (induced demand)	1.037	1.088
Average Network Factor	0.975	0.975
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 716.21	\$ 701.96
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 358.22	\$ 340.34

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

	2020	2021	
Paid-to-Allowed	0.789	0.804	
URRT Trend (Total Applied Trend Factor)	1.155	1.203	<- URRT W1, S2
URRT Morbidity	1.060	1.034	<- URRT W1, S2
URRT "Other"	0.976	0.985	<- URRT W1, S2
Risk Adjustment	\$ 42.07	\$ 69.73	<- URRT W1, S3
Exchange User Fee	\$ 16.74	\$ 17.20	<- URRT W1, S3
Reinsurance Recoveries	\$ -	\$ 30.70	<- URRT W1, S3
Capitation	\$ 0.20	\$ 0.20	<- URRT W1, S2
Network	0.975	0.975	
Pricing AV	0.737	0.795	<- For 2020 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adju
Benefit Richness	1.032	1.085	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	8.88%	8.42%	
Taxes and Fees	2.83%	0.08%	
Profit and/or Contingency	0.00%	0.00%	

PA Rate Template Part III
Table 10. Plan Rates

Carrier Name:	HBG
Product(s):	EPO
Market Segment:	Individual
Rate Effective Date:	01/01/2021
Base Period Start Date	01/01/2019
Date of Most Recent Membership:	02/01/2020
Market Adjusted Index Rate:	\$ 695.99

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

	HIOS Plan ID (Standard Component)	Plan Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2020 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2021	1/1/2021 HIOS Plan ID (If 1/1/2020 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	Pricing AV (company- determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium
Totals - Current Membership							0.697			0.795	0.997	1.000	1.000	1.000	1.078	\$ 554.31
Total - Projected Membership							0.697			0.800	1.000	1.009	1.000	1.000	1.083	\$ 564.06
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Plan 1	79962PA0190001	EPO	my Priority Blue Flex EPO Bronze 3800	M		Bronze	0.648	Approach (1)	On/Off	0.678	0.939	1.000	1.000	1.000	1.000	\$442.78
Plan 2	79962PA0190002	EPO		DM	79962PA0190001	Bronze	0.648	Approach (1)	On/Off	0.678	0.939	1.000	1.000	1.000	1.000	\$442.78
Plan 3	79962PA0190003	EPO		DM	79962PA0190001	Bronze	0.648	Approach (1)	On/Off	0.678	0.939	1.000	1.000	1.000	1.000	\$442.78
Plan 4	79962PA0190004	EPO		DM	79962PA0190001	Bronze	0.648	Approach (1)	On/Off	0.678	0.939	1.000	1.000	1.000	1.000	\$442.78
Plan 5	79962PA0190005	EPO	my Priority Blue Flex EPO Silver 2900	M		Silver	0.715	Approach (1)	On/Off	0.758	1.064	1.000	1.000	1.000	1.200	\$673.56
Plan 6	79962PA0190006	EPO	my Priority Blue Flex EPO Gold 800	M		Gold	0.816	Approach (1)	On/Off	0.860	1.029	1.000	1.000	1.000	1.000	\$615.49
Plan 7	79962PA0190007	EPO	my Priority Blue Flex EPO Gold 0	M		Gold	0.783	Approach (1)	On/Off	0.843	1.018	1.000	1.000	1.000	1.000	\$597.18
Plan 8	79962PA0190009	EPO	my Priority Blue Flex EPO Silver 2600	N		Silver	0.718	Approach (1)	Off	0.765	0.974	1.000	1.000	1.000	1.000	\$518.62
Plan 9	79962PA0200001	EPO	my Priority Blue Flex EPO Bronze 6900 HSA	M		Bronze	0.648	Standard AV	On/Off	0.681	0.940	1.000	1.000	1.000	1.000	\$445.69
Plan 10	79962PA0200002	EPO	my Priority Blue Flex EPO Silver 3450 HSA	M		Silver	0.66	Approach (1)	On/Off	0.710	1.024	1.000	1.000	1.000	1.200	\$607.36
Plan 11	79962PA0200003	EPO	my Priority Blue Flex EPO Silver 1850 HSA	M		Silver	0.716	Standard AV	Off	0.752	0.968	1.000	1.000	1.000	1.000	\$506.99
Plan 12	79962PA0210001	EPO	my Priority Blue Major Events EPO 8550 - 3 Free PCP Visits	M		Catastrophic	0.575	Standard AV	On/Off	0.587	0.917	1.000	1.000	0.920	1.000	\$344.44
Plan 13	79962PA0220001	EPO	my Priority Blue Flex EPO Bronze 3800 + Adult Dental and Vision	N		Bronze	0.648	Approach (1)	On/Off	0.678	0.939	1.113	1.000	1.000	1.000	\$492.60
Plan 14	79962PA0220002	EPO	my Priority Blue Flex EPO Silver 2900 + Adult Dental and Vision	N		Silver	0.715	Approach (1)	On/Off	0.758	1.064	1.074	1.000	1.000	1.200	\$723.38
Plan 15	79962PA0220003	EPO	my Priority Blue Flex EPO Silver 2600 + Adult Dental and Vision	N		Silver	0.718	Approach (1)	Off	0.765	0.974	1.096	1.000	1.000	1.000	\$568.44
Plan 16	79962PA0220004	EPO	my Priority Blue Flex EPO Gold 800 + Adult Dental and Vision	N		Gold	0.816	Approach (1)	On/Off	0.860	1.029	1.081	1.000	1.000	1.000	\$665.31

Calibration	
Age Calibration Factor	1.926
Geographic Calibration Factor	1.000
Tobacco Calibration Factor	1.010
Aggregate Calibration Factor	1.945

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

2020 Calibrated Plan Adjusted Index Rate PMPM	2021 Calibrated Plan Adjusted Index Rate PMPM
\$ 324.26	\$ 311.40
N/A	N/A
\$ 262.50	\$ 248.75
\$ 250.94	\$ 248.75
\$ 264.25	\$ 248.75
\$ 264.25	\$ 248.75
\$ 372.43	\$ 378.39
\$ 387.76	\$ 345.77
\$ 372.76	\$ 335.49
\$ -	\$ 291.35
\$ 262.66	\$ 250.38
\$ 339.38	\$ 341.20
\$ 311.19	\$ 284.82
\$ 219.73	\$ 193.50
\$ -	\$ 276.74
\$ -	\$ 406.38
\$ -	\$ 319.34
\$ -	\$ 373.76

% of Total Covered Lives
N/A
20.9%
9.7%
0.4%
3.2%
10.6%
14.0%
10.2%
0.0%
0.3%
28.2%
1.9%
0.6%
0.0%
0.0%
0.0%
0.0%

[illegible]

PA Rate Template Part IV A - Individual
Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name: HBG
Product(s): EPO
Market Segment: Individual
Rate Effective Date: 01/01/2021

Table with 7 columns: Plan Number, HIOS Plan ID (Standard Component), 1/1/2020 Plan Marketing Name, Discontinued, New, Modified, Existing (D,N,M,E) for 2021, 1/1/2021 Plan HIOS Plan ID (If 1/1/2020 Plan Discontinued & Mapped), Metallic Tier, Exchange On/Off or Off

Totals These cells auto-fill using the data entered in Table 10.

Table with 7 columns: Plan Number, HIOS Plan ID (Standard Component), 1/1/2020 Plan Marketing Name, Discontinued, New, Modified, Existing (D,N,M,E) for 2021, 1/1/2021 Plan HIOS Plan ID (If 1/1/2020 Plan Discontinued & Mapped), Metallic Tier, Exchange On/Off or Off. Rows include Plan 1 through Plan 16 with various plan details.

Table with 10 columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, Average (weighted by enrollment by rating area). Header: 2020 21-year-old, Non-Tobacco Premium PMPM. Row 1: \$ -, \$ -, \$ 324.26, \$ -, \$ -, \$ -, \$ -, \$ -, \$ 324.26.

Table with 10 columns: 1, 2, 3, 4, 5, 6, 7, 8, 9, Average (weighted by enrollment by rating area). Rows include Plan 1 through Plan 16 with various plan details.

2021 21-year-old, Non-Tobacco Premium PMPM									
1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
\$ -	\$ -	\$ 311.40	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 311.40

[illegible]

PA Rate Quarterly Template Part V Consumer Factors

Carrier Name:	HBG
Product(s):	EPO
Market Segment:	Individual
Rate Effective Date:	01/01/2021

Table 12. Age and Tobacco Factors

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

*PA follows the federal default age curve.

Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1			
Rating Area 2			
Rating Area 3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming	1.000	1.000
Rating Area 4			
Rating Area 5			
Rating Area 6			
Rating Area 7			
Rating Area 8			
Rating Area 9			

Table 14. Network Factors

[illegible]

Company Name: Highmark Benefits Group
Market: Individual
Product: EPO
Effective Date of Rates: January 1, 2021

Ending date of Rates: December 31, 2021

HIOS Plan ID (On Exchange)=>	79962PA0190007	79962PA0190006	79962PA0220004	N/A				
HIOS Plan ID (Off Exchange)=>	79962PA0190007	79962PA0190006	79962PA0220004	79962PA0200003				
Plan Marketing Name =>	my Priority Blue Flex EPO Gold 0	my Priority Blue Flex EPO Gold 800	my Priority Blue Flex EPO Gold 800 + Adult Dental and	my Priority Blue Flex EPO Silver 1850 HSA				
Form # =>	EPO/HBG/DP-1	EPO/HBG/DP-1	EPO/ADV/HBG/DP	EPO/HDHP/HBG/DP-1				
Rating Area =>	Area 3	Area 3	Area 3	Area 3				
Network =>	U	U	U	U				
Metal =>	Gold	Gold	Gold	Silver				
Deductible =>	0	800	800	1850				
Coinsurance =>	0.6	0.8	0.8	0.7				
Copays =>	\$20 PCP	\$15 PCP	\$15 PCP	N/A				
OOP Maximum =>	7500	6000	6000	6900				
Pediatric Dental (Yes/No) =>	Yes	Yes	Yes	Yes				
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$256.65	\$256.65	\$264.51	\$264.51	\$285.93	\$285.93	\$217.89	\$217.89
15	\$279.46	\$279.46	\$288.03	\$288.03	\$311.34	\$311.34	\$237.26	\$237.26
16	\$288.19	\$288.19	\$297.02	\$297.02	\$321.06	\$321.06	\$244.66	\$244.66
17	\$296.91	\$296.91	\$306.01	\$306.01	\$330.78	\$330.78	\$252.07	\$252.07
18	\$306.30	\$306.30	\$315.69	\$315.69	\$341.24	\$341.24	\$260.04	\$260.04
19	\$315.70	\$315.70	\$325.37	\$325.37	\$351.71	\$351.71	\$268.02	\$268.02
20	\$325.43	\$325.43	\$335.40	\$335.40	\$362.55	\$362.55	\$276.28	\$276.28
21	\$335.49	\$343.88	\$345.77	\$354.41	\$373.76	\$383.10	\$284.82	\$291.94
22	\$335.49	\$343.88	\$345.77	\$354.41	\$373.76	\$383.10	\$284.82	\$291.94
23	\$335.49	\$343.88	\$345.77	\$354.41	\$373.76	\$383.10	\$284.82	\$291.94
24	\$335.49	\$343.88	\$345.77	\$354.41	\$373.76	\$383.10	\$284.82	\$291.94
25	\$336.83	\$345.25	\$347.15	\$355.83	\$375.26	\$384.64	\$285.96	\$293.11
26	\$343.54	\$352.13	\$354.07	\$362.92	\$382.73	\$392.30	\$291.66	\$298.95
27	\$351.59	\$360.38	\$362.37	\$371.43	\$391.70	\$401.49	\$298.49	\$305.95
28	\$364.68	\$373.80	\$375.85	\$385.25	\$406.28	\$416.44	\$309.60	\$317.34
29	\$375.41	\$384.80	\$386.92	\$396.59	\$418.24	\$428.70	\$318.71	\$326.68
30	\$380.78	\$390.30	\$392.45	\$402.26	\$424.22	\$434.83	\$323.27	\$331.35
31	\$388.83	\$398.55	\$400.75	\$410.77	\$433.19	\$444.02	\$330.11	\$338.36
32	\$396.88	\$406.80	\$409.05	\$419.28	\$442.16	\$453.21	\$336.94	\$345.36
33	\$401.92	\$411.97	\$414.23	\$424.59	\$447.76	\$458.95	\$341.21	\$349.74
34	\$407.28	\$417.46	\$419.76	\$430.25	\$453.74	\$465.08	\$345.77	\$354.41
35	\$409.97	\$420.22	\$422.53	\$433.09	\$456.73	\$468.15	\$348.05	\$356.75
36	\$412.65	\$422.97	\$425.30	\$435.93	\$459.72	\$471.21	\$350.33	\$359.05
37	\$415.34	\$425.72	\$428.06	\$438.76	\$462.71	\$474.28	\$352.61	\$361.43
38	\$418.02	\$428.47	\$430.83	\$441.60	\$465.70	\$477.34	\$354.89	\$363.76
39	\$423.39	\$433.97	\$436.36	\$447.27	\$471.69	\$483.48	\$359.44	\$368.43
40	\$428.76	\$471.64	\$441.89	\$486.08	\$477.67	\$525.44	\$364.00	\$400.40
41	\$436.81	\$482.68	\$450.19	\$497.46	\$486.64	\$537.74	\$370.84	\$409.78
42	\$444.52	\$494.31	\$458.15	\$509.46	\$495.23	\$550.70	\$377.39	\$419.66
43	\$455.26	\$510.35	\$469.21	\$525.98	\$507.19	\$568.56	\$386.50	\$433.27
44	\$468.68	\$530.55	\$483.04	\$546.80	\$522.14	\$591.06	\$397.89	\$450.41
45	\$484.45	\$554.70	\$499.29	\$571.69	\$539.71	\$617.97	\$411.28	\$470.92
46	\$503.24	\$583.76	\$518.66	\$601.65	\$560.64	\$650.34	\$427.23	\$495.55
47	\$524.37	\$617.18	\$540.44	\$636.10	\$584.19	\$687.59	\$445.17	\$523.97
48	\$548.53	\$656.04	\$565.33	\$676.13	\$611.10	\$730.88	\$465.68	\$556.95
49	\$572.35	\$696.55	\$589.88	\$717.88	\$637.63	\$776.00	\$485.90	\$591.34
50	\$599.19	\$734.01	\$617.55	\$756.50	\$667.54	\$817.74	\$508.69	\$623.15
51	\$625.69	\$766.47	\$644.86	\$789.95	\$697.06	\$853.90	\$531.19	\$650.71
52	\$654.88	\$802.23	\$674.94	\$826.80	\$729.58	\$893.74	\$555.97	\$681.06
53	\$684.40	\$838.39	\$705.37	\$864.08	\$762.47	\$934.03	\$581.03	\$711.76
54	\$716.27	\$877.43	\$738.22	\$904.32	\$797.98	\$977.53	\$608.09	\$744.91
55	\$748.14	\$916.47	\$771.07	\$944.56	\$833.48	\$1,021.01	\$635.15	\$778.06
56	\$782.70	\$958.81	\$806.68	\$988.18	\$871.98	\$1,068.18	\$664.49	\$814.00
57	\$817.59	\$1,001.55	\$842.64	\$1,032.23	\$910.85	\$1,115.79	\$694.11	\$850.28
58	\$854.83	\$1,047.17	\$881.02	\$1,079.25	\$952.34	\$1,166.62	\$725.72	\$889.01
59	\$873.28	\$1,069.77	\$900.04	\$1,102.55	\$972.90	\$1,191.80	\$741.39	\$908.20
60	\$910.52	\$1,115.39	\$938.42	\$1,149.56	\$1,014.38	\$1,242.62	\$773.00	\$946.93
61	\$942.73	\$1,154.84	\$971.61	\$1,190.22	\$1,050.27	\$1,286.58	\$800.34	\$980.42
62	\$963.86	\$1,180.73	\$993.40	\$1,216.92	\$1,073.81	\$1,315.42	\$818.29	\$1,002.41
63	\$990.37	\$1,213.20	\$1,020.71	\$1,250.37	\$1,103.34	\$1,351.59	\$840.79	\$1,029.97
64+	\$1,006.47	\$1,232.93	\$1,037.31	\$1,270.70	\$1,121.28	\$1,373.57	\$854.46	\$1,046.71

HIOS Plan ID (On Exchange)=>	N/A		N/A		79962PA0190005		79962PA0220002		79962PA0200002	
HIOS Plan ID (Off Exchange)=>	79962PA0190009		79962PA0220003		79962PA0190005		79962PA0220002		79962PA0200002	
Plan Marketing Name =>	my Priority Blue Flex EPO Silver 2600		my Priority Blue Flex EPO Silver 2600 + Adult Dental		my Priority Blue Flex EPO Silver 2900		my Priority Blue Flex EPO Silver 2900 + Adult Dental		my Priority Blue Flex EPO Silver 3450 HSA	
Form # =>	EPO/HBG/DP-1		EPO/ADV/HBG/DP		EPO/HBG/DP-1		EPO/ADV/HBG/DP		EPO/HDHP/HBG/DP-1	
Rating Area =>	Area 3		Area 3		Area 3		Area 3		Area 3	
Network =>	U		U		U		U		U	
Metal =>	Silver		Silver		Silver		Silver		Silver	
Deductible =>	2600		2600		2900		2900		3450	
Coinurance =>	0.7		0.7		0.7		0.7		0.9	
Copays =>	\$40 PCP		\$40 PCP		\$50 PCP		\$50 PCP		\$70 A/D PCP	
OOP Maximum =>	8500		8500		7800		7800		6900	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$222.88	\$222.88	\$244.30	\$244.30	\$289.47	\$289.47	\$310.88	\$310.88	\$261.02	\$261.02
15	\$242.69	\$242.69	\$266.01	\$266.01	\$315.20	\$315.20	\$338.51	\$338.51	\$284.22	\$284.22
16	\$250.27	\$250.27	\$274.31	\$274.31	\$325.04	\$325.04	\$349.08	\$349.08	\$293.09	\$293.09
17	\$257.84	\$257.84	\$282.62	\$282.62	\$334.88	\$334.88	\$359.65	\$359.65	\$301.96	\$301.96
18	\$266.00	\$266.00	\$291.56	\$291.56	\$345.47	\$345.47	\$371.02	\$371.02	\$311.52	\$311.52
19	\$274.16	\$274.16	\$300.50	\$300.50	\$356.06	\$356.06	\$382.40	\$382.40	\$321.07	\$321.07
20	\$282.61	\$282.61	\$309.76	\$309.76	\$367.04	\$367.04	\$394.19	\$394.19	\$330.96	\$330.96
21	\$291.35	\$298.63	\$319.34	\$327.32	\$378.39	\$387.85	\$406.38	\$416.54	\$341.20	\$349.73
22	\$291.35	\$298.63	\$319.34	\$327.32	\$378.39	\$387.85	\$406.38	\$416.54	\$341.20	\$349.73
23	\$291.35	\$298.63	\$319.34	\$327.32	\$378.39	\$387.85	\$406.38	\$416.54	\$341.20	\$349.73
24	\$291.35	\$298.63	\$319.34	\$327.32	\$378.39	\$387.85	\$406.38	\$416.54	\$341.20	\$349.73
25	\$292.52	\$299.83	\$320.62	\$328.64	\$379.90	\$389.40	\$408.01	\$418.21	\$342.56	\$351.12
26	\$298.34	\$305.80	\$327.00	\$335.18	\$387.47	\$397.16	\$416.13	\$426.53	\$349.39	\$358.12
27	\$305.33	\$312.96	\$334.67	\$343.04	\$396.55	\$406.46	\$425.89	\$436.54	\$357.58	\$366.52
28	\$316.70	\$324.62	\$347.12	\$355.80	\$411.31	\$421.59	\$441.74	\$452.78	\$370.88	\$380.15
29	\$326.02	\$334.17	\$357.34	\$366.27	\$423.42	\$434.01	\$454.74	\$466.11	\$381.80	\$391.35
30	\$330.68	\$338.95	\$362.45	\$371.51	\$429.47	\$440.21	\$461.24	\$472.77	\$387.26	\$396.94
31	\$337.67	\$346.11	\$370.12	\$379.37	\$438.55	\$449.51	\$470.99	\$482.76	\$395.45	\$405.34
32	\$344.67	\$353.29	\$377.78	\$387.22	\$447.64	\$458.83	\$480.75	\$492.77	\$403.64	\$413.73
33	\$349.04	\$357.77	\$382.57	\$392.13	\$453.31	\$464.64	\$486.84	\$499.01	\$408.76	\$418.98
34	\$353.70	\$362.54	\$387.68	\$397.37	\$459.37	\$470.85	\$493.35	\$505.68	\$414.22	\$424.58
35	\$356.03	\$364.93	\$390.23	\$399.99	\$462.39	\$473.95	\$496.60	\$509.02	\$416.95	\$427.37
36	\$358.36	\$367.32	\$392.79	\$402.61	\$465.42	\$477.06	\$499.85	\$512.35	\$419.68	\$430.17
37	\$360.69	\$369.71	\$395.34	\$405.22	\$468.45	\$480.16	\$503.10	\$515.68	\$422.41	\$432.97
38	\$363.02	\$372.10	\$397.90	\$407.85	\$471.47	\$483.26	\$506.35	\$519.01	\$425.14	\$435.77
39	\$367.68	\$376.87	\$403.01	\$413.09	\$477.53	\$489.47	\$512.85	\$525.67	\$430.59	\$441.35
40	\$372.35	\$409.59	\$408.12	\$448.93	\$483.58	\$531.94	\$519.35	\$571.29	\$436.05	\$479.66
41	\$379.34	\$419.17	\$415.78	\$459.44	\$492.66	\$544.39	\$529.11	\$584.67	\$444.24	\$490.89
42	\$386.04	\$429.28	\$423.13	\$470.52	\$501.37	\$557.52	\$538.45	\$598.76	\$452.09	\$502.72
43	\$395.36	\$443.20	\$433.34	\$485.77	\$513.48	\$575.61	\$551.46	\$618.19	\$463.01	\$519.03
44	\$407.02	\$460.75	\$446.12	\$505.01	\$528.61	\$598.39	\$567.71	\$642.65	\$476.66	\$539.58
45	\$420.71	\$481.71	\$461.13	\$527.99	\$546.40	\$625.63	\$586.81	\$671.90	\$492.69	\$564.13
46	\$437.03	\$506.95	\$479.01	\$555.65	\$567.59	\$658.40	\$609.57	\$707.10	\$511.80	\$593.69
47	\$455.38	\$535.98	\$499.13	\$587.48	\$591.42	\$696.10	\$635.17	\$747.60	\$533.30	\$627.69
48	\$476.36	\$569.73	\$522.12	\$624.46	\$618.67	\$739.93	\$664.43	\$794.66	\$557.86	\$667.20
49	\$497.04	\$604.90	\$544.79	\$663.01	\$645.53	\$785.61	\$693.28	\$843.72	\$582.09	\$708.40
50	\$520.35	\$637.43	\$570.34	\$698.67	\$675.80	\$827.86	\$725.79	\$889.09	\$609.38	\$746.49
51	\$543.37	\$665.63	\$595.57	\$729.57	\$705.70	\$864.48	\$757.90	\$928.43	\$636.34	\$779.52
52	\$568.72	\$696.68	\$623.35	\$763.60	\$738.62	\$904.81	\$793.25	\$971.73	\$666.02	\$815.87
53	\$594.35	\$728.08	\$651.45	\$798.03	\$771.92	\$945.60	\$829.02	\$1,015.55	\$696.05	\$852.66
54	\$622.03	\$761.99	\$681.79	\$835.19	\$807.86	\$989.63	\$867.62	\$1,062.83	\$728.46	\$892.36
55	\$649.71	\$795.89	\$712.13	\$872.36	\$843.81	\$1,033.67	\$906.23	\$1,110.13	\$760.88	\$932.08
56	\$679.72	\$832.66	\$745.02	\$912.65	\$882.78	\$1,081.41	\$948.08	\$1,161.40	\$796.02	\$975.12
57	\$710.02	\$869.77	\$778.23	\$953.33	\$922.14	\$1,129.62	\$990.35	\$1,213.18	\$831.50	\$1,018.59
58	\$742.36	\$909.39	\$813.68	\$996.76	\$964.14	\$1,181.07	\$1,035.46	\$1,268.44	\$869.38	\$1,064.99
59	\$758.38	\$929.02	\$831.24	\$1,018.27	\$984.95	\$1,206.56	\$1,057.81	\$1,295.82	\$888.14	\$1,087.97
60	\$790.72	\$968.63	\$866.69	\$1,061.70	\$1,026.95	\$1,258.01	\$1,102.92	\$1,351.08	\$926.02	\$1,134.37
61	\$818.69	\$1,002.90	\$897.35	\$1,099.25	\$1,063.28	\$1,302.52	\$1,141.93	\$1,398.86	\$958.77	\$1,174.49
62	\$837.05	\$1,025.39	\$917.46	\$1,123.89	\$1,087.11	\$1,331.71	\$1,167.53	\$1,430.22	\$980.27	\$1,200.83
63	\$860.07	\$1,053.59	\$942.69	\$1,154.80	\$1,117.01	\$1,368.34	\$1,199.63	\$1,469.55	\$1,007.22	\$1,233.84
64+	\$874.05	\$1,070.71	\$958.02	\$1,173.57	\$1,135.17	\$1,390.58	\$1,219.14	\$1,493.45	\$1,023.60	\$1,253.91

HIOS Plan ID (On Exchange)=>	79962PA0190001		79962PA0220001		79962PA0200001		79962PA0210001	
HIOS Plan ID (Off Exchange)=>	79962PA0190001		79962PA0220001		79962PA0200001		79962PA0210001	
Plan Marketing Name =>	my Priority Blue Flex EPO Bronze 3800		my Priority Blue Flex EPO Bronze 3800 + Adult Dental		my Priority Blue Flex EPO Bronze 6900 HSA		my Priority Blue Major Events EPO 8550 - 3 Free PCP Visits	
Form # =>	EPO/HBG/DP-1		EPO/ADV/HBG/DP		EPO/HDHP/HBG/DP-1		CAT/EPO/HBG/DP-1	
Rating Area =>	Area 3		Area 3		Area 3		Area 3	
Network =>	U		U		U		U	
Metal =>	Bronze		Bronze		Bronze		Catastrophic	
Deductible =>	3800		3800		6900		8550	
Coinurance =>	0.5		0.5		1		1	
Copays =>	\$60 PCP		\$60 PCP		N/A		\$0 (Visits 1-3); then subject to deductible PCP	
OOP Maximum =>	8500		8500		6900		8550	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$190.29	\$190.29	\$211.71	\$211.71	\$191.54	\$191.54	\$148.03	\$148.03
15	\$207.21	\$207.21	\$230.52	\$230.52	\$208.57	\$208.57	\$161.19	\$161.19
16	\$213.68	\$213.68	\$237.72	\$237.72	\$215.08	\$215.08	\$166.22	\$166.22
17	\$220.14	\$220.14	\$244.91	\$244.91	\$221.59	\$221.59	\$171.25	\$171.25
18	\$227.11	\$227.11	\$252.66	\$252.66	\$228.60	\$228.60	\$176.67	\$176.67
19	\$234.07	\$234.07	\$260.41	\$260.41	\$235.61	\$235.61	\$182.08	\$182.08
20	\$241.29	\$241.29	\$268.44	\$268.44	\$242.87	\$242.87	\$187.70	\$187.70
21	\$248.75	\$254.97	\$276.74	\$283.66	\$250.38	\$256.64	\$193.50	\$198.34
22	\$248.75	\$254.97	\$276.74	\$283.66	\$250.38	\$256.64	\$193.50	\$198.34
23	\$248.75	\$254.97	\$276.74	\$283.66	\$250.38	\$256.64	\$193.50	\$198.34
24	\$248.75	\$254.97	\$276.74	\$283.66	\$250.38	\$256.64	\$193.50	\$198.34
25	\$249.75	\$255.99	\$277.85	\$284.80	\$251.38	\$257.66	\$194.27	\$199.13
26	\$254.72	\$261.09	\$283.38	\$290.46	\$256.39	\$262.80	\$198.14	\$203.09
27	\$260.69	\$267.21	\$290.02	\$297.27	\$262.40	\$268.96	\$202.79	\$207.86
28	\$270.39	\$277.15	\$300.82	\$308.34	\$272.16	\$278.96	\$210.33	\$215.59
29	\$278.35	\$285.31	\$309.67	\$317.41	\$280.18	\$287.18	\$216.53	\$221.94
30	\$282.33	\$289.39	\$314.10	\$321.95	\$284.18	\$291.28	\$219.62	\$225.11
31	\$288.30	\$295.51	\$320.74	\$328.76	\$290.19	\$297.44	\$224.27	\$229.88
32	\$294.27	\$301.63	\$327.38	\$335.56	\$296.20	\$303.61	\$228.91	\$234.63
33	\$298.00	\$305.45	\$331.53	\$339.82	\$299.96	\$307.46	\$231.81	\$237.61
34	\$301.98	\$309.53	\$335.96	\$344.36	\$303.96	\$311.56	\$234.91	\$240.78
35	\$303.97	\$311.57	\$338.18	\$346.63	\$305.96	\$313.61	\$236.46	\$242.37
36	\$305.96	\$313.61	\$340.39	\$348.90	\$307.97	\$315.67	\$238.01	\$243.96
37	\$307.95	\$315.65	\$342.60	\$351.17	\$309.97	\$317.72	\$239.55	\$245.54
38	\$309.94	\$317.69	\$344.82	\$353.44	\$311.97	\$319.77	\$241.10	\$247.13
39	\$313.92	\$321.77	\$349.25	\$357.98	\$315.98	\$323.88	\$244.20	\$250.31
40	\$317.90	\$329.69	\$353.67	\$359.04	\$319.99	\$327.29	\$247.29	\$254.02
41	\$323.87	\$337.88	\$360.32	\$368.15	\$325.99	\$334.22	\$251.94	\$259.39
42	\$329.59	\$346.50	\$366.68	\$407.75	\$331.75	\$340.91	\$256.39	\$265.11
43	\$337.55	\$358.39	\$375.54	\$420.98	\$339.77	\$350.88	\$262.58	\$271.35
44	\$347.50	\$373.37	\$386.61	\$437.64	\$349.78	\$365.95	\$270.32	\$280.00
45	\$359.20	\$411.28	\$399.61	\$457.55	\$361.55	\$413.97	\$279.41	\$319.92
46	\$373.13	\$432.83	\$415.11	\$481.53	\$375.57	\$435.66	\$290.25	\$336.69
47	\$388.80	\$457.62	\$432.54	\$509.10	\$391.34	\$460.61	\$302.44	\$355.97
48	\$406.71	\$486.43	\$452.47	\$541.15	\$409.37	\$489.61	\$316.37	\$378.38
49	\$424.37	\$516.46	\$472.12	\$574.57	\$427.15	\$519.84	\$330.11	\$401.74
50	\$444.27	\$544.23	\$494.26	\$605.47	\$447.18	\$547.80	\$345.59	\$423.35
51	\$463.92	\$568.30	\$516.12	\$632.25	\$466.96	\$572.03	\$360.88	\$442.08
52	\$485.56	\$594.81	\$540.20	\$661.75	\$488.74	\$598.71	\$377.71	\$462.69
53	\$507.45	\$621.63	\$564.55	\$691.57	\$510.78	\$625.71	\$394.74	\$483.56
54	\$531.08	\$650.57	\$590.84	\$723.78	\$534.56	\$654.84	\$413.12	\$506.07
55	\$554.71	\$679.52	\$617.13	\$755.98	\$558.35	\$683.98	\$431.51	\$528.60
56	\$580.33	\$710.90	\$645.63	\$790.90	\$584.14	\$715.57	\$451.44	\$553.01
57	\$606.20	\$742.60	\$674.42	\$826.16	\$610.18	\$747.47	\$471.56	\$577.66
58	\$633.82	\$776.43	\$705.13	\$863.78	\$637.97	\$781.51	\$493.04	\$603.97
59	\$647.50	\$793.19	\$720.35	\$882.43	\$651.74	\$798.38	\$503.68	\$617.01
60	\$675.11	\$827.01	\$751.07	\$920.06	\$679.53	\$832.42	\$525.16	\$643.32
61	\$698.99	\$856.26	\$777.64	\$952.61	\$703.57	\$861.87	\$543.74	\$666.08
62	\$714.66	\$875.46	\$795.07	\$973.96	\$719.34	\$881.19	\$555.93	\$681.01
63	\$734.31	\$899.53	\$816.94	\$1,000.75	\$739.12	\$905.42	\$571.21	\$699.73
64+	\$746.25	\$914.16	\$830.22	\$1,017.02	\$751.14	\$920.15	\$580.50	\$711.11

**Highmark Benefits Group
Individual
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0190006	my Priority Blue Flex EPO Gold 800	EPO	Gold	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0220004	my Priority Blue Flex EPO Gold 800 + Adult Dental and Vision	EPO	Gold	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0200003	my Priority Blue Flex EPO Silver 1850 HSA	EPO	Silver	Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0220003	my Priority Blue Flex EPO Silver 2600 + Adult Dental and Vision	EPO	Silver	Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0220002	my Priority Blue Flex EPO Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0200002	my Priority Blue Flex EPO Silver 3450 HSA	EPO	Silver	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0220001	my Priority Blue Flex EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0210001	my Priority Blue Major Events EPO 8550 - 3 Free PCP Visits	EPO	Catastrophic	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming

Company Name Highmark Benefits Group
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2020 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0190006	my Priority Blue Flex EPO Gold 800	EPO	Gold	On/Off
79962PA0220004	Priority Blue Flex EPO Gold 800 + Adult Dental and V	EPO	Gold	On/Off
79962PA0200003	my Priority Blue Flex EPO Silver 1850 HSA	EPO	Silver	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	Priority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	Priority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3450 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	Priority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	Priority Blue Major Events EPO 8550 - 3 Free PCP V	EPO	Catastrophic	On/Off

RATING AREA 1

0	0	0	0	0	0	0	0
Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren

RATING AREA 2

0	0	0
Elk	Cameron	Potter

Company Name Highmark Benefits Group
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2020 Number of Covered Lives by Rating County					RATING AREA 3												
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	1,512	1,193	146	3,352	3,998	62	2,916	1,233	136	885	315	975	461
					Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off	\$335.49	\$335.49	\$335.49	\$335.49	\$335.49	\$335.49	\$335.49	\$335.49	\$335.49	\$335.49	\$335.49	\$335.49	\$335.49
79962PA0190006	my Priority Blue Flex EPO Gold 800	EPO	Gold	On/Off	\$345.77	\$345.77	\$345.77	\$345.77	\$345.77	\$345.77	\$345.77	\$345.77	\$345.77	\$345.77	\$345.77	\$345.77	\$345.77
79962PA0220004	Priority Blue Flex EPO Gold 800 + Adult Dental and V	EPO	Gold	On/Off	\$373.76	\$373.76	\$373.76	\$373.76	\$373.76	\$373.76	\$373.76	\$373.76	\$373.76	\$373.76	\$373.76	\$373.76	\$373.76
79962PA0200003	my Priority Blue Flex EPO Silver 1850 HSA	EPO	Silver	Off	\$284.82	\$284.82	\$284.82	\$284.82	\$284.82	\$284.82	\$284.82	\$284.82	\$284.82	\$284.82	\$284.82	\$284.82	\$284.82
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off	\$291.35	\$291.35	\$291.35	\$291.35	\$291.35	\$291.35	\$291.35	\$291.35	\$291.35	\$291.35	\$291.35	\$291.35	\$291.35
79962PA0220003	Priority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off	\$319.34	\$319.34	\$319.34	\$319.34	\$319.34	\$319.34	\$319.34	\$319.34	\$319.34	\$319.34	\$319.34	\$319.34	\$319.34
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off	\$378.39	\$378.39	\$378.39	\$378.39	\$378.39	\$378.39	\$378.39	\$378.39	\$378.39	\$378.39	\$378.39	\$378.39	\$378.39
79962PA0220002	Priority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off	\$406.38	\$406.38	\$406.38	\$406.38	\$406.38	\$406.38	\$406.38	\$406.38	\$406.38	\$406.38	\$406.38	\$406.38	\$406.38
79962PA0200002	my Priority Blue Flex EPO Silver 3450 HSA	EPO	Silver	On/Off	\$341.20	\$341.20	\$341.20	\$341.20	\$341.20	\$341.20	\$341.20	\$341.20	\$341.20	\$341.20	\$341.20	\$341.20	\$341.20
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off	\$248.75	\$248.75	\$248.75	\$248.75	\$248.75	\$248.75	\$248.75	\$248.75	\$248.75	\$248.75	\$248.75	\$248.75	\$248.75
79962PA0220001	Priority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off	\$276.74	\$276.74	\$276.74	\$276.74	\$276.74	\$276.74	\$276.74	\$276.74	\$276.74	\$276.74	\$276.74	\$276.74	\$276.74
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off	\$250.38	\$250.38	\$250.38	\$250.38	\$250.38	\$250.38	\$250.38	\$250.38	\$250.38	\$250.38	\$250.38	\$250.38	\$250.38
79962PA0210001	Priority Blue Major Events EPO 8550 - 3 Free PCP V	EPO	Catastrophic	On/Off	\$193.50	\$193.50	\$193.50	\$193.50	\$193.50	\$193.50	\$193.50	\$193.50	\$193.50	\$193.50	\$193.50	\$193.50	\$193.50

Company Name Highmark Benefits Group
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2020 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0190006	my Priority Blue Flex EPO Gold 800	EPO	Gold	On/Off
79962PA0220004	Priority Blue Flex EPO Gold 800 + Adult Dental and V	EPO	Gold	On/Off
79962PA0200003	my Priority Blue Flex EPO Silver 1850 HSA	EPO	Silver	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	Priority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	Priority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3450 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	Priority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	Priority Blue Major Events EPO 8550 - 3 Free PCP V	EPO	Catastrophic	On/Off

RATING AREA 4

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

Company Name Highmark Benefits Group
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2020 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0190006	my Priority Blue Flex EPO Gold 800	EPO	Gold	On/Off
79962PA0220004	Priority Blue Flex EPO Gold 800 + Adult Dental and V	EPO	Gold	On/Off
79962PA0200003	my Priority Blue Flex EPO Silver 1850 HSA	EPO	Silver	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	Priority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	Priority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3450 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	Priority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	Priority Blue Major Events EPO 8550 - 3 Free PCP V	EPO	Catastrophic	On/Off

RATING AREA 5

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

Company Name Highmark Benefits Group
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2020 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0190006	my Priority Blue Flex EPO Gold 800	EPO	Gold	On/Off
79962PA0220004	Priority Blue Flex EPO Gold 800 + Adult Dental and Vision	EPO	Gold	On/Off
79962PA0200003	my Priority Blue Flex EPO Silver 1850 HSA	EPO	Silver	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	Priority Blue Flex EPO Silver 2600 + Adult Dental and Vision	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	Priority Blue Flex EPO Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3450 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	Priority Blue Flex EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	Priority Blue Major Events EPO 8550 - 3 Free PCP Visits	EPO	Catastrophic	On/Off

RATING AREA 6									
0	0	0	0	0	0	0	0	0	0
Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union

Company Name Highmark Benefits Group
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2020 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0190006	my Priority Blue Flex EPO Gold 800	EPO	Gold	On/Off
79962PA0220004	Priority Blue Flex EPO Gold 800 + Adult Dental and V	EPO	Gold	On/Off
79962PA0200003	my Priority Blue Flex EPO Silver 1850 HSA	EPO	Silver	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	Priority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	Priority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3450 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	Priority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	Priority Blue Major Events EPO 8550 - 3 Free PCP V	EPO	Catastrophic	On/Off

RATING AREA 7

0	0	0	0
Adams	Berks	Lancaster	York

RATING AREA 8

0	0	0	0	0
Bucks	Chester	Delaware	Montgomery	Philadelphia

Company Name Highmark Benefits Group
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2020 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0190006	my Priority Blue Flex EPO Gold 800	EPO	Gold	On/Off
79962PA0220004	my Priority Blue Flex EPO Gold 800 + Adult Dental and Vision	EPO	Gold	On/Off
79962PA0200003	my Priority Blue Flex EPO Silver 1850 HSA	EPO	Silver	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	my Priority Blue Flex EPO Silver 2600 + Adult Dental and Vision	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	my Priority Blue Flex EPO Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3450 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	my Priority Blue Flex EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	my Priority Blue Major Events EPO 8550 - 3 Free PCP Visits	EPO	Catastrophic	On/Off

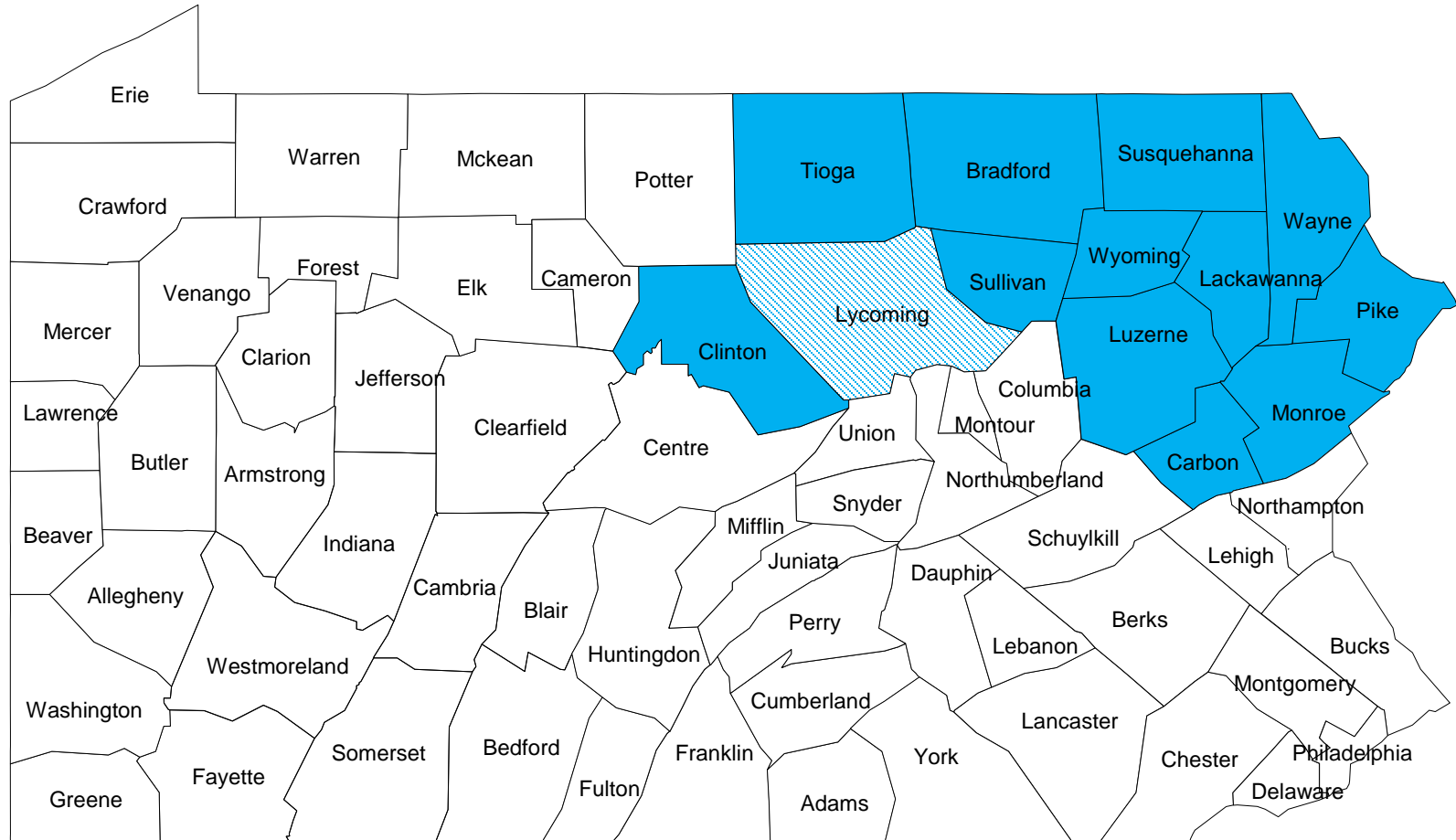
RATING AREA 9

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

2020 Service Area


Issuer: Highmark Benefits Group (HBG)

Market: Individual



Key *(modify as needed)*

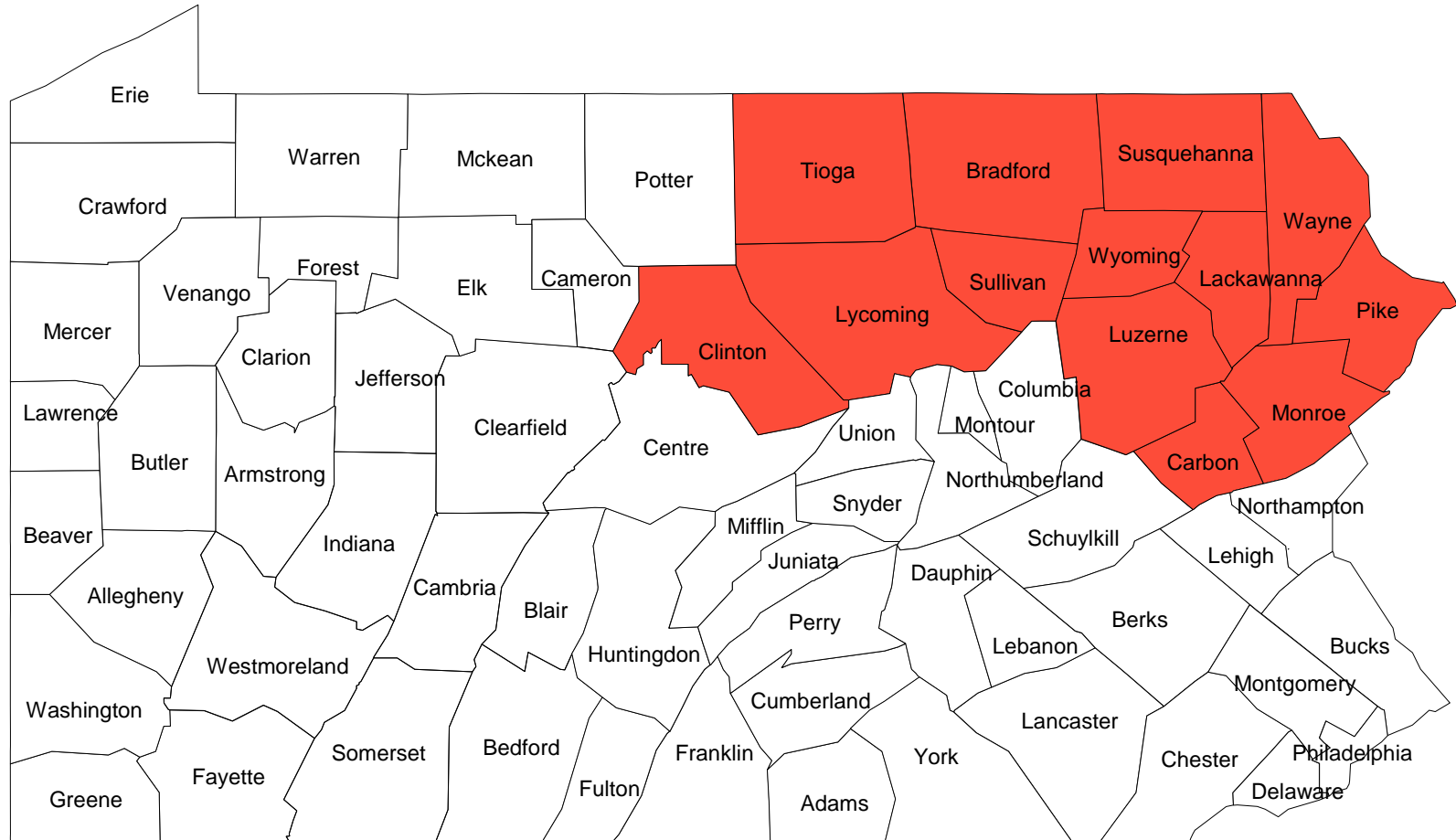
 : 2020 on-exchange service area

 : 2020 off-exchange only service area


2021 Service Area


Issuer: Highmark Benefits Group (HBG)

Market: Individual



Key (*modify as needed*)

 : 2021 on-exchange service area

 : 2021 off-exchange only service area



June 23, 2020

Ms. Cherri Sanders-Jones, Actuary
Bureau of Life, Accident & Health Insurance
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: Highmark Benefits Group 2021 ACA Rate Filing (Individual Market)
Filing # 1A-DP-20-HBG (SERFF # HGHM-132324173)

Dear Ms. Sanders-Jones:

Enclosed are responses to your June 16, 2020 questions regarding SERFF Filing # HGHM-132324173. We have included your questions along with our responses for your convenience. In conjunction with these responses, we are also submitting revisions to the following documents in SERFF:

- PAAM Exhibits – This file is being revised in response to questions 12, 14 and 17.

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

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

Highmark Inc.

cc:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1. Please ensure that the data populated in worksheet 1, section I, of the URRT is consistent with the data entered in Table 2 of the Departments PAAM exhibits.

Response:

The Company did not have experience in the experience period as all plans were new in 2020. Therefore, worksheet 1, section I, of the URRT and Table 2 of the Departments PAAM exhibits were set to 0 or left blank.

2. Please ensure that the data populated in worksheet 1, Trended Allowed EHB Claims PMPM (cell H30) in section II, of the URRT is consistent with the data entered in Table 5 cell C13 of the Departments PAAM exhibits. Please ensure that this data represents the filing entity only.

Response:

The Company did not have experience in the experience period as all plans were new in 2020. Therefore, worksheet 1, Trended Allowed EHB Claims PMPM (cell H30) in section II, of the URRT and Table 5 cell C13 of the Departments PAAM exhibits were set to 0 or left blank.

3. Please ensure that the data populated in worksheet 1, cells F35 – F35 in section I, of the URRT is consistent with the data entered in Table 5 cell C23 of the Departments PAAM exhibits. Please ensure that this data represents the filing entity only.

Response:

The Company did not have experience in the experience period as all plans were new in 2020. Therefore, worksheet 1, Adjusted Trended EHB Allowed Claims PMPM (cell F36) in section II, of the URRT and Table 5 cell C23 of the Departments PAAM exhibits were set to 0 or left blank.

4. Please ensure that the data populated in worksheet 1, cells F38 in section II, of the URRT is consistent with the data entered in Table 5 cell C25 of the Departments PAAM exhibits.

Response:

The value populated in worksheet 1, cells F38 in section II, of the URRT equals \$611.04 is consistent with the value entered in Table 5 cell D25 of the Departments PAAM exhibits.

5. The following questions pertain to the manual rate:

a. Section 1G of the PA Actuarial Memorandum states that a manual rate was developed from multiple data sources. Please provide an exhibit displaying the calendar year 2019 member months and allowed claims PMPM associated with each data source underlying the manual rate. In providing your response, please describe each data source and explain why the Company believes it is appropriate to use them as part of a manual rate.

Response:

Please see the attached exhibit labeled Q5 Response for a summary of the calendar year 2019 member months and allowed claims PMPM associated with the data sources underlying the manual rate. The manual rate is derived using the 2/1/2020 enrollment profile which is categorized into the following sources:

Renewal

- This represents our 2019 ACA members that re-enrolled in HBG. The normalized allowed PMPM was calculated by normalizing the allowed PMPM for demographic, network, and benefit richness factors.

Other Highmark

- This represents the 2019 members from other Highmark markets such as group markets that enrolled in HBG. The normalized PMPM was calculated by reviewing its allowed claims, adjusted for benefit differential if needed and then normalized for demographic, network, and benefit richness factors.

Prior ACA

- This represents our 2018 ACA members that lapsed in 2019 and now reenrolled in HBG. We reviewed its 2018 ACA claims, trended to 2019, and used this as starting point to approximate the 2019 allowed claims. The normalized allowed PMPM was then calculated by normalizing the allowed PMPM for demographic, network, and benefit richness factors.

New

- This represents the catch-all category of the remaining members that enrolled in HBG. The normalized allowed PMPM was then calculated by normalizing the allowed PMPM for demographic, network, and benefit richness factors. The adjusted allowed claims PMPM for the “New” is set such that its normalized allowed PMPM was 2% higher than the “Renewal” segment.

Since the underlying claims only reflected the claims experience of the 2/1/2020 active enrollment, we added a death load adjustment in the adjusted allowed PMPMs to capture the incremental claims of terminated members due to death as developed from historical experience.

6. The following questions relate to the trend assumption:

- Please provide additional detail related to the cohorts of ACA members who were included in the Company’s regression analysis. Specifically, did the cohorts include all ACA members who were enrolled with the Company’s various legal entities during the time period of 2018 to 2019 and were those cohorts limited to the Individual ACA market? If not, please clarify.**
- Per the actuarial memorandum, the regression analysis which was completed produced a range of reasonable trend assumptions. Please provide the range of reasonable trend assumptions which was produced by that analysis. Additionally, please compare the medical trend assumption which was chosen to the range of reasonable options which were produced and describe how the proposed trend assumption was ultimately chosen (i.e., rather than one of the other trend assumptions which falls within the same range).**
- Please provide additional detail related to the development of the pharmacy trend assumption. Please include the following in your response:**
 - Was the regression analysis that was completed to determine the medical trend also used to develop the pharmacy trend? If so, how?**
 - What specific sources and/or other information were utilized to develop the pharmacy trend?**
 - How were rebates handled in the trend development?**
 - Does Highmark expect that the new provision in the final 2021 NBPP regarding the treatment of drug manufacturer support, including coupons to generate additional savings?**
- Please provide a detailed quantitative exhibit displaying the development of the induced utilization assumption that is included in the trend assumptions and shown in Table 3 of the Pennsylvania Rate Template file.**

Response:

- The cohort population included in the trend development was all PA members in the Individual ACA market that were enrolled in both 2018 and 2019.

- b. The Regression analysis produced a Medical/Rx combined trend of 7.4% before adjustment for Pharmacy and Induced Demand factors with an R-squared factor of 39.9%. A range of +/- 0.5% was considered. The 6.9% trend resulted in a lower R-squared compared to 7.4%. A higher R-squared resulted at 7.9%, but the trend of 7.4% was considered reasonable.

The regression was performed on the Medical/Rx combined data. More detail regarding the adjustments to calculate the proposed trends are included in the attached exhibit labeled Q6b response.

- c. The regression analysis was applied to medical and pharmacy claims combined. Then a pharmacy step factor adjustment was applied to account for expected higher future pharmacy trends. Please see the attached exhibit labeled Q6c response regarding the Pharmacy adjustments. An outside consultant's pipeline drug / new generics projection tool is considered in the Pharmacy development.

Rebates were not included in the development of the trend and are adjusted separately in the rate filing. Due to the uncertainty related to the drug couponing in 2021, no adjustment was applied. Manufacturers' may reduce or eliminate coupons for certain drugs and administration at the point of sale are some factors that contribute to the uncertainty.

- d. The induced utilization assumption in Table 3b represents the annual rate of change on the change in induced demand factor of 1.0133. It was calculated as follows: $\sqrt{1.0133} = 1.0066$ or 0.66%.

7. Please provide a detailed quantitative exhibit displaying the development of the “change in network” index rate adjustment that is shown in Table 5 of the PA Rate Template file.

Response:

Please see the attached exhibit labeled Q5 Response for the quantitative development of the calendar year 2019 composite network factor. Please see the attached exhibit labeled Q7 Response for the quantitative development of the calendar year 2021 composite network factor. These two factors are used to develop the “change in network” factor shown in Table 5 in the following calculation: 2021 composite network factor ÷ 2019 composite network factor = $0.975 \div 1 = 0.975$.

8. Please provide a detailed quantitative exhibit displaying the development of the “change in other” index rate adjustment that is shown in Table 5 of the PA Rate Template file.

Response:

Please see the attached exhibit labeled Q8 Response for support of the “change in other” factor shown in Table 5 of the PA Rate Template file.

9. The following questions relate to the risk transfer assumption:

- a. Please provide a detailed quantitative exhibit displaying the development of the assumed statewide average PLRS, split by non-catastrophic and catastrophic only populations, underlying the assumed risk transfer assumption.
- b. Please provide a detailed quantitative exhibit displaying the development of the Company-specific PLRS, ARF, GCF, ID, and AV assumptions underlying the projected 2021 risk transfer.
- c. Please provide a detailed quantitative exhibit displaying the anticipated receipt and assessment associated with the high cost risk pool component of the projected risk transfer results.

Response:

- a. Please see the attached exhibit labeled Q9a Response for the development of the assumed statewide average PLRS for the non-catastrophic and catastrophic populations.
- b. Please see the attached exhibit labeled Q9b Response for the development of the Company-specific assumptions underlying the projected 2021 risk transfer. The Company-specific PLRS, ARF, GCF, IDF, and AV assumptions shown in Attachment B and used to develop the projected 2021 risk transfer were developed for the population of members that comprised the manual rate development discussed in the response to Question 5 above.
- c. Please see the attached exhibit labeled Q9c Response for the development of the high cost risk pool component of the projected risk transfer results. We relied upon estimates from an external actuarial consulting company's study to inform our selection of an appropriate percentage of premium charge for 2021. The external study was based upon data collected by issuers across the country and included over 125 million submitted member months. Given the extremely volatile and unpredictable nature of claims in excess of the \$1 million attachment point, as a simplifying assumption we assumed there would be no anticipated reimbursements in 2021. Instead, we selected a percentage of premium charge that was lower than what could have been reasonably supported by the external study. As a point of reference, we did not have any members reach the attachment point in 2019 in any of our Pennsylvania entities

10. Section 2A of the PA Actuarial Memorandum states that the reinsurance recovery underlying the market adjusted index rate was calculated based on the amount of incurred claims expected to be reimbursed by the program. The estimated incurred claims savings is based on Highmark's PA individual ACA population in total (i.e., the reinsurance program is estimated to reimburse 6.1% of incurred claims for all of Highmark's individual ACA entities). It appears there may be a disconnect in assuming that the incurred claims savings associated with the reinsurance program will be the same for all of Highmark's individual ACA entities when Highmark is assuming different risk transfer receipt/payment amounts for each entity (i.e., different morbidity levels underlying the membership for each entity). Please revise the rate development to calculate the reinsurance recovery amount based on the projected 2021 population (and their corresponding morbidity) specific to this entity or clarify why it is not reasonable to do so.

Response:

For the reinsurance recovery *percentage* estimate, we reviewed a number of possible values for this projection (see the table below). The entity scenarios were not considered since a number of Highmark entities have changed substantially from 2019 (the underlying claims period) to 2021 (the projection period). In addition, the market size or percentage of market by entity as of 2020 has also changed materially with the addition of new members due to rate decreases in 2020.

Option	Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reins.*	Reins% Scenario
WPA				\$44,393,331	-6.7%
CPA				\$67,578,429	-6.3%
NEPA				\$71,402,406	-5.6%
Total - Sum				\$183,374,165	-6.1%
WPA & CPA				\$111,971,760	-6.4%
Rate Filing				\$183,374,165	-6.1%

* Reinsurance parameters: Attachment point = \$60K, Reins. Cap = \$100K and Coins. Rate = 60%

As illustrated in the chart, the overall average of -6.1% is not significantly different from region specific percentages even though there was high variability in morbidity. That is, reinsurance recovery as a percentage of claims does not vary significantly for a given set of reinsurance parameters and credible enrollment.

Thus, as a result of the above entity changes and continuing uncertainty in the ACA market (e.g., COVID-19 and initial year of the PA reinsurance program), we believe that the use of the overall Highmark PA ACA data to estimate the reinsurance recovery percentage results in a reasonable projection.

11. For each plan where a non-EHB adjustment different than 1.000 is being used, please provide a detailed quantitative exhibit displaying the development of the plan level non-EHB adjustment by plan that is shown in Table 10 of the PA Rate Template file.

Response:

Please see the attached exhibit labeled Q11 Response that demonstrates the calculation of the non-EHB Paid PMPMs found in the PA Actuarial Memorandum to the Benefits in addition to EHB values found in Table 10.

12. Cells C16 and D16 of Table 5 require a formula input - the issuers morbidity assumption * 1.01. Please update.

Response:

We are submitting an updated version of the PAAM Exhibits file in conjunction with this response letter. This updated file includes the revision to this cell.

13. Regarding Table 6:

a. Using the 2019 SHCE in the Annual Statement, please quantitatively show the development of the Quality Improvement Initiatives percent and ppm amount.

Response:

HBG was a new entity in 2020. In absence of historical information, The Company has chosen to use the CMS specified factor of 0.8% for quality improvement.

14. In Table 9, column J, the issuer is expected to enter the approved factors/amounts from the 2020 approved filing. Please review cells J82-85 and update or explain.

Response:

We are submitting an updated version of the PAAM Exhibits file in conjunction with this response letter. This updated file includes the revision to these cells. Please note, as stated in the PA Actuarial Memorandum, the 2020 values are populated using the 2020 filed factors adjusted for membership mix as of February 1, 2020. Therefore, the values may not tie exactly to the 2020 approved filing.

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

Response:

The Prescription Drug Benefit Plan provides three major services of coverage (as defined on page 94142 of the 2019 Notice of Benefit and Payment Parameters) that are less than or equal to 50% coinsurance and available prior to any deductible. These services include: generic drugs, specialty drugs, and preferred

brand drugs. The coinsurance percentages and certifications of the values corresponding to these categories can be found in the AV screenshots and Certifications documents provided as a separate attachments with the initial SERFF submission.

16. Please provide an exhibit that shows, by HIOS Plan ID, summary benefit and cost sharing changes for 2021 relative to the 2020 design for all plans to be offered in 2021. Include Pricing AV columns for 2020 and 2021. Please show the approved 2020 Pricing AVs for all plans in the 2020 column and the proposed 2021 Pricing AVs in the 2021 column. Also provide a supporting worksheet that shows the quantitative development of the proposed factors in Table 10.

Response:

Please see the attached exhibit labeled Q16 Response for a summary of 2020 and 2021 benefits. While we are not able to provide a worksheet that shows the quantitative development of our factors because our AV pricing model works in SAS on individual claim line level data, we can offer a narrative surrounding how our SAS based pricing AV model works.

Our AV pricing model works off of a dataset that has every claim for every Individual ACA member in the Northeastern PA region for each member's most recent full policy year. It projects these claims onto the 2021 rating period with a cost trend. After the claims are repriced to the projected cost level in 2021, we then input cost sharing by benefit category into the model. Once the model is equipped with these cost sharing assumptions, we run the SAS program that takes all of these claims, and determines exactly how much a member would have paid in cost sharing if they had the benefits that were inputted into the model. For example, if the data set had a member with an emergency room claim with a \$30,000 allowed charge, and we were testing a plan that had a \$300 ER copay, the SAS program would then make two new columns in the dataset, one for member cost sharing, which would be \$300 in this case, and the other for the amount paid by The Company, \$29,700. The pricing AV is then simply calculated as the sum of the amount that would be paid by The Company under the proposed benefit design divided by the total projected allowed charges.

We and our external consultants both thoroughly review the output of this model, checking the output for both reasonableness and consistency, comparing to historical paid to allowed ratios, and making adjustments to calibrate the model, as necessary.

17. Per the Department published guidance (page 1, number 3 and page 19), Benefit Richness factors in Table 10 cells L18- L216 should be developed based on 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. Please modify these cells to show the formula to demonstrate compliance. 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.

Response:

We are submitting an updated version of the PAAM Exhibits file in conjunction with this response letter. This updated file includes the revision to these cells.

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

Response:

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

19. Please provide an exhibit that quantitatively shows a comparison of the actual to projected claim cost pmpms for calendar years 2015 – 2019, as applicable.

Response:

Since experience in the Highmark Benefits Group entity started in calendar year 2020, historical comparisons of actual to projected claim cost PMPMs are not available.

20. Please provide an exhibit showing the financial gains and losses for calendar years 2014 – 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.

Response:

Since experience in the Highmark Benefits Group entity started in calendar year 2020, historical comparisons of actual to projected claim cost PMPMs are not available.

21. The Department will contact the company shortly with information regarding the opportunity and parameters for the company to provide and support an updated Covid-19 impact assessment, if desired.

Response:

We look forward to further discussions on the rate impact of Covid-19 and the opportunity to make the necessary adjustments to this rate filing.

Highmark Benefits Group

Individual Market

Response to Objection 1 - Question 5

	HBG				Combined
	Renewal	Other Highmark	Prior ACA	New	Total
2019 Member Months	106,264	4,175	8,149	71,158	189,745
2021 Member Months	128,533	6,886	9,181	84,924	229,524
2021 Member Months %	56.0%	3.0%	4.0%	37.0%	100.0%
Adjusted AC PMPMs	\$553.21	\$746.17	\$259.34	\$510.41	\$531.41
Demographic Factor	2.015	1.962	1.984	1.833	1.941
Network	1.000	1.000	1.000	1.000	1.000
Benefit Richness Factor	1.076	1.070	1.070	1.070	1.073
Normalized AC PMPMs	\$255.15	\$355.48	\$122.14	\$260.25	\$254.73

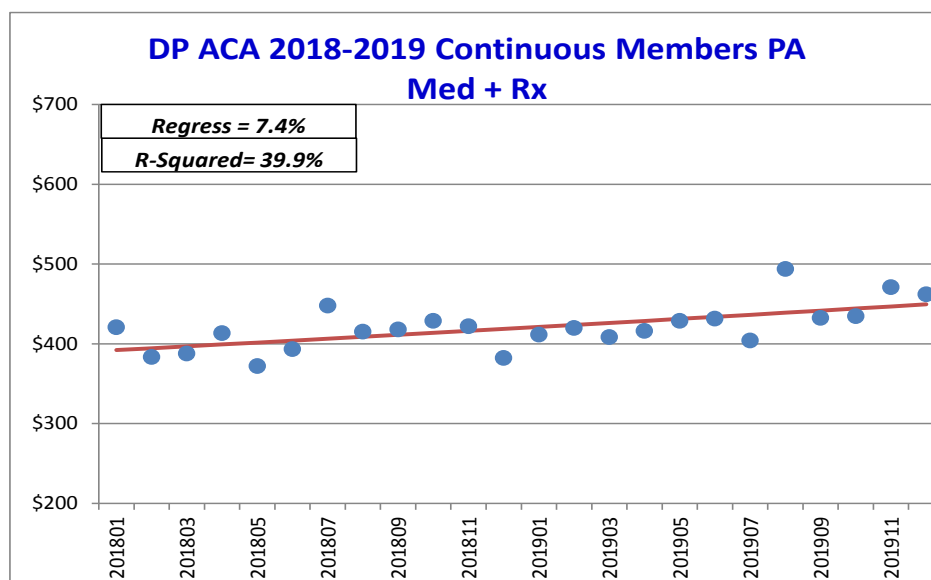
Highmark Benefits Group

Individual Market

Response to Objection 1 - Question 6b

DP ACA 2018-2019 Continuous Members PA Med + Rx

Incmo	Enrollment	Allowed	1 Mo PMPM	AGI	Workdays	Seasonality	Steps	Norm PMPM
201801	13,806	\$7,438,734	\$538.80	1.334	1.036	0.9264	1.000	\$420.73
201802	13,808	\$6,387,524	\$462.60	1.337	0.937	0.9626	1.000	\$383.43
201803	13,805	\$7,378,389	\$534.47	1.341	1.031	0.9976	1.000	\$387.69
201804	13,807	\$7,545,733	\$546.52	1.344	0.992	0.9913	1.000	\$413.43
201805	13,805	\$7,045,163	\$510.33	1.347	1.029	0.9892	1.000	\$371.96
201806	13,805	\$6,813,602	\$493.56	1.351	0.989	0.9390	1.000	\$393.39
201807	13,807	\$8,491,738	\$615.03	1.355	1.003	1.0100	1.000	\$447.85
201808	13,807	\$7,646,864	\$553.84	1.359	1.061	0.9253	1.000	\$415.16
201809	13,805	\$7,273,668	\$526.89	1.362	0.924	1.0014	1.000	\$417.81
201810	13,805	\$9,114,128	\$660.20	1.366	1.069	1.0551	1.000	\$428.85
201811	13,805	\$8,357,912	\$605.43	1.369	0.965	1.0861	1.000	\$421.81
201812	13,805	\$7,858,206	\$569.23	1.372	0.970	1.1200	1.000	\$382.11
201901	13,806	\$7,484,934	\$542.15	1.374	1.035	0.9264	1.000	\$411.49
201902	13,808	\$7,202,446	\$521.61	1.377	0.937	0.9626	1.000	\$419.73
201903	13,805	\$7,754,797	\$561.74	1.381	0.998	0.9976	1.000	\$408.51
201904	13,808	\$8,098,065	\$586.48	1.385	1.026	0.9913	1.000	\$416.23
201905	13,805	\$8,331,692	\$603.53	1.389	1.025	0.9892	1.000	\$428.59
201906	13,806	\$7,468,294	\$540.95	1.393	0.959	0.9390	1.000	\$431.38
201907	13,806	\$8,153,133	\$590.55	1.396	1.036	1.0100	1.000	\$404.16
201908	13,806	\$9,098,434	\$659.02	1.399	1.031	0.9253	1.000	\$493.74
201909	13,809	\$8,033,274	\$581.74	1.403	0.958	1.0014	1.000	\$432.52
201910	13,805	\$9,480,291	\$686.73	1.406	1.065	1.0551	1.000	\$434.60
201911	13,805	\$9,309,268	\$674.34	1.409	0.935	1.0861	1.000	\$471.00
201912	13,805	\$10,114,718	\$732.69	1.413	1.002	1.1200	1.000	\$461.95



Highmark Benefits Group

Individual Market

Response to Objection 1 - Question 6c

Description	Medical	Rx	Total	Notes
Normalized Allowed Trend Cohort Members	N/A	N/A	7.4%	Please see supporting monthly PMPMs and trend regression graph on Regression tab
Allowed distribution of costs	72.8%	27.2%	100%	Medical/Rx split determined based on ACA Individual experience.
Pharmacy specific 2020/2021 annual trend growth	N/A	4.9%	1.3%	Based on modeling projections for group experience, reflects factors such as pipeline drugs, specialty, contracting, and drug mix.
Pharmacy specific specialty mix impact	N/A	1.5%	0.4%	Adjusts for significantly higher specialty drug spend in ACA Individual market compared to group market.
Rounding Adjustment	N/A	N/A	-0.02%	Round down to 9.25%
Required Annual Trend	N/A	N/A	9.25%	
2019 Core Trend Assumed Split Between Medical/Rx Before Pharmacy Adjustment	8.4%	4.6%	7.4%	Claims trend split for ACA Individual considered here. Due to lack of component trend credibility, Pharmacy trend expectation from 2019 also evaluated from Group experience. Medical trend determined from total trend removing Pharmacy trend component.
Required Annual Trend Split Medical/Rx	8.4%	11.4%		
Induced Demand Factor	0.66%	0.66%		Difference in average metal AV from current benefits to 2021 benefits.
Required Annual Trend Split Medical/Rx w/Induced Demand*	9.12%	12.14%		

* Trends are then applied to the relevant mix for the entity and adjusted for Capitation to produce the resulting 9.70% as shown in Table 3b.

Highmark Benefits Group

Individual Market

Response to Objection 1 - Question 7

HIOS Plan ID	2021 Network Factors					2021 Projected Member Months
	Medical	Rx	Capitation	Dental	Composite	
79962PA0190007	0.968	1.000	1.000	1.000	0.975	28,896
79962PA0190006	0.968	1.000	1.000	1.000	0.975	23,004
79962PA0220004	0.968	1.000	1.000	1.000	0.975	4,248
79962PA0200003	0.968	1.000	1.000	1.000	0.975	1,128
79962PA0190009	0.968	1.000	1.000	1.000	0.975	336
79962PA0220003	0.968	1.000	1.000	1.000	0.975	180
79962PA0190005	0.968	1.000	1.000	1.000	0.975	18,084
79962PA0220002	0.968	1.000	1.000	1.000	0.975	9,876
79962PA0200002	0.968	1.000	1.000	1.000	0.975	67,272
79962PA0190001	0.968	1.000	1.000	1.000	0.975	47,628
79962PA0220001	0.968	1.000	1.000	1.000	0.975	7,800
79962PA0200001	0.968	1.000	1.000	1.000	0.975	19,800
79962PA0210001	0.968	1.000	1.000	1.000	0.975	1,272
Total					0.975	229,524

Weights	79.5%	20.3%	0.0%	0.1%	100.0%
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Highmark Benefits Group**Individual Market****Response to Objection 1 - Question 8**

Description	Factor
Change in Rx Rebates	1.002
<u>Change in Hospital/Physician Settlements</u>	<u>1.009</u>
Change in Other	1.011

Highmark Benefits Group

Individual Market

Response to Objection 1 - Question 9a

Description	Risk Adjustment Population	
	Non-Catastrophic	Catastrophic
2018 Actual Statewide PLRS	████	████
2019 Model Change	████	████
2019 Risk Pool Deterioration	████	████
2020 & 2021 Risk Pool Deterioration	████	████
2021 Projected Statewide PLRS	████	████

Highmark Benefits Group

Individual Market

Response to Objection 1 - Question 9b

	Highmark Benefits Group				Combined
	Other				Total
	Renewal	Highmark	Prior ACA	New	
2021 Member Months	128,533	6,886	9,181	84,924	229,524
2021 Member Months %	56.0%	3.0%	4.0%	37.0%	100.0%
2021 Company-specific Factors					
PLRS	████	████	████	████	████
ARF	████	████	████	████	████
GCF	████	████	████	████	████
IDF	████	████	████	████	████
AV	████	████	████	████	████

Highmark Benefits Group**Individual Market****Response to Objection 1 - Question 9c**

Description	Value
Assumed HCRP % of Premium Charge	0.25%
Projected Required Revenue PMPM	\$604.78
Projected HCRP Charge PMPM	(\$1.51)

Highmark Benefits Group

Individual Market

Response to Objection 1 - Question 11

HIOS Plan ID (Standard Component)	Non-EHB Paid PMPM			Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Provider Network	Non-Funding of CSR Adjustment	Non-EHB Allowed PMPM	Projected Index Rate (from Table 5)	Benefits in addition to EHB (from Table 10)
	Dental	Vision	Total							
79962PA0220001	\$38.07	\$6.74	\$44.81	0.678	0.939	1.000	1.000	\$70.43	\$611.04	1.115
79962PA0220002	\$38.07	\$6.74	\$44.81	0.758	1.064	1.000	1.200	\$46.30	\$611.04	1.076
79962PA0220003	\$38.07	\$6.74	\$44.81	0.765	0.974	1.000	1.000	\$60.13	\$611.04	1.098
79962PA0220004	\$38.07	\$6.74	\$44.81	0.860	1.029	1.000	1.000	\$50.67	\$611.04	1.083

Highmark Benefits Group
Individual Market

Response to Objection 1 - Question 16

HDS ID	Plan Name	On/Off Exchange	Metallic Tier	AV		Pricing AV		Deductible		Coinsurance		OOP Maximum		PCP		Specialty		ER		Rx Description		Tier 1 (Copay)		Tier 2 (Copay)		Tier 3 (Copay)		Tier 4 (Coin, Min/Max)	
				2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
79962PA0190007	my Priority Blue Flex EPO Gold 0	On/Off	Gold	78.0%	78.3%	87.3%	84.3%	\$0	\$0	60%	60%	\$7,500	\$7,500	0 (Visits 1-2); then \$25	\$20	\$50	\$20	\$300	\$300			\$0	\$0	\$30	\$30	\$150	\$150	50% (\$250 MIN / \$1000 MAX)	50% (\$250 MIN / \$1000 MAX)
79962PA0190006	my Priority Blue Flex EPO Gold 800	On/Off	Gold	81.2%	81.6%	90.8%	86.0%	\$800	\$800	80%	80%	\$6,000	\$6,000	0 (Visits 1-2); then \$20	\$15	\$45	\$15	\$250	\$250			\$0	\$0	\$25	\$25	\$75	\$75	50% (\$250 MIN / \$1000 MAX)	50% (\$250 MIN / \$1000 MAX)
79962PA0220004	my Priority Blue Flex EPO Gold 800 + Adult Dental and Vision	On/Off	Gold	N/A	81.6%	N/A	86.0%	N/A	\$800	N/A	80%	N/A	\$6,000	N/A	\$15	N/A	\$15	N/A	\$250		N/A		N/A	\$0	N/A	\$25	N/A	\$75	50% (\$250 MIN / \$1000 MAX)
79962PA0220003	my Priority Blue Flex EPO Silver 1850 HSA	Off	Silver	71.7%	71.6%	76.4%	75.2%	\$1,750	\$1,850	70%	70%	\$6,750	\$6,900	N/A	70% A/D	70% A/D	70% A/D	70% A/D	70% A/D	Integrated w Med*	Integrated w Med*	N/A	\$0	N/A	\$25	N/A	\$75	N/A	50% (\$250 MIN / \$1000 MAX)
79962PA0190009	my Priority Blue Flex EPO Silver 2600	Off	Silver	N/A	71.7%	N/A	76.5%	N/A	\$2,600	N/A	70%	N/A	\$8,500	N/A	\$40	N/A	\$40	N/A	70% A/D		N/A		N/A	\$0	N/A	\$30	N/A	\$150	50% (\$250 MIN / \$1000 MAX)
79962PA0220003	my Priority Blue Flex EPO Silver 2600 + Adult Dental and Vision	Off	Silver	N/A	71.7%	N/A	76.5%	N/A	\$2,600	N/A	70%	N/A	\$8,500	N/A	\$40	N/A	\$40	N/A	70% A/D		N/A		N/A	\$0	N/A	\$30	N/A	\$150	50% (\$250 MIN / \$1000 MAX)
79962PA0190005	my Priority Blue Flex EPO Silver 2900	On/Off	Silver	71.7%	71.5%	76.2%	75.8%	\$2,900	\$2,900	70%	70%	\$7,800	\$7,800	0 (Visits 1-2); then \$40	\$50	\$90	\$50	\$750 A/D	\$750 A/D			\$0	\$0	\$30	\$30	\$150	\$150	50% (\$250 MIN / \$1000 MAX)	50% (\$250 MIN / \$1000 MAX)
79962PA0220002	my Priority Blue Flex EPO Silver 2900 + Adult Dental and Vision	On/Off	Silver	N/A	71.5%	N/A	75.8%	N/A	\$2,900	N/A	70%	N/A	\$7,800	N/A	\$50	N/A	\$50	N/A	\$750 A/D		N/A		N/A	\$0	N/A	\$30	N/A	\$150	50% (\$250 MIN / \$1000 MAX)
79962PA0220002	my Priority Blue Flex EPO Silver 3450 HSA	On/Off	Silver	66.0%	66.0%	69.4%	71.0%	\$3,900	\$3,450	90%	90%	\$6,750	\$6,900	50 A/D	\$70 A/D	\$100 A/D	\$70 A/D	\$750 A/D	\$750 A/D	Integrated w Med*	Integrated w Med*	\$0	\$0	\$30	\$30	\$150	\$150	50% (\$250 MIN / \$1000 MAX)	50% (\$250 MIN / \$1000 MAX)
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	On/Off	Bronze	64.7%	64.8%	66.4%	67.8%	\$3,900	\$3,800	60%	50%	\$7,900	\$8,500	60	\$60	60% A/D	50% A/D	60% A/D	50% A/D	Integrated w Med*	Integrated w Med*	N/A		N/A		N/A		N/A	50% (\$250 MIN / \$1000 MAX)
79962PA0220001	my Priority Blue Flex EPO Bronze 3800 + Adult Dental and Vision	On/Off	Bronze	N/A	64.8%	N/A	67.8%	N/A	\$3,800	N/A	50%	N/A	\$8,500	N/A	\$60	N/A	50% A/D	N/A	50% A/D		N/A		N/A		N/A		N/A		50% (\$250 MIN / \$1000 MAX)
79962PA0220001	my Priority Blue Flex EPO Bronze 6900 HSA	On/Off	Bronze	62.5%	64.8%	66.4%	68.1%	\$6,750	\$6,900	100%	100%	\$6,750	\$6,900	0 (Visits 1-3); then subject to deductible	100% A/D	100% A/D	100% A/D	100% A/D	100% A/D	Integrated w Med*	Integrated w Med*	N/A		N/A		N/A		N/A	50% (\$250 MIN / \$1000 MAX)
79962PA0220001	my Priority Blue Major Events EPO 8550 - 3 Free PCP Visits	On/Off	Catastrophic	57.5%	57.5%	60.4%	58.7%	\$8,150	\$8,550	100%	100%	\$8,150	\$8,550	0 (Visits 1-3); then subject to deductible	subject to deductible	100% A/D	100% A/D	100% A/D	100% A/D	Integrated w Med*	Integrated w Med*	N/A		N/A		N/A		N/A	50% (\$250 MIN / \$1000 MAX)

Notes:
* Benefits apply after deductible is met



July 16, 2020

Ms. Cherri Sanders-Jones, Actuary
Bureau of Life, Accident & Health Insurance
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: Highmark Benefits Group 2021 ACA Rate Filing (Individual Market)
Filing # 1A-DP-20-HBG (SERFF # HGHM-132324173)

Dear Ms. Sanders-Jones:

Enclosed are responses to your July 7, 2020 questions regarding SERFF Filing # HGHM-132324173. We have included your questions along with our responses for your convenience. In conjunction with these responses, we are also submitting revisions to relevant filing documents to reflect the following change:

- Pursuant to the Department's July 10, 2020 COVID-19 Impact Guidance, the Company is adding a 2.5% morbidity load to account for anticipated increased claim expense in 2021 due to COVID-19.

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

Sincerely,

[REDACTED]

[REDACTED]

[REDACTED]

Highmark Inc.

cc:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

1. Please revise the exhibit provided in the response to question 5 from the objection responses dated 6/23/2020 to quantitatively demonstrate the development of the “Adjusted AC PMPMs” (e.g., show the calendar year 2018 or 2019 allowed claims PMPM along with each specific adjustment used to calculate the adjusted allowed claims PMPM amount) for each data source underlying the manual rate. In providing your response, please provide a detailed quantitative exhibit displaying the development of, and providing justification for, the following items specifically mentioned in the response:

- a. The 2% adjustment applied to the “New” allowed claims PMPM**
- b. The death load adjustment**

Response:

Please see the attached exhibit labeled Q1 Response for a revised table showing the quantitative development of the adjusted allowed charge PMPMs for each source underlying the manual rate. Please note that, in the course of reviewing this exhibit, we realized the formulas in the “Total” column for the average demographic, network, and benefit richness factors were incorrect in the original Objection 1 response. Although this has no impact on the rest of the exhibit, we have fixed the formulas for your reference in this response.

- a. The 2% adjustment to the “New” cohort was intended to reflect higher than expected claim costs for members that have recently entered the ACA block. Given the extreme uncertainty of this cohort’s historical claims and potential selection issues that could occur with this cohort of new purchasers of coverage through the Company, we felt it was necessary and prudent to adjust the manual claims developed from a renewing block in which historical Company-specific ACA claims were available.

In consultation with our external consultants, we considered the various cohorts and assumptions around each of the projected cost levels and agreed they were reasonable especially given the uncertainty and common churn experienced in the ACA individual market.

- b. Please see the attached exhibit labeled Q1b Response for the development of the death load claim adjustment. This exhibit shows the additional claim expense (and risk score) associated with members who lapsed due to death. In conjunction with the claim adjustment, we also adjusted the risk scores as discussed further in the response to Question 2a below. These adjustments are necessary to account for the fact that the underlying claim projection is based on the active enrollment snapshot as of 2/1/2020. Absent this adjustment, the claim projection and risk scores would be artificially low because they would exclude the experience associated with members who lapse due to death each year.

2. The following questions relate to the response to question 9 from the objection responses dated 6/23/2020:

- a. **Please provide additional clarification regarding how the 2021 Company-specific PLRS factors were estimated. Specifically, please explain what model the risk scores were run on (e.g., 2019) and how members were assumed to be distributed by metal level. Additionally, if any explicit adjustments were applied to develop the estimated 2021 risk scores (e.g., model change impact, morbidity change), please explain each adjustment and provide a detailed quantitative exhibit displaying the development of the adjustments.**
- b. **Please reconcile the difference between the projected 2021 average age factor shown in Attachment E and the assumed 2021 ARF.**

Response:

- a. The Company-specific PLRS factors were developed using the 2019 HHS-HCC risk adjustment model. The distribution of members by metal level was based off of the current snapshot. The risk scores were increased by 2.5% in conjunction with death load claim adjustment discussed in the response to Question 1b above. We selected a 2.5% risk score load based on a review of the data which produced a 2.4% load. Support for the assumed risk score load can be found in the attached exhibit labeled Q1b Response.
- b. The projected 2021 average age factor shown in Attachment E is based on members' ages as of 2020. The 2021 allowable rating factor (ARF) used in the risk adjustment development is based on members' ages as of 2019 in order to ensure consistency with the ages used in the Company-specific risk scores and the statewide average ARF.

3. The following questions relate to the response to question 6 from the objection responses dated 6/23/2020:

- a. **Please provide a detailed exhibit displaying the development of the "Pharmacy specific 2020/2021 annual trend growth" and "Pharmacy specific specialty mix impact" adjustments. In providing your response, please clarify whether these adjustments were provided directly by an outside consultant or if potential adjustments were provided by an outside consultant and those were modified/adjusted for the development of the assumed trend rate. Additionally, please specifically provide support for the following items:**
 - i. That these adjustments are not already reflected in the "Normalized Allowed Trend Cohort Members" component of the trend assumption (i.e., demonstrate that the Company is not double adjusting for these items).
 - ii. The assumption that the specialty pharmacy drug spend will be higher in the Company's individual ACA block than the group experience utilized in developing the pharmacy trend assumption.
- b. **Please explain why the assumed distribution of allowed cost associated with pharmacy services is higher than what is presented in Table 3b from the PA Rate Template file. Further, please provide how the proposed trend assumption would change if a distribution of costs consistent with that provided in Table 3b were assumed instead.**
- c. **Please provide a detailed quantitative exhibit displaying the development of the change in induced demand factor. In providing your response, please provide an exhibit displaying the distribution of members by metal level for actual calendar year 2019 experience and projected 2021 members. Also, the note next to the induced demand factor shown in the exhibit provided in the response to question 6c states that it is the "difference in average metal AV from current benefits to 2021 benefits." Please explain why it is reasonable for the induced demand factor to represent the difference in average metal AV (per the note specified) rather than the difference in expected induced utilization as a result of differences in metal AV.**

Response:

- a. Please see attached exhibit labeled Q3a Response for additional information regarding the development of the "Pharmacy specific 2020/2021 annual trend growth" and "Pharmacy specific specialty mix impact" adjustments. The "Pharmacy specific 2020/2021 annual trend growth" factor was developed based on detailed internal modeling done by our Pharmacy Actuarial team for the group business. This team works in collaboration with Highmark's pharmacists to gather insights in developing the Pharmacy trend projections. This team relies on outside consultant data for new/pipeline drugs emerging in the marketplace where no/limited data is available. The factor also considers internal modeling on contracting changes and new generics in the marketplace. The "Pharmacy specific specialty mix impact" factor was developed internally as described in the attached exhibit as well.

- i. As described in the exhibit, these adjustments reflect future expectations of 2020/2021 expected Pharmacy costs that are unique for those periods and incremental to 2019 levels. Since these are incremental costs, they are not included in the “Normalized Allowed Trend Cohort Members” component of the trend assumption.
 - ii. The specialty percentage of total Pharmacy spend for 2019 ACA Individual business in PA was ■■■%. This is approximately ■■ points higher than the group business experience for 2019 as illustrated in the attached exhibit.
- b. The assumed distribution of allowed costs associated with pharmacy services is higher than Table 3b because the Pharmacy weighting of 27.2% was determined based on the same cohort experience used to develop the regression trend and the 2019 year experience from that cohort. As previously described, this cohort is continuously enrolled members in all PA ACA Individual experience, not entity specific.

Once the Medical and Pharmacy trends have been determined based on that cohort distribution, the percentage trends are applied to the applicable distribution for the entity shown in Table 3b. So the applicable benefit component trends are applied to the mix for the entity. Because the trend development is cohort based and then applied to the applicable entity weightings, changing the distribution of costs would create an inconsistency with the regression trend development methodology.

- c. Please see the attached exhibit labeled Q3c Response for the development of the change in induced demand factor. The plan level buildup of the 2021 induced demand factor is shown in this exhibit as well as the distribution of members by metal level for 2021. The development of the 2019 induced demand factor can be found in the attached exhibit labeled Q1 Response. Since the 2019 experience used in the manual rate includes non-ACA sources, a distribution of members by metal level is not available.

The change in induced demand factor is, in fact, the difference in the expected induced utilization as a result of differences in metal AV. The note next to the induced demand factor in the Objection 1, Question 6c exhibit was intended to simply imply that the Department’s new induced demand factor formula is *a function of the pricing AV’s*.

4. 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.

Response:

The Company did not have experience in the 2019 experience period since all plans were new in 2020. Thus, there is no risk adjustment amount to report in Table 2.

5. If the projected risk adjustment transfer amount in Table 5 will be modified, due to the final CMS transfer amount published on or before July 16th, please provide narrative and detailed supporting data to justify the proposed changes.

Response:

The Company does not intend to modify its projected 2021 risk adjustment transfer amounts based on the 2019 results.

6. As updates are made to the PAAM exhibits and the URRT, please ensure consistency between these workbooks as required.

Response:

To the best of our knowledge, there is consistency between the updated PAAM exhibits and URRT that have been submitted in conjunction with these responses.

7. 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 Department's July 13th guidance.

Response:

All of the relevant rate filing documents have been updated to reflect the impact of a 2.5% COVID-19 load which is within the acceptable range of factors specified by the Department in its COVID-19 guidance. The revised filing documents are being submitted in SERFF in conjunction with these responses.

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

Response:

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

9. 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:

- **Cover letter identifying all changes made and the reason for the change. Also show the revised rate change.**
- **PA Actuarial Memorandum**
- **PA Actuarial Memorandum Exhibits**
- **Departments Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values – no “NA”)**
- **URRT**
- **Federal rates template**
- **Part III actuarial memorandum**
- **Updated Rate Change Request Summary (Attachment 1)**
- **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 of the above items).**

Response:

All of the relevant rate filing documents are being updated and submitted in SERFF in conjunction with these responses.

Highmark Benefits Group

Individual Market

Response to Objection 2 - Question 1

	HBG				Combined
	Renewal	Other Highmark	Prior ACA	New	Total
2019 Member Months	106,264	4,175	8,149	71,158	189,745
2021 Member Months	128,533	6,886	9,181	84,924	229,524
2021 Member Months %	56.0%	3.0%	4.0%	37.0%	100.0%
2019 or 2018 Allowed PMPM*	\$534.50	\$720.94	\$230.94	N/A	
Trend from 2018 to 2019	N/A	N/A	1.085	N/A	
Death Load Adjustment	1.035	1.035	1.035	N/A	
Adjusted AC PMPMs	\$553.21	\$746.17	\$259.34	\$510.41	\$531.41
Demographic Factor	2.015	1.962	1.984	1.833	1.943
Network	1.000	1.000	1.000	1.000	1.000
Benefit Richness Factor	1.076	1.070	1.070	1.070	1.074
Normalized AC PMPMs	\$255.15	\$355.48	\$122.14	\$260.25	\$254.73

*The 'Renewal' & 'Other Highmark' sources start with 2019 experience. The 'Prior ACA' source starts with 2018 experience.

Highmark Benefits Group

Individual Market

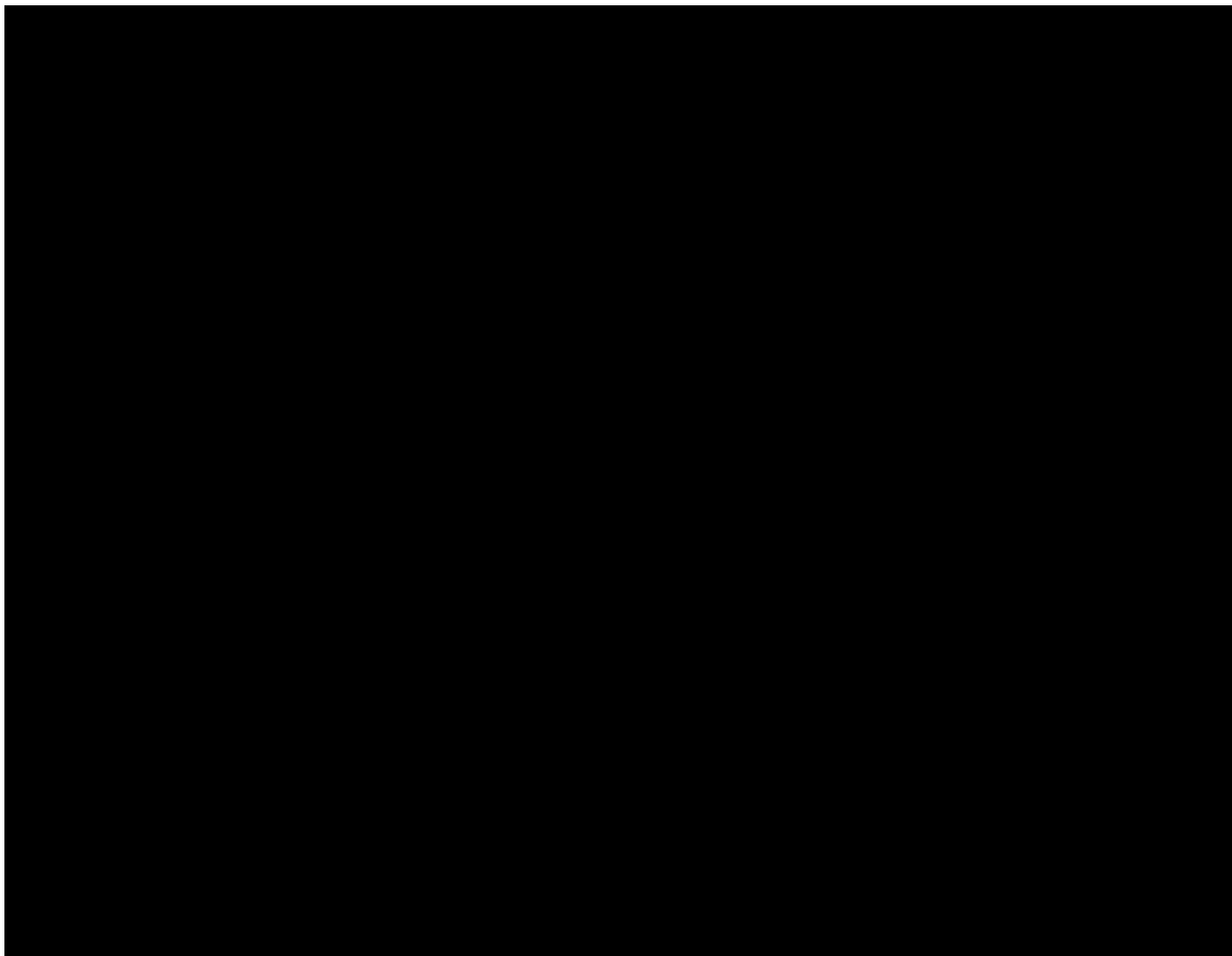
Response to Objection 2 - Question 1b

Description	2020 Renewal Only	Lapse Due to Death	Total
Member Months	266,712	305	267,017
Paid Claims	\$115,034,676	\$3,977,607	119,012,283
Paid PMPM	\$431.31	\$13,041.33	\$445.71
Death Load Adjustment			1.033
PLRS	████	████	████
Death Load Adjustment			1.024

Highmark Benefits Group

Individual Market

Response to Objection 2 - Question 3a



Highmark Benefits Group

Individual Market

Response to Objection 2 - Question 3c

HIOS Plan ID (Standard Component)	Metallic Tier	Benefits in addition to EHB	Total Projected Lives	Pricing AV (company-determined AV)	Non-Funding of CSR Adjustment	Benefit Richness (induced demand)
79962PA0190007	Gold	1.000	2,408	0.843	1.000	1.108
79962PA0190006	Gold	1.000	1,917	0.860	1.000	1.119
79962PA0220004	Gold	1.083	354	0.860	1.000	1.119
79962PA0200003	Silver	1.000	94	0.752	1.000	1.054
79962PA0190009	Silver	1.000	28	0.765	1.000	1.060
79962PA0220003	Silver	1.098	15	0.765	1.000	1.060
79962PA0190005	Silver	1.000	1,507	0.758	1.200	1.158
79962PA0220002	Silver	1.076	823	0.758	1.200	1.158
79962PA0200002	Silver	1.000	5,606	0.710	1.200	1.114
79962PA0190001	Bronze	1.000	3,969	0.678	1.000	1.022
79962PA0220001	Bronze	1.115	650	0.678	1.000	1.022
79962PA0200001	Bronze	1.000	1,650	0.681	1.000	1.023
79962PA0210001	Catastrophic	1.000	106	0.587	1.000	0.998
2021 Induced Demand Factor						1.088
Capitation Dampening Factor						1.000
<u>2019 Induced Demand Factor (from Q1 Response)</u>						<u>1.074</u>
Change in Induced Utilization						0.66%

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Unified Rate Review v5.2

Company Legal Name:Highmark Benefits Group

HIOS Issuer ID:79962

Effective Date of Rate Change(s):01/01/2021

State:PA

Market:Individual

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

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

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

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

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:01/01/2019to12/31/2019

TotalPMPM

Allowed Claims\$0.00#DIV/0!

Reinsurance\$0.00#DIV/0!

Incurred Claims in Experience Period\$0.00#DIV/0!

Risk Adjustment\$0.00#DIV/0!

Experience Period Premium\$0.00#DIV/0!

Experience Period Member Months0

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Outpatient Hospital	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Professional	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Other Medical	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Capitation	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Prescription Drug	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Total	\$0.00					\$0.00

Morbidity Adjustment1.000

Demographic Shift1.000

Plan Design Changes1.000

Other1.000

Adjusted Trended EHB Allowed Claims PMPM for01/01/2021\$0.00

Manual EHB Allowed Claims PMPM\$626.04

Applied Credibility %0.00%

Projected Period Totals

Projected Index Rate for01/01/2021\$626.04

Reinsurance\$143,691,204.96

Risk Adjustment Payment/Charge\$38.19\$8,765,521.56

Exchange User Fees-\$86.74-\$19,908,911.76

Market Adjusted Index Rate3.07%\$4,903,974.08

\$695.96\$159,738,569.24

Projected Member Months229,524

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

Product-Plan Data Collection

Company Legal Name: Highmark Benefits Group
HIOS Issuer ID: 79962
Effective Date of Rate Change(s): 01/01/2021

State: PA
Market: Individual

To add a product to Worksheet 2 - Plan Product Info, select
To add a plan to Worksheet 2 - Plan Product Info, select i
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.
To remove a product, navigate to the corresponding Prod
To remove a plan, navigate to the corresponding Plan No.

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

	my Priority Blue EPO				my Priority Blue Flex EPO HSA				my Priority Blue Major Event	my Priority Blue EPO Adult Vision and Dental			
1.1 Product Name	79962PA019				79962PA020				79962PA021	79962PA022			
1.2 Product ID	79962PA0190001				79962PA0200001				79962PA0210001	79962PA0220001			
1.3 Plan Name	my Priority Blue	my Priority Blue	my Priority Blue	my Priority Blue	my Priority Blue	my Priority Blue	my Priority Blue	my Priority Blue	my Priority Blue	my Priority Blue	my Priority Blue	my Priority Blue	my Priority Blue
1.4 Plan ID (Standard Component ID)	79962PA0190001	79962PA0190005	79962PA0190006	79962PA0190007	79962PA0190009	79962PA0200001	79962PA0200002	79962PA0200003	79962PA0210001	79962PA0220001	79962PA0220002	79962PA0220003	79962PA0220004
1.5 Metal	Bronze	Silver	Gold	Gold	Silver	Bronze	Silver	Silver	Catastrophic	Bronze	Silver	Silver	Gold
1.6 AV Metal Value	0.648	0.715	0.816	0.783	0.717	0.648	0.660	0.716	0.575	0.648	0.715	0.717	0.816
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	Renewing	New	New	New	New
1.8 Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes
1.10 Effective Date of Proposed Rates	01/01/2021	01/01/2021	01/01/2021	01/01/2021	01/01/2021	01/01/2021	01/01/2021	01/01/2021	01/01/2021	01/01/2021	01/01/2021	01/01/2021	01/01/2021
1.11 Cumulative Rate Change % (over 12 mos prior)	-5.24%	1.60%	-10.83%	-10.00%	0.00%	-4.67%	0.54%	-8.47%	-11.94%	0.00%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %			-6.38%				-0.03%		-11.94%			0.00%	
1.13 Submission Level Rate Increase %							-4.17%						

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

	Total	79962PA0190001	79962PA0190005	79962PA0190006	79962PA0190007	79962PA0190009	79962PA0200001	79962PA0200002	79962PA0200003	79962PA0210001	79962PA0220001	79962PA0220002	79962PA0220003	79962PA0220004
2.1 Plan ID (Standard Component ID)														
2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.7 Risk Adjustment Transfer Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.8 Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.9 Experience Period Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Current Enrollment	14,904	3,593	1,828	2,403	1,750	0	53	4,848	330	99	0	0	0	0
2.11 Current Premium PMPM	\$651.32	\$510.46	\$724.25	\$754.06	\$724.88	\$0.00	\$510.78	\$659.98	\$605.15	\$427.29	\$0.00	\$0.00	\$0.00	\$0.00
2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month														
2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.14 Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.17 Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

		79962PA0190001	79962PA0190005	79962PA0190006	79962PA0190007	79962PA0190009	79962PA0200001	79962PA0200002	79962PA0200003	79962PA0210001	79962PA0220001	79962PA0220002	79962PA0220003	79962PA0220004
3.1 Plan ID (Standard Component ID)														
3.2 Market Adjusted Index Rate								\$695.96						
3.3 AV and Cost Sharing Design of Plan		0.6362	0.9678	0.8843	0.8580	0.7452	0.6404	0.8727	0.7285	0.5379	0.6362	0.9678	0.7452	0.8843
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.1125	1.0740	1.0961	1.0809
Administrative Costs														
3.6 Administrative Expense		8.42%	8.42%	8.42%	8.42%	8.42%	8.42%	8.42%	8.42%	8.42%	8.42%	8.42%	8.42%	8.42%
3.7 Taxes and Fees		0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%
3.8 Profit & Risk Load		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9200	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$483.90	\$736.12	\$672.61	\$652.60	\$566.80	\$487.09	\$663.78	\$554.10	\$376.40	\$538.34	\$790.59	\$621.27	\$727.02
3.11 Age Calibration Factor	0.5192							0.5192						
3.12 Geographic Calibration Factor	1.0000							1.0000						
3.13 Tobacco Calibration Factor	0.9901							0.9901						
3.14 Calibrated Plan Adjusted Index Rate		\$248.75	\$378.41	\$345.76	\$335.48	\$291.37	\$250.40	\$341.22	\$284.84	\$193.49	\$276.74	\$406.41	\$319.37	\$373.73

Section IV: Projected Plan Level Information

	Total	79962PA0190001	79962PA0190005	79962PA0190006	79962PA0190007	79962PA0190009	79962PA0200001	79962PA0200002	79962PA0200003	79962PA0210001	79962PA0220001	79962PA0220002	79962PA0220003	79962PA0220004
4.1 Plan ID (Standard Component ID)														
4.2 Allowed Claims	\$144,865,903	\$27,997,984	\$12,047,361	\$14,816,921	\$18,416,655	\$204,972	\$11,654,070	\$43,127,154	\$683,911	\$671,758	\$5,101,173	\$7,065,971	\$120,355	\$2,957,620
4.3 Reinsurance	\$7,103,763	\$1,157,128	\$668,346	\$776,881	\$946,835	\$9,561	\$484,207	\$2,241,873	\$31,379	\$24,040	\$210,826	\$391,996	\$5,614	\$155,074
4.4 Member Cost Sharing	\$28,410,774	\$9,028,673	\$1,090,862	\$2,081,165	\$2,894,763	\$48,228	\$3,716,245	\$6,375,129	\$169,496	\$277,659	\$1,645,005	\$639,808	\$28,319	\$415,423
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$109,351,366	\$17,812,183	\$10,288,153	\$11,958,875	\$14,575,056	\$147,182	\$7,453,617	\$34,510,151	\$483,036	\$370,059	\$3,245,342	\$6,034,167	\$86,422	\$2,387,123
4.7 Risk Adjustment Transfer Amount	-\$16,135,460	-\$2,628,296	-\$1,518,080	-\$1,764,605	-\$2,150,638	-\$21,718	-\$1,099,827	-\$5,092,183	-\$71,275	-\$54,604	-\$478,870	-\$890,352	-\$12,752	-\$352,235
4.8 Premium	\$141,488,949	\$23,047,117	\$13,311,920	\$15,472,610	\$18,857,565	\$190,446	\$9,644,442	\$44,653,953	\$625,028	\$478,781	\$4,199,029	\$7,807,852	\$111,829	\$3,088,377
4.9 Projected Member Months	229,524	47,628	18,084	23,004	28,896	336	19,800	67,272	1,128	1,272	7,800	9,876	180	4,248
4.10 Loss Ratio	87.23%	87.23%	87.23%	87.24%	87.24%	87.23%	87.23%	87.23%	87.23%	87.24%	87.24%	87.23%	87.23%	87.24%
Per Member Per Month														
4.11 Allowed Claims	\$631.16	\$587.85	\$666.19	\$644.10	\$637.34	\$610.03	\$588.59	\$641.09	\$606.30	\$528.11	\$654.00	\$715.47	\$686.64	\$696.24
4.12 Reinsurance	\$30.95	\$24.30	\$36.96	\$33.77	\$32.77	\$28.46	\$24.45	\$33.33	\$27.82	\$18.90	\$27.03	\$39.69	\$31.19	\$36.51
4.13 Member Cost Sharing	\$123.78	\$189.57	\$60.32	\$90.47	\$100.18	\$143.54	\$187.69	\$94.77	\$150.26	\$218.29	\$210.90	\$64.78	\$157.33	\$97.79
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$476.43	\$373.99	\$568.91	\$519.86	\$504.40	\$438.04	\$376.45	\$512.99	\$428.22	\$290.93	\$416.07	\$610.99	\$480.12	\$561.94
4.16 Risk Adjustment Transfer Amount	-\$70.30	-\$55.18	-\$83.95	-\$76.71	-\$74.43	-\$64.64	-\$55.55	-\$75.70	-\$63.19	-\$42.93	-\$61.39	-\$90.16	-\$70.85	-\$82.92
4.17 Premium	\$616.45	\$483.90	\$736.12	\$672.61	\$652.60	\$566.80	\$487.09	\$663.78	\$554.10	\$376.40	\$538.34	\$790.59	\$621.27	\$727.02

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.

Select only the Rating Areas you are offering plans within and add a factor for each area.

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

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

Rating Area	Rating Factor
Rating Area 3	1.0000

Part II of the Preliminary Justification

Highmark Benefits Group – Individual Market

Scope and Range:

Highmark Benefits Group is requesting an average ACA individual market rate change of -4.2%, ranging from -11.9% to 1.6%. Products submitted with this filing will have effective dates from January 1, 2021 to December 31, 2021. This rate change is projected to affect 14,904 members.

Historical Financial Experience:

This section is not applicable since Highmark Benefits Group did not offer ACA individual market plans in calendar year 2019.

Change in Medical Service Costs:

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

Change in Benefits and Cost Sharing:

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

Administrative Costs and Anticipated Operating Results:

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

Part III Actuarial Memorandum

Highmark Benefits Group

Individual Rate Filing

Effective January 1, 2021

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I. General Information

Document Overview

This document contains the Part III Actuarial Memorandum for Highmark Benefits Group's (HBG) individual block of business rate filing, for products with an effective date of January 1, 2021. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

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

This information is intended for use by the Pennsylvania Insurance Department, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of HBG's rate filing. However, we recognize that this certification may become a public document. HBG makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this actuarial memorandum that would result in the creation of any duty or liability under any theory of law by HBG.

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

I.1 Company Identifying Information:

- Company Legal Name: Highmark Benefits Group
- State: The Commonwealth of Pennsylvania has regulatory authority over these policies.
- HIOS Issuer ID: 79962
- Market: Individual
- Effective Date: January 1, 2021

I.2 Company Contact Information:

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

II. Proposed Rate Changes

For all rate increases by plan, see the ‘Cumulative Rate Change % (over 12 mos prior)’ found in Worksheet 2, line 1.11 of the URRT. The rate increase varies by plan due to an update in several of our pricing factors and changes in cost sharing required to meet Actuarial Value and other cost sharing restrictions under the Affordable Care Act as well as mappings between discontinued and new plans.

The proposed average rate decrease is being driven by unanticipated improvement in the base claims experience and the implementation of the Pennsylvania Health Insurance Individual market Stabilization Reinsurance Program (“Reinsurance Program”).

In accordance with the filing instructions specified by the Pennsylvania Insurance Department, the rate development in this filing includes an assumption within the acceptable range of factors for the COVID-19 impact.

This rate filing also accounts for the Reinsurance Program operating in the Individual Market in 2021 pursuant to a waiver of certain provisions of the Affordable Care Act for the State of Pennsylvania, as authorized by section 1332 of that Act and expected to be approved by the Centers for Medicare and Medicaid Services and the United States Department of Treasury.

Other assumptions in the filing account for the elimination of the Individual Mandate penalty and the lack of CSR funding in 2021 by using the factors prescribed in the Department’s guidance. Additional assumptions include that advance payment of premium tax credits (APTCs) will continue until the end of 2021, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and that there are no significant changes in the participation of QHP issuers that would materially change risk adjustment transfer amounts. Finally, modifications to the rate development may be necessary if significant unforeseen events occur. Examples include, but are not limited to, repeal or invalidation of the ACA or material developments in the course of the COVID-19 pandemic. As a result, HBG reserves the right to submit a revised filing.

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

III.1 Paid through Date:

Not applicable; the Company did not have experience in the experience period.

III.2 Current Date:

The current date shown represents a snapshot of February 1, 2020.

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

Not applicable; the Company did not have experience in the experience period.

IV. Benefit Categories

Not applicable; the Company did not have experience in the experience period.

V. Projection Factors

Not applicable; the Company did not have experience in the experience period. Please see the explanation of the projection factors for the manual rate development below.

VI. Manual Rate Adjustments

VI.1 Source and Appropriateness of Experience Data Used

HBG did not offer any Individual Market products in 2019. The 2021 rates are based on 2019 claims experience from First Priority Health (FPH) and First Priority Life Insurance Company (FPLIC), adjusted for the expected 2021 HBG population.

A manual rate was developed by blending 2019 experience from multiple sources, including ACA claims experience from First Priority Health (FPH) and First Priority Life Insurance Company (FPLIC), group claims for the February 1, 2020 snapshot membership as well as assumptions for any new members found in the snapshot. This experience was chosen because it is large and reasonably represents the anticipated 2021 HBG population.

VI.2 Adjustments Made to the Data

Given that the expected 2021 population is used to develop the manual cost, no change in morbidity is required aside from the adjustment pertaining to the elimination of the health insurance coverage mandate described below. A morbidity adjustment was also made to account for the reinsurance program which is described further in the Projected Reinsurance Section. In accordance with the Department's guidance, a morbidity adjustment of 0.999 was also applied to reflect the impact of morbidity improvement due to the Reinsurance program. Similarly, no change in demographics is required.

Impact of Health Insurance Coverage Mandate Elimination

In accordance with the Department's guidance, the morbidity was increased by 1.0% to reflect the market uncertainty from the elimination of the health insurance coverage mandate.

Covid-19 Impact

For the Covid-19 adjustment, Highmark applied a 2.5% load for Covid-19 impact which is within the acceptable range of factors specified by the Department in its COVID-19 guidance.

The elimination of the health insurance coverage mandate and the Covid-19 impact are reflected in the Manual EHB Allowed Claims PMPM found on worksheet 1 of the URRT.

The underlying manual data was further adjusted to account for changes in network, pharmacy rebates, and hospital/physician settlements.

VI.3 Trend Factors

This development of the CY2021 rates reflects an annual trend rate of 8.4% (4.3% cost, 4.0% utilization) for medical and 11.4% (7.1% cost, 4.0% utilization) for pharmacy. These trends reflect HBG's expectations regarding increases in in-network contractual reimbursement and out-of-network costs.

The medical trend represents a blended average for all medical types of services and is applied to the aggregate medical experience for pricing. Component data was not used in the development of the trend except pharmacy-specific projections were used to adjust the Pharmacy trend. The Pharmacy trend takes into account factors such as projected specialty drug use, pipeline drugs coming to market, and provider contracting. These trends represent assumed community-wide expectations. Claim variations due to the specific projected enrolled population in this single risk pool are reflected in the morbidity adjustment.

VII. Credibility of Experience

HBG had no 2019 claims experience. It was introduced into the Individual Market in 2020. Therefore, the rate is 100% manual.

VIII. Index Rate

The index rates as shown on Worksheet 1 of the URRT are simply the single risk pool average allowed claims for the Essential Health Benefits for the experience and projected populations, respectively, for HBG. For the experience period, only non-grandfathered plans are included. The projection period Index Rate is not adjusted for reinsurance or risk adjustment programs or any other fee.

IX. Market Adjusted Index Rate [MAIR]

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

IX.1 Projected Reinsurance PMPM

The federal government is expected to approve the State of Pennsylvania's Section 1332 State Innovation Waiver in order to implement a state-based reinsurance program. As outlined in the waiver application, the State is anticipating the Reinsurance Program will have the following parameters for 2021: an attachment point of \$60,000, a coinsurance rate of 60%, and a cap of \$100,000. HBG estimated the impact of the reinsurance program under these tentative parameters by trending Highmark PA individual ACA CY2019 incurred claims by member to the CY2021 rating period, applying the parameters, and calculating the amount of incurred claims expected to be reimbursed by the program. The modeling

produced an estimated incurred claims savings of 6.1%. This percentage was converted to a PMPM and adjusted to an equivalent allowed claim basis by dividing the PMPM by the paid-to-allowed factor and the composite effect of catastrophic eligibility. This amount is reflected in worksheet 1 of the URRT.

IX.2 Projected Risk Adjustment PMPM:

The estimated average risk score for HBG's projected 2021 population was developed by using 2019 claim diagnoses and demographics underlying the manual rate development and the risk adjustment coefficients as finalized in the Notice of Benefit and Payment Parameters. Similarly, actuarial value factors and induced demand factors were estimated for HBG based upon its projected 2021 population.

We estimated the statewide average risk transfer factors based on current market assumptions. We estimated the statewide average premium using current market premium assumptions with adjustments for anticipated rate changes for 2021.

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

The analysis resulted in HBG paying to the risk adjustment pool. The (\$86.74) PMPM value shown in worksheet 1 of the URRT is developed by taking the expected risk transfer amount plus the projected High Cost Risk Pool charge and adjusting it to an equivalent allowed claims basis by dividing it by the paid-to-allowed factor and the composite effect of catastrophic eligibility and benefits in addition to EHB.

For the purposes of this rate filing, HBG has not included an adjustment to the projected risk adjustment transfer for the Risk Adjustment Data Validation (RADV) program.

IX.3 Exchange User Fee %

The 3.07% value shown in worksheet 1 of the URRT is developed by multiplying the 3% exchange user fee by the assumed percentage of on exchange membership. This calculated amount is then divided by the paid-to-allowed factor to bring it to an equivalent allowed claims basis and adjusted further for the composite effect of catastrophic eligibility and benefits in addition to EHB.

X. Plan Adjusted Index Rates [PAIR]

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

X.1 AV and Cost Sharing Design of Plan

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

- The utilization due to differences in cost sharing is based on the factors calculated using a methodology prescribed in the Department's guidance relative to the weighted average. No differences due to health status are in these adjustments.
- The pricing AV for the benefits and cost sharing of the plan and a CSR load for the on exchange silver plans.

Impact of Non-Payment of Cost Sharing Reduction Subsidies

In accordance with the Department's guidance, we have applied an additional adjustment to our AV pricing values for those Silver plans not offered exclusively off-exchange. This adjustment factor was 1.20 and represents the non-payment of Cost Sharing Reduction subsidies.

X.2 Provider Network Adjustment

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

X.3 Benefits in Addition to EHB

Four plans have an adult dental and vision benefit that represent benefits in addition to EHB.

X.4 Administrative Expense

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

X.5 Taxes and Fees:

The following fees were added:

- \$0.25 PMPM for Risk Transfer User Fee
- \$0.23 PMPM for Patient Centered Outcomes Research Institute (PCORI) Fee
- 0.0% for the Health Insurance Provider Fee
- 0.0% for the PA Premium Tax

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

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

X.7 Catastrophic Adjustment

For catastrophic plans, we use a 0.92 factor for the specific eligibility adjustment.

XI. Calibration

XI.1 Age Curve Calibration:

The projected weighted average age factor for billable members is 1.926. This factor is calculated by dividing the all members age factor of 1.924 by the ratio of billable members to total members 0.9989. The age curve calibration factor is $1/1.926 = 0.5192$.

XI.2 Geographic Calibration Factor:

The projected weighted average geographic factor is 1.000. Each Plan Adjusted Index Rate represents the rate for an average member with a geographic factor of 1.000. The geographic calibration factor is $1/1.000 = 1.000$.

XI.3 Tobacco Calibration Factor:

The projected weighted average tobacco factor is 1.010. Each Plan Adjusted Index Rate represents the rate for an average member with a tobacco factor of 1.010. The tobacco calibration factor is $1/1.010 = 0.9901$.

XI.4 Consumer Adjusted Premium Rate Development:

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

XII. Projected Loss Ratio

The projected loss ratio for 2021 using the federally-prescribed MLR methodology is 92.1%.

XIII. AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were based the Federal AV Calculator. Some plans did require an adjustment to the inputs entered into the AV calculator. Screen shots and certifications for these plans were submitted as part of HBG's QHP application.

XIV. Membership Projections

Membership projections reflect HBG's expectations for 2021. These projections reflect expected changes in market share due to market competition, relative price levels, and changes in plan offerings (where applicable).

HBG expects membership in 2021 to follow a similar metal level distribution as the Individual ACA experience period in the markets where plans will continue to be offered.

For the Silver level plans, the projected membership by cost sharing subsidy levels is based on the observed distribution of ACA members that were eligible under the federal poverty levels as determined by the federal health insurance exchange. The projected enrollment by plan and subsidy level is as follows:

CSR Silver Plan Membership Distribution			
FPL	Subsidy Level	% of Silver Membership	% of Total Membership
<150%	94%	32.7%	13.8%
150%-200%	87%	48.3%	20.4%
200%-250%	73%	10.9%	4.6%
<u>>250%</u>	<u>70%</u>	<u>8.1%</u>	<u>3.4%</u>
Total		100.0%	42.2%

XV. Terminated Plans and Products

Since HBG was introduced into the Individual market in 2020 there are no terminated plans from the 2019 experience period.

HBG has some plans that were offered only in 2020 (not offered in the experience period or in the projection period). These plans are shown in Exhibit I.

XVI. Plan Type

The Plan types listed in Worksheet 2, Section I of the Part I Unified Rate Review Template describe HBG's plans adequately.

XVII. Actuarial Certification

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

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

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

I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

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

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

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

Signed:

Title:

Date: July 16, 2020

XVIII.**Exhibit I****Highmark Benefits Group****Terminated Plans Offered in 2020 Only**

HIOS ID	Metal	Plan Name	2021 Mapping
79962PA0190002	Bronze	my Priority Blue Flex EPO Bronze 7900	79962PA0190001
79962PA0190003	Bronze	my Priority Blue Flex EPO Bronze 7800 - 1 Free PCP Visit	79962PA0190001
79962PA0190004	Bronze	my Priority Blue Flex EPO Bronze 7800 - 1 Free PCP Visit	79962PA0190001

ACTUARIAL MEMORANDUM

Highmark Benefits Group

Revised Individual Rate Filing - January 1, 2021

I, [REDACTED], am a member of the American Academy of Actuaries and meet its qualification standards for preparing individual rate filings. As a consulting actuary, I was requested by Highmark Benefits Group (“HBG”) to review the development of the market-wide base rate for the individual market on and off the Pennsylvania Exchange. The confidential material presented in this revised filing was prepared for the specific purpose of submitting the rating formula for the Pennsylvania Insurance Department and may not be appropriate for other purposes. This filing represents premium rates for individuals sold or renewed effective January 1, 2021. The rates are guaranteed until December 31, 2021.

To the best of my knowledge and judgment, the following are true with respect to this filing:

1. Premium rates are established in accordance with generally accepted actuarial principles and the applicable Actuarial Standards of Practice. They are not excessive, inadequate, or unfairly discriminatory. Rates are reasonable in relationship to the benefits provided. However, it is certain that actual experience will not conform exactly to the assumptions used in this analysis. To the extent that actual experience is different from the assumptions used in developing the rates, the actual results will also deviate from the projected amounts.
2. In compliance with all applicable Pennsylvania and Federal Statutes and Regulations (45 CFR 156.80 and 147.102).
3. The rating factors and rating methodology are reasonable and consistent with HBG’s business plan at the time of the filing.

[REDACTED]
[REDACTED]
Fellow, Society of Actuaries
Member, American Academy of Actuaries
July 16, 2020

2021 Rates Table Template v10.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	79962				
	Rate Effective Date*	01/01/2021			
	Rate Expiration Date*	12/31/2021			
	Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	256.65	256.65
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	15	279.46	279.46
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	16	288.19	288.19
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	17	296.91	296.91
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	18	306.30	306.30
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	19	315.70	315.70
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	20	325.43	325.43
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	21	335.49	343.88
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	22	335.49	343.88
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	23	335.49	343.88
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	24	335.49	343.88
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	25	336.83	345.25
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	26	343.54	352.13
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	27	351.59	360.38
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	28	364.68	373.80
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	29	375.41	384.80
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	30	380.78	390.30
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	31	388.83	398.55
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	32	396.88	406.80
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	33	401.92	411.97
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	34	407.28	417.46
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	35	409.97	420.22
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	36	412.65	422.97
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	37	415.34	425.72
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	38	418.02	428.47
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	39	423.39	433.97
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	40	428.76	471.64
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	41	436.81	482.68
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	42	444.52	494.31
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	43	455.26	510.35
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	44	468.68	530.55
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	45	484.45	554.70
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	46	503.24	583.76
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	47	524.37	617.18
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	48	548.53	656.04
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	49	572.35	696.55
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	50	599.19	734.01
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	51	625.69	766.47
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	52	654.88	802.23
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79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	54	716.27	877.43
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	55	748.14	916.47
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	56	782.70	958.81
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	57	817.59	1001.55
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	58	854.83	1047.17
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	59	873.28	1069.77
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	60	910.52	1115.39
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	61	942.73	1154.84
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	62	963.86	1180.73
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	63	990.37	1213.20
79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	1006.47	1232.93
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	264.51	264.51
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	15	288.03	288.03
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	16	297.02	297.02
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	17	306.01	306.01
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	18	315.69	315.69
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	19	325.37	325.37
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79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	38	430.83	441.60
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	39	436.36	447.27
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	40	441.89	486.08
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	41	450.19	497.46
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79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	43	469.21	525.98
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	44	483.04	546.80
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	45	499.29	571.69
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	46	518.66	601.65
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	47	540.44	636.10
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	48	565.33	676.13
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79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	51	644.86	789.95
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79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	60	938.42	1149.56
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	61	971.61	1190.22
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79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	63	1020.71	1250.37
79962PA0190006	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	1037.31	1270.70
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79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	15	311.34	311.34
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79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	18	341.24	341.24
79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	19	351.71	351.71
79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	20	362.55	362.55
79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	21	373.76	383.10
79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	22	373.76	383.10
79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	23	373.76	383.10
79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	24	373.76	383.10

	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	25	375.26	384.64
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	26	382.73	392.30
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	27	391.70	401.49
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	28	406.28	416.44
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	29	418.24	428.70
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	30	424.22	434.83
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	31	433.19	444.02
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	32	442.16	453.21
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	33	447.76	458.95
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	34	453.74	465.08
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	35	456.73	468.15
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	36	459.72	471.21
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	37	462.71	474.28
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	38	465.70	477.34
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	39	471.69	483.48
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	40	477.67	525.44
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	41	486.64	537.74
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	42	495.23	550.70
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	43	507.19	568.56
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	44	522.14	591.06
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	45	539.71	617.97
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	46	560.64	650.34
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	47	584.19	687.59
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	48	611.10	730.88
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	49	637.63	776.00
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	50	667.54	817.74
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	51	697.06	853.90
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	52	729.58	893.74
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	53	762.47	934.03
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	54	797.98	977.53
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	55	833.48	1021.01
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	56	871.98	1068.18
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	57	910.85	1115.79
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	58	952.34	1166.62
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	59	972.90	1191.80
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	60	1014.38	1242.62
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	61	1050.27	1286.58
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	62	1073.81	1315.42
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	63	1103.34	1351.59
	79962PA0220004	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	1121.28	1373.57
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	217.89	217.89
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	15	237.26	237.26
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	16	244.66	244.66
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	17	252.07	252.07
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	18	260.04	260.04
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	19	268.02	268.02
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	20	276.28	276.28
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	21	284.82	291.94
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	22	284.82	291.94
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	23	284.82	291.94
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	24	284.82	291.94
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	25	285.96	293.11
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	26	291.66	298.95
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	27	298.49	305.95
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	28	309.60	317.34
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	29	318.71	326.68
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	30	323.27	331.35
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	31	330.11	338.36
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	32	336.94	345.36
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	33	341.21	349.74
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	34	345.77	354.41
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	35	348.05	356.75
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	36	350.33	359.09
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	37	352.61	361.43
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	38	354.89	363.76
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	39	359.44	368.43
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	40	364.00	400.40
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	41	370.84	409.78
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	42	377.39	419.66
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	43	386.50	433.27
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	44	397.89	450.41
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	45	411.28	470.92
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	46	427.23	495.59
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	47	445.17	523.97
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	48	465.68	556.95
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	49	485.90	591.34
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	50	508.69	623.15
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	51	531.19	650.71
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	52	555.97	681.06
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	53	581.03	711.76
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	54	608.09	744.91
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	55	635.15	778.06
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	56	664.49	814.00
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	57	694.11	850.28
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	58	725.72	889.01
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	59	741.39	908.20
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	60	773.00	946.93
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	61	800.34	980.42
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	62	818.29	1002.41
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	63	840.79	1029.97
	79962PA0200003	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	854.46	1046.71
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	222.88	222.88
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	15	242.69	242.69
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	16	250.27	250.27
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	17	257.84	257.84
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	18	266.00	266.00
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	19	274.16	274.16
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	20	282.61	282.61
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	21	291.35	298.63
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	22	291.35	298.63
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	23	291.35	298.63
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	24	291.35	298.63
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	25	292.52	299.83
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	26	298.34	305.80
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	27	305.33	312.96
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	28	316.70	324.62
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	29	326.02	334.17
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	30	330.68	338.95
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	31	337.67	346.11
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	32	344.67	353.29
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	33	349.04	357.77

	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	34	353.70	362.54
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	35	356.03	364.93
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	36	358.36	367.32
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	37	360.69	369.71
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	38	363.02	372.10
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	39	367.68	376.87
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	40	372.35	409.59
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	41	379.34	419.17
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	42	386.04	429.28
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	43	395.36	443.20
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	44	407.02	460.75
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	45	420.71	481.71
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	46	437.03	506.95
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	47	455.38	535.98
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	48	476.36	569.73
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	49	497.04	604.90
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	50	520.35	637.43
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	51	543.37	665.63
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	52	568.72	696.68
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	53	594.35	728.08
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	54	622.03	761.99
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	55	649.71	795.89
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	56	679.72	832.66
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	57	710.02	869.77
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	58	742.36	909.39
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	59	758.38	929.02
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	60	790.72	968.63
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	61	818.69	1002.90
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	62	837.05	1025.39
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	63	860.07	1053.59
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	64 and over	874.05	1070.71
	79962PA0220003	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	244.30	244.30
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	15	266.01	266.01
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	16	274.31	274.31
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	17	282.62	282.62
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	18	291.56	291.56
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	19	300.50	300.50
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	20	309.76	309.76
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	21	319.34	327.32
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	22	319.34	327.32
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	23	319.34	327.32
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	24	319.34	327.32
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	25	320.62	328.64
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	26	327.00	335.18
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	27	334.67	343.04
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	28	347.12	355.80
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	29	357.34	366.27
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	30	362.45	371.51
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	31	370.12	379.37
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	32	377.78	387.22
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	33	382.57	392.13
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	34	387.68	397.37
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	35	390.23	399.99
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	36	392.79	402.61
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	37	395.34	405.22
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	38	397.90	407.85
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	39	403.01	413.09
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	40	408.12	448.93
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	41	415.78	459.44
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	42	423.13	470.52
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	43	433.34	485.77
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	44	446.12	505.01
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	45	461.13	527.99
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	46	479.01	555.65
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	47	499.13	587.48
	79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	48	522.12	624.46

79962PA0220003	Rating Area 3	Tobacco User/Non-Tobacco User	49	544.79	663.01
			50	570.34	698.67
			51	595.57	729.57
			52	623.35	763.60
			53	651.45	798.03
			54	681.79	835.19
			55	712.13	872.36
			56	745.02	912.65
			57	778.23	953.33
			58	813.68	996.76
			59	831.24	1018.27
			60	866.69	1061.70
			61	897.35	1099.25
			62	917.46	1123.89
			63	942.69	1154.80
			64 and over	958.02	1173.57
79962PA0190005	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	289.47	289.47
79962PA0190005	Rating Area 3	Tobacco User/Non-Tobacco User	15	315.20	315.20
			16	325.04	325.04
			17	334.88	334.88
			18	345.47	345.47
			19	356.06	356.06
			20	367.04	367.04
			21	378.39	387.85
			22	378.39	387.85
			23	378.39	387.85
			24	378.39	387.85
			25	379.90	389.40
			26	387.47	397.16
			27	396.55	406.46
			28	411.31	421.59
			29	423.42	434.01
			30	429.47	440.21
			31	438.55	449.51
			32	447.64	458.83
			33	453.31	464.64
			34	459.37	470.85
			35	462.39	473.95
			36	465.42	477.06
			37	468.45	480.16
			38	471.47	483.26
			39	477.53	489.47
			40	483.58	531.94
			41	492.66	544.39
			42	501.37	557.52
			43	513.48	575.61
			44	528.61	598.39
			45	546.40	625.63
			46	567.59	658.40
			47	591.42	696.10
			48	618.67	739.93
			49	645.53	785.61
			50	675.80	827.86
			51	705.70	864.48
			52	738.62	904.81
			53	771.92	945.60
			54	807.86	989.63
			55	843.81	1033.67
			56	882.78	1081.41
			57	922.14	1129.62
			58	964.14	1181.07
			59	984.95	1206.56
			60	1026.95	1258.01
			61	1063.28	1302.52
			62	1087.11	1331.71
			63	1117.01	1368.34

79962PA0190005 Rating Area 3		Tobacco User/Non-Tobacco User	64 and over	1135.17	1390.58
79962PA0220002	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	310.88	310.88
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	15	338.51	338.51
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	16	349.08	349.08
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	17	359.65	359.65
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	18	371.02	371.02
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	19	382.40	382.40
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	20	394.19	394.19
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	21	406.38	416.54
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	22	406.38	416.54
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	23	406.38	416.54
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	24	406.38	416.54
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	25	408.01	418.21
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	26	416.13	426.53
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	27	425.89	436.54
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	28	441.74	452.78
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	29	454.74	466.11
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	30	461.24	472.77
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	31	470.99	482.76
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	32	480.75	492.77
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	33	486.84	499.01
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	34	493.35	505.68
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	35	496.60	509.02
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	36	499.85	512.35
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	37	503.10	515.68
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	38	506.35	519.01
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	39	512.85	525.67
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	40	519.35	571.29
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	41	529.11	584.67
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	42	538.45	598.76
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	43	551.46	618.19
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	44	567.71	642.65
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	45	586.81	671.90
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	46	609.57	707.10
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	47	635.17	747.60
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	48	664.43	794.66
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	49	693.28	843.72
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	50	725.79	889.09
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	51	757.90	928.43
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	52	793.25	971.73
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	53	829.02	1015.55
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	54	867.62	1062.83
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	55	906.23	1110.13
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	56	948.08	1161.40
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	57	990.35	1213.18
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	58	1035.46	1268.44
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	59	1057.81	1295.82
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	60	1102.92	1351.08
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	61	1141.93	1398.86
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	62	1167.53	1430.22
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	63	1199.63	1469.55
79962PA0220002 Rating Area 3		Tobacco User/Non-Tobacco User	64 and over	1219.14	1493.45
79962PA0200002	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	261.02	261.02
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	15	284.22	284.22
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	16	293.09	293.09
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	17	301.96	301.96
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	18	311.52	311.52
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	19	321.07	321.07
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	20	330.96	330.96
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	21	341.20	349.73
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	22	341.20	349.73
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	23	341.20	349.73
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	24	341.20	349.73
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	25	342.56	351.12
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	26	349.39	358.12
79962PA0200002 Rating Area 3		Tobacco User/Non-Tobacco User	27	357.58	366.52

79962PA0200002	Rating Area 3		Tobacco User/Non-Tobacco User	28	370.88	380.15
	Rating Area 3		Tobacco User/Non-Tobacco User	29	381.80	391.35
	Rating Area 3		Tobacco User/Non-Tobacco User	30	387.26	396.94
	Rating Area 3		Tobacco User/Non-Tobacco User	31	395.45	405.34
	Rating Area 3		Tobacco User/Non-Tobacco User	32	403.64	413.73
	Rating Area 3		Tobacco User/Non-Tobacco User	33	408.76	418.98
	Rating Area 3		Tobacco User/Non-Tobacco User	34	414.22	424.58
	Rating Area 3		Tobacco User/Non-Tobacco User	35	416.95	427.37
	Rating Area 3		Tobacco User/Non-Tobacco User	36	419.68	430.17
	Rating Area 3		Tobacco User/Non-Tobacco User	37	422.41	432.97
	Rating Area 3		Tobacco User/Non-Tobacco User	38	425.14	435.77
	Rating Area 3		Tobacco User/Non-Tobacco User	39	430.59	441.35
	Rating Area 3		Tobacco User/Non-Tobacco User	40	436.05	479.66
	Rating Area 3		Tobacco User/Non-Tobacco User	41	444.24	490.89
	Rating Area 3		Tobacco User/Non-Tobacco User	42	452.09	502.72
	Rating Area 3		Tobacco User/Non-Tobacco User	43	463.01	519.03
	Rating Area 3		Tobacco User/Non-Tobacco User	44	476.66	539.58
	Rating Area 3		Tobacco User/Non-Tobacco User	45	492.69	564.13
	Rating Area 3		Tobacco User/Non-Tobacco User	46	511.80	593.69
	Rating Area 3		Tobacco User/Non-Tobacco User	47	533.30	627.69
	Rating Area 3		Tobacco User/Non-Tobacco User	48	557.86	667.20
	Rating Area 3		Tobacco User/Non-Tobacco User	49	582.09	708.40
	Rating Area 3		Tobacco User/Non-Tobacco User	50	609.38	746.49
	Rating Area 3		Tobacco User/Non-Tobacco User	51	636.34	779.52
	Rating Area 3		Tobacco User/Non-Tobacco User	52	666.02	815.87
	Rating Area 3		Tobacco User/Non-Tobacco User	53	696.05	852.66
	Rating Area 3		Tobacco User/Non-Tobacco User	54	728.46	892.36
	Rating Area 3		Tobacco User/Non-Tobacco User	55	760.88	932.08
	Rating Area 3		Tobacco User/Non-Tobacco User	56	796.02	975.12
	Rating Area 3		Tobacco User/Non-Tobacco User	57	831.50	1018.59
	Rating Area 3		Tobacco User/Non-Tobacco User	58	869.38	1064.99
	Rating Area 3		Tobacco User/Non-Tobacco User	59	888.14	1087.97
	Rating Area 3		Tobacco User/Non-Tobacco User	60	926.02	1134.37
	Rating Area 3		Tobacco User/Non-Tobacco User	61	958.77	1174.49
	Rating Area 3		Tobacco User/Non-Tobacco User	62	980.27	1200.83
	Rating Area 3		Tobacco User/Non-Tobacco User	63	1007.22	1233.84
	Rating Area 3		Tobacco User/Non-Tobacco User	64 and over	1023.60	1253.91
79962PA0190001	Rating Area 3		Tobacco User/Non-Tobacco User	0-14	190.29	190.29
79962PA0190001	Rating Area 3		Tobacco User/Non-Tobacco User	15	207.21	207.21
	Rating Area 3		Tobacco User/Non-Tobacco User	16	213.68	213.68
	Rating Area 3		Tobacco User/Non-Tobacco User	17	220.14	220.14
	Rating Area 3		Tobacco User/Non-Tobacco User	18	227.11	227.11
	Rating Area 3		Tobacco User/Non-Tobacco User	19	234.07	234.07
	Rating Area 3		Tobacco User/Non-Tobacco User	20	241.29	241.29
	Rating Area 3		Tobacco User/Non-Tobacco User	21	248.75	254.97
	Rating Area 3		Tobacco User/Non-Tobacco User	22	248.75	254.97
	Rating Area 3		Tobacco User/Non-Tobacco User	23	248.75	254.97
	Rating Area 3		Tobacco User/Non-Tobacco User	24	248.75	254.97
	Rating Area 3		Tobacco User/Non-Tobacco User	25	249.75	255.99
	Rating Area 3		Tobacco User/Non-Tobacco User	26	254.72	261.09
	Rating Area 3		Tobacco User/Non-Tobacco User	27	260.69	267.21
	Rating Area 3		Tobacco User/Non-Tobacco User	28	270.39	277.15
	Rating Area 3		Tobacco User/Non-Tobacco User	29	278.35	285.31
	Rating Area 3		Tobacco User/Non-Tobacco User	30	282.33	289.39
	Rating Area 3		Tobacco User/Non-Tobacco User	31	288.30	295.51
	Rating Area 3		Tobacco User/Non-Tobacco User	32	294.27	301.63
	Rating Area 3		Tobacco User/Non-Tobacco User	33	298.00	305.45
	Rating Area 3		Tobacco User/Non-Tobacco User	34	301.98	309.53
	Rating Area 3		Tobacco User/Non-Tobacco User	35	303.97	311.57
	Rating Area 3		Tobacco User/Non-Tobacco User	36	305.96	313.61
	Rating Area 3		Tobacco User/Non-Tobacco User	37	307.95	315.65
	Rating Area 3		Tobacco User/Non-Tobacco User	38	309.94	317.69
	Rating Area 3		Tobacco User/Non-Tobacco User	39	313.92	321.77
	Rating Area 3		Tobacco User/Non-Tobacco User	40	317.90	349.69
	Rating Area 3		Tobacco User/Non-Tobacco User	41	323.87	357.88
	Rating Area 3		Tobacco User/Non-Tobacco User	42	329.59	366.50

79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	43	337.55	378.39
			44	347.50	393.37
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	45	359.20	411.28
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	46	373.13	432.83
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	47	388.80	457.62
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	48	406.71	486.43
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	49	424.37	516.46
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	50	444.27	544.23
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	51	463.92	568.30
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	52	485.56	594.81
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	53	507.45	621.63
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	54	531.08	650.57
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	55	554.71	679.52
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	56	580.33	710.90
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	57	606.20	742.60
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	58	633.82	776.43
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	59	647.50	793.19
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	60	675.11	827.01
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	61	698.99	856.26
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	62	714.66	875.46
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	63	734.31	899.53
79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	746.25	914.16
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	211.71	211.71
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	15	230.52	230.52
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	16	237.72	237.72
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	17	244.91	244.91
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	18	252.66	252.66
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	19	260.41	260.41
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	20	268.44	268.44
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	21	276.74	283.66
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	22	276.74	283.66
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	23	276.74	283.66
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	24	276.74	283.66
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	25	277.85	284.80
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	26	283.38	290.46
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	27	290.02	297.27
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	28	300.82	308.34
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	29	309.67	317.41
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	30	314.10	321.95
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	31	320.74	328.76
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	32	327.38	335.56
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	33	331.53	339.82
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	34	335.96	344.36
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	35	338.18	346.63
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	36	340.39	348.90
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	37	342.60	351.17
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	38	344.82	353.44
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	39	349.25	357.98
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	40	353.67	389.04
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	41	360.32	398.15
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	42	366.68	407.75
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	43	375.54	420.98
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	44	386.61	437.64
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	45	399.61	457.55
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	46	415.11	481.53
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	47	432.54	509.10
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	48	452.47	541.15
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	49	472.12	574.57
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	50	494.26	605.47
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	51	516.12	632.25
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	52	540.20	661.75
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	53	564.55	691.57
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	54	590.84	723.78
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	55	617.13	755.98
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	56	645.63	790.90
79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	57	674.42	826.16

	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	58	705.13	863.78
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	59	720.35	882.43
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	60	751.07	920.06
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	61	777.64	952.61
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	62	795.07	973.96
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	63	816.94	1000.75
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	830.22	1017.02
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	191.54	191.54
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	15	208.57	208.57
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	16	215.08	215.08
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	17	221.59	221.59
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	18	228.60	228.60
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	19	235.61	235.61
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	20	242.87	242.87
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	21	250.38	256.64
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	22	250.38	256.64
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	23	250.38	256.64
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	24	250.38	256.64
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	25	251.38	257.66
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	26	256.39	262.80
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	27	262.40	268.96
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	28	272.16	278.96
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	29	280.18	287.18
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	30	284.18	291.28
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	31	290.19	297.44
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	32	296.20	303.61
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	33	299.96	307.46
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	34	303.96	311.56
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	35	305.96	313.61
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	36	307.97	315.67
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	37	309.97	317.72
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	38	311.97	319.77
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	39	315.98	323.88
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	40	319.99	351.99
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	41	325.99	360.22
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	42	331.75	368.91
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	43	339.77	380.88
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	44	349.78	395.95
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	45	361.55	413.97
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	46	375.57	435.66
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	47	391.34	460.61
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	48	409.37	489.61
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	49	427.15	519.84
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	50	447.18	547.80
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	51	466.96	572.03
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	52	488.74	598.71
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	53	510.78	625.71
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	54	534.56	654.84
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	55	558.35	683.98
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	56	584.14	715.57
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	57	610.18	747.47
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	58	637.97	781.51
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	59	651.74	798.38
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	60	679.53	832.42
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	61	703.57	861.87
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	62	719.34	881.19
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	63	739.12	905.42
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	751.14	920.15
	79962PA0210001	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	148.03	148.03
	79962PA0210001	Rating Area 3	Tobacco User/Non-Tobacco User	15	161.19	161.19
	79962PA0210001	Rating Area 3	Tobacco User/Non-Tobacco User	16	166.22	166.22
	79962PA0210001	Rating Area 3	Tobacco User/Non-Tobacco User	17	171.25	171.25
	79962PA0210001	Rating Area 3	Tobacco User/Non-Tobacco User	18	176.67	176.67
	79962PA0210001	Rating Area 3	Tobacco User/Non-Tobacco User	19	182.08	182.08
	79962PA0210001	Rating Area 3	Tobacco User/Non-Tobacco User	20	187.70	187.70
	79962PA0210001	Rating Area 3	Tobacco User/Non-Tobacco User	21	193.50	198.34

79962PA0210001	Rating Area 3	Tobacco User/Non-Tobacco User	22	193.50	198.34
			23	193.50	198.34
			24	193.50	198.34
			25	194.27	199.13
			26	198.14	203.09
			27	202.79	207.86
			28	210.33	215.59
			29	216.53	221.94
			30	219.62	225.11
			31	224.27	229.88
			32	228.91	234.63
			33	231.81	237.61
			34	234.91	240.78
			35	236.46	242.37
			36	238.01	243.96
			37	239.55	245.54
			38	241.10	247.13
			39	244.20	250.31
			40	247.29	272.02
			41	251.94	278.39
			42	256.39	285.11
			43	262.58	294.35
			44	270.32	306.00
			45	279.41	319.92
			46	290.25	336.69
			47	302.44	355.97
			48	316.37	378.38
			49	330.11	401.74
			50	345.59	423.35
			51	360.88	442.08
			52	377.71	462.69
			53	394.74	483.56
			54	413.12	506.07
			55	431.51	528.60
			56	451.44	553.01
			57	471.56	577.66
			58	493.04	603.97
			59	503.68	617.01
			60	525.16	643.32
			61	543.74	666.08
			62	555.93	681.01
			63	571.21	699.73
79962PA0210001	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	580.50	711.11