

State:	Pennsylvania	Filing Company:	AmeriHealth HMO, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	AHPA Small Group HMO eff 1-1-2016		
Project Name/Number:	/		

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Cherri Sanders-Jones	07/30/2015	07/30/2015
Pending Industry Response	Cherri Sanders-Jones	06/24/2015	06/24/2015

Response Letters

Responded By	Created On	Date Submitted
David Walker	08/06/2015	08/06/2015
David Walker	07/08/2015	07/08/2015

State: Pennsylvania
TOI/Sub-TOI: HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only
- HMO
Product Name: AHPA Small Group HMO eff 1-1-2016
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	07/30/2015
Submitted Date	07/30/2015
Respond By Date	08/06/2015

Dear Hugh Lakshman,

Introduction:

1) Please review and modify this rate filing with the same updates as discussed on July 27, 2016 regarding the QCC Individual rate filing. These updates should essentially be the same modifications reflected in the revised KHPE small group rate filing.

2) In response to question #2, you have indicated that, "When a Keystone plan is sold to a Small Employer based in the Keystone five county marketing area, employees living in other counties are enrolled in identical coverage issued by AHPA." Given that both Federal and State base group rating on the location of the employer, please discuss why it is necessary for AmeriHealth to provide coverage for employees living outside of the 5-county area.

3) Regarding question #6 of my June 24, 2016 letter, the weighted average increase across products/plans as shown in Worksheet 2 of the URRT (row 28) is 6.88% while the Company Rate Information contained in the Rate/Rule Schedule tab 6.7%. Please review and revise as necessary.

Please call me if you have questions.

Thanks,
Cherri Sanders-Jones

Conclusion:

Sincerely,
Cherri Sanders-Jones

State: Pennsylvania
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	06/24/2015
Submitted Date	06/24/2015
Respond By Date	07/08/2015

Dear Hugh Lakshman,

Introduction:

June 24, 2015

Hugh Lakshman
Director and Actuary - Commercial Markets
AmeriHealth HMO, Inc.
1901 Market Street
Philadelphia, PA 19103

RE: AmeriHealth HMO, Inc. – Small Group - HMO
Received: May 11, 2015 SERFF ID# INAC-129961525

Dear Mr. Lakshman:

The Pennsylvania Insurance Department has received and conducted a review of the above captioned filing. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided within 14 days of the date of this letter. If you have any questions or difficulties in providing the information within this time frame, please call me.

Please note, many of the items identified below should have been identified and detailed narrative provided in the actuarial memorandum.

1.It is my understanding that Section I of worksheet I of the URRT is to contain the single risk pool data for a given issuer, state and market. Your actuarial memorandum indicates that the experience period data provided represents KHPE, AmeriHealth and QCC. Please revise to reflect data solely for the named issuer for stated experience period. If you believe there are special circumstances that allow for the aggregation of the 3 companies please provide a detailed discussion. Please note, to the extent that AmeriHealth supports KHPE POS, it is only those claims data that should be included in the KHPE HMO URRT. Only the pure AmeriHealth HMO (non KHPE supporting) data should be reported in this filing.

2.Does AmeriHealth offer any products directly in the Pennsylvania market or does this entity solely support KHPE? Please provide a detailed discussion of the relationship and how it works. If products are offered directly, please identify the Plan ID#s in the Base Rate Schedule and the SERFF Tracking Number for the corresponding form filing.

3.Is the geographic rating area the same for AmeriHealth HMO as it is for KHPE?

4.The Department Rate Exhibit shows rates for plans offered on and off SHOP, while the rate filing cover letter and the corresponding contract forms (INBC-130052422, INLG-130057645) indicate only off SHOP plans/products. Please review and revise all impacted documents.

5.Please review the contract form numbers indicated on the Department Rate Exhibit to ensure consistency with the corresponding filed contract forms.

6.The filing indicates the weighted average increase across products/plans is 6.7%. Worksheet 2 of the URRT (row 28) shows a rate increase of 6.49% for a PPO Product and a 6.88% increase for the HMO product. Since HMOs are only allowed to do HMO/POS business, should the threshold product rate increase for the HMO be 6.88% and not 6.7%? Please review the URRT, company rate information contained in the Rate/Rule Schedule tab and any other items that may be impacted and revise as necessary.

7.The company rate information contained in the Rate/Rule Schedule Tab indicates that an overall rate change of 11.4% is proposed, with a maximum of 14.5% and a minimum of -6.5% with an overall % impact of 6.7%. Please explain these adjustments and show how they were developed.

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8. The filing indicates the weighted average increase across plans based on current ACA-compliant membership is 6.7% (or the revised average per question #2 above). Please show how this average breaks down by the following and discuss the basis for the proposed changes:

- Impact of medical claim trend;
- Revisions to assumptions about population morbidity and the projected population distribution;
- Changes to the reinsurance program;
- Changes in cost sharing to ensure that plans comply with Actuarial Value requirements;
- Changes in pricing models used to determine the impact of cost sharing design;
- Changes in benefits and plan design;
- Changes in fees, taxes and administrative expenses.

9. Please provide the Federal Rate Template in the Rate/Rule Schedule tab.

10. The actuarial memorandum does not meet the standard as prescribed by CMS in the 2016 Unified Rate Review Instructions (Rate Filing Justification: Parts I (v2.0.4, II, and III) version 2/21/15. Please provide an actuarial memorandum that reflects company specific data and assumptions, not simply a generic template.

11. The actuarial memorandum indicates that member cost sharing is included in calculating allowed claims, but does not speak to the cost sharing payments by HHS from the federal government. Please discuss why.

12. Please provide further discussion of the rates in the Base Rate Schedule and show their development. Also, show the rate change for each plan identified in the Base Rate Schedule.

13. Please provide an Excel exhibit that shows the development of the Index Rate for the 2016 Projection Period, starting from the 2014 experience data. Also, provide narrative that explains the development and all adjustments.

14. Please provide an Excel exhibit that shows the development of the Plan adjusted Index Rate for each plan design offered in 2016, starting from the Index Rate.

15. Please identify the specific taxes and fees and the corresponding percent of premium or the pmpm amounts. Additionally, show the components of the administrative expense load of 9.9% and their corresponding costs.

16. Please provide Excel exhibits that show the development of all calibration adjustments.

17. What is the basis for the trend selection of approximately 7.4%? Please provide support and a narrative that explains the trend development.

18. For the January 1, 2016, through October 1, 2016 will QCC allow current enrolled groups of size 51-100 transitional relief? That is, will you allow a particular enrolled group to continue under the large group rating process? What is your current (2015) definition of small group? Please be advised that the experience period data should only include groups that meet the 2-50 group size. However, in the projection period, expected claims experience should reflect group policies for employers with 100 or fewer employees that the issuer expects to be enrolled in single risk pool compliant plans during the projection period. This may be done through the projection factors, use of a manual rate, or combination of the two. Please acknowledge your company's understanding and compliance.

19. The Department notes that the Dental field in the Department Rate Exhibit is not populated. Please review and ensure that every field is appropriately populated.

20. The actuarial memorandum indicates that Plan ID 33871PA002 has been terminated. Does this plan have membership? What will AmeriHealth HMO do with these enrollees? If AmeriHealth HMO is mapping the 2015 enrollees to 2016 products and plans, please provide a mapping illustration that shows the development of the rate impact to these consumers.

21. Please be advised that each time the URRT is changed in SERFF, the URRT in HIOS must be, concurrently, updated. Please acknowledge your understanding and certify that you are in compliance.

22. Does your company offer transitional policies in Pennsylvania? If so, what markets (individual and/or small group). Please provide the SERFF # for the approved transitional rate filing(s) and the number of transitional members enrolled in each market as of April 1, 2015.

23. Under what pricing assumptions regarding the King v. Burwell Supreme Court Case has your filing been made? Please provide an actuarial narrative and justification regarding the rate impact for the alternate decision.

24. The Department notes that several of the screenshots of the AV Output for CSR plans reflect errors indicating that the desired metal level was unsuccessful. Please provide a discussion of the methodology used to achieve the desired metal level for these plans as well as the appropriate actuarial certification.

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Response to this request should be provided via SERFF in Microsoft Excel spreadsheets (version 2010 or less). Please retain all formulas.

Please be advised that there may be additional questions based on the responses to the above.

Should you have any questions regarding this correspondence, please contact me at csandersjo@pa.gov or by telephone at (717) 787-5172.

Sincerely,

*Cherri Sanders-Jones
Actuarial Review Division
Bureau of Accident & Health Insurance*

Conclusion:

*Sincerely,
Cherri Sanders-Jones*

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		AHPA SG Rates PDF and Excel	AHPA 670 WPR GMC	New		AHPA v1-6 07082015 (Q1) NN (RV).pdf, AHPA v1-6 07082015 (Q2) NN (RV).pdf, AHPA v1-6 07082015 (Q3) NN (RV).pdf, AHPA v1-6 07082015 (Q4) NN (RV).pdf, AHPA v1-6 07082015 (Q1) NN (RV).xlsx, AHPA v1-6 07082015 (Q2) NN (RV).xlsx, AHPA v1-6 07082015 (Q3) NN (RV).xlsx, AHPA v1-6 07082015 (Q4) NN (RV).xlsx,

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Attachment AHPA v1-6 07082015 (Q1) NN (RV).xlsx is not a PDF document and cannot be reproduced here.

Attachment AHPA v1-6 07082015 (Q2) NN (RV).xlsx is not a PDF document and cannot be reproduced here.

Attachment AHPA v1-6 07082015 (Q3) NN (RV).xlsx is not a PDF document and cannot be reproduced here.

Attachment AHPA v1-6 07082015 (Q4) NN (RV).xlsx is not a PDF document and cannot be reproduced here.

AmeriHealth HMO

Plan Design Summary

Company	On/Off Exchange	HIOS Plan ID	Metal Level	Plan Design Marketing Name	Network	Rating Area
AHPA	OFF	33871PA0100020	Platinum	Keystone HMO Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100021	Platinum	Keystone HMO Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100022	Gold	Keystone HMO Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100023	Gold	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100024	Silver	Keystone HMO Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100025	Silver	Keystone HMO Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100026	Bronze	Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100027	Platinum	Keystone DPOS Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100028	Platinum	Keystone DPOS Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100029	Gold	Keystone DPOS Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100030	Gold	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100031	Silver	Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100032	Silver	Keystone DPOS Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100033	Bronze	Keystone DPOS Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100044	Gold	Keystone HMO Gold Proactive	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100045	Silver	Keystone HMO Silver Proactive	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100047	Gold	Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100049	Silver	Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100048	Silver	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100041	Gold	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100043	Silver	Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8

Company Name:

Product:

Effective Date of Rates:

January 1, 2016 - March 31, 2016

Plan ID (On Exchange)=>								
Plan ID (Off Exchange)=>	33871PA0100020		33871PA0100021		33871PA0100022			
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC			
Rating Area =>	8		8		8			
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network			
Metal =>	Platinum		Platinum		Gold			
Plan Name =>	Keystone HMO Platinum Preferred \$10/\$20/\$100		Keystone HMO Platinum Preferred \$20/\$40/\$150		Keystone HMO Gold Preferred\$30/\$60/\$600			
Deductible =>	\$0		\$0		\$0			
Coinsurance =>	0%		0%		0%			
Copays =>	\$10/\$20		\$20/\$40		\$30/\$60			
OOP Maximum =>	\$2,500		\$3,200		\$6,850			
Dental (Yes/No)	Yes		Yes		Yes			
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$266.12	\$266.12	\$254.43	\$254.43	\$211.60	\$211.60	\$211.60	\$211.60
21	\$419.09	\$471.47	\$400.68	\$450.76	\$333.23	\$374.89	\$333.23	\$374.89
22	\$419.09	\$471.47	\$400.68	\$450.76	\$333.23	\$374.89	\$333.23	\$374.89
23	\$419.09	\$471.47	\$400.68	\$450.76	\$333.23	\$374.89	\$333.23	\$374.89
24	\$419.09	\$471.47	\$400.68	\$450.76	\$333.23	\$374.89	\$333.23	\$374.89
25	\$420.76	\$473.36	\$402.28	\$452.57	\$334.57	\$376.39	\$334.57	\$376.39
26	\$429.14	\$482.79	\$410.29	\$461.58	\$341.23	\$383.89	\$341.23	\$383.89
27	\$439.20	\$494.10	\$419.91	\$472.40	\$349.23	\$392.88	\$349.23	\$392.88
28	\$455.55	\$512.49	\$435.54	\$489.98	\$362.23	\$407.50	\$362.23	\$407.50
29	\$468.96	\$527.58	\$448.36	\$504.40	\$372.89	\$419.50	\$372.89	\$419.50
30	\$475.66	\$558.90	\$454.77	\$534.36	\$378.22	\$444.41	\$378.22	\$444.41
31	\$485.72	\$570.72	\$464.39	\$545.65	\$386.22	\$453.81	\$386.22	\$453.81
32	\$495.78	\$582.54	\$474.00	\$556.95	\$394.22	\$463.20	\$394.22	\$463.20
33	\$502.06	\$589.93	\$480.01	\$564.02	\$399.21	\$469.08	\$399.21	\$469.08
34	\$508.77	\$597.81	\$486.42	\$571.55	\$404.55	\$475.34	\$404.55	\$475.34
35	\$512.12	\$601.74	\$489.63	\$575.31	\$407.21	\$478.47	\$407.21	\$478.47
36	\$515.48	\$605.68	\$492.83	\$579.08	\$409.88	\$481.61	\$409.88	\$481.61
37	\$518.83	\$609.62	\$496.04	\$582.85	\$412.54	\$484.74	\$412.54	\$484.74
38	\$522.18	\$613.56	\$499.25	\$586.61	\$415.21	\$487.87	\$415.21	\$487.87
39	\$528.89	\$621.44	\$505.66	\$594.15	\$420.54	\$494.14	\$420.54	\$494.14
40	\$535.59	\$656.10	\$512.07	\$627.28	\$425.87	\$521.69	\$425.87	\$521.69
41	\$545.65	\$668.42	\$521.68	\$639.06	\$433.87	\$531.49	\$433.87	\$531.49
42	\$555.29	\$680.23	\$530.90	\$650.35	\$441.54	\$540.88	\$441.54	\$540.88
43	\$568.70	\$696.66	\$543.72	\$666.06	\$452.20	\$553.94	\$452.20	\$553.94
44	\$585.46	\$717.19	\$559.75	\$685.69	\$465.53	\$570.27	\$465.53	\$570.27
45	\$605.16	\$741.32	\$578.58	\$708.76	\$481.19	\$589.46	\$481.19	\$589.46
46	\$628.63	\$770.07	\$601.02	\$736.25	\$499.85	\$612.32	\$499.85	\$612.32
47	\$655.03	\$802.41	\$626.26	\$767.17	\$520.84	\$638.03	\$520.84	\$638.03
48	\$685.21	\$839.38	\$655.11	\$802.51	\$544.84	\$667.43	\$544.84	\$667.43
49	\$714.96	\$875.83	\$683.56	\$837.36	\$568.50	\$696.41	\$568.50	\$696.41
50	\$748.49	\$1,029.17	\$715.61	\$983.97	\$595.16	\$818.34	\$595.16	\$818.34
51	\$781.60	\$1,074.69	\$747.27	\$1,027.49	\$621.48	\$854.54	\$621.48	\$854.54
52	\$818.06	\$1,124.83	\$782.12	\$1,075.42	\$650.47	\$894.40	\$650.47	\$894.40
53	\$854.94	\$1,175.54	\$817.38	\$1,123.90	\$679.80	\$934.72	\$679.80	\$934.72
54	\$894.75	\$1,230.28	\$855.45	\$1,176.24	\$711.45	\$978.25	\$711.45	\$978.25
55	\$934.56	\$1,285.02	\$893.51	\$1,228.58	\$743.11	\$1,021.78	\$743.11	\$1,021.78
56	\$977.73	\$1,344.38	\$934.78	\$1,285.33	\$777.44	\$1,068.97	\$777.44	\$1,068.97
57	\$1,021.31	\$1,404.30	\$976.45	\$1,342.62	\$812.09	\$1,116.63	\$812.09	\$1,116.63
58	\$1,067.83	\$1,468.27	\$1,020.93	\$1,403.78	\$849.08	\$1,167.49	\$849.08	\$1,167.49
59	\$1,090.88	\$1,499.96	\$1,042.97	\$1,434.08	\$867.41	\$1,192.69	\$867.41	\$1,192.69
60	\$1,137.40	\$1,563.92	\$1,087.44	\$1,495.23	\$904.40	\$1,243.55	\$904.40	\$1,243.55
61	\$1,177.63	\$1,619.24	\$1,125.91	\$1,548.12	\$936.39	\$1,287.53	\$936.39	\$1,287.53
62	\$1,204.03	\$1,655.55	\$1,151.15	\$1,582.83	\$957.38	\$1,316.40	\$957.38	\$1,316.40
63	\$1,237.14	\$1,701.07	\$1,182.80	\$1,626.35	\$983.71	\$1,352.60	\$983.71	\$1,352.60
64	\$1,257.26	\$1,728.72	\$1,202.04	\$1,652.79	\$999.69	\$1,374.59	\$999.69	\$1,374.59
65+	\$1,257.26	\$1,728.72	\$1,202.04	\$1,652.79	\$999.69	\$1,374.59	\$999.69	\$1,374.59

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100023		33871PA0100024		33871PA0100025	
Plan ID (Off Exchange)=>	33871PA0100023		33871PA0100024		33871PA0100025	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Gold		Silver		Silver	
Plan Name =>	Keystone HMO Gold Classic\$1,000 \$25/\$50/90%		Keystone HMO Silver Classic\$2,000 \$25/\$50/70%		Keystone HMO Silver Classic\$2,500 \$30/\$60/50%	
Deductible =>	\$1,000		\$2,000		\$2,500	
Coinsurance =>	10%		30%		50%	
Copays =>	\$25 no ded/\$50 no ded		\$25 no ded/\$50 no ded		\$30 no ded/\$60 no ded	
OOP Maximum =>	\$5,500		\$6,600		\$6,600	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$216.38	\$216.38	\$190.42	\$190.42	\$176.20	\$176.20
21	\$340.75	\$383.35	\$299.87	\$337.35	\$277.49	\$312.17
22	\$340.75	\$383.35	\$299.87	\$337.35	\$277.49	\$312.17
23	\$340.75	\$383.35	\$299.87	\$337.35	\$277.49	\$312.17
24	\$340.75	\$383.35	\$299.87	\$337.35	\$277.49	\$312.17
25	\$342.12	\$384.88	\$301.07	\$338.70	\$278.60	\$313.42
26	\$348.93	\$392.55	\$307.07	\$345.45	\$284.15	\$319.66
27	\$357.11	\$401.75	\$314.26	\$353.54	\$290.81	\$327.16
28	\$370.40	\$416.70	\$325.96	\$366.70	\$301.63	\$339.33
29	\$381.30	\$428.97	\$335.55	\$377.50	\$310.51	\$349.32
30	\$386.76	\$454.44	\$340.35	\$399.91	\$314.95	\$370.06
31	\$394.93	\$464.05	\$347.55	\$408.37	\$321.61	\$377.89
32	\$403.11	\$473.66	\$354.74	\$416.82	\$328.27	\$385.71
33	\$408.22	\$479.66	\$359.24	\$422.11	\$332.43	\$390.60
34	\$413.68	\$486.07	\$364.04	\$427.75	\$336.87	\$395.82
35	\$416.40	\$489.27	\$366.44	\$430.57	\$339.09	\$398.43
36	\$419.13	\$492.48	\$368.84	\$433.38	\$341.31	\$401.04
37	\$421.85	\$495.68	\$371.24	\$436.20	\$343.53	\$403.65
38	\$424.58	\$498.88	\$373.64	\$439.02	\$345.75	\$406.25
39	\$430.03	\$505.29	\$378.43	\$444.66	\$350.19	\$411.47
40	\$435.48	\$533.47	\$383.23	\$469.46	\$354.63	\$434.42
41	\$443.66	\$543.49	\$390.43	\$478.28	\$361.29	\$442.58
42	\$451.50	\$553.09	\$397.33	\$486.72	\$367.67	\$450.39
43	\$462.40	\$566.45	\$406.92	\$498.48	\$376.55	\$461.27
44	\$476.03	\$583.14	\$418.92	\$513.17	\$387.65	\$474.87
45	\$492.05	\$602.76	\$433.01	\$530.44	\$400.69	\$490.85
46	\$511.13	\$626.14	\$449.80	\$551.01	\$416.23	\$509.88
47	\$532.60	\$652.43	\$468.69	\$574.15	\$433.71	\$531.30
48	\$557.13	\$682.49	\$490.28	\$600.60	\$453.69	\$555.77
49	\$581.33	\$712.13	\$511.58	\$626.68	\$473.39	\$579.90
50	\$608.59	\$836.81	\$535.57	\$736.40	\$495.59	\$681.44
51	\$635.51	\$873.82	\$559.25	\$768.98	\$517.51	\$711.58
52	\$665.15	\$914.59	\$585.34	\$804.85	\$541.65	\$744.77
53	\$695.14	\$955.82	\$611.73	\$841.13	\$566.07	\$778.35
54	\$727.51	\$1,000.33	\$640.22	\$880.30	\$592.43	\$814.60
55	\$759.88	\$1,044.84	\$668.71	\$919.47	\$618.79	\$850.84
56	\$794.98	\$1,093.10	\$699.59	\$961.94	\$647.38	\$890.14
57	\$830.42	\$1,141.83	\$730.78	\$1,004.82	\$676.23	\$929.82
58	\$868.24	\$1,193.83	\$764.06	\$1,050.59	\$707.03	\$972.17
59	\$886.98	\$1,219.60	\$780.56	\$1,073.27	\$722.30	\$993.16
60	\$924.81	\$1,271.61	\$813.84	\$1,119.03	\$753.10	\$1,035.51
61	\$957.52	\$1,316.59	\$842.63	\$1,158.62	\$779.74	\$1,072.14
62	\$978.99	\$1,346.11	\$861.52	\$1,184.59	\$797.22	\$1,096.17
63	\$1,005.91	\$1,383.12	\$885.21	\$1,217.17	\$819.14	\$1,126.32
64	\$1,022.25	\$1,405.61	\$899.61	\$1,236.96	\$832.46	\$1,144.62
65+	\$1,022.25	\$1,405.61	\$899.61	\$1,236.96	\$832.46	\$1,144.62

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100026		33871PA0100027		33871PA0100028	
Plan ID (Off Exchange)=>	33871PA0100026		33871PA0100027		33871PA0100028	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Bronze		Platinum		Platinum	
Plan Name =>	Keystone HMO Bronze Essential\$6,000 \$50/\$100/\$700		Keystone DPOS Platinum Preferred \$10/\$20/\$100		Keystone DPOS Platinum Preferred\$20/\$40/\$150	
Deductible =>	\$6,000		\$0		\$0	
Coinsurance =>	50%		0%		0%	
Copays =>	\$50 no ded/\$100 no ded		\$10/\$20		\$20/\$40	
OOP Maximum =>	\$6,850		\$2,500		\$3,200	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$130.97	\$130.97	\$278.37	\$278.37	\$266.14	\$266.14
21	\$206.25	\$232.03	\$438.38	\$493.18	\$419.11	\$471.50
22	\$206.25	\$232.03	\$438.38	\$493.18	\$419.11	\$471.50
23	\$206.25	\$232.03	\$438.38	\$493.18	\$419.11	\$471.50
24	\$206.25	\$232.03	\$438.38	\$493.18	\$419.11	\$471.50
25	\$207.07	\$232.96	\$440.13	\$495.15	\$420.79	\$473.39
26	\$211.20	\$237.60	\$448.90	\$505.01	\$429.17	\$482.82
27	\$216.15	\$243.16	\$459.42	\$516.85	\$439.23	\$494.13
28	\$224.19	\$252.21	\$476.52	\$536.08	\$455.58	\$512.52
29	\$230.79	\$259.64	\$490.55	\$551.86	\$468.99	\$527.61
30	\$234.09	\$275.06	\$497.56	\$584.63	\$475.69	\$558.94
31	\$239.04	\$280.87	\$508.08	\$597.00	\$485.75	\$570.76
32	\$243.99	\$286.69	\$518.60	\$609.36	\$495.81	\$582.58
33	\$247.08	\$290.32	\$525.18	\$617.08	\$502.10	\$589.97
34	\$250.38	\$294.20	\$532.19	\$625.33	\$508.80	\$597.84
35	\$252.03	\$296.14	\$535.70	\$629.45	\$512.16	\$601.78
36	\$253.68	\$298.08	\$539.21	\$633.57	\$515.51	\$605.72
37	\$255.33	\$300.02	\$542.71	\$637.69	\$518.86	\$609.66
38	\$256.98	\$301.96	\$546.22	\$641.81	\$522.22	\$613.60
39	\$260.28	\$305.83	\$553.23	\$650.05	\$528.92	\$621.48
40	\$263.58	\$322.89	\$560.25	\$686.31	\$535.63	\$656.14
41	\$268.53	\$328.95	\$570.77	\$699.19	\$545.69	\$668.47
42	\$273.28	\$334.76	\$580.85	\$711.54	\$555.33	\$680.27
43	\$279.88	\$342.85	\$594.88	\$728.73	\$568.74	\$696.70
44	\$288.13	\$352.95	\$612.42	\$750.21	\$585.50	\$717.24
45	\$297.82	\$364.83	\$633.02	\$775.45	\$605.20	\$741.37
46	\$309.37	\$378.98	\$657.57	\$805.52	\$628.67	\$770.12
47	\$322.36	\$394.90	\$685.19	\$839.35	\$655.07	\$802.47
48	\$337.21	\$413.09	\$716.75	\$878.02	\$685.25	\$839.43
49	\$351.86	\$431.02	\$747.88	\$916.15	\$715.01	\$875.88
50	\$368.36	\$506.49	\$782.95	\$1,076.55	\$748.54	\$1,029.24
51	\$384.65	\$528.89	\$817.58	\$1,124.17	\$781.65	\$1,074.76
52	\$402.59	\$553.57	\$855.72	\$1,176.61	\$818.11	\$1,124.90
53	\$420.74	\$578.52	\$894.29	\$1,229.65	\$854.99	\$1,175.61
54	\$440.34	\$605.46	\$935.94	\$1,286.92	\$894.81	\$1,230.36
55	\$459.93	\$632.40	\$977.59	\$1,344.18	\$934.62	\$1,285.11
56	\$481.17	\$661.61	\$1,022.74	\$1,406.27	\$977.79	\$1,344.46
57	\$502.62	\$691.11	\$1,068.33	\$1,468.95	\$1,021.38	\$1,404.40
58	\$525.52	\$722.58	\$1,116.99	\$1,535.86	\$1,067.90	\$1,468.36
59	\$536.86	\$738.18	\$1,141.10	\$1,569.02	\$1,090.95	\$1,500.06
60	\$559.75	\$769.66	\$1,189.76	\$1,635.92	\$1,137.47	\$1,564.03
61	\$579.55	\$796.89	\$1,231.85	\$1,693.79	\$1,177.71	\$1,619.35
62	\$592.55	\$814.75	\$1,259.46	\$1,731.76	\$1,204.11	\$1,655.66
63	\$608.84	\$837.15	\$1,294.10	\$1,779.38	\$1,237.22	\$1,701.18
64	\$618.74	\$850.77	\$1,315.14	\$1,808.31	\$1,257.33	\$1,728.84
65+	\$618.74	\$850.77	\$1,315.14	\$1,808.31	\$1,257.33	\$1,728.84

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100029		33871PA0100030		33871PA0100031	
Plan ID (Off Exchange)=>	33871PA0100029		33871PA0100030		33871PA0100031	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Gold		Gold		Silver	
Plan Name =>	Keystone DPOS Gold Preferred\$30/\$60/\$600		Keystone DPOS Gold Classic\$1,000 \$25/\$50/90%		Keystone DPOS Silver Classic\$2,000 \$25/\$50/70%	
Deductible =>	\$0		\$1,000		\$2,000	
Coinsurance =>	0%		10%		30%	
Copays =>	\$30/\$60		\$25 no ded/\$50 no ded		\$25 no ded/\$50 no ded	
OOP Maximum =>	\$6,850		\$5,500		\$6,600	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$221.00	\$221.00	\$225.49	\$225.49	\$198.80	\$198.80
21	\$348.03	\$391.54	\$355.10	\$399.49	\$313.07	\$352.20
22	\$348.03	\$391.54	\$355.10	\$399.49	\$313.07	\$352.20
23	\$348.03	\$391.54	\$355.10	\$399.49	\$313.07	\$352.20
24	\$348.03	\$391.54	\$355.10	\$399.49	\$313.07	\$352.20
25	\$349.43	\$393.10	\$356.52	\$401.09	\$314.32	\$353.61
26	\$356.39	\$400.93	\$363.63	\$409.08	\$320.58	\$360.65
27	\$364.74	\$410.33	\$372.15	\$418.67	\$328.10	\$369.11
28	\$378.31	\$425.60	\$386.00	\$434.25	\$340.30	\$382.84
29	\$389.45	\$438.13	\$397.36	\$447.03	\$350.32	\$394.11
30	\$395.02	\$464.15	\$403.04	\$473.58	\$355.33	\$417.52
31	\$403.37	\$473.96	\$411.57	\$483.59	\$362.85	\$426.34
32	\$411.72	\$483.77	\$420.09	\$493.60	\$370.36	\$435.17
33	\$416.94	\$489.91	\$425.41	\$499.86	\$375.06	\$440.69
34	\$422.51	\$496.45	\$431.10	\$506.54	\$380.06	\$446.58
35	\$425.30	\$499.72	\$433.94	\$509.88	\$382.57	\$449.52
36	\$428.08	\$503.00	\$436.78	\$513.21	\$385.07	\$452.46
37	\$430.87	\$506.27	\$439.62	\$516.55	\$387.58	\$455.40
38	\$433.65	\$509.54	\$442.46	\$519.89	\$390.08	\$458.35
39	\$439.22	\$516.08	\$448.14	\$526.57	\$395.09	\$464.23
40	\$444.79	\$544.86	\$453.82	\$555.93	\$400.10	\$490.12
41	\$453.14	\$555.10	\$462.35	\$566.37	\$407.61	\$499.33
42	\$461.14	\$564.90	\$470.51	\$576.38	\$414.81	\$508.15
43	\$472.28	\$578.54	\$481.88	\$590.30	\$424.83	\$520.42
44	\$486.20	\$595.60	\$496.08	\$607.70	\$437.36	\$535.76
45	\$502.56	\$615.64	\$512.77	\$628.14	\$452.07	\$553.79
46	\$522.05	\$639.51	\$532.66	\$652.50	\$469.60	\$575.26
47	\$543.98	\$666.37	\$555.03	\$679.91	\$489.33	\$599.42
48	\$569.03	\$697.07	\$580.59	\$711.23	\$511.87	\$627.04
49	\$593.74	\$727.34	\$605.81	\$742.11	\$534.09	\$654.26
50	\$621.59	\$854.68	\$634.22	\$872.05	\$559.14	\$768.82
51	\$649.08	\$892.49	\$662.27	\$910.62	\$583.87	\$802.82
52	\$679.36	\$934.12	\$693.16	\$953.10	\$611.11	\$840.27
53	\$709.99	\$976.23	\$724.41	\$996.07	\$638.66	\$878.16
54	\$743.05	\$1,021.70	\$758.15	\$1,042.45	\$668.40	\$919.05
55	\$776.11	\$1,067.16	\$791.88	\$1,088.84	\$698.14	\$959.94
56	\$811.96	\$1,116.45	\$828.46	\$1,139.13	\$730.39	\$1,004.28
57	\$848.16	\$1,166.22	\$865.39	\$1,189.91	\$762.95	\$1,049.05
58	\$886.79	\$1,219.33	\$904.80	\$1,244.11	\$797.70	\$1,096.83
59	\$905.93	\$1,245.65	\$924.34	\$1,270.96	\$814.92	\$1,120.51
60	\$944.56	\$1,298.77	\$963.75	\$1,325.16	\$849.67	\$1,168.29
61	\$977.97	\$1,344.71	\$997.84	\$1,372.03	\$879.72	\$1,209.62
62	\$999.90	\$1,374.86	\$1,020.21	\$1,402.79	\$899.44	\$1,236.74
63	\$1,027.39	\$1,412.67	\$1,048.27	\$1,441.37	\$924.18	\$1,270.74
64	\$1,044.09	\$1,435.64	\$1,065.30	\$1,464.80	\$939.20	\$1,291.40
65+	\$1,044.09	\$1,435.64	\$1,065.30	\$1,464.80	\$939.20	\$1,291.40

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100032		33871PA0100033		33871PA0100044	
Plan ID (Off Exchange)=>	33871PA0100032		33871PA0100033		33871PA0100044	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Silver		Bronze		Gold	
Plan Name =>	Keystone DPOS Silver Classic\$2,500 \$30/\$60/50%		Keystone DPOS Bronze Essential\$6,000 \$50/\$100/\$700		Keystone HMO Gold Proactive	
Deductible =>	\$2,500		\$6,000		\$0	
Coinsurance =>	50%		50%		0%/20%/30%	
Copays =>	\$30 no ded/\$60 no ded		\$50 no ded/\$100 no ded		\$15/\$40, \$30/\$60, \$45/\$80	
OOP Maximum =>	\$6,600		\$6,850		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$183.97	\$183.97	\$136.67	\$136.67	\$185.56	\$185.56
21	\$289.71	\$325.92	\$215.24	\$242.14	\$292.22	\$328.74
22	\$289.71	\$325.92	\$215.24	\$242.14	\$292.22	\$328.74
23	\$289.71	\$325.92	\$215.24	\$242.14	\$292.22	\$328.74
24	\$289.71	\$325.92	\$215.24	\$242.14	\$292.22	\$328.74
25	\$290.87	\$327.23	\$216.10	\$243.11	\$293.38	\$330.06
26	\$296.66	\$333.74	\$220.40	\$247.95	\$299.23	\$336.63
27	\$303.62	\$341.57	\$225.57	\$253.76	\$306.24	\$344.52
28	\$314.91	\$354.28	\$233.96	\$263.21	\$317.64	\$357.34
29	\$324.18	\$364.71	\$240.85	\$270.95	\$326.99	\$367.86
30	\$328.82	\$386.36	\$244.29	\$287.04	\$331.67	\$389.71
31	\$335.77	\$394.53	\$249.46	\$293.11	\$338.68	\$397.95
32	\$342.73	\$402.70	\$254.62	\$299.18	\$345.69	\$406.19
33	\$347.07	\$407.81	\$257.85	\$302.98	\$350.07	\$411.34
34	\$351.71	\$413.26	\$261.30	\$307.02	\$354.75	\$416.83
35	\$354.02	\$415.98	\$263.02	\$309.05	\$357.09	\$419.58
36	\$356.34	\$418.70	\$264.74	\$311.07	\$359.43	\$422.33
37	\$358.66	\$421.43	\$266.46	\$313.09	\$361.76	\$425.07
38	\$360.98	\$424.15	\$268.18	\$315.12	\$364.10	\$427.82
39	\$365.61	\$429.60	\$271.63	\$319.16	\$368.78	\$433.31
40	\$370.25	\$453.55	\$275.07	\$336.96	\$373.45	\$457.48
41	\$377.20	\$462.07	\$280.24	\$343.29	\$380.47	\$466.07
42	\$383.86	\$470.23	\$285.19	\$349.35	\$387.19	\$474.30
43	\$393.14	\$481.59	\$292.07	\$357.79	\$396.54	\$485.76
44	\$404.72	\$495.79	\$300.68	\$368.34	\$408.23	\$500.08
45	\$418.34	\$512.47	\$310.80	\$380.73	\$421.96	\$516.90
46	\$434.56	\$532.34	\$322.85	\$395.50	\$438.32	\$536.95
47	\$452.82	\$554.70	\$336.41	\$412.11	\$456.73	\$559.50
48	\$473.67	\$580.25	\$351.91	\$431.09	\$477.77	\$585.27
49	\$494.24	\$605.45	\$367.19	\$449.81	\$498.52	\$610.69
50	\$517.42	\$711.45	\$384.41	\$528.56	\$521.90	\$717.61
51	\$540.31	\$742.92	\$401.41	\$551.94	\$544.98	\$749.35
52	\$565.51	\$777.58	\$420.14	\$577.69	\$570.41	\$784.31
53	\$591.01	\$812.63	\$439.08	\$603.74	\$596.12	\$819.67
54	\$618.53	\$850.48	\$459.53	\$631.85	\$623.88	\$857.84
55	\$646.05	\$888.32	\$479.98	\$659.97	\$651.64	\$896.01
56	\$675.89	\$929.35	\$502.14	\$690.45	\$681.74	\$937.39
57	\$706.02	\$970.78	\$524.53	\$721.23	\$712.13	\$979.18
58	\$738.18	\$1,015.00	\$548.42	\$754.08	\$744.57	\$1,023.78
59	\$754.11	\$1,036.91	\$560.26	\$770.35	\$760.64	\$1,045.88
60	\$786.27	\$1,081.12	\$584.15	\$803.20	\$793.07	\$1,090.48
61	\$814.08	\$1,119.36	\$604.81	\$831.62	\$821.13	\$1,129.05
62	\$832.33	\$1,144.46	\$618.37	\$850.26	\$839.54	\$1,154.36
63	\$855.22	\$1,175.93	\$635.38	\$873.64	\$862.62	\$1,186.11
64	\$869.13	\$1,195.05	\$645.71	\$887.85	\$876.65	\$1,205.39
65+	\$869.13	\$1,195.05	\$645.71	\$887.85	\$876.65	\$1,205.39

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>			
Plan ID (Off Exchange)=>	33871PA0100045		
Form # =>	AHPA 670 WPR GMC		
Rating Area =>	8		
Network =>	Keystone Health Plan East Network		
Metal =>	Silver		
Plan Name =>	Keystone HMO Silver Proactive		
Deductible =>	\$0/\$5000/\$5000		
Coinsurance =>	0%/5%/10%		
Copays =>	\$30/\$60, \$40 no ded/\$80 no ded, \$50 no ded/\$100 no ded		
OOP Maximum =>	\$6,850		
Dental (Yes/No)	Yes		
Age Band	Non-Tobacco	Tobacco	
0-20	\$149.38	\$149.38	
21	\$235.24	\$264.65	
22	\$235.24	\$264.65	
23	\$235.24	\$264.65	
24	\$235.24	\$264.65	
25	\$236.18	\$265.71	
26	\$240.89	\$271.00	
27	\$246.53	\$277.35	
28	\$255.71	\$287.67	
29	\$263.24	\$296.14	
30	\$267.00	\$313.73	
31	\$272.65	\$320.36	
32	\$278.29	\$326.99	
33	\$281.82	\$331.14	
34	\$285.58	\$335.56	
35	\$287.47	\$337.77	
36	\$289.35	\$339.98	
37	\$291.23	\$342.20	
38	\$293.11	\$344.41	
39	\$296.88	\$348.83	
40	\$300.64	\$368.28	
41	\$306.29	\$375.20	
42	\$311.70	\$381.83	
43	\$319.22	\$391.05	
44	\$328.63	\$402.58	
45	\$339.69	\$416.12	
46	\$352.86	\$432.26	
47	\$367.68	\$450.41	
48	\$384.62	\$471.16	
49	\$401.32	\$491.62	
50	\$420.14	\$577.70	
51	\$438.73	\$603.25	
52	\$459.19	\$631.39	
53	\$479.89	\$659.85	
54	\$502.24	\$690.58	
55	\$524.59	\$721.31	
56	\$548.82	\$754.63	
57	\$573.29	\$788.27	
58	\$599.40	\$824.17	
59	\$612.34	\$841.96	
60	\$638.45	\$877.87	
61	\$661.03	\$908.92	
62	\$675.85	\$929.30	
63	\$694.44	\$954.85	
64	\$705.72	\$970.37	
65+	\$705.72	\$970.37	

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange)=>						
Plan ID (Off Exchange)=>	33871PA0100047		33871PA0100049		33871PA0100048	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Gold		Silver		Silver	
Plan Name =>	Keystone HMO Gold Classic\$2,000 \$40/\$80/100%		Keystone HMO Silver Secure\$3,500 \$40/\$80/\$600		Keystone HMO Silver Classic\$4,250 \$40/\$80/100%	
Deductible =>	\$2,000		\$3,500		\$4,250	
Coinurance =>	0%		0%		0%	
Copays =>	\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded	
OOP Maximum =>	\$3,000		\$6,850		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$210.80	\$210.80	\$166.77	\$166.77	\$179.72	\$179.72
21	\$331.97	\$373.46	\$262.62	\$295.45	\$283.03	\$318.40
22	\$331.97	\$373.46	\$262.62	\$295.45	\$283.03	\$318.40
23	\$331.97	\$373.46	\$262.62	\$295.45	\$283.03	\$318.40
24	\$331.97	\$373.46	\$262.62	\$295.45	\$283.03	\$318.40
25	\$333.29	\$374.96	\$263.68	\$296.63	\$284.16	\$319.68
26	\$339.93	\$382.43	\$268.93	\$302.54	\$289.82	\$326.05
27	\$347.90	\$391.39	\$275.23	\$309.63	\$296.61	\$333.69
28	\$360.85	\$405.95	\$285.47	\$321.16	\$307.65	\$346.11
29	\$371.47	\$417.90	\$293.88	\$330.61	\$316.71	\$356.29
30	\$376.78	\$442.72	\$298.08	\$350.24	\$321.23	\$377.45
31	\$384.75	\$452.08	\$304.38	\$357.65	\$328.03	\$385.43
32	\$392.72	\$461.44	\$310.68	\$365.05	\$334.82	\$393.41
33	\$397.70	\$467.29	\$314.62	\$369.68	\$339.07	\$398.40
34	\$403.01	\$473.53	\$318.83	\$374.62	\$343.59	\$403.72
35	\$405.66	\$476.65	\$320.93	\$377.09	\$345.86	\$406.38
36	\$408.32	\$479.77	\$323.03	\$379.56	\$348.12	\$409.04
37	\$410.97	\$482.90	\$325.13	\$382.03	\$350.39	\$411.70
38	\$413.63	\$486.02	\$327.23	\$384.50	\$352.65	\$414.36
39	\$418.94	\$492.26	\$331.43	\$389.43	\$357.18	\$419.69
40	\$424.25	\$519.71	\$335.63	\$411.15	\$361.71	\$443.09
41	\$432.22	\$529.47	\$341.94	\$418.87	\$368.50	\$451.41
42	\$439.86	\$538.82	\$347.98	\$426.27	\$375.01	\$459.39
43	\$450.48	\$551.84	\$356.38	\$436.57	\$384.07	\$470.48
44	\$463.76	\$568.10	\$366.89	\$449.44	\$395.39	\$484.35
45	\$479.36	\$587.22	\$379.23	\$464.56	\$408.69	\$500.65
46	\$497.95	\$609.99	\$393.94	\$482.57	\$424.54	\$520.06
47	\$518.86	\$635.61	\$410.48	\$502.84	\$442.37	\$541.90
48	\$542.77	\$664.89	\$429.39	\$526.00	\$462.75	\$566.87
49	\$566.34	\$693.76	\$448.04	\$548.85	\$482.84	\$591.48
50	\$592.89	\$815.23	\$469.05	\$644.94	\$505.49	\$695.04
51	\$619.12	\$851.29	\$489.79	\$673.47	\$527.84	\$725.79
52	\$648.00	\$891.00	\$512.64	\$704.88	\$552.47	\$759.64
53	\$677.21	\$931.17	\$535.75	\$736.66	\$577.37	\$793.89
54	\$708.75	\$974.53	\$560.70	\$770.97	\$604.26	\$830.86
55	\$740.29	\$1,017.89	\$585.65	\$805.27	\$631.15	\$867.83
56	\$774.48	\$1,064.91	\$612.70	\$842.47	\$660.30	\$907.91
57	\$809.00	\$1,112.38	\$640.02	\$880.02	\$689.74	\$948.39
58	\$845.85	\$1,163.05	\$669.17	\$920.11	\$721.15	\$991.58
59	\$864.11	\$1,188.15	\$683.61	\$939.97	\$736.72	\$1,012.99
60	\$900.96	\$1,238.82	\$712.76	\$980.05	\$768.13	\$1,056.18
61	\$932.83	\$1,282.64	\$737.98	\$1,014.72	\$795.30	\$1,093.54
62	\$953.74	\$1,311.39	\$754.52	\$1,037.47	\$813.13	\$1,118.06
63	\$979.97	\$1,347.45	\$775.27	\$1,065.99	\$835.49	\$1,148.80
64	\$995.90	\$1,369.35	\$787.86	\$1,083.33	\$849.08	\$1,167.48
65+	\$995.90	\$1,369.35	\$787.86	\$1,083.33	\$849.08	\$1,167.48

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100041		33871PA0100043		33871PA0100042	
Plan ID (Off Exchange)=>	33871PA0100041		33871PA0100043		33871PA0100042	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Gold		Silver		Silver	
Plan Name =>	Keystone DPOS Gold Classic\$2,000 \$40/\$80/100%		Keystone DPOS Silver Secure\$3,500 \$40/\$80/\$600		Keystone DPOS Silver Classic\$4,250 \$40/\$80/100%	
Deductible =>	\$2,000		\$3,500		\$4,250	
Coinsurance =>	0%		0%		0%	
Copays =>	\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded	
OOP Maximum =>	\$3,000		\$6,850		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$219.68	\$219.68	\$174.11	\$174.11	\$187.64	\$187.64
21	\$345.96	\$389.20	\$274.19	\$308.46	\$295.49	\$332.43
22	\$345.96	\$389.20	\$274.19	\$308.46	\$295.49	\$332.43
23	\$345.96	\$389.20	\$274.19	\$308.46	\$295.49	\$332.43
24	\$345.96	\$389.20	\$274.19	\$308.46	\$295.49	\$332.43
25	\$347.34	\$390.76	\$275.29	\$309.70	\$296.67	\$333.76
26	\$354.26	\$398.54	\$280.77	\$315.87	\$302.58	\$340.41
27	\$362.56	\$407.88	\$287.35	\$323.27	\$309.68	\$348.38
28	\$376.05	\$423.06	\$298.04	\$335.30	\$321.20	\$361.35
29	\$387.12	\$435.51	\$306.82	\$345.17	\$330.66	\$371.99
30	\$392.66	\$461.38	\$311.21	\$365.67	\$335.38	\$394.08
31	\$400.96	\$471.13	\$317.79	\$373.40	\$342.47	\$402.41
32	\$409.27	\$480.89	\$324.37	\$381.13	\$349.57	\$410.74
33	\$414.45	\$486.98	\$328.48	\$385.96	\$354.00	\$415.95
34	\$419.99	\$493.49	\$332.87	\$391.12	\$358.73	\$421.50
35	\$422.76	\$496.74	\$335.06	\$393.70	\$361.09	\$424.28
36	\$425.53	\$499.99	\$337.25	\$396.27	\$363.45	\$427.06
37	\$428.29	\$503.24	\$339.45	\$398.85	\$365.82	\$429.84
38	\$431.06	\$506.50	\$341.64	\$401.43	\$368.18	\$432.61
39	\$436.60	\$513.00	\$346.03	\$406.58	\$372.91	\$438.17
40	\$442.13	\$541.61	\$350.41	\$429.26	\$377.64	\$462.61
41	\$450.43	\$551.78	\$357.00	\$437.32	\$384.73	\$471.29
42	\$458.39	\$561.53	\$363.30	\$445.04	\$391.53	\$479.62
43	\$469.46	\$575.09	\$372.08	\$455.79	\$400.98	\$491.20
44	\$483.30	\$592.04	\$383.04	\$469.23	\$412.80	\$505.68
45	\$499.56	\$611.96	\$395.93	\$485.01	\$426.69	\$522.70
46	\$518.93	\$635.69	\$411.28	\$503.82	\$443.24	\$542.97
47	\$540.73	\$662.39	\$428.56	\$524.98	\$461.85	\$565.77
48	\$565.64	\$692.91	\$448.30	\$549.17	\$483.13	\$591.83
49	\$590.20	\$723.00	\$467.77	\$573.02	\$504.11	\$617.53
50	\$617.88	\$849.58	\$489.70	\$673.34	\$527.75	\$725.65
51	\$645.21	\$887.16	\$511.36	\$703.13	\$551.09	\$757.75
52	\$675.31	\$928.55	\$535.22	\$735.93	\$576.80	\$793.10
53	\$705.75	\$970.41	\$559.35	\$769.10	\$602.80	\$828.85
54	\$738.62	\$1,015.60	\$585.40	\$804.92	\$630.87	\$867.45
55	\$771.48	\$1,060.79	\$611.44	\$840.73	\$658.95	\$906.05
56	\$807.11	\$1,109.78	\$639.68	\$879.57	\$689.38	\$947.90
57	\$843.09	\$1,159.25	\$668.20	\$918.78	\$720.11	\$990.16
58	\$881.50	\$1,212.06	\$698.64	\$960.62	\$752.91	\$1,035.26
59	\$900.52	\$1,238.22	\$713.72	\$981.36	\$769.16	\$1,057.60
60	\$938.92	\$1,291.02	\$744.15	\$1,023.21	\$801.96	\$1,102.70
61	\$972.14	\$1,336.69	\$770.47	\$1,059.40	\$830.33	\$1,141.71
62	\$993.93	\$1,366.65	\$787.75	\$1,083.15	\$848.95	\$1,167.30
63	\$1,021.26	\$1,404.23	\$809.41	\$1,112.94	\$872.29	\$1,199.40
64	\$1,037.87	\$1,427.07	\$822.57	\$1,131.03	\$886.47	\$1,218.90
65+	\$1,037.87	\$1,427.07	\$822.57	\$1,131.03	\$886.47	\$1,218.90

AmeriHealth HMO

Plan Design Summary

Company	On/Off Exchange	HIOS Plan ID	Metal Level	Plan Design Marketing Name	Network	Rating Area
AHPA	ON	33871PA0100001	Platinum	Keystone HMO Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100002	Platinum	Keystone HMO Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100003	Gold	Keystone HMO Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100004	Gold	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100005	Silver	Keystone HMO Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100006	Silver	Keystone HMO Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100007	Bronze	Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100008	Gold	Keystone HMO Gold Proactive	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100009	Silver	Keystone HMO Silver Proactive	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100010	Platinum	Keystone DPOS Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100011	Platinum	Keystone DPOS Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100012	Gold	Keystone DPOS Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100013	Gold	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100014	Silver	Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100015	Silver	Keystone DPOS Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100016	Bronze	Keystone DPOS Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100020	Platinum	Keystone HMO Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100021	Platinum	Keystone HMO Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100022	Gold	Keystone HMO Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100023	Gold	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100024	Silver	Keystone HMO Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100025	Silver	Keystone HMO Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100026	Bronze	Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100027	Platinum	Keystone DPOS Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100028	Platinum	Keystone DPOS Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100029	Gold	Keystone DPOS Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100030	Gold	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100031	Silver	Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100032	Silver	Keystone DPOS Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100033	Bronze	Keystone DPOS Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100044	Gold	Keystone HMO Gold Proactive	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100045	Silver	Keystone HMO Silver Proactive	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100035	Gold	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100037	Silver	Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100036	Silver	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100018	Gold	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100034	Silver	Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100019	Silver	Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100047	Gold	Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100049	Silver	Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100048	Silver	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100041	Gold	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100043	Silver	Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8

Company Name:
Product:

Effective Date of Rates:

April 1, 2016 - June 30, 2016

Plan ID (On Exchange) =>	33871PA0100020				33871PA0100021				33871PA0100022			
Plan ID (Off Exchange) =>	AHPA 670 WPR GMC				AHPA 670 WPR GMC				AHPA 670 WPR GMC			
Form # =>	8				8				8			
Rating Area =>	Keystone Health Plan East Network				Keystone Health Plan East Network				Keystone Health Plan East Network			
Network =>	Keystone Health Plan East Network				Keystone Health Plan East Network				Keystone Health Plan East Network			
Metal =>	Platinum				Platinum				Gold			
Plan Name =>	Keystone HMO Platinum Preferred \$10/\$20/\$100				Keystone HMO Platinum Preferred \$20/\$40/\$150				Keystone HMO Gold Preferred\$30/\$60/\$600			
Deductible =>	\$0				\$0				\$0			
Coinurance =>	0%				0%				0%			
Copays =>	\$10/\$20				\$20/\$40				\$30/\$60			
ODP Maximum =>	\$2,500				\$3,200				\$6,850			
Dental (Yes/No)	Yes				Yes				Yes			
Age Band	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
0-20	\$270.91	\$270.91	\$270.91	\$270.91	\$259.01	\$259.01	\$259.01	\$259.01	\$215.41	\$215.41	\$215.41	\$215.41
21	\$426.63	\$479.96	\$479.96	\$479.96	\$407.89	\$458.88	\$458.88	\$458.88	\$339.23	\$381.64	\$381.64	\$381.64
22	\$426.63	\$479.96	\$479.96	\$479.96	\$407.89	\$458.88	\$458.88	\$458.88	\$339.23	\$381.64	\$381.64	\$381.64
23	\$426.63	\$479.96	\$479.96	\$479.96	\$407.89	\$458.88	\$458.88	\$458.88	\$339.23	\$381.64	\$381.64	\$381.64
24	\$426.63	\$479.96	\$479.96	\$479.96	\$407.89	\$458.88	\$458.88	\$458.88	\$339.23	\$381.64	\$381.64	\$381.64
25	\$428.34	\$481.88	\$481.88	\$481.88	\$409.53	\$460.72	\$460.72	\$460.72	\$340.59	\$383.17	\$383.17	\$383.17
26	\$436.87	\$491.48	\$491.48	\$491.48	\$417.68	\$469.89	\$469.89	\$469.89	\$347.38	\$390.80	\$390.80	\$390.80
27	\$447.11	\$503.00	\$503.00	\$503.00	\$427.47	\$480.91	\$480.91	\$480.91	\$355.52	\$399.96	\$399.96	\$399.96
28	\$463.75	\$521.72	\$521.72	\$521.72	\$443.38	\$498.80	\$498.80	\$498.80	\$368.75	\$414.84	\$414.84	\$414.84
29	\$477.40	\$537.08	\$537.08	\$537.08	\$456.43	\$513.49	\$513.49	\$513.49	\$379.60	\$427.05	\$427.05	\$427.05
30	\$484.23	\$548.97	\$548.97	\$548.97	\$462.96	\$523.98	\$523.98	\$523.98	\$385.03	\$432.41	\$432.41	\$432.41
31	\$494.47	\$561.00	\$561.00	\$561.00	\$472.75	\$535.48	\$535.48	\$535.48	\$393.17	\$441.98	\$441.98	\$441.98
32	\$504.71	\$573.03	\$573.03	\$573.03	\$482.54	\$546.98	\$546.98	\$546.98	\$401.31	\$451.54	\$451.54	\$451.54
33	\$509.55	\$580.55	\$580.55	\$580.55	\$488.66	\$557.17	\$557.17	\$557.17	\$406.40	\$457.52	\$457.52	\$457.52
34	\$517.93	\$588.57	\$588.57	\$588.57	\$495.18	\$561.84	\$561.84	\$561.84	\$411.83	\$463.90	\$463.90	\$463.90
35	\$521.35	\$592.58	\$592.58	\$592.58	\$498.45	\$565.67	\$565.67	\$565.67	\$414.54	\$467.09	\$467.09	\$467.09
36	\$524.76	\$596.59	\$596.59	\$596.59	\$501.71	\$569.51	\$569.51	\$569.51	\$417.26	\$470.28	\$470.28	\$470.28
37	\$528.17	\$600.60	\$600.60	\$600.60	\$504.97	\$573.34	\$573.34	\$573.34	\$419.97	\$473.47	\$473.47	\$473.47
38	\$531.58	\$604.61	\$604.61	\$604.61	\$508.24	\$577.18	\$577.18	\$577.18	\$422.69	\$476.66	\$476.66	\$476.66
39	\$538.41	\$612.63	\$612.63	\$612.63	\$514.76	\$584.85	\$584.85	\$584.85	\$428.11	\$483.03	\$483.03	\$483.03
40	\$545.24	\$620.65	\$620.65	\$620.65	\$521.29	\$592.38	\$592.38	\$592.38	\$433.54	\$489.40	\$489.40	\$489.40
41	\$555.48	\$630.46	\$630.46	\$630.46	\$531.08	\$600.57	\$600.57	\$600.57	\$441.68	\$497.54	\$497.54	\$497.54
42	\$565.29	\$640.27	\$640.27	\$640.27	\$540.46	\$608.76	\$608.76	\$608.76	\$449.89	\$505.62	\$505.62	\$505.62
43	\$578.94	\$650.08	\$650.08	\$650.08	\$553.51	\$617.05	\$617.05	\$617.05	\$460.34	\$516.92	\$516.92	\$516.92
44	\$596.01	\$669.89	\$669.89	\$669.89	\$569.83	\$636.04	\$636.04	\$636.04	\$473.91	\$530.54	\$530.54	\$530.54
45	\$616.06	\$689.70	\$689.70	\$689.70	\$589.00	\$655.22	\$655.22	\$655.22	\$489.86	\$546.07	\$546.07	\$546.07
46	\$639.95	\$713.94	\$713.94	\$713.94	\$611.84	\$679.51	\$679.51	\$679.51	\$508.85	\$563.34	\$563.34	\$563.34
47	\$666.81	\$743.86	\$743.86	\$743.86	\$637.54	\$710.98	\$710.98	\$710.98	\$530.22	\$584.52	\$584.52	\$584.52
48	\$697.54	\$784.49	\$784.49	\$784.49	\$666.91	\$816.96	\$816.96	\$816.96	\$554.65	\$609.45	\$609.45	\$609.45
49	\$727.84	\$821.60	\$821.60	\$821.60	\$695.67	\$852.44	\$852.44	\$852.44	\$578.73	\$636.95	\$636.95	\$636.95
50	\$761.97	\$864.70	\$864.70	\$864.70	\$728.50	\$891.69	\$891.69	\$891.69	\$605.87	\$663.08	\$663.08	\$663.08
51	\$795.67	\$909.05	\$909.05	\$909.05	\$760.72	\$914.99	\$914.99	\$914.99	\$632.67	\$690.99	\$690.99	\$690.99
52	\$832.79	\$954.08	\$954.08	\$954.08	\$796.21	\$964.79	\$964.79	\$964.79	\$662.19	\$719.51	\$719.51	\$719.51
53	\$870.33	\$1,000.70	\$1,000.70	\$1,000.70	\$832.10	\$1,014.14	\$1,014.14	\$1,014.14	\$692.04	\$749.55	\$749.55	\$749.55
54	\$910.86	\$1,052.43	\$1,052.43	\$1,052.43	\$870.85	\$1,037.42	\$1,037.42	\$1,037.42	\$724.27	\$780.87	\$780.87	\$780.87
55	\$951.39	\$1,105.16	\$1,105.16	\$1,105.16	\$909.60	\$1,070.70	\$1,070.70	\$1,070.70	\$756.49	\$813.18	\$813.18	\$813.18
56	\$995.33	\$1,160.58	\$1,160.58	\$1,160.58	\$951.62	\$1,108.47	\$1,108.47	\$1,108.47	\$791.43	\$848.22	\$848.22	\$848.22
57	\$1,039.70	\$1,218.59	\$1,218.59	\$1,218.59	\$994.04	\$1,166.80	\$1,166.80	\$1,166.80	\$826.72	\$884.73	\$884.73	\$884.73
58	\$1,087.06	\$1,279.71	\$1,279.71	\$1,279.71	\$1,039.31	\$1,249.06	\$1,249.06	\$1,249.06	\$864.37	\$923.51	\$923.51	\$923.51
59	\$1,130.32	\$1,333.97	\$1,333.97	\$1,333.97	\$1,081.75	\$1,309.90	\$1,309.90	\$1,309.90	\$903.03	\$963.16	\$963.16	\$963.16
60	\$1,157.88	\$1,392.09	\$1,392.09	\$1,392.09	\$1,107.02	\$1,352.16	\$1,352.16	\$1,352.16	\$920.68	\$1,005.94	\$1,005.94	\$1,005.94
61	\$1,198.84	\$1,454.40	\$1,454.40	\$1,454.40	\$1,146.18	\$1,376.00	\$1,376.00	\$1,376.00	\$953.25	\$1,031.72	\$1,031.72	\$1,031.72
62	\$1,225.72	\$1,485.36	\$1,485.36	\$1,485.36	\$1,171.88	\$1,411.33	\$1,411.33	\$1,411.33	\$974.62	\$1,040.10	\$1,040.10	\$1,040.10
63	\$1,259.42	\$1,519.70	\$1,519.70	\$1,519.70	\$1,204.10	\$1,455.64	\$1,455.64	\$1,455.64	\$1,001.42	\$1,076.95	\$1,076.95	\$1,076.95
64	\$1,279.89	\$1,559.86	\$1,559.86	\$1,559.86	\$1,223.67	\$1,482.55	\$1,482.55	\$1,482.55	\$1,017.69	\$1,093.34	\$1,093.34	\$1,093.34
65+	\$1,279.89	\$1,559.86	\$1,559.86	\$1,559.86	\$1,223.67	\$1,482.55	\$1,482.55	\$1,482.55	\$1,017.69	\$1,093.34	\$1,093.34	\$1,093.34

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100023		33871PA0100024		33871PA0100025	
Plan ID (Off Exchange)=>	33871PA0100023		33871PA0100024		33871PA0100025	
Form # =>	AHPA 610 WPR GMC		AHPA 610 WPR GMC		AHPA 610 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Gold		Silver		Silver	
Plan Name =>	Keystone HMO Gold Classic\$1,000 \$25/\$50/90%		Keystone HMO Silver Classic\$2,000 \$25/\$50/70%		Keystone HMO Silver Classic\$2,500 \$30/\$60/50%	
Deductible =>	\$1,000		\$2,000		\$2,500	
Coinurance =>	10%		30%		50%	
Copays =>	\$25 no ded/\$50 no ded		\$25 no ded/\$50 no ded		\$30 no ded/\$60 no ded	
OPR Maximum =>	\$5,500		\$6,000		\$6,000	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$220.28	\$220.28	\$193.85	\$193.85	\$179.38	\$179.38
21	\$346.89	\$390.25	\$305.27	\$343.43	\$282.48	\$317.79
22	\$346.89	\$390.25	\$305.27	\$343.43	\$282.48	\$317.79
23	\$346.89	\$390.25	\$305.27	\$343.43	\$282.48	\$317.79
24	\$346.89	\$390.25	\$305.27	\$343.43	\$282.48	\$317.79
25	\$348.28	\$391.81	\$306.49	\$344.80	\$283.63	\$319.06
26	\$395.22	\$399.62	\$312.59	\$351.67	\$289.26	\$325.42
27	\$363.54	\$408.98	\$319.92	\$359.91	\$296.04	\$333.05
28	\$377.07	\$424.20	\$331.83	\$373.31	\$307.06	\$345.44
29	\$388.17	\$436.09	\$341.60	\$384.29	\$316.10	\$355.61
30	\$393.72	\$462.62	\$346.48	\$407.11	\$320.62	\$376.73
31	\$402.05	\$472.40	\$353.81	\$415.72	\$327.40	\$384.69
32	\$410.37	\$482.19	\$361.13	\$424.33	\$334.18	\$392.66
33	\$415.58	\$488.30	\$365.71	\$429.71	\$338.41	\$397.64
34	\$421.13	\$494.82	\$370.60	\$435.45	\$342.93	\$402.95
35	\$423.90	\$498.08	\$373.04	\$438.32	\$345.19	\$405.60
36	\$426.68	\$501.34	\$375.48	\$441.19	\$347.45	\$408.26
37	\$429.45	\$504.61	\$377.92	\$444.06	\$349.71	\$410.91
38	\$432.22	\$507.87	\$380.36	\$446.93	\$351.97	\$413.57
39	\$437.78	\$514.39	\$385.25	\$452.67	\$356.40	\$418.88
40	\$443.33	\$543.08	\$390.13	\$477.91	\$361.01	\$442.24
41	\$451.65	\$553.27	\$397.46	\$486.89	\$367.79	\$450.55
42	\$459.63	\$563.05	\$404.48	\$495.49	\$374.29	\$458.51
43	\$470.73	\$576.65	\$414.25	\$507.46	\$383.33	\$469.58
44	\$484.61	\$593.64	\$426.46	\$522.41	\$394.63	\$483.42
45	\$500.91	\$613.62	\$440.81	\$539.99	\$407.91	\$499.68
46	\$520.34	\$637.41	\$457.90	\$560.93	\$423.72	\$519.06
47	\$542.19	\$664.18	\$477.13	\$584.40	\$441.52	\$540.86
48	\$567.17	\$694.78	\$499.11	\$611.41	\$461.86	\$565.78
49	\$591.80	\$724.95	\$520.79	\$637.97	\$481.92	\$590.35
50	\$619.55	\$851.88	\$545.21	\$749.66	\$504.51	\$693.71
51	\$646.95	\$889.56	\$569.23	\$782.82	\$526.83	\$724.39
52	\$677.13	\$931.06	\$595.88	\$819.34	\$551.41	\$758.18
53	\$707.66	\$973.03	\$622.75	\$856.28	\$576.27	\$792.36
54	\$740.63	\$1,018.34	\$651.75	\$896.15	\$603.10	\$829.26
55	\$773.57	\$1,063.65	\$680.75	\$936.03	\$629.94	\$866.16
56	\$809.30	\$1,112.78	\$712.19	\$979.26	\$659.03	\$906.17
57	\$845.37	\$1,162.39	\$743.94	\$1,022.92	\$688.41	\$946.57
58	\$883.88	\$1,215.33	\$777.82	\$1,069.51	\$719.77	\$989.68
59	\$902.96	\$1,241.57	\$794.61	\$1,092.59	\$735.30	\$1,013.04
60	\$941.46	\$1,294.51	\$828.50	\$1,139.19	\$766.66	\$1,054.16
61	\$974.76	\$1,340.30	\$857.80	\$1,179.48	\$793.78	\$1,091.44
62	\$996.62	\$1,370.35	\$877.04	\$1,205.92	\$811.57	\$1,115.91
63	\$1,024.02	\$1,408.03	\$901.15	\$1,239.88	\$831.89	\$1,146.60
64	\$1,040.67	\$1,430.93	\$915.81	\$1,259.22	\$847.44	\$1,165.23
65+	\$1,040.67	\$1,430.93	\$915.81	\$1,259.22	\$847.44	\$1,165.23

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100026				33871PA0100027				33871PA0100028			
Plan ID (Off Exchange)=>	33871PA0100026				33871PA0100027				33871PA0100028			
Form # =>	AHPA 670 WPR GMC				AHPA 670 WPR GMC				AHPA 670 WPR GMC			
Rating Area =>	8				8				8			
Network =>	Keystone Health Plan East Network				Keystone Health Plan East Network				Keystone Health Plan East Network			
Metal =>	Bronze				Platinum				Platinum			
Plan Name =>	Keystone HMO Bronze Essential\$6,000 \$50/\$100/\$700				Keystone DPOS Platinum Preferred \$10/\$20/\$100				Keystone DPOS Platinum Preferred\$20/\$40/\$150			
Deductible =>	\$6,000				\$0				\$0			
Coinurance =>	50%				0%				0%			
Copays =>	\$50 no ded/\$100 no ded				\$10/\$20				\$20/\$40			
OOP Maximum =>	\$6,850				\$2,500				\$3,200			
Dental (Yes/No)	Yes				Yes				Yes			
Age Band	Non-Tobacco		Tobacco		Non-Tobacco		Tobacco		Non-Tobacco		Tobacco	
0-20	\$133.32		\$133.32		\$283.38		\$283.38		\$270.93		\$270.93	
21	\$209.96		\$236.21		\$446.27		\$502.06		\$426.66		\$479.99	
22	\$209.96		\$236.21		\$446.27		\$502.06		\$426.66		\$479.99	
23	\$209.96		\$236.21		\$446.27		\$502.06		\$426.66		\$479.99	
24	\$209.96		\$236.21		\$446.27		\$502.06		\$426.66		\$479.99	
25	\$210.80		\$237.15		\$448.06		\$504.07		\$428.37		\$481.91	
26	\$215.00		\$241.87		\$456.98		\$514.11		\$436.90		\$491.51	
27	\$220.04		\$247.54		\$467.69		\$526.16		\$447.14		\$503.03	
28	\$228.23		\$256.76		\$485.10		\$545.74		\$463.78		\$521.75	
29	\$234.95		\$264.31		\$499.38		\$561.80		\$477.43		\$537.11	
30	\$238.31		\$280.01		\$506.52		\$595.16		\$484.26		\$569.01	
31	\$243.34		\$285.93		\$517.23		\$607.75		\$494.50		\$581.04	
32	\$248.38		\$291.85		\$527.94		\$620.33		\$504.74		\$593.07	
33	\$251.53		\$295.55		\$534.64		\$628.20		\$511.14		\$600.59	
34	\$254.89		\$299.50		\$541.78		\$636.59		\$517.97		\$608.61	
35	\$256.57		\$301.47		\$545.35		\$640.78		\$521.38		\$612.62	
36	\$258.25		\$303.45		\$548.92		\$644.98		\$524.79		\$616.63	
37	\$259.93		\$305.42		\$552.49		\$649.17		\$528.21		\$620.64	
38	\$261.61		\$307.39		\$556.06		\$653.37		\$531.62		\$624.65	
39	\$264.97		\$311.34		\$563.20		\$661.76		\$538.45		\$632.67	
40	\$268.33		\$328.70		\$570.34		\$698.66		\$545.27		\$667.96	
41	\$273.37		\$334.88		\$581.05		\$711.78		\$555.51		\$680.50	
42	\$278.20		\$340.79		\$591.31		\$724.36		\$565.33		\$692.52	
43	\$284.92		\$349.02		\$605.59		\$741.85		\$578.98		\$709.25	
44	\$293.31		\$359.31		\$623.44		\$763.72		\$596.05		\$730.16	
45	\$303.18		\$371.40		\$644.42		\$789.41		\$616.10		\$754.72	
46	\$314.94		\$385.80		\$669.43		\$820.03		\$639.99		\$783.99	
47	\$328.17		\$402.01		\$697.53		\$854.47		\$666.87		\$816.92	
48	\$343.29		\$420.52		\$729.66		\$893.83		\$697.59		\$854.55	
49	\$358.19		\$438.79		\$761.34		\$932.65		\$727.88		\$891.66	
50	\$374.99		\$515.61		\$797.04		\$1,095.94		\$762.02		\$1,047.77	
51	\$391.58		\$538.42		\$832.30		\$1,144.41		\$795.72		\$1,094.12	
52	\$409.84		\$563.53		\$871.13		\$1,197.80		\$832.84		\$1,145.16	
53	\$428.32		\$588.94		\$910.40		\$1,251.80		\$870.39		\$1,196.78	
54	\$448.27		\$616.37		\$952.79		\$1,310.09		\$910.92		\$1,252.52	
55	\$468.21		\$643.79		\$995.19		\$1,368.39		\$951.45		\$1,308.25	
56	\$489.84		\$673.53		\$1,041.16		\$1,431.59		\$995.40		\$1,368.67	
57	\$511.67		\$703.55		\$1,087.57		\$1,495.41		\$1,039.77		\$1,429.69	
58	\$534.98		\$735.60		\$1,137.11		\$1,563.52		\$1,087.13		\$1,494.81	
59	\$546.53		\$751.48		\$1,161.60		\$1,597.27		\$1,110.60		\$1,527.07	
60	\$569.83		\$783.52		\$1,211.19		\$1,665.38		\$1,157.96		\$1,592.19	
61	\$589.99		\$811.24		\$1,254.03		\$1,724.29		\$1,198.92		\$1,648.51	
62	\$603.22		\$829.42		\$1,282.14		\$1,762.95		\$1,225.80		\$1,685.47	
63	\$619.80		\$852.23		\$1,317.40		\$1,811.43		\$1,259.50		\$1,731.82	
64	\$629.88		\$866.09		\$1,338.81		\$1,840.88		\$1,279.98		\$1,759.98	
65+	\$629.88		\$866.09		\$1,338.81		\$1,840.88		\$1,279.98		\$1,759.98	

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange) =>	33871PA0100029		33871PA0100030		33871PA0100031	
Plan ID (Off Exchange) =>	33871PA0100029		33871PA0100030		33871PA0100031	
Form # =>	AHPA 610 WPR GMC		AHPA 610 WPR GMC		AHPA 610 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Gold		Gold		Silver	
Plan Name =>	Keystone DPOS Gold Preferred\$30/\$50/\$500		Keystone DPOS Gold Classic\$1,000 \$25/\$50/\$900		Keystone DPOS Silver Classic\$2,000 \$25/\$50/\$700	
Deductible =>	\$0		\$1,000		\$2,000	
Coinsurance =>	0%		10%		30%	
Copays =>	\$30/\$50		\$25 no ded/\$50 no ded		\$25 no ded/\$50 no ded	
OOP Maximum =>	\$6,850		\$5,500		\$6,600	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$224.98	\$224.98	\$229.55	\$229.55	\$202.38	\$202.38
21	\$354.30	\$398.59	\$361.50	\$406.69	\$318.71	\$358.54
22	\$354.30	\$398.59	\$361.50	\$406.69	\$318.71	\$358.54
23	\$354.30	\$398.59	\$361.50	\$406.69	\$318.71	\$358.54
24	\$354.30	\$398.59	\$361.50	\$406.69	\$318.71	\$358.54
25	\$355.72	\$400.18	\$362.94	\$408.31	\$319.98	\$359.98
26	\$362.80	\$408.15	\$370.17	\$416.45	\$326.35	\$367.15
27	\$371.31	\$417.72	\$378.85	\$426.21	\$334.00	\$375.75
28	\$385.12	\$433.27	\$392.95	\$442.07	\$346.43	\$389.74
29	\$396.46	\$446.02	\$404.52	\$455.08	\$356.63	\$401.21
30	\$402.11	\$472.50	\$410.30	\$482.10	\$361.73	\$425.03
31	\$410.63	\$482.50	\$418.98	\$492.30	\$369.38	\$434.02
32	\$419.14	\$492.49	\$427.65	\$502.49	\$377.03	\$443.01
33	\$424.45	\$498.73	\$433.08	\$508.86	\$381.81	\$448.63
34	\$430.12	\$505.39	\$438.86	\$515.66	\$386.91	\$454.62
35	\$432.96	\$508.72	\$441.75	\$519.06	\$389.46	\$457.61
36	\$435.79	\$512.05	\$444.64	\$522.46	\$392.01	\$460.61
37	\$438.62	\$515.38	\$447.54	\$525.85	\$394.56	\$463.60
38	\$441.46	\$518.71	\$450.43	\$529.25	\$397.11	\$466.60
39	\$447.13	\$525.37	\$456.21	\$536.05	\$402.21	\$472.59
40	\$452.80	\$554.68	\$462.00	\$565.94	\$407.31	\$498.95
41	\$461.30	\$565.09	\$470.67	\$576.57	\$414.95	\$508.32
42	\$469.45	\$575.07	\$478.99	\$586.76	\$422.28	\$517.30
43	\$480.79	\$588.96	\$490.55	\$600.93	\$432.48	\$529.79
44	\$494.96	\$606.32	\$505.01	\$618.64	\$445.23	\$545.41
45	\$511.61	\$626.72	\$522.00	\$639.45	\$460.21	\$563.76
46	\$531.45	\$651.03	\$542.25	\$664.25	\$478.00	\$585.62
47	\$553.77	\$678.37	\$565.00	\$692.15	\$498.14	\$610.22
48	\$579.28	\$709.62	\$591.05	\$724.04	\$521.08	\$638.33
49	\$604.44	\$740.43	\$616.72	\$755.48	\$543.71	\$666.05
50	\$632.78	\$870.07	\$645.64	\$887.75	\$569.21	\$782.66
51	\$660.77	\$908.56	\$674.19	\$927.02	\$594.29	\$817.28
52	\$691.59	\$950.94	\$705.65	\$970.26	\$622.11	\$855.41
53	\$722.77	\$993.81	\$737.46	\$1,014.00	\$650.16	\$893.97
54	\$756.43	\$1,040.09	\$771.80	\$1,061.22	\$680.44	\$935.60
55	\$790.09	\$1,086.14	\$806.14	\$1,108.44	\$710.71	\$977.23
56	\$826.58	\$1,136.55	\$843.38	\$1,159.64	\$743.54	\$1,022.37
57	\$863.43	\$1,187.22	\$880.97	\$1,211.34	\$776.69	\$1,067.94
58	\$902.76	\$1,241.29	\$921.10	\$1,266.51	\$812.00	\$1,116.58
59	\$922.24	\$1,268.09	\$940.98	\$1,293.85	\$828.59	\$1,140.69
60	\$961.57	\$1,322.16	\$981.11	\$1,349.02	\$864.97	\$1,180.33
61	\$995.58	\$1,368.93	\$1,015.81	\$1,396.74	\$895.56	\$1,231.40
62	\$1,017.91	\$1,399.62	\$1,038.59	\$1,428.05	\$915.64	\$1,259.01
63	\$1,045.90	\$1,438.11	\$1,067.32	\$1,467.32	\$940.83	\$1,293.63
64	\$1,082.90	\$1,461.48	\$1,084.50	\$1,491.18	\$956.12	\$1,314.66
65+	\$1,062.90	\$1,461.48	\$1,084.50	\$1,491.18	\$956.12	\$1,314.66

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100032		33871PA0100033		33871PA0100044	
Plan ID (Off Exchange)=>	33871PA0100032		33871PA0100033		33871PA0100044	
Form # =>	AHPA 610 WPR GMC		AHPA 610 WPR GMC		AHPA 610 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Silver		Bronze		Gold	
Plan Name =>	Keystone DPOS Silver Classic\$2,500 \$30/\$60/50%		Keystone DPOS Bronze Essential\$6,000 \$50/\$100/\$700		Keystone HMO Gold ProActive	
Deductible =>	\$2,500		\$6,000		\$0	
Coinsurance =>	50%		50%		0%/20%/30%	
Copays =>	\$30 no ded/\$60 no ded		\$50 no ded/\$100 no ded		\$15/\$40, \$30/\$60, \$45/\$80	
OOP Maximum =>	\$6,600		\$6,850		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$187.28	\$187.28	\$139.14	\$139.14	\$188.90	\$188.90
21	\$294.93	\$331.79	\$219.11	\$246.50	\$297.48	\$334.66
22	\$294.93	\$331.79	\$219.11	\$246.50	\$297.48	\$334.66
23	\$294.93	\$331.79	\$219.11	\$246.50	\$297.48	\$334.66
24	\$294.93	\$331.79	\$219.11	\$246.50	\$297.48	\$334.66
25	\$296.13	\$333.12	\$219.99	\$247.49	\$298.67	\$336.00
26	\$302.00	\$339.75	\$224.19	\$252.42	\$304.62	\$342.69
27	\$309.08	\$347.72	\$229.63	\$258.33	\$311.76	\$350.73
28	\$320.58	\$360.66	\$238.17	\$267.95	\$323.36	\$363.78
29	\$330.02	\$371.28	\$245.19	\$275.83	\$332.88	\$374.49
30	\$334.74	\$393.32	\$248.69	\$292.21	\$337.64	\$396.72
31	\$341.82	\$401.64	\$253.95	\$298.39	\$344.78	\$405.11
32	\$348.90	\$409.95	\$259.21	\$304.57	\$351.92	\$413.50
33	\$353.32	\$415.15	\$262.50	\$308.43	\$356.38	\$418.75
34	\$358.04	\$420.70	\$266.00	\$312.55	\$361.14	\$424.34
35	\$360.40	\$423.47	\$267.75	\$314.61	\$363.52	\$427.13
36	\$362.76	\$426.24	\$269.51	\$316.67	\$365.90	\$429.93
37	\$365.12	\$429.01	\$271.26	\$318.73	\$368.28	\$432.73
38	\$367.48	\$431.79	\$273.01	\$320.79	\$370.66	\$435.52
39	\$372.20	\$437.33	\$276.52	\$324.91	\$375.42	\$441.12
40	\$376.92	\$461.72	\$280.02	\$343.03	\$380.18	\$465.72
41	\$383.99	\$470.39	\$285.28	\$349.47	\$387.32	\$474.46
42	\$390.78	\$478.70	\$290.32	\$355.65	\$394.16	\$482.84
43	\$400.23	\$490.26	\$297.33	\$364.23	\$403.68	\$494.51
44	\$412.01	\$504.71	\$306.10	\$374.97	\$415.58	\$509.08
45	\$425.87	\$521.69	\$316.40	\$387.59	\$429.56	\$526.21
46	\$442.39	\$541.93	\$328.67	\$402.62	\$446.22	\$546.62
47	\$460.97	\$564.69	\$342.47	\$419.53	\$464.96	\$569.57
48	\$482.20	\$590.70	\$358.25	\$438.85	\$486.38	\$595.81
49	\$503.14	\$616.35	\$373.80	\$457.91	\$507.50	\$621.68
50	\$526.74	\$724.26	\$391.33	\$538.08	\$531.30	\$730.53
51	\$550.04	\$756.30	\$408.64	\$563.88	\$554.80	\$762.85
52	\$575.70	\$791.58	\$427.71	\$588.09	\$580.68	\$798.43
53	\$601.65	\$827.27	\$446.99	\$614.61	\$606.86	\$834.43
54	\$629.67	\$865.79	\$467.80	\$643.23	\$635.12	\$873.28
55	\$657.69	\$904.32	\$488.62	\$673.85	\$663.38	\$912.14
56	\$688.06	\$946.09	\$511.19	\$702.88	\$694.02	\$954.27
57	\$718.74	\$988.26	\$533.97	\$734.21	\$724.95	\$996.81
58	\$751.47	\$1,033.27	\$558.30	\$767.66	\$757.97	\$1,042.21
59	\$787.69	\$1,055.58	\$570.35	\$784.23	\$774.34	\$1,064.71
60	\$800.43	\$1,100.59	\$594.67	\$817.67	\$807.36	\$1,110.11
61	\$828.74	\$1,139.52	\$615.70	\$846.59	\$835.91	\$1,149.38
62	\$847.32	\$1,165.07	\$629.51	\$865.57	\$854.65	\$1,175.15
63	\$870.62	\$1,197.11	\$646.82	\$889.37	\$878.16	\$1,207.46
64	\$884.78	\$1,216.56	\$657.33	\$903.83	\$892.43	\$1,227.09
65+	\$884.78	\$1,216.56	\$657.33	\$903.83	\$892.43	\$1,227.09

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange) >>	33871PA0100045		33871PA0100047		33871PA0100049	
Plan ID (Off Exchange) >>	33871PA0100045		33871PA0100047		33871PA0100049	
Form # >>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area >>	8		8		8	
Network >>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal >>	Silver		Gold		Silver	
Plan Name >>	Keystone HMO Silver Proactive		Keystone HMO Gold Classic \$2,000 \$40/\$80/100%		Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600	
Deductible >>	\$0/\$5000/\$5000		\$2,000		\$3,500	
Coinurance >>	0%/95%/10%		0%		0%	
Copays >>	\$30/\$60, \$40 no ded/\$80 no ded, \$50 no ded/\$100 no ded		\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded	
ODP Maximum >>	\$6,850		\$3,000		\$6,850	
Rental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$152.07	\$152.07	\$214.59	\$214.59	\$169.77	\$169.77
21	\$239.48	\$269.41	\$337.94	\$337.94	\$267.35	\$300.77
22	\$239.48	\$269.41	\$337.94	\$337.94	\$267.35	\$300.77
23	\$239.48	\$269.41	\$337.94	\$337.94	\$267.35	\$300.77
24	\$239.48	\$269.41	\$337.94	\$337.94	\$267.35	\$300.77
25	\$240.44	\$270.49	\$339.30	\$381.71	\$268.42	\$301.98
26	\$245.23	\$275.48	\$346.06	\$389.31	\$273.77	\$307.99
27	\$250.97	\$282.35	\$354.17	\$398.44	\$280.19	\$315.21
28	\$260.31	\$292.85	\$367.35	\$413.26	\$290.61	\$326.94
29	\$267.98	\$301.47	\$378.16	\$425.43	\$299.17	\$336.57
30	\$271.81	\$319.37	\$383.57	\$450.69	\$303.45	\$356.55
31	\$277.56	\$326.13	\$391.68	\$460.22	\$309.86	\$364.09
32	\$283.30	\$332.88	\$399.79	\$469.75	\$316.28	\$371.63
33	\$286.90	\$337.10	\$404.86	\$475.71	\$320.29	\$376.34
34	\$290.73	\$341.60	\$410.26	\$482.06	\$324.57	\$381.37
35	\$292.64	\$343.86	\$412.97	\$485.24	\$326.71	\$383.88
36	\$294.56	\$346.11	\$415.67	\$488.41	\$328.85	\$386.39
37	\$296.47	\$348.36	\$418.38	\$491.59	\$330.98	\$388.91
38	\$298.39	\$350.61	\$421.08	\$494.77	\$333.12	\$391.42
39	\$302.22	\$355.11	\$426.49	\$501.12	\$337.40	\$396.45
40	\$306.05	\$374.92	\$431.89	\$529.07	\$341.68	\$418.56
41	\$311.80	\$381.96	\$440.00	\$539.00	\$348.09	\$426.42
42	\$317.31	\$388.70	\$447.70	\$548.63	\$354.24	\$433.86
43	\$324.97	\$398.09	\$458.59	\$561.77	\$362.80	\$444.43
44	\$334.55	\$409.83	\$472.11	\$578.33	\$373.49	\$457.53
45	\$345.81	\$423.61	\$487.99	\$597.79	\$386.06	\$472.92
46	\$359.22	\$440.04	\$506.92	\$620.97	\$403.03	\$491.26
47	\$374.30	\$458.52	\$528.21	\$647.87	\$417.87	\$511.40
48	\$391.55	\$479.65	\$552.54	\$676.86	\$437.12	\$535.48
49	\$408.55	\$500.47	\$576.53	\$706.25	\$456.11	\$558.73
50	\$427.73	\$588.10	\$603.57	\$829.91	\$477.49	\$656.55
51	\$446.63	\$614.11	\$630.27	\$866.62	\$498.60	\$685.60
52	\$467.46	\$642.76	\$659.67	\$907.04	\$521.87	\$717.58
53	\$488.54	\$671.74	\$689.41	\$947.93	\$545.40	\$749.93
54	\$511.29	\$703.02	\$721.51	\$992.08	\$570.80	\$784.85
55	\$534.04	\$734.40	\$753.62	\$1,036.22	\$596.20	\$819.77
56	\$558.70	\$768.22	\$788.43	\$1,084.08	\$623.74	\$857.64
57	\$583.61	\$802.46	\$823.57	\$1,132.41	\$651.54	\$895.87
58	\$610.19	\$839.01	\$861.08	\$1,183.99	\$681.22	\$936.67
59	\$623.36	\$857.12	\$879.67	\$1,209.35	\$695.92	\$956.89
60	\$649.94	\$893.67	\$917.18	\$1,261.13	\$725.60	\$997.70
61	\$672.93	\$925.29	\$949.62	\$1,305.73	\$751.26	\$1,032.99
62	\$688.02	\$946.03	\$970.92	\$1,335.01	\$768.11	\$1,056.15
63	\$706.94	\$972.04	\$997.61	\$1,371.22	\$786.23	\$1,085.49
64	\$718.44	\$987.84	\$1,013.82	\$1,394.01	\$802.05	\$1,102.83
65+	\$718.44	\$987.84	\$1,013.82	\$1,394.01	\$802.05	\$1,102.83

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100048		33871PA0100041		33871PA0100043	
Plan ID (Off Exchange)=>	33871PA0100048		33871PA0100041		33871PA0100043	
Form # =>	AHPA 610 WPR GMC		AHPA 610 WPR GMC		AHPA 610 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Silver		Gold		Silver	
Plan Name =>	Keystone HMO Silver Classic (\$4,250 \$40/\$80/100%)		Keystone DPOS Gold Classic (\$2,000 \$40/\$80/100%)		Keystone DPOS Silver Classic (\$3,500 \$40/\$80/\$600)	
Deductible =>	\$4,250		\$2,000		\$3,500	
Coinurance =>	0%		0%		0%	
Copays =>	\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded	
OPP Maximum =>	\$6,850		\$3,000		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$182.96	\$182.96	\$223.64	\$223.64	\$177.25	\$177.25
21	\$288.12	\$324.14	\$352.19	\$396.21	\$279.13	\$314.02
22	\$288.12	\$324.14	\$352.19	\$396.21	\$279.13	\$314.02
23	\$288.12	\$324.14	\$352.19	\$396.21	\$279.13	\$314.02
24	\$288.12	\$324.14	\$352.19	\$396.21	\$279.13	\$314.02
25	\$289.28	\$325.43	\$353.59	\$397.79	\$280.24	\$315.27
26	\$295.04	\$331.92	\$360.64	\$405.72	\$285.89	\$321.55
27	\$301.95	\$339.70	\$369.09	\$415.23	\$292.53	\$329.09
28	\$313.19	\$352.34	\$382.83	\$430.68	\$303.41	\$341.34
29	\$322.41	\$362.71	\$394.10	\$443.36	\$312.34	\$351.39
30	\$327.02	\$364.25	\$399.73	\$449.68	\$316.81	\$372.25
31	\$333.93	\$392.37	\$408.18	\$479.62	\$323.51	\$380.12
32	\$340.85	\$400.50	\$416.64	\$489.55	\$330.21	\$387.99
33	\$345.17	\$405.58	\$421.92	\$495.75	\$334.39	\$392.91
34	\$349.78	\$410.99	\$427.55	\$502.38	\$338.86	\$398.16
35	\$352.09	\$413.70	\$430.37	\$505.69	\$341.09	\$400.78
36	\$354.39	\$416.41	\$433.19	\$509.00	\$343.33	\$403.41
37	\$356.70	\$419.12	\$436.01	\$512.31	\$345.56	\$406.03
38	\$359.00	\$421.83	\$438.82	\$515.62	\$347.79	\$408.66
39	\$363.63	\$427.24	\$444.46	\$522.24	\$352.26	\$413.90
40	\$368.22	\$451.07	\$450.09	\$551.36	\$356.72	\$436.99
41	\$375.14	\$459.54	\$458.55	\$561.72	\$363.42	\$445.19
42	\$381.76	\$467.46	\$466.65	\$571.64	\$369.84	\$453.06
43	\$380.98	\$478.95	\$477.92	\$585.45	\$378.78	\$464.00
44	\$402.51	\$493.07	\$492.00	\$602.70	\$389.94	\$477.68
45	\$416.05	\$509.66	\$508.56	\$622.98	\$403.06	\$493.75
46	\$432.18	\$529.43	\$528.28	\$647.14	\$418.69	\$512.90
47	\$450.34	\$551.66	\$550.47	\$674.32	\$436.28	\$534.44
48	\$471.08	\$577.07	\$575.82	\$705.38	\$456.37	\$559.06
49	\$491.54	\$602.13	\$600.83	\$736.01	\$476.19	\$583.33
50	\$514.59	\$707.56	\$629.00	\$864.88	\$498.52	\$685.47
51	\$527.85	\$738.86	\$656.83	\$903.14	\$520.57	\$715.79
52	\$562.42	\$773.32	\$687.47	\$945.27	\$544.86	\$749.18
53	\$587.77	\$808.18	\$718.46	\$987.88	\$569.42	\$782.95
54	\$615.14	\$845.82	\$751.92	\$1,033.88	\$595.94	\$819.41
55	\$642.51	\$883.46	\$785.37	\$1,079.89	\$622.45	\$855.87
56	\$672.19	\$924.26	\$821.65	\$1,129.77	\$651.20	\$895.41
57	\$702.16	\$965.46	\$858.28	\$1,180.13	\$680.23	\$935.32
58	\$734.14	\$1,009.44	\$897.37	\$1,233.88	\$711.22	\$977.92
59	\$749.98	\$1,031.23	\$916.74	\$1,260.52	\$726.57	\$999.03
60	\$781.97	\$1,075.20	\$955.83	\$1,314.27	\$757.55	\$1,041.63
61	\$809.63	\$1,113.24	\$989.64	\$1,360.76	\$784.35	\$1,078.48
62	\$827.78	\$1,138.19	\$1,011.83	\$1,391.26	\$801.93	\$1,102.66
63	\$850.54	\$1,169.49	\$1,039.69	\$1,429.52	\$821.98	\$1,132.86
64	\$864.36	\$1,188.51	\$1,056.56	\$1,462.77	\$837.38	\$1,151.40
65+	\$864.36	\$1,188.51	\$1,056.56	\$1,452.77	\$837.38	\$1,151.40

Company Name:
Product:
Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100042	
Plan ID (Off Exchange)=>	AHPA 610 WPR QMAC	
Form # =>	8	
Rating Area =>	Keystone Health Plan East Network	
Network =>	Silver	
Metal =>	Keystone DPOS Silver Classic BA 250 \$40/\$80/100%	
Plan Name =>	\$4,250	
Deductible =>	0%	
Coinsurance =>	\$40 no ded/\$80 no ded	
Copays =>	\$6,850	
OOP Maximum =>	Yes	
Dental (Yes/No)		
Age Band	Non-Tobacco	Tobacco
0-20	\$191.02	\$191.02
21	\$300.81	\$338.41
22	\$300.81	\$338.41
23	\$300.81	\$338.41
24	\$300.81	\$338.41
25	\$302.02	\$339.77
26	\$308.03	\$346.54
27	\$315.25	\$354.66
28	\$326.98	\$367.86
29	\$336.61	\$378.69
30	\$341.42	\$401.17
31	\$348.64	\$409.65
32	\$355.86	\$418.14
33	\$360.37	\$423.44
34	\$365.19	\$429.09
35	\$367.59	\$431.92
36	\$370.00	\$434.75
37	\$372.41	\$437.58
38	\$374.81	\$440.41
39	\$379.63	\$446.06
40	\$384.44	\$470.94
41	\$391.66	\$479.78
42	\$398.58	\$488.26
43	\$408.20	\$500.05
44	\$420.24	\$514.79
45	\$434.37	\$532.11
46	\$451.22	\$552.74
47	\$470.17	\$575.96
48	\$491.83	\$602.49
49	\$513.19	\$628.65
50	\$537.25	\$738.72
51	\$561.02	\$773.40
52	\$587.19	\$807.38
53	\$613.66	\$843.78
54	\$642.24	\$883.07
55	\$670.81	\$922.37
56	\$701.80	\$964.97
57	\$733.08	\$1,007.99
58	\$766.47	\$1,053.90
59	\$781.02	\$1,076.65
60	\$836.41	\$1,122.56
61	\$845.28	\$1,162.27
62	\$864.24	\$1,188.32
63	\$888.00	\$1,221.00
64	\$902.43	\$1,240.85
65+	\$902.43	\$1,240.85

AmeriHealth HMO

Plan Design Summary

Company	On/Off Exchange	HIOS Plan ID	Metal Level	Plan Design Marketing Name	Network	Rating Area
AHPA	ON	33871PA0100001	Platinum	Keystone HMO Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100002	Platinum	Keystone HMO Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100003	Gold	Keystone HMO Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100004	Gold	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100005	Silver	Keystone HMO Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100006	Silver	Keystone HMO Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100007	Bronze	Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100008	Gold	Keystone HMO Gold Proactive	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100009	Silver	Keystone HMO Silver Proactive	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100010	Platinum	Keystone DPOS Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100011	Platinum	Keystone DPOS Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100012	Gold	Keystone DPOS Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100013	Gold	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100014	Silver	Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100015	Silver	Keystone DPOS Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100016	Bronze	Keystone DPOS Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100020	Platinum	Keystone HMO Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100021	Platinum	Keystone HMO Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100022	Gold	Keystone HMO Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100023	Gold	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100024	Silver	Keystone HMO Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100025	Silver	Keystone HMO Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100026	Bronze	Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100027	Platinum	Keystone DPOS Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100028	Platinum	Keystone DPOS Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100029	Gold	Keystone DPOS Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100030	Gold	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100031	Silver	Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100032	Silver	Keystone DPOS Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100033	Bronze	Keystone DPOS Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100044	Gold	Keystone HMO Gold Proactive	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100045	Silver	Keystone HMO Silver Proactive	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100035	Gold	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100037	Silver	Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100036	Silver	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100018	Gold	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100034	Silver	Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100019	Silver	Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100047	Gold	Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100049	Silver	Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100048	Silver	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100041	Gold	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100043	Silver	Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8

Company Name:

Product:

Effective Date of Rates:

July 1, 2016 - September 30, 2016

Plan ID (On Exchange)=>						
Plan ID (Off Exchange)=>	33871PA0100020		33871PA0100021		33871PA0100022	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Platinum		Platinum		Gold	
Plan Name =>	Keystone HMO Platinum Preferred \$10/\$20/\$100		Keystone HMO Platinum Preferred \$20/\$40/\$150		Keystone HMO Gold Preferred\$30/\$60/\$600	
Deductible =>	\$0		\$0		\$0	
Coinsurance =>	0%		0%		0%	
Copays =>	\$10/\$20		\$20/\$40		\$30/\$60	
OOP Maximum =>	\$2,500		\$3,200		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$275.79	\$275.79	\$263.68	\$263.68	\$219.29	\$219.29
21	\$434.32	\$488.60	\$415.24	\$467.14	\$345.34	\$388.51
22	\$434.32	\$488.60	\$415.24	\$467.14	\$345.34	\$388.51
23	\$434.32	\$488.60	\$415.24	\$467.14	\$345.34	\$388.51
24	\$434.32	\$488.60	\$415.24	\$467.14	\$345.34	\$388.51
25	\$436.05	\$490.56	\$416.90	\$469.01	\$346.73	\$390.07
26	\$444.74	\$500.33	\$425.20	\$478.36	\$353.63	\$397.84
27	\$455.16	\$512.06	\$435.17	\$489.57	\$361.92	\$407.16
28	\$472.10	\$531.11	\$451.37	\$507.79	\$375.39	\$422.31
29	\$486.00	\$546.75	\$464.65	\$522.73	\$386.44	\$434.74
30	\$492.95	\$579.21	\$471.30	\$553.77	\$391.97	\$460.56
31	\$503.37	\$591.46	\$481.26	\$565.48	\$400.25	\$470.30
32	\$513.80	\$603.71	\$491.23	\$577.19	\$408.54	\$480.04
33	\$520.31	\$611.36	\$497.46	\$584.51	\$413.72	\$486.12
34	\$527.26	\$619.53	\$504.10	\$592.32	\$419.25	\$492.62
35	\$530.73	\$623.61	\$507.42	\$596.22	\$422.01	\$495.86
36	\$534.21	\$627.69	\$510.74	\$600.12	\$424.77	\$499.11
37	\$537.68	\$631.78	\$514.07	\$604.03	\$427.54	\$502.35
38	\$541.16	\$635.86	\$517.39	\$607.93	\$430.30	\$505.60
39	\$548.11	\$644.02	\$524.03	\$615.74	\$435.82	\$512.09
40	\$555.05	\$679.94	\$530.68	\$650.08	\$441.35	\$540.65
41	\$565.48	\$692.71	\$540.64	\$662.29	\$449.64	\$550.81
42	\$575.47	\$704.95	\$550.19	\$673.99	\$457.58	\$560.54
43	\$589.37	\$721.97	\$563.48	\$690.26	\$468.63	\$574.07
44	\$606.74	\$743.25	\$580.09	\$710.61	\$482.45	\$591.00
45	\$627.15	\$768.26	\$599.61	\$734.52	\$498.68	\$610.88
46	\$651.47	\$798.05	\$622.86	\$763.00	\$518.02	\$634.57
47	\$678.83	\$831.57	\$649.02	\$795.05	\$539.77	\$661.22
48	\$710.11	\$869.88	\$678.92	\$831.67	\$564.64	\$691.68
49	\$740.94	\$907.65	\$708.40	\$867.79	\$589.16	\$721.72
50	\$775.69	\$1,066.57	\$741.62	\$1,019.72	\$616.78	\$848.08
51	\$810.00	\$1,113.75	\$774.42	\$1,064.83	\$644.07	\$885.59
52	\$847.78	\$1,165.70	\$810.55	\$1,114.50	\$674.11	\$926.90
53	\$886.00	\$1,218.25	\$847.09	\$1,164.75	\$704.50	\$968.69
54	\$927.26	\$1,274.99	\$886.54	\$1,218.99	\$737.31	\$1,013.80
55	\$968.52	\$1,331.72	\$925.98	\$1,273.23	\$770.12	\$1,058.91
56	\$1,013.26	\$1,393.23	\$968.75	\$1,332.04	\$805.69	\$1,107.82
57	\$1,058.43	\$1,455.34	\$1,011.94	\$1,391.41	\$841.60	\$1,157.20
58	\$1,106.64	\$1,521.62	\$1,058.03	\$1,454.79	\$879.94	\$1,209.91
59	\$1,130.52	\$1,554.47	\$1,080.87	\$1,486.19	\$898.93	\$1,236.03
60	\$1,178.73	\$1,620.76	\$1,126.96	\$1,549.57	\$937.26	\$1,288.74
61	\$1,220.43	\$1,678.09	\$1,166.82	\$1,604.38	\$970.42	\$1,334.32
62	\$1,247.79	\$1,715.71	\$1,192.98	\$1,640.35	\$992.17	\$1,364.24
63	\$1,282.10	\$1,762.89	\$1,225.79	\$1,685.46	\$1,019.45	\$1,401.75
64	\$1,302.95	\$1,791.54	\$1,245.72	\$1,712.85	\$1,036.02	\$1,424.54
65+	\$1,302.95	\$1,791.54	\$1,245.72	\$1,712.85	\$1,036.02	\$1,424.54

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100023		33871PA0100024		33871PA0100025	
Plan ID (Off Exchange)=>	33871PA0100023		33871PA0100024		33871PA0100025	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Gold		Silver		Silver	
Plan Name =>	Keystone HMO Gold Classic\$1,000 \$25/\$50/90%		Keystone HMO Silver Classic\$2,000 \$25/\$50/70%		Keystone HMO Silver Classic\$2,500 \$30/\$60/50%	
Deductible =>	\$1,000		\$2,000		\$2,500	
Coinsurance =>	10%		30%		50%	
Copays =>	\$25 no ded/\$50 no ded		\$25 no ded/\$50 no ded		\$30 no ded/\$60 no ded	
OOP Maximum =>	\$5,500		\$6,600		\$6,600	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$224.24	\$224.24	\$197.34	\$197.34	\$182.61	\$182.61
21	\$353.14	\$397.28	\$310.77	\$349.61	\$287.57	\$323.52
22	\$353.14	\$397.28	\$310.77	\$349.61	\$287.57	\$323.52
23	\$353.14	\$397.28	\$310.77	\$349.61	\$287.57	\$323.52
24	\$353.14	\$397.28	\$310.77	\$349.61	\$287.57	\$323.52
25	\$354.55	\$398.87	\$312.01	\$351.01	\$288.72	\$324.81
26	\$361.61	\$406.81	\$318.22	\$358.00	\$294.47	\$331.28
27	\$370.09	\$416.35	\$325.68	\$366.39	\$301.37	\$339.04
28	\$383.86	\$431.84	\$337.80	\$380.03	\$312.59	\$351.66
29	\$395.16	\$444.56	\$347.75	\$391.21	\$321.79	\$362.01
30	\$400.81	\$470.95	\$352.72	\$414.44	\$326.39	\$383.51
31	\$409.29	\$480.91	\$360.18	\$423.21	\$333.29	\$391.62
32	\$417.76	\$490.87	\$367.64	\$431.97	\$340.20	\$399.73
33	\$423.06	\$497.09	\$372.30	\$437.45	\$344.51	\$404.80
34	\$428.71	\$503.73	\$377.27	\$443.29	\$349.11	\$410.20
35	\$431.53	\$507.05	\$379.76	\$446.21	\$351.41	\$412.91
36	\$434.36	\$510.37	\$382.24	\$449.13	\$353.71	\$415.61
37	\$437.18	\$513.69	\$384.73	\$452.06	\$356.01	\$418.31
38	\$440.01	\$517.01	\$387.21	\$454.98	\$358.31	\$421.02
39	\$445.66	\$523.65	\$392.19	\$460.82	\$362.91	\$426.42
40	\$451.31	\$552.85	\$397.16	\$486.52	\$367.51	\$450.21
41	\$459.79	\$563.24	\$404.62	\$495.66	\$374.42	\$458.66
42	\$467.91	\$573.19	\$411.76	\$504.41	\$381.03	\$466.76
43	\$479.21	\$587.03	\$421.71	\$516.59	\$390.23	\$478.03
44	\$493.33	\$604.33	\$434.14	\$531.82	\$401.74	\$492.13
45	\$509.93	\$624.67	\$448.75	\$549.71	\$415.25	\$508.68
46	\$529.71	\$648.89	\$466.15	\$571.03	\$431.35	\$528.41
47	\$551.95	\$676.14	\$485.73	\$595.02	\$449.47	\$550.60
48	\$577.38	\$707.29	\$508.10	\$622.42	\$470.18	\$575.97
49	\$602.45	\$738.00	\$530.17	\$649.45	\$490.59	\$600.98
50	\$630.70	\$867.22	\$555.03	\$763.16	\$513.60	\$706.20
51	\$658.60	\$905.58	\$579.58	\$796.92	\$536.32	\$737.44
52	\$689.32	\$947.82	\$606.61	\$834.09	\$561.34	\$771.84
53	\$720.40	\$990.55	\$633.96	\$871.70	\$586.64	\$806.63
54	\$753.95	\$1,036.68	\$663.48	\$912.29	\$613.96	\$844.20
55	\$787.50	\$1,082.81	\$693.01	\$952.88	\$641.28	\$881.76
56	\$823.87	\$1,132.82	\$725.02	\$996.90	\$670.90	\$922.49
57	\$860.60	\$1,183.32	\$757.34	\$1,041.34	\$700.81	\$963.61
58	\$899.80	\$1,237.22	\$791.83	\$1,088.77	\$732.73	\$1,007.50
59	\$919.22	\$1,263.92	\$808.92	\$1,112.27	\$748.54	\$1,029.25
60	\$958.42	\$1,317.82	\$843.42	\$1,159.70	\$780.46	\$1,073.14
61	\$992.32	\$1,364.44	\$873.25	\$1,200.72	\$808.07	\$1,111.10
62	\$1,014.56	\$1,395.03	\$892.83	\$1,227.64	\$826.19	\$1,136.01
63	\$1,042.46	\$1,433.39	\$917.38	\$1,261.40	\$848.91	\$1,167.25
64	\$1,059.41	\$1,456.68	\$932.30	\$1,281.90	\$862.71	\$1,186.23
65+	\$1,059.41	\$1,456.68	\$932.30	\$1,281.90	\$862.71	\$1,186.23

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100026		33871PA0100027		33871PA0100028	
Plan ID (Off Exchange)=>	33871PA0100026		33871PA0100027		33871PA0100028	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Bronze		Platinum		Platinum	
Plan Name =>	Keystone HMO Bronze Essential\$6,000 \$50/\$100/\$700		Keystone DPOS Platinum Preferred \$10/\$20/\$100		Keystone DPOS Platinum Preferred\$20/\$40/\$150	
Deductible =>	\$6,000		\$0		\$0	
Coinsurance =>	50%		0%		0%	
Copays =>	\$50 no ded/\$100 no ded		\$10/\$20		\$20/\$40	
OOP Maximum =>	\$6,850		\$2,500		\$3,200	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$135.73	\$135.73	\$288.49	\$288.49	\$275.81	\$275.81
21	\$213.74	\$240.46	\$454.31	\$511.10	\$434.34	\$488.64
22	\$213.74	\$240.46	\$454.31	\$511.10	\$434.34	\$488.64
23	\$213.74	\$240.46	\$454.31	\$511.10	\$434.34	\$488.64
24	\$213.74	\$240.46	\$454.31	\$511.10	\$434.34	\$488.64
25	\$214.60	\$241.42	\$456.13	\$513.14	\$436.08	\$490.59
26	\$218.87	\$246.23	\$465.21	\$523.37	\$444.77	\$500.36
27	\$224.00	\$252.00	\$476.12	\$535.63	\$455.19	\$512.09
28	\$232.34	\$261.38	\$493.84	\$555.56	\$472.13	\$531.15
29	\$239.18	\$269.07	\$508.37	\$571.92	\$486.03	\$546.78
30	\$242.60	\$285.05	\$515.64	\$605.88	\$492.98	\$579.25
31	\$247.73	\$291.08	\$526.55	\$618.69	\$503.40	\$591.50
32	\$252.86	\$297.11	\$537.45	\$631.50	\$513.83	\$603.75
33	\$256.06	\$300.87	\$544.26	\$639.51	\$520.34	\$611.40
34	\$259.48	\$304.89	\$551.53	\$648.05	\$527.29	\$619.57
35	\$261.19	\$306.90	\$555.17	\$652.32	\$530.77	\$623.65
36	\$262.90	\$308.91	\$558.80	\$656.59	\$534.24	\$627.74
37	\$264.61	\$310.92	\$562.44	\$660.86	\$537.72	\$631.82
38	\$266.32	\$312.93	\$566.07	\$665.13	\$541.19	\$635.90
39	\$269.74	\$316.95	\$573.34	\$673.67	\$548.14	\$644.07
40	\$273.16	\$334.62	\$580.61	\$711.25	\$555.09	\$679.99
41	\$278.29	\$340.91	\$591.51	\$724.60	\$565.52	\$692.76
42	\$283.21	\$346.93	\$601.96	\$737.40	\$575.51	\$704.99
43	\$290.05	\$355.31	\$616.50	\$755.21	\$589.40	\$722.02
44	\$298.60	\$365.78	\$634.67	\$777.47	\$606.78	\$743.30
45	\$308.64	\$378.09	\$656.02	\$803.63	\$627.19	\$768.31
46	\$320.61	\$392.75	\$681.47	\$834.79	\$651.52	\$798.11
47	\$334.08	\$409.25	\$710.09	\$869.86	\$678.88	\$831.63
48	\$349.47	\$428.10	\$742.80	\$909.93	\$710.15	\$869.94
49	\$364.64	\$446.69	\$775.05	\$949.44	\$740.99	\$907.71
50	\$381.74	\$524.90	\$811.40	\$1,115.67	\$775.74	\$1,066.64
51	\$398.63	\$548.11	\$847.29	\$1,165.02	\$810.05	\$1,113.82
52	\$417.22	\$573.68	\$886.81	\$1,219.37	\$847.84	\$1,165.78
53	\$436.03	\$599.54	\$926.79	\$1,274.34	\$886.06	\$1,218.34
54	\$456.34	\$627.46	\$969.95	\$1,333.68	\$927.32	\$1,275.07
55	\$476.64	\$655.38	\$1,013.11	\$1,393.03	\$968.59	\$1,331.81
56	\$498.66	\$685.66	\$1,059.91	\$1,457.37	\$1,013.32	\$1,393.32
57	\$520.89	\$716.22	\$1,107.15	\$1,522.34	\$1,058.50	\$1,455.43
58	\$544.61	\$748.84	\$1,157.58	\$1,591.68	\$1,106.71	\$1,521.72
59	\$556.37	\$765.01	\$1,182.57	\$1,626.03	\$1,130.60	\$1,554.57
60	\$580.09	\$797.63	\$1,233.00	\$1,695.37	\$1,178.81	\$1,620.86
61	\$600.61	\$825.84	\$1,276.61	\$1,755.34	\$1,220.51	\$1,678.20
62	\$614.08	\$844.36	\$1,305.23	\$1,794.70	\$1,247.87	\$1,715.82
63	\$630.96	\$867.58	\$1,341.12	\$1,844.04	\$1,282.18	\$1,763.00
64	\$641.22	\$881.67	\$1,362.93	\$1,874.03	\$1,303.02	\$1,791.66
65+	\$641.22	\$881.67	\$1,362.93	\$1,874.03	\$1,303.02	\$1,791.66

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100029		33871PA0100030		33871PA0100031	
Plan ID (Off Exchange)=>	33871PA0100029		33871PA0100030		33871PA0100031	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Gold		Gold		Silver	
Plan Name =>	Keystone DPOS Gold Preferred\$30/\$60/\$600		Keystone DPOS Gold Classic\$1,000 \$25/\$50/90%		Keystone DPOS Silver Classic\$2,000 \$25/\$50/70%	
Deductible =>	\$0		\$1,000		\$2,000	
Coinsurance =>	0%		10%		30%	
Copays =>	\$30/\$60		\$25 no ded/\$50 no ded		\$25 no ded/\$50 no ded	
OOP Maximum =>	\$6,850		\$5,500		\$6,600	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$229.03	\$229.03	\$233.69	\$233.69	\$206.02	\$206.02
21	\$360.68	\$405.77	\$368.01	\$414.01	\$324.44	\$365.00
22	\$360.68	\$405.77	\$368.01	\$414.01	\$324.44	\$365.00
23	\$360.68	\$405.77	\$368.01	\$414.01	\$324.44	\$365.00
24	\$360.68	\$405.77	\$368.01	\$414.01	\$324.44	\$365.00
25	\$362.12	\$407.39	\$369.48	\$415.67	\$325.74	\$366.46
26	\$369.34	\$415.50	\$376.84	\$423.95	\$332.23	\$373.76
27	\$377.99	\$425.24	\$385.67	\$433.88	\$340.02	\$382.52
28	\$392.06	\$441.07	\$400.02	\$450.03	\$352.67	\$396.76
29	\$403.60	\$454.05	\$411.80	\$463.28	\$363.05	\$408.44
30	\$409.37	\$481.01	\$417.69	\$490.79	\$368.24	\$432.69
31	\$418.03	\$491.18	\$426.52	\$501.16	\$376.03	\$441.84
32	\$426.69	\$501.36	\$435.35	\$511.54	\$383.82	\$450.99
33	\$432.10	\$507.71	\$440.87	\$518.03	\$388.68	\$456.70
34	\$437.87	\$514.49	\$446.76	\$524.95	\$393.88	\$462.80
35	\$440.75	\$517.88	\$449.71	\$528.40	\$396.47	\$465.85
36	\$443.64	\$521.27	\$452.65	\$531.86	\$399.07	\$468.90
37	\$446.52	\$524.66	\$455.59	\$535.32	\$401.66	\$471.95
38	\$449.41	\$528.05	\$458.54	\$538.78	\$404.26	\$475.00
39	\$455.18	\$534.84	\$464.43	\$545.70	\$409.45	\$481.10
40	\$460.95	\$564.66	\$470.31	\$576.14	\$414.64	\$507.93
41	\$469.61	\$575.27	\$479.15	\$586.95	\$422.43	\$517.47
42	\$477.90	\$585.43	\$487.61	\$597.32	\$429.89	\$526.61
43	\$489.44	\$599.57	\$499.39	\$611.75	\$440.27	\$539.33
44	\$503.87	\$617.24	\$514.11	\$629.78	\$453.25	\$555.23
45	\$520.82	\$638.01	\$531.40	\$650.97	\$468.50	\$573.91
46	\$541.02	\$662.75	\$552.01	\$676.22	\$486.67	\$596.17
47	\$563.74	\$690.59	\$575.20	\$704.62	\$507.11	\$621.21
48	\$589.71	\$722.40	\$601.69	\$737.07	\$530.47	\$649.82
49	\$615.32	\$753.77	\$627.82	\$769.08	\$553.50	\$678.04
50	\$644.18	\$885.74	\$657.26	\$903.74	\$579.46	\$796.75
51	\$672.67	\$924.92	\$686.34	\$943.71	\$605.09	\$832.00
52	\$704.05	\$968.07	\$718.35	\$987.73	\$633.32	\$870.81
53	\$735.79	\$1,011.71	\$750.74	\$1,032.26	\$661.87	\$910.07
54	\$770.05	\$1,058.82	\$785.70	\$1,080.33	\$692.69	\$952.45
55	\$804.32	\$1,105.94	\$820.66	\$1,128.41	\$723.51	\$994.83
56	\$841.47	\$1,157.02	\$858.56	\$1,180.52	\$756.93	\$1,040.78
57	\$878.98	\$1,208.60	\$896.84	\$1,233.15	\$790.67	\$1,087.17
58	\$919.01	\$1,263.64	\$937.69	\$1,289.32	\$826.69	\$1,136.69
59	\$938.85	\$1,290.92	\$957.93	\$1,317.15	\$844.53	\$1,161.23
60	\$978.89	\$1,345.97	\$998.77	\$1,373.31	\$880.54	\$1,210.75
61	\$1,013.51	\$1,393.58	\$1,034.10	\$1,421.89	\$911.69	\$1,253.57
62	\$1,036.24	\$1,424.82	\$1,057.29	\$1,453.77	\$932.13	\$1,281.68
63	\$1,064.73	\$1,464.00	\$1,086.36	\$1,493.75	\$957.76	\$1,316.92
64	\$1,082.04	\$1,487.81	\$1,104.02	\$1,518.03	\$973.32	\$1,338.33
65+	\$1,082.04	\$1,487.81	\$1,104.02	\$1,518.03	\$973.32	\$1,338.33

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100032		33871PA0100033		33871PA0100044	
Plan ID (Off Exchange)=>	33871PA0100032		33871PA0100033		33871PA0100044	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Silver		Bronze		Gold	
Plan Name =>	Keystone DPOS Silver Classic\$2,500 \$30/\$60/50%		Keystone DPOS Bronze Essential\$6,000 \$50/\$100/\$700		Keystone HMO Gold Proactive	
Deductible =>	\$2,500		\$6,000		\$0	
Coinsurance =>	50%		50%		0%/20%/30%	
Copays =>	\$30 no ded/\$60 no ded		\$50 no ded/\$100 no ded		\$15/\$40, \$30/\$60, \$45/\$80	
OOP Maximum =>	\$6,600		\$6,850		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$190.65	\$190.65	\$141.64	\$141.64	\$192.30	\$192.30
21	\$300.24	\$337.77	\$223.06	\$250.94	\$302.84	\$340.69
22	\$300.24	\$337.77	\$223.06	\$250.94	\$302.84	\$340.69
23	\$300.24	\$337.77	\$223.06	\$250.94	\$302.84	\$340.69
24	\$300.24	\$337.77	\$223.06	\$250.94	\$302.84	\$340.69
25	\$301.44	\$339.12	\$223.95	\$251.94	\$304.05	\$342.05
26	\$307.44	\$345.87	\$228.41	\$256.96	\$310.10	\$348.87
27	\$314.65	\$353.98	\$233.76	\$262.98	\$317.37	\$357.04
28	\$326.36	\$367.15	\$242.46	\$272.77	\$329.18	\$370.33
29	\$335.97	\$377.96	\$249.60	\$280.80	\$338.87	\$381.23
30	\$340.77	\$400.40	\$253.17	\$297.47	\$343.72	\$403.87
31	\$347.97	\$408.87	\$258.52	\$303.76	\$350.99	\$412.41
32	\$355.18	\$417.34	\$263.88	\$310.05	\$358.25	\$420.95
33	\$359.68	\$422.63	\$267.22	\$313.99	\$362.80	\$426.29
34	\$364.49	\$428.27	\$270.79	\$318.18	\$367.64	\$431.98
35	\$366.89	\$431.10	\$272.58	\$320.28	\$370.06	\$434.83
36	\$369.29	\$433.92	\$274.36	\$322.37	\$372.49	\$437.67
37	\$371.69	\$436.74	\$276.14	\$324.47	\$374.91	\$440.52
38	\$374.10	\$439.56	\$277.93	\$326.57	\$377.33	\$443.37
39	\$378.90	\$445.21	\$281.50	\$330.76	\$382.18	\$449.06
40	\$383.70	\$470.04	\$285.07	\$349.21	\$387.02	\$474.10
41	\$390.91	\$478.86	\$290.42	\$355.76	\$394.29	\$483.01
42	\$397.81	\$487.32	\$295.55	\$362.05	\$401.26	\$491.54
43	\$407.42	\$499.09	\$302.69	\$370.79	\$410.95	\$503.41
44	\$419.43	\$513.80	\$311.61	\$381.72	\$423.06	\$518.25
45	\$433.54	\$531.09	\$322.09	\$394.57	\$437.29	\$535.69
46	\$450.36	\$551.69	\$334.59	\$409.87	\$454.25	\$556.46
47	\$469.27	\$574.86	\$348.64	\$427.08	\$473.33	\$579.83
48	\$490.89	\$601.34	\$364.70	\$446.76	\$495.14	\$606.54
49	\$512.20	\$627.45	\$380.54	\$466.16	\$516.64	\$632.88
50	\$536.22	\$737.31	\$398.38	\$547.77	\$540.86	\$743.69
51	\$559.94	\$769.92	\$416.00	\$572.00	\$564.79	\$776.58
52	\$586.06	\$805.84	\$435.41	\$598.69	\$591.13	\$812.81
53	\$612.48	\$842.17	\$455.04	\$625.68	\$617.78	\$849.45
54	\$641.01	\$881.38	\$476.23	\$654.81	\$646.55	\$889.01
55	\$669.53	\$920.60	\$497.42	\$683.95	\$675.32	\$928.57
56	\$700.45	\$963.12	\$520.39	\$715.54	\$706.51	\$971.46
57	\$731.68	\$1,006.06	\$543.59	\$747.44	\$738.01	\$1,014.76
58	\$765.00	\$1,051.88	\$568.35	\$781.48	\$771.62	\$1,060.98
59	\$781.52	\$1,074.59	\$580.62	\$798.35	\$788.28	\$1,083.88
60	\$814.84	\$1,120.41	\$605.38	\$832.39	\$821.89	\$1,130.10
61	\$843.67	\$1,160.04	\$626.79	\$861.84	\$850.97	\$1,170.08
62	\$862.58	\$1,186.05	\$640.84	\$881.16	\$870.05	\$1,196.31
63	\$886.30	\$1,218.66	\$658.46	\$905.39	\$893.97	\$1,229.21
64	\$900.71	\$1,238.48	\$669.17	\$920.10	\$908.51	\$1,249.19
65+	\$900.71	\$1,238.48	\$669.17	\$920.10	\$908.51	\$1,249.19

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100045		33871PA0100047		33871PA0100049	
Plan ID (Off Exchange)=>	33871PA0100045		33871PA0100047		33871PA0100049	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Silver		Gold		Silver	
Plan Name =>	Keystone HMO Silver Proactive		Keystone HMO Gold Classic\$2,000 \$40/\$80/100%		Keystone HMO Silver Secure\$3,500 \$40/\$80/\$600	
Deductible =>	\$0/\$5000/\$5000		\$2,000		\$3,500	
Coinsurance =>	0%/5%/10%		0%		0%	
Copays =>	\$30/\$60, \$40 no ded/\$80 no ded, \$50 no ded/\$100 no ded		\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded	
OOP Maximum =>	\$6,850		\$3,000		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$154.81	\$154.81	\$218.46	\$218.46	\$172.83	\$172.83
21	\$243.79	\$274.26	\$344.03	\$387.03	\$272.17	\$306.19
22	\$243.79	\$274.26	\$344.03	\$387.03	\$272.17	\$306.19
23	\$243.79	\$274.26	\$344.03	\$387.03	\$272.17	\$306.19
24	\$243.79	\$274.26	\$344.03	\$387.03	\$272.17	\$306.19
25	\$244.77	\$275.36	\$345.41	\$388.58	\$273.26	\$307.41
26	\$249.64	\$280.85	\$352.29	\$396.32	\$278.70	\$313.54
27	\$255.49	\$287.43	\$360.54	\$405.61	\$285.23	\$320.89
28	\$265.00	\$298.13	\$373.96	\$420.71	\$295.85	\$332.83
29	\$272.80	\$306.90	\$384.97	\$433.09	\$304.56	\$342.63
30	\$276.70	\$325.13	\$390.47	\$458.81	\$308.91	\$362.97
31	\$282.55	\$332.00	\$398.73	\$468.51	\$315.44	\$370.65
32	\$288.40	\$338.88	\$406.99	\$478.21	\$321.98	\$378.32
33	\$292.06	\$343.17	\$412.15	\$484.27	\$326.06	\$383.12
34	\$295.96	\$347.76	\$417.65	\$490.74	\$330.41	\$388.23
35	\$297.91	\$350.05	\$420.41	\$493.98	\$332.59	\$390.79
36	\$299.86	\$352.34	\$423.16	\$497.21	\$334.77	\$393.35
37	\$301.81	\$354.63	\$425.91	\$500.44	\$336.94	\$395.91
38	\$303.76	\$356.92	\$428.66	\$503.68	\$339.12	\$398.47
39	\$307.66	\$361.51	\$434.17	\$510.15	\$343.48	\$403.58
40	\$311.56	\$381.67	\$439.67	\$538.60	\$347.83	\$426.09
41	\$317.42	\$388.83	\$447.93	\$548.71	\$354.36	\$434.09
42	\$323.02	\$395.70	\$455.84	\$558.40	\$360.62	\$441.76
43	\$330.82	\$405.26	\$466.85	\$571.89	\$369.33	\$452.43
44	\$340.58	\$417.21	\$480.61	\$588.75	\$380.22	\$465.77
45	\$352.03	\$431.24	\$496.78	\$608.56	\$393.01	\$481.44
46	\$365.69	\$447.97	\$516.05	\$632.16	\$408.25	\$500.11
47	\$381.05	\$466.78	\$537.72	\$658.71	\$425.40	\$521.11
48	\$398.60	\$488.28	\$562.49	\$689.05	\$445.00	\$545.12
49	\$415.91	\$509.49	\$586.92	\$718.97	\$464.32	\$568.79
50	\$435.41	\$598.69	\$614.44	\$844.85	\$486.09	\$668.38
51	\$454.67	\$625.17	\$641.62	\$882.22	\$507.59	\$697.94
52	\$475.88	\$654.34	\$671.55	\$923.38	\$531.27	\$730.50
53	\$497.33	\$683.83	\$701.82	\$965.01	\$555.22	\$763.43
54	\$520.49	\$715.68	\$734.50	\$1,009.94	\$581.08	\$798.98
55	\$543.65	\$747.52	\$767.19	\$1,054.88	\$606.94	\$834.54
56	\$568.76	\$782.05	\$802.62	\$1,103.61	\$634.97	\$873.08
57	\$594.12	\$816.91	\$838.40	\$1,152.80	\$663.27	\$912.00
58	\$621.18	\$854.12	\$876.59	\$1,205.31	\$693.48	\$953.54
59	\$634.59	\$872.56	\$895.51	\$1,231.33	\$708.45	\$974.12
60	\$661.65	\$909.77	\$933.70	\$1,283.84	\$738.66	\$1,015.66
61	\$685.05	\$941.95	\$966.73	\$1,329.25	\$764.79	\$1,051.59
62	\$700.41	\$963.07	\$988.40	\$1,359.05	\$781.94	\$1,075.17
63	\$719.67	\$989.55	\$1,015.58	\$1,396.42	\$803.44	\$1,104.73
64	\$731.37	\$1,005.63	\$1,032.09	\$1,419.12	\$816.51	\$1,122.69
65+	\$731.37	\$1,005.63	\$1,032.09	\$1,419.12	\$816.51	\$1,122.69

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100048		33871PA0100041		33871PA0100043	
Plan ID (Off Exchange)=>	33871PA0100048		33871PA0100041		33871PA0100043	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Silver		Gold		Silver	
Plan Name =>	Keystone HMO Silver Classic\$4,250 \$40/\$80/100%		Keystone DPOS Gold Classic\$2,000 \$40/\$80/100%		Keystone DPOS Silver Secure\$3,500 \$40/\$80/\$600	
Deductible =>	\$4,250		\$2,000		\$3,500	
Coinsurance =>	0%		0%		0%	
Copays =>	\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded	
OOP Maximum =>	\$6,850		\$3,000		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$186.25	\$186.25	\$227.67	\$227.67	\$180.44	\$180.44
21	\$293.31	\$329.98	\$358.53	\$403.34	\$284.15	\$319.67
22	\$293.31	\$329.98	\$358.53	\$403.34	\$284.15	\$319.67
23	\$293.31	\$329.98	\$358.53	\$403.34	\$284.15	\$319.67
24	\$293.31	\$329.98	\$358.53	\$403.34	\$284.15	\$319.67
25	\$294.48	\$331.30	\$359.96	\$404.96	\$285.29	\$320.95
26	\$300.35	\$337.89	\$367.13	\$413.02	\$290.97	\$327.35
27	\$307.39	\$345.81	\$375.74	\$422.70	\$297.79	\$335.02
28	\$318.83	\$358.68	\$389.72	\$438.43	\$308.88	\$347.48
29	\$328.22	\$369.24	\$401.19	\$451.34	\$317.97	\$357.71
30	\$332.91	\$391.17	\$406.93	\$478.14	\$322.51	\$378.95
31	\$339.95	\$399.44	\$415.53	\$488.25	\$329.33	\$386.97
32	\$346.99	\$407.71	\$424.14	\$498.36	\$336.15	\$394.98
33	\$351.39	\$412.88	\$429.52	\$504.68	\$340.42	\$399.99
34	\$356.08	\$418.39	\$435.25	\$511.42	\$344.96	\$405.33
35	\$358.43	\$421.15	\$438.12	\$514.79	\$347.24	\$408.00
36	\$360.77	\$423.91	\$440.99	\$518.16	\$349.51	\$410.67
37	\$363.12	\$426.67	\$443.86	\$521.53	\$351.78	\$413.34
38	\$365.47	\$429.42	\$446.73	\$524.90	\$354.06	\$416.02
39	\$370.16	\$434.94	\$452.46	\$531.64	\$358.60	\$421.36
40	\$374.85	\$459.19	\$458.20	\$561.29	\$363.15	\$444.86
41	\$381.89	\$467.82	\$466.80	\$571.83	\$369.97	\$453.21
42	\$388.64	\$476.08	\$475.05	\$581.94	\$376.50	\$461.22
43	\$398.02	\$487.58	\$486.52	\$595.99	\$385.60	\$472.36
44	\$409.76	\$501.95	\$500.86	\$613.56	\$396.96	\$486.28
45	\$423.54	\$518.84	\$517.71	\$634.20	\$410.32	\$502.64
46	\$439.97	\$538.96	\$537.79	\$658.79	\$426.23	\$522.13
47	\$458.45	\$561.60	\$560.38	\$686.46	\$444.13	\$544.06
48	\$479.56	\$587.47	\$586.19	\$718.09	\$464.59	\$569.12
49	\$500.39	\$612.98	\$611.65	\$749.27	\$484.77	\$593.84
50	\$523.85	\$720.30	\$640.33	\$880.45	\$507.50	\$697.81
51	\$547.03	\$752.16	\$668.65	\$919.40	\$529.95	\$728.68
52	\$572.54	\$787.25	\$699.85	\$962.29	\$554.67	\$762.67
53	\$598.36	\$822.74	\$731.40	\$1,005.67	\$579.67	\$797.05
54	\$626.22	\$861.05	\$765.46	\$1,052.50	\$606.67	\$834.17
55	\$654.08	\$899.37	\$799.52	\$1,099.34	\$633.66	\$871.29
56	\$684.30	\$940.91	\$836.44	\$1,150.11	\$662.93	\$911.53
57	\$714.80	\$982.85	\$873.73	\$1,201.38	\$692.48	\$952.16
58	\$747.36	\$1,027.62	\$913.53	\$1,256.10	\$724.02	\$995.53
59	\$763.49	\$1,049.80	\$933.25	\$1,283.22	\$739.65	\$1,017.02
60	\$796.05	\$1,094.56	\$973.04	\$1,337.94	\$771.19	\$1,060.39
61	\$824.21	\$1,133.28	\$1,007.46	\$1,385.26	\$798.47	\$1,097.90
62	\$842.68	\$1,158.69	\$1,030.05	\$1,416.32	\$816.37	\$1,122.51
63	\$865.86	\$1,190.55	\$1,058.37	\$1,455.26	\$838.82	\$1,153.38
64	\$879.93	\$1,209.90	\$1,075.58	\$1,478.93	\$852.45	\$1,172.13
65+	\$879.93	\$1,209.90	\$1,075.58	\$1,478.93	\$852.45	\$1,172.13

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>		
Plan ID (Off Exchange)=>	33871PA0100042	
Form # =>	AHPA 670 WPR GMC	
Rating Area =>	8	
Network =>	Keystone Health Plan East Network	
Metal =>	Silver	
Plan Name =>	Keystone DPOS Silver Classic\$4,250 \$40/\$80/100%	
Deductible =>	\$4,250	
Coinsurance =>	0%	
Copays =>	\$40 no ded/\$80 no ded	
OOP Maximum =>	\$6,850	
Dental (Yes/No)	Yes	
Age Band	Non-Tobacco	Tobacco
0-20	\$194.46	\$194.46
21	\$306.23	\$344.51
22	\$306.23	\$344.51
23	\$306.23	\$344.51
24	\$306.23	\$344.51
25	\$307.45	\$345.89
26	\$313.58	\$352.78
27	\$320.93	\$361.04
28	\$332.87	\$374.48
29	\$342.67	\$385.51
30	\$347.57	\$408.40
31	\$354.92	\$417.03
32	\$362.27	\$425.67
33	\$366.86	\$431.06
34	\$371.76	\$436.82
35	\$374.21	\$439.70
36	\$376.66	\$442.58
37	\$379.11	\$445.46
38	\$381.56	\$448.34
39	\$386.46	\$454.09
40	\$391.36	\$479.42
41	\$398.71	\$488.42
42	\$405.75	\$497.05
43	\$415.55	\$509.05
44	\$427.80	\$524.06
45	\$442.20	\$541.69
46	\$459.34	\$562.70
47	\$478.64	\$586.33
48	\$500.69	\$613.34
49	\$522.43	\$639.97
50	\$546.93	\$752.02
51	\$571.12	\$785.29
52	\$597.76	\$821.92
53	\$624.71	\$858.97
54	\$653.80	\$898.98
55	\$682.89	\$938.98
56	\$714.43	\$982.35
57	\$746.28	\$1,026.14
58	\$780.27	\$1,072.88
59	\$797.12	\$1,096.03
60	\$831.11	\$1,142.77
61	\$860.51	\$1,183.20
62	\$879.80	\$1,209.72
63	\$903.99	\$1,242.99
64	\$918.69	\$1,263.20
65+	\$918.69	\$1,263.20

AmeriHealth HMO

Plan Design Summary

Company	On/Off Exchange	HIOS Plan ID	Metal Level	Plan Design Marketing Name	Network	Rating Area
AHPA	ON	33871PA0100001	Platinum	Keystone HMO Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100002	Platinum	Keystone HMO Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100003	Gold	Keystone HMO Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100004	Gold	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100005	Silver	Keystone HMO Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100006	Silver	Keystone HMO Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100007	Bronze	Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100008	Gold	Keystone HMO Gold Proactive	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100009	Silver	Keystone HMO Silver Proactive	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100010	Platinum	Keystone DPOS Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100011	Platinum	Keystone DPOS Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100012	Gold	Keystone DPOS Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100013	Gold	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100014	Silver	Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100015	Silver	Keystone DPOS Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100016	Bronze	Keystone DPOS Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100020	Platinum	Keystone HMO Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100021	Platinum	Keystone HMO Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100022	Gold	Keystone HMO Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100023	Gold	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100024	Silver	Keystone HMO Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100025	Silver	Keystone HMO Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100026	Bronze	Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100027	Platinum	Keystone DPOS Platinum Preferred \$10/\$20/\$100	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100028	Platinum	Keystone DPOS Platinum Preferred \$20/\$40/\$150	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100029	Gold	Keystone DPOS Gold Preferred \$30/\$60/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100030	Gold	Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100031	Silver	Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100032	Silver	Keystone DPOS Silver Classic \$2,500 \$30/\$60/50%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100033	Bronze	Keystone DPOS Bronze Essential \$6,000 \$50/\$100/\$700	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100044	Gold	Keystone HMO Gold Proactive	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100045	Silver	Keystone HMO Silver Proactive	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100035	Gold	Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100037	Silver	Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100036	Silver	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100018	Gold	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100034	Silver	Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8
AHPA	ON	33871PA0100019	Silver	Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100047	Gold	Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100049	Silver	Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100048	Silver	Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100041	Gold	Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	Keystone Health Plan East Network	8
AHPA	OFF	33871PA0100043	Silver	Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600	Keystone Health Plan East Network	8

Company Name:

Product:

Effective Date of Rates:

October 1, 2016 - December 31, 2016

Plan ID (On Exchange)=>						
Plan ID (Off Exchange)=>	33871PA0100020		33871PA0100021		33871PA0100022	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Platinum		Platinum		Gold	
Plan Name =>	Keystone HMO Platinum Preferred \$10/\$20/\$100		Keystone HMO Platinum Preferred \$20/\$40/\$150		Keystone HMO Gold Preferred \$30/\$60/\$600	
Deductible =>	\$0		\$0		\$0	
Coinsurance =>	0%		0%		0%	
Copays =>	\$10/\$20		\$20/\$40		\$30/\$60	
OOP Maximum =>	\$2,500		\$3,200		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$280.76	\$280.76	\$268.43	\$268.43	\$223.24	\$223.24
21	\$442.14	\$497.40	\$422.72	\$475.56	\$351.56	\$395.51
22	\$442.14	\$497.40	\$422.72	\$475.56	\$351.56	\$395.51
23	\$442.14	\$497.40	\$422.72	\$475.56	\$351.56	\$395.51
24	\$442.14	\$497.40	\$422.72	\$475.56	\$351.56	\$395.51
25	\$443.90	\$499.39	\$424.41	\$477.46	\$352.97	\$397.09
26	\$452.75	\$509.34	\$432.86	\$486.97	\$360.00	\$405.00
27	\$463.36	\$521.28	\$443.01	\$498.38	\$368.44	\$414.49
28	\$480.60	\$540.68	\$459.49	\$516.93	\$382.15	\$429.92
29	\$494.75	\$556.59	\$473.02	\$532.15	\$393.40	\$442.57
30	\$501.82	\$589.64	\$479.78	\$563.75	\$399.02	\$468.85
31	\$512.44	\$602.11	\$489.93	\$575.67	\$407.46	\$478.77
32	\$523.05	\$614.58	\$500.07	\$587.59	\$415.90	\$488.68
33	\$529.68	\$622.37	\$506.41	\$595.04	\$421.17	\$494.88
34	\$536.75	\$630.69	\$513.18	\$602.98	\$426.80	\$501.49
35	\$540.29	\$634.84	\$516.56	\$606.96	\$429.61	\$504.79
36	\$543.83	\$639.00	\$519.94	\$610.93	\$432.42	\$508.10
37	\$547.36	\$643.15	\$523.32	\$614.90	\$435.23	\$511.40
38	\$550.90	\$647.31	\$526.71	\$618.88	\$438.05	\$514.71
39	\$557.98	\$655.62	\$533.47	\$626.83	\$443.67	\$521.31
40	\$565.05	\$692.19	\$540.23	\$661.78	\$449.30	\$550.39
41	\$575.66	\$705.19	\$550.38	\$674.21	\$457.73	\$560.72
42	\$585.83	\$717.64	\$560.10	\$686.12	\$465.82	\$570.63
43	\$599.98	\$734.97	\$573.63	\$702.69	\$477.07	\$584.41
44	\$617.66	\$756.64	\$590.54	\$723.41	\$491.13	\$601.64
45	\$638.44	\$782.10	\$610.40	\$747.74	\$507.66	\$621.88
46	\$663.20	\$812.43	\$634.08	\$776.74	\$527.34	\$646.00
47	\$691.06	\$846.55	\$660.71	\$809.37	\$549.49	\$673.13
48	\$722.89	\$885.54	\$691.14	\$846.65	\$574.80	\$704.14
49	\$754.28	\$924.00	\$721.15	\$883.41	\$599.77	\$734.71
50	\$789.66	\$1,085.78	\$754.97	\$1,038.09	\$627.89	\$863.35
51	\$824.58	\$1,133.80	\$788.37	\$1,084.00	\$655.66	\$901.54
52	\$863.05	\$1,186.69	\$825.14	\$1,134.57	\$686.25	\$943.59
53	\$901.96	\$1,240.19	\$862.34	\$1,185.72	\$717.19	\$986.13
54	\$943.96	\$1,297.95	\$902.50	\$1,240.94	\$750.59	\$1,032.06
55	\$985.96	\$1,355.70	\$942.66	\$1,296.16	\$783.98	\$1,077.98
56	\$1,031.50	\$1,418.32	\$986.20	\$1,356.02	\$820.20	\$1,127.77
57	\$1,077.49	\$1,481.54	\$1,030.16	\$1,416.47	\$856.76	\$1,178.04
58	\$1,126.56	\$1,549.02	\$1,077.08	\$1,480.99	\$895.78	\$1,231.70
59	\$1,150.88	\$1,582.46	\$1,100.33	\$1,512.96	\$915.12	\$1,258.29
60	\$1,199.96	\$1,649.94	\$1,147.25	\$1,577.47	\$954.14	\$1,311.94
61	\$1,242.40	\$1,708.30	\$1,187.83	\$1,633.27	\$987.89	\$1,358.35
62	\$1,270.26	\$1,746.60	\$1,214.47	\$1,669.89	\$1,010.04	\$1,388.80
63	\$1,305.19	\$1,794.63	\$1,247.86	\$1,715.81	\$1,037.81	\$1,426.99
64	\$1,326.41	\$1,823.81	\$1,268.15	\$1,743.71	\$1,054.68	\$1,450.20
65+	\$1,326.41	\$1,823.81	\$1,268.15	\$1,743.71	\$1,054.68	\$1,450.20

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>								
Plan ID (Off Exchange)=>	33871PA0100023		33871PA0100024		33871PA0100025			
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC			
Rating Area =>	8		8		8			
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network			
Metal =>	Gold		Silver		Silver			
Plan Name =>	Keystone HMO Gold Classic\$1,000 \$25/\$50/90%		Keystone HMO Silver Classic\$2,000 \$25/\$50/70%		Keystone HMO Silver Classic\$2,500 \$30/\$60/50%			
Deductible =>	\$1,000		\$2,000		\$2,500			
Coinsurance =>	10%		30%		50%			
Copays =>	\$25 no ded/\$50 no ded		\$25 no ded/\$50 no ded		\$30 no ded/\$60 no ded			
OOP Maximum =>	\$5,500		\$6,600		\$6,600			
Dental (Yes/No)	Yes		Yes		Yes			
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$228.28	\$228.28	\$200.89	\$200.89	\$185.90	\$185.90		
21	\$359.50	\$404.43	\$316.36	\$355.91	\$292.75	\$329.34		
22	\$359.50	\$404.43	\$316.36	\$355.91	\$292.75	\$329.34		
23	\$359.50	\$404.43	\$316.36	\$355.91	\$292.75	\$329.34		
24	\$359.50	\$404.43	\$316.36	\$355.91	\$292.75	\$329.34		
25	\$360.93	\$406.05	\$317.63	\$357.33	\$293.92	\$330.66		
26	\$368.12	\$414.14	\$323.95	\$364.45	\$299.77	\$337.25		
27	\$376.75	\$423.85	\$331.55	\$372.99	\$306.80	\$345.15		
28	\$390.77	\$439.62	\$343.89	\$386.87	\$318.22	\$357.99		
29	\$402.28	\$452.56	\$354.01	\$398.26	\$327.59	\$368.53		
30	\$408.03	\$479.43	\$359.07	\$421.91	\$332.27	\$390.42		
31	\$416.66	\$489.57	\$366.66	\$430.83	\$339.30	\$398.67		
32	\$425.28	\$499.71	\$374.26	\$439.75	\$346.32	\$406.93		
33	\$430.68	\$506.05	\$379.00	\$445.33	\$350.71	\$412.09		
34	\$436.43	\$512.80	\$384.06	\$451.27	\$355.40	\$417.59		
35	\$439.31	\$516.18	\$386.59	\$454.25	\$357.74	\$420.34		
36	\$442.18	\$519.56	\$389.12	\$457.22	\$360.08	\$423.09		
37	\$445.06	\$522.94	\$391.66	\$460.20	\$362.42	\$425.85		
38	\$447.93	\$526.32	\$394.19	\$463.17	\$364.76	\$428.60		
39	\$453.69	\$533.08	\$399.25	\$469.12	\$369.45	\$434.10		
40	\$459.44	\$562.81	\$404.31	\$495.28	\$374.13	\$458.31		
41	\$468.07	\$573.38	\$411.90	\$504.58	\$381.16	\$466.92		
42	\$476.33	\$583.51	\$419.18	\$513.49	\$387.89	\$475.17		
43	\$487.84	\$597.60	\$429.30	\$525.90	\$397.26	\$486.64		
44	\$502.22	\$615.22	\$441.96	\$541.40	\$408.97	\$500.99		
45	\$519.11	\$635.91	\$456.83	\$559.61	\$422.73	\$517.84		
46	\$539.25	\$660.58	\$474.54	\$581.31	\$439.12	\$537.93		
47	\$561.89	\$688.32	\$494.47	\$605.73	\$457.57	\$560.52		
48	\$587.78	\$720.03	\$517.25	\$633.63	\$478.64	\$586.34		
49	\$613.30	\$751.29	\$539.71	\$661.15	\$499.43	\$611.80		
50	\$642.06	\$882.83	\$565.02	\$776.91	\$522.85	\$718.92		
51	\$670.46	\$921.89	\$590.01	\$811.27	\$545.98	\$750.72		
52	\$701.74	\$964.89	\$617.54	\$849.11	\$571.44	\$785.74		
53	\$733.37	\$1,008.39	\$645.38	\$887.39	\$597.21	\$821.16		
54	\$767.53	\$1,055.35	\$675.43	\$928.72	\$625.02	\$859.40		
55	\$801.68	\$1,102.31	\$705.49	\$970.04	\$652.83	\$897.64		
56	\$838.71	\$1,153.22	\$738.07	\$1,014.85	\$682.98	\$939.10		
57	\$876.09	\$1,204.63	\$770.97	\$1,060.09	\$713.43	\$980.96		
58	\$916.00	\$1,259.50	\$806.09	\$1,108.37	\$745.92	\$1,025.64		
59	\$935.77	\$1,286.68	\$823.49	\$1,132.30	\$762.02	\$1,047.78		
60	\$975.67	\$1,341.55	\$858.61	\$1,180.58	\$794.52	\$1,092.46		
61	\$1,010.19	\$1,389.01	\$888.98	\$1,222.34	\$822.62	\$1,131.11		
62	\$1,032.83	\$1,420.15	\$908.91	\$1,249.75	\$841.07	\$1,156.47		
63	\$1,061.24	\$1,459.20	\$933.90	\$1,284.11	\$864.19	\$1,188.27		
64	\$1,078.49	\$1,482.93	\$949.08	\$1,304.99	\$878.25	\$1,207.59		
65+	\$1,078.49	\$1,482.93	\$949.08	\$1,304.99	\$878.25	\$1,207.59		

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>						
Plan ID (Off Exchange)=>	33871PA0100026		33871PA0100027		33871PA0100028	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Bronze		Platinum		Platinum	
Plan Name =>	Keystone HMO Bronze Essential\$6,000 \$50/\$100/\$700		Keystone DPOS Platinum Preferred \$10/\$20/\$100		Keystone DPOS Platinum Preferred\$20/\$40/\$150	
Deductible =>	\$6,000		\$0		\$0	
Coinsurance =>	50%		0%		0%	
Copays =>	\$50 no ded/\$100 no ded		\$10/\$20		\$20/\$40	
OOP Maximum =>	\$6,850		\$2,500		\$3,200	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$138.17	\$138.17	\$293.68	\$293.68	\$280.78	\$280.78
21	\$217.59	\$244.79	\$462.49	\$520.30	\$442.17	\$497.44
22	\$217.59	\$244.79	\$462.49	\$520.30	\$442.17	\$497.44
23	\$217.59	\$244.79	\$462.49	\$520.30	\$442.17	\$497.44
24	\$217.59	\$244.79	\$462.49	\$520.30	\$442.17	\$497.44
25	\$218.46	\$245.77	\$464.34	\$522.38	\$443.93	\$499.43
26	\$222.81	\$250.66	\$473.59	\$532.79	\$452.78	\$509.37
27	\$228.03	\$256.54	\$484.69	\$545.28	\$463.39	\$521.31
28	\$236.52	\$266.09	\$502.73	\$565.57	\$480.63	\$540.71
29	\$243.48	\$273.92	\$517.53	\$582.22	\$494.78	\$556.63
30	\$246.97	\$290.18	\$524.93	\$616.79	\$501.86	\$589.68
31	\$252.19	\$296.32	\$536.03	\$629.83	\$512.47	\$602.15
32	\$257.41	\$302.46	\$547.13	\$642.87	\$523.08	\$614.62
33	\$260.67	\$306.29	\$554.06	\$651.03	\$529.71	\$622.41
34	\$264.15	\$310.38	\$561.46	\$659.72	\$536.79	\$630.73
35	\$265.90	\$312.43	\$565.16	\$664.07	\$540.33	\$634.88
36	\$267.64	\$314.47	\$568.86	\$668.42	\$543.86	\$639.04
37	\$269.38	\$316.52	\$572.56	\$672.76	\$547.40	\$643.20
38	\$271.12	\$318.56	\$576.26	\$677.11	\$550.94	\$647.35
39	\$274.60	\$322.65	\$583.66	\$685.81	\$558.01	\$655.67
40	\$278.08	\$340.65	\$591.06	\$724.05	\$565.09	\$692.23
41	\$283.30	\$347.05	\$602.16	\$737.65	\$575.70	\$705.23
42	\$288.31	\$353.18	\$612.80	\$750.68	\$585.87	\$717.69
43	\$295.27	\$361.71	\$627.60	\$768.81	\$600.02	\$735.02
44	\$303.97	\$372.37	\$646.10	\$791.47	\$617.71	\$756.69
45	\$314.20	\$384.90	\$667.84	\$818.10	\$638.49	\$782.15
46	\$326.39	\$399.82	\$693.74	\$849.83	\$663.25	\$812.48
47	\$340.09	\$416.62	\$722.87	\$885.52	\$691.10	\$846.60
48	\$355.76	\$435.81	\$756.17	\$926.31	\$722.94	\$885.60
49	\$371.21	\$454.73	\$789.01	\$966.54	\$754.33	\$924.06
50	\$388.62	\$534.35	\$826.01	\$1,135.76	\$789.71	\$1,085.85
51	\$405.81	\$557.98	\$862.55	\$1,186.00	\$824.64	\$1,133.88
52	\$424.74	\$584.01	\$902.78	\$1,241.33	\$863.11	\$1,186.77
53	\$443.88	\$610.34	\$943.48	\$1,297.29	\$902.02	\$1,240.27
54	\$464.56	\$638.76	\$987.42	\$1,357.70	\$944.02	\$1,298.03
55	\$485.23	\$667.19	\$1,031.36	\$1,418.11	\$986.03	\$1,355.79
56	\$507.64	\$698.00	\$1,078.99	\$1,483.61	\$1,031.57	\$1,418.41
57	\$530.27	\$729.12	\$1,127.09	\$1,549.75	\$1,077.56	\$1,481.64
58	\$554.42	\$762.33	\$1,178.43	\$1,620.34	\$1,126.64	\$1,549.13
59	\$566.39	\$778.78	\$1,203.86	\$1,655.31	\$1,150.96	\$1,582.57
60	\$590.54	\$811.99	\$1,255.20	\$1,725.90	\$1,200.04	\$1,650.05
61	\$611.43	\$840.72	\$1,299.60	\$1,786.95	\$1,242.49	\$1,708.42
62	\$625.14	\$859.56	\$1,328.74	\$1,827.01	\$1,270.34	\$1,746.72
63	\$642.33	\$883.20	\$1,365.27	\$1,877.25	\$1,305.27	\$1,794.75
64	\$652.77	\$897.56	\$1,387.47	\$1,907.78	\$1,326.50	\$1,823.93
65+	\$652.77	\$897.56	\$1,387.47	\$1,907.78	\$1,326.50	\$1,823.93

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>						
Plan ID (Off Exchange)=>	33871PA0100029		33871PA0100030		33871PA0100031	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Gold		Gold		Silver	
Plan Name =>	Keystone DPOS Gold Preferred\$30/\$60/\$600		Keystone DPOS Gold Classic\$1,000 \$25/\$50/90%		Keystone DPOS Silver Classic\$2,000 \$25/\$50/70%	
Deductible =>	\$0		\$1,000		\$2,000	
Coinsurance =>	0%		10%		30%	
Copays =>	\$30/\$60		\$25 no ded/\$50 no ded		\$25 no ded/\$50 no ded	
OOP Maximum =>	\$6,850		\$5,500		\$6,600	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$233.16	\$233.16	\$237.89	\$237.89	\$209.73	\$209.73
21	\$367.18	\$413.07	\$374.64	\$421.46	\$330.29	\$371.57
22	\$367.18	\$413.07	\$374.64	\$421.46	\$330.29	\$371.57
23	\$367.18	\$413.07	\$374.64	\$421.46	\$330.29	\$371.57
24	\$367.18	\$413.07	\$374.64	\$421.46	\$330.29	\$371.57
25	\$368.64	\$414.72	\$376.13	\$423.15	\$331.61	\$373.06
26	\$375.99	\$422.99	\$383.63	\$431.58	\$338.21	\$380.49
27	\$384.80	\$432.90	\$392.62	\$441.69	\$346.14	\$389.41
28	\$399.12	\$449.01	\$407.23	\$458.13	\$359.02	\$403.90
29	\$410.87	\$462.23	\$419.22	\$471.62	\$369.59	\$415.79
30	\$416.74	\$489.67	\$425.21	\$499.62	\$374.88	\$440.48
31	\$425.56	\$500.03	\$434.20	\$510.19	\$382.80	\$449.79
32	\$434.37	\$510.38	\$443.19	\$520.75	\$390.73	\$459.11
33	\$439.88	\$516.85	\$448.81	\$527.36	\$395.68	\$464.93
34	\$445.75	\$523.76	\$454.81	\$534.40	\$400.97	\$471.14
35	\$448.69	\$527.21	\$457.80	\$537.92	\$403.61	\$474.24
36	\$451.63	\$530.66	\$460.80	\$541.44	\$406.25	\$477.35
37	\$454.56	\$534.11	\$463.80	\$544.96	\$408.90	\$480.45
38	\$457.50	\$537.56	\$466.80	\$548.48	\$411.54	\$483.56
39	\$463.38	\$544.47	\$472.79	\$555.53	\$416.82	\$489.77
40	\$469.25	\$574.83	\$478.78	\$586.51	\$422.11	\$517.08
41	\$478.06	\$585.63	\$487.78	\$597.52	\$430.03	\$526.79
42	\$486.51	\$595.97	\$496.39	\$608.08	\$437.63	\$536.10
43	\$498.26	\$610.37	\$508.38	\$622.77	\$448.20	\$549.04
44	\$512.94	\$628.36	\$523.37	\$641.12	\$461.41	\$565.23
45	\$530.20	\$649.50	\$540.97	\$662.69	\$476.93	\$584.24
46	\$550.76	\$674.69	\$561.95	\$688.39	\$495.43	\$606.90
47	\$573.90	\$703.02	\$585.55	\$717.30	\$516.24	\$632.39
48	\$600.33	\$735.41	\$612.53	\$750.35	\$540.02	\$661.52
49	\$626.40	\$767.34	\$639.13	\$782.93	\$563.47	\$690.25
50	\$655.78	\$901.69	\$669.10	\$920.01	\$589.89	\$811.10
51	\$684.78	\$941.58	\$698.69	\$960.71	\$615.99	\$846.98
52	\$716.73	\$985.50	\$731.29	\$1,005.52	\$644.72	\$886.49
53	\$749.04	\$1,029.93	\$764.26	\$1,050.85	\$673.79	\$926.46
54	\$783.92	\$1,077.89	\$799.85	\$1,099.79	\$705.16	\$969.60
55	\$818.80	\$1,125.85	\$835.44	\$1,148.73	\$736.54	\$1,012.74
56	\$856.62	\$1,177.85	\$874.02	\$1,201.78	\$770.56	\$1,059.52
57	\$894.81	\$1,230.36	\$912.99	\$1,255.36	\$804.91	\$1,106.75
58	\$935.56	\$1,286.40	\$954.57	\$1,312.53	\$841.57	\$1,157.16
59	\$955.76	\$1,314.17	\$975.18	\$1,340.87	\$859.74	\$1,182.14
60	\$996.51	\$1,370.21	\$1,016.76	\$1,398.05	\$896.40	\$1,232.55
61	\$1,031.76	\$1,418.68	\$1,052.73	\$1,447.50	\$928.11	\$1,276.15
62	\$1,054.90	\$1,450.48	\$1,076.33	\$1,479.95	\$948.92	\$1,304.76
63	\$1,083.90	\$1,490.37	\$1,105.92	\$1,520.64	\$975.01	\$1,340.64
64	\$1,101.53	\$1,514.60	\$1,123.91	\$1,545.36	\$990.86	\$1,362.42
65+	\$1,101.53	\$1,514.60	\$1,123.91	\$1,545.36	\$990.86	\$1,362.42

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>						
Plan ID (Off Exchange)=>	33871PA0100032		33871PA0100033		33871PA0100044	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Silver		Bronze		Gold	
Plan Name =>	Keystone DPOS Silver Classic\$2,500 \$30/\$60/50%		Keystone DPOS Bronze Essential\$6,000 \$50/\$100/\$700		Keystone HMO Gold Proactive	
Deductible =>	\$2,500		\$6,000		\$0	
Coinurance =>	50%		50%		0%/20%/30%	
Copays =>	\$30 no ded/\$60 no ded		\$50 no ded/\$100 no ded		\$15/\$40, \$30/\$60, \$45/\$80	
OOP Maximum =>	\$6,600		\$6,850		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$194.08	\$194.08	\$144.19	\$144.19	\$195.76	\$195.76
21	\$305.64	\$343.85	\$227.07	\$255.46	\$308.29	\$346.82
22	\$305.64	\$343.85	\$227.07	\$255.46	\$308.29	\$346.82
23	\$305.64	\$343.85	\$227.07	\$255.46	\$308.29	\$346.82
24	\$305.64	\$343.85	\$227.07	\$255.46	\$308.29	\$346.82
25	\$306.87	\$345.22	\$227.98	\$256.48	\$309.52	\$348.21
26	\$312.98	\$352.10	\$232.52	\$261.59	\$315.69	\$355.15
27	\$320.31	\$360.35	\$237.97	\$267.72	\$323.09	\$363.47
28	\$332.23	\$373.76	\$246.83	\$277.68	\$335.11	\$377.00
29	\$342.02	\$384.77	\$254.10	\$285.86	\$344.97	\$388.10
30	\$346.91	\$407.61	\$257.73	\$302.83	\$349.91	\$411.14
31	\$354.24	\$416.23	\$263.18	\$309.23	\$357.31	\$419.83
32	\$361.58	\$424.85	\$268.63	\$315.64	\$364.71	\$428.53
33	\$366.16	\$430.24	\$272.03	\$319.64	\$369.33	\$433.96
34	\$371.05	\$435.99	\$275.67	\$323.91	\$374.26	\$439.76
35	\$373.50	\$438.86	\$277.48	\$326.04	\$376.73	\$442.66
36	\$375.94	\$441.73	\$279.30	\$328.18	\$379.19	\$445.55
37	\$378.39	\$444.60	\$281.12	\$330.31	\$381.66	\$448.45
38	\$380.83	\$447.48	\$282.93	\$332.45	\$384.13	\$451.35
39	\$385.72	\$453.22	\$286.57	\$336.72	\$389.06	\$457.15
40	\$390.61	\$478.50	\$290.20	\$355.50	\$393.99	\$482.64
41	\$397.95	\$487.49	\$295.65	\$362.17	\$401.39	\$491.70
42	\$404.98	\$496.10	\$300.87	\$368.57	\$408.48	\$500.39
43	\$414.76	\$508.08	\$308.14	\$377.47	\$418.35	\$512.48
44	\$426.98	\$523.06	\$317.22	\$388.60	\$430.68	\$527.58
45	\$441.35	\$540.65	\$327.89	\$401.67	\$445.17	\$545.33
46	\$458.47	\$561.62	\$340.61	\$417.25	\$462.43	\$566.48
47	\$477.72	\$585.21	\$354.92	\$434.77	\$481.85	\$590.27
48	\$499.73	\$612.17	\$371.27	\$454.80	\$504.05	\$617.46
49	\$521.43	\$638.75	\$387.39	\$474.55	\$525.94	\$644.28
50	\$545.88	\$750.58	\$405.55	\$557.64	\$550.60	\$757.08
51	\$570.03	\$783.78	\$423.49	\$582.30	\$574.96	\$790.57
52	\$596.62	\$820.35	\$443.25	\$609.47	\$601.78	\$827.45
53	\$623.51	\$857.33	\$463.23	\$636.94	\$628.91	\$864.75
54	\$652.55	\$897.26	\$484.80	\$666.60	\$658.20	\$905.02
55	\$681.59	\$937.18	\$506.37	\$696.27	\$687.48	\$945.29
56	\$713.07	\$980.47	\$529.76	\$728.42	\$719.24	\$988.95
57	\$744.85	\$1,024.17	\$553.38	\$760.90	\$751.30	\$1,033.04
58	\$778.78	\$1,070.82	\$578.58	\$795.55	\$785.52	\$1,080.09
59	\$795.59	\$1,093.94	\$591.07	\$812.73	\$802.47	\$1,103.40
60	\$829.52	\$1,140.59	\$616.28	\$847.38	\$836.69	\$1,150.46
61	\$858.86	\$1,180.93	\$638.08	\$877.36	\$866.29	\$1,191.15
62	\$878.11	\$1,207.41	\$652.38	\$897.03	\$885.71	\$1,217.86
63	\$902.26	\$1,240.61	\$670.32	\$921.69	\$910.07	\$1,251.34
64	\$916.92	\$1,260.78	\$681.21	\$936.68	\$924.87	\$1,271.69
65+	\$916.92	\$1,260.78	\$681.21	\$936.68	\$924.87	\$1,271.69

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>								
Plan ID (Off Exchange)=>	33871PA0100045		33871PA0100047		33871PA0100049			
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC			
Rating Area =>	8		8		8			
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network			
Metal =>	Silver		Gold		Silver			
Plan Name =>	Keystone HMO Silver Proactive		Keystone HMO Gold Classic\$2,000 \$40/\$80/100%		Keystone HMO Silver Secure\$3,500 \$40/\$80/\$600			
Deductible =>	\$0/\$5000/\$5000		\$2,000		\$3,500			
Coinsurance =>	0%/5%/10%		0%		0%			
Copays =>	\$30/\$60, \$40 no ded/\$80 no ded, \$50 no ded/\$100 no ded		\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded			
OOP Maximum =>	\$6,850		\$3,000		\$6,850			
Dental (Yes/No)	Yes		Yes		Yes			
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$157.60	\$157.60	\$222.39	\$222.39	\$175.94	\$175.94		
21	\$248.18	\$279.20	\$350.23	\$394.00	\$277.07	\$311.70		
22	\$248.18	\$279.20	\$350.23	\$394.00	\$277.07	\$311.70		
23	\$248.18	\$279.20	\$350.23	\$394.00	\$277.07	\$311.70		
24	\$248.18	\$279.20	\$350.23	\$394.00	\$277.07	\$311.70		
25	\$249.17	\$280.32	\$351.63	\$395.58	\$278.18	\$312.95		
26	\$254.14	\$285.90	\$358.63	\$403.46	\$283.72	\$319.18		
27	\$260.09	\$292.61	\$367.04	\$412.92	\$290.37	\$326.66		
28	\$269.77	\$303.49	\$380.70	\$428.28	\$301.17	\$338.82		
29	\$277.71	\$312.43	\$391.90	\$440.89	\$310.04	\$348.80		
30	\$281.69	\$330.98	\$397.51	\$467.07	\$314.47	\$369.51		
31	\$287.64	\$337.98	\$405.91	\$476.95	\$321.12	\$377.32		
32	\$293.60	\$344.98	\$414.32	\$486.82	\$327.77	\$385.13		
33	\$297.32	\$349.35	\$419.57	\$492.99	\$331.93	\$390.02		
34	\$301.29	\$354.02	\$425.17	\$499.58	\$336.36	\$395.23		
35	\$303.28	\$356.35	\$427.98	\$502.87	\$338.58	\$397.83		
36	\$305.26	\$358.68	\$430.78	\$506.16	\$340.80	\$400.43		
37	\$307.25	\$361.02	\$433.58	\$509.46	\$343.01	\$403.04		
38	\$309.23	\$363.35	\$436.38	\$512.75	\$345.23	\$405.64		
39	\$313.20	\$368.02	\$441.98	\$519.33	\$349.66	\$410.85		
40	\$317.18	\$388.54	\$447.59	\$548.30	\$354.09	\$433.77		
41	\$323.13	\$395.84	\$455.99	\$558.59	\$360.74	\$441.91		
42	\$328.84	\$402.83	\$464.05	\$568.46	\$367.12	\$449.72		
43	\$336.78	\$412.56	\$475.26	\$582.19	\$375.98	\$460.58		
44	\$346.71	\$424.72	\$489.27	\$599.35	\$387.07	\$474.16		
45	\$358.37	\$439.01	\$505.73	\$619.51	\$400.09	\$490.11		
46	\$372.27	\$456.03	\$525.34	\$643.54	\$415.60	\$509.12		
47	\$387.91	\$475.19	\$547.40	\$670.57	\$433.06	\$530.50		
48	\$405.78	\$497.08	\$572.62	\$701.46	\$453.01	\$554.94		
49	\$423.40	\$518.66	\$597.48	\$731.92	\$472.68	\$579.03		
50	\$443.25	\$609.47	\$625.50	\$860.07	\$494.85	\$680.41		
51	\$462.86	\$636.43	\$653.17	\$898.11	\$516.73	\$710.51		
52	\$484.45	\$666.12	\$683.64	\$940.01	\$540.84	\$743.65		
53	\$506.29	\$696.15	\$714.46	\$982.38	\$565.22	\$777.18		
54	\$529.87	\$728.57	\$747.73	\$1,028.13	\$591.54	\$813.37		
55	\$553.44	\$760.99	\$781.00	\$1,073.88	\$617.86	\$849.56		
56	\$579.01	\$796.13	\$817.08	\$1,123.48	\$646.40	\$888.80		
57	\$604.82	\$831.62	\$853.50	\$1,173.56	\$675.22	\$928.43		
58	\$632.37	\$869.50	\$892.37	\$1,227.02	\$705.97	\$970.71		
59	\$646.02	\$888.27	\$911.64	\$1,253.50	\$721.21	\$991.67		
60	\$673.56	\$926.15	\$950.51	\$1,306.95	\$751.97	\$1,033.95		
61	\$697.39	\$958.91	\$984.13	\$1,353.18	\$778.57	\$1,070.53		
62	\$713.02	\$980.41	\$1,006.20	\$1,383.52	\$796.02	\$1,094.53		
63	\$732.63	\$1,007.37	\$1,033.87	\$1,421.57	\$817.91	\$1,124.63		
64	\$744.54	\$1,023.75	\$1,050.68	\$1,444.68	\$831.21	\$1,142.91		
65+	\$744.54	\$1,023.75	\$1,050.68	\$1,444.68	\$831.21	\$1,142.91		

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>	33871PA0100048		33871PA0100041		33871PA0100043	
Plan ID (Off Exchange)=>	33871PA0100048		33871PA0100041		33871PA0100043	
Form # =>	AHPA 670 WPR GMC		AHPA 670 WPR GMC		AHPA 670 WPR GMC	
Rating Area =>	8		8		8	
Network =>	Keystone Health Plan East Network		Keystone Health Plan East Network		Keystone Health Plan East Network	
Metal =>	Silver		Gold		Silver	
Plan Name =>	Keystone HMO Silver Classic\$4,250 \$40/\$80/100%		Keystone DPOS Gold Classic\$2,000 \$40/\$80/100%		Keystone DPOS Silver Secure\$3,500 \$40/\$80/\$600	
Deductible =>	\$4,250		\$2,000		\$3,500	
Coinsurance =>	0%		0%		0%	
Copays =>	\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded		\$40 no ded/\$80 no ded	
OOP Maximum =>	\$6,850		\$3,000		\$6,850	
Dental (Yes/No)	Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-20	\$189.61	\$189.61	\$231.76	\$231.76	\$183.69	\$183.69
21	\$298.59	\$335.92	\$364.98	\$410.61	\$289.27	\$325.43
22	\$298.59	\$335.92	\$364.98	\$410.61	\$289.27	\$325.43
23	\$298.59	\$335.92	\$364.98	\$410.61	\$289.27	\$325.43
24	\$298.59	\$335.92	\$364.98	\$410.61	\$289.27	\$325.43
25	\$299.79	\$337.26	\$366.44	\$412.25	\$290.43	\$326.73
26	\$305.76	\$343.98	\$373.74	\$420.46	\$296.21	\$333.24
27	\$312.93	\$352.04	\$382.50	\$430.32	\$303.16	\$341.05
28	\$324.57	\$365.14	\$396.74	\$446.33	\$314.44	\$353.74
29	\$334.13	\$375.89	\$408.42	\$459.47	\$323.69	\$364.16
30	\$338.90	\$398.21	\$414.26	\$486.75	\$328.32	\$385.78
31	\$346.07	\$406.63	\$423.02	\$497.04	\$335.26	\$393.94
32	\$353.24	\$415.05	\$431.78	\$507.34	\$342.21	\$402.09
33	\$357.71	\$420.31	\$437.25	\$513.77	\$346.55	\$407.19
34	\$362.49	\$425.93	\$443.09	\$520.63	\$351.17	\$412.63
35	\$364.88	\$428.74	\$446.01	\$524.06	\$353.49	\$415.35
36	\$367.27	\$431.54	\$448.93	\$527.49	\$355.80	\$418.07
37	\$369.66	\$434.35	\$451.85	\$530.92	\$358.12	\$420.79
38	\$372.05	\$437.16	\$454.77	\$534.35	\$360.43	\$423.51
39	\$376.82	\$442.77	\$460.61	\$541.22	\$365.06	\$428.95
40	\$381.60	\$467.46	\$466.45	\$571.40	\$369.69	\$452.87
41	\$388.77	\$476.24	\$475.21	\$582.13	\$376.63	\$461.37
42	\$395.64	\$484.65	\$483.60	\$592.41	\$383.28	\$469.52
43	\$405.19	\$496.36	\$495.28	\$606.72	\$392.54	\$480.86
44	\$417.13	\$510.99	\$509.88	\$624.61	\$404.11	\$495.04
45	\$431.17	\$528.18	\$527.04	\$645.62	\$417.71	\$511.69
46	\$447.89	\$548.67	\$547.48	\$670.66	\$433.91	\$531.53
47	\$466.70	\$571.71	\$570.47	\$698.83	\$452.13	\$553.86
48	\$488.20	\$598.05	\$596.75	\$731.02	\$472.96	\$579.37
49	\$509.40	\$624.02	\$622.66	\$762.76	\$493.50	\$604.53
50	\$533.29	\$733.27	\$651.86	\$896.31	\$516.64	\$710.38
51	\$556.88	\$765.71	\$680.69	\$935.96	\$539.49	\$741.80
52	\$582.85	\$801.42	\$712.45	\$979.62	\$564.66	\$776.40
53	\$609.13	\$837.55	\$744.57	\$1,023.78	\$590.11	\$811.40
54	\$637.50	\$876.56	\$779.24	\$1,071.46	\$617.59	\$849.19
55	\$665.86	\$915.56	\$813.91	\$1,119.13	\$645.07	\$886.98
56	\$696.62	\$957.85	\$851.51	\$1,170.82	\$674.87	\$927.94
57	\$727.67	\$1,000.55	\$889.47	\$1,223.02	\$704.95	\$969.31
58	\$760.82	\$1,046.12	\$929.98	\$1,278.72	\$737.06	\$1,013.46
59	\$777.24	\$1,068.70	\$950.05	\$1,306.32	\$752.97	\$1,035.34
60	\$810.38	\$1,114.28	\$990.57	\$1,362.03	\$785.08	\$1,079.49
61	\$839.05	\$1,153.69	\$1,025.60	\$1,410.21	\$812.85	\$1,117.67
62	\$857.86	\$1,179.56	\$1,048.60	\$1,441.82	\$831.07	\$1,142.73
63	\$881.45	\$1,211.99	\$1,077.43	\$1,481.47	\$853.93	\$1,174.15
64	\$895.77	\$1,231.70	\$1,094.94	\$1,505.55	\$867.81	\$1,193.24
65+	\$895.77	\$1,231.70	\$1,094.94	\$1,505.55	\$867.81	\$1,193.24

Company Name:

Product:

Effective Date of Rates:

Plan ID (On Exchange)=>		
Plan ID (Off Exchange)=>	33871PA0100042	
Form # =>	AHPA 670 WPR GMC	
Rating Area =>	8	
Network =>	Keystone Health Plan East Network	
Metal =>	Silver	
Plan Name =>	Keystone DPOS Silver Classic\$4,250 \$40/\$80/100%	
Deductible =>	\$4,250	
Coinsurance =>	0%	
Copays =>	\$40 no ded/\$80 no ded	
OOP Maximum =>	\$6,850	
Dental (Yes/No)	Yes	
Age Band	Non-Tobacco	Tobacco
0-20	\$197.96	\$197.96
21	\$311.74	\$350.71
22	\$311.74	\$350.71
23	\$311.74	\$350.71
24	\$311.74	\$350.71
25	\$312.99	\$352.12
26	\$319.23	\$359.13
27	\$326.71	\$367.55
28	\$338.87	\$381.22
29	\$348.84	\$392.45
30	\$353.83	\$415.75
31	\$361.31	\$424.54
32	\$368.79	\$433.33
33	\$373.47	\$438.83
34	\$378.46	\$444.69
35	\$380.95	\$447.62
36	\$383.45	\$450.55
37	\$385.94	\$453.48
38	\$388.43	\$456.41
39	\$393.42	\$462.27
40	\$398.41	\$488.05
41	\$405.89	\$497.22
42	\$413.06	\$506.00
43	\$423.04	\$518.22
44	\$435.51	\$533.50
45	\$450.16	\$551.44
46	\$467.62	\$572.83
47	\$487.26	\$596.89
48	\$509.70	\$624.38
49	\$531.84	\$651.50
50	\$556.78	\$765.57
51	\$581.40	\$799.43
52	\$608.52	\$836.72
53	\$635.96	\$874.44
54	\$665.57	\$915.16
55	\$695.19	\$955.89
56	\$727.30	\$1,000.04
57	\$759.72	\$1,044.62
58	\$794.32	\$1,092.20
59	\$811.47	\$1,115.77
60	\$846.07	\$1,163.35
61	\$876.00	\$1,204.50
62	\$895.64	\$1,231.51
63	\$920.27	\$1,265.37
64	\$935.22	\$1,285.95
65+	\$935.22	\$1,285.95

State:	Pennsylvania	Filing Company:	AmeriHealth HMO, Inc.
TOI/Sub-TOI:	HOrg02G Group Health Organizations - Health Maintenance (HMO)/HOrg02G.004F Small Group Only - HMO		
Product Name:	AHPA Small Group HMO eff 1-1-2016		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	Cover letter
Comments:	Attached is the cover letter.
Attachment(s):	ahpa sg cover letter 2016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Redacted QHP Actuarial Memorandum
Comments:	Attached is the redacted KHPE QHP Actuarial Memorandum.
Attachment(s):	33871_01012016_SG_RedactedAM v2.pdf
Item Status:	
Status Date:	

Satisfied - Item:	REDACTED Response to Objection Letter Dated June 24, 2015
Comments:	Attached are redacted versions of the exhibits sent in response to the June 24, 2015 objection letter.
Attachment(s):	R-Comparison To URRT Instructions.pdf R-Mapping Impact.pdf R-Exhibit C - 2016 Plan Adjusted Index Rate Calculation.pdf R-Exhibit D - 2016 Taxes, Fees, & Admin.pdf R-Trend Basis.pdf R-ahpa sg 2016 response to obj letter dated 6-24-15.pdf R-Exhibit A - 2016 Projected Index Rate Calculation.pdf R-Exhibit B - 2016 Market Index Rate Calculation.pdf R-Breakdown of 2016 Small Group Increase.pdf R-Calibration.pdf
Item Status:	
Status Date:	

Satisfied - Item:	REDACTED Response to Objection Letter Dated July 30 2015
Comments:	
Attachment(s):	R-ahpa sg cover letter for 7-30-15 obj letter_Redacted.pdf R-ahpa sg q2 response to 7-30-15 obj letter_Redacted.pdf
Item Status:	
Status Date:	



May 15, 2015

Mr. Peter Camacci, Director
Bureau of Accident and Health Insurance
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

SUBMITTED VIA SERFF

**Re: AmeriHealth HMO, Inc. (AHPA)
Small Group Rate Filing effective 1/1/2016
INAC - 129961525**

Dear Mr. Camacci:

Attached is the rating methodology for HMO plans of AmeriHealth HMO, Inc. (AHPA), and Direct Point-of-Service (DPOS) plans, of which a large majority of benefit expenses is attributed to AHPA and the remainder to QCC Insurance Company (QCC), and offered to small employer groups in the Commonwealth of Pennsylvania. New and renewing plans are being introduced to satisfy market reform requirements of the Affordable Care Act (ACA); however, none of the plans are available on the Federally-Facilitated Exchange. This rate filing includes rates for these plans and specifies compliance with rating requirements of the ACA. The enclosed rating methodology is for rating periods effective from January 1, 2016 through December 31, 2016.

The AHPA small employer group plans and rates are identical to the Keystone Health Plan East (KHPE) small employer plans and rates in the concurrent KHPE small group rate filing submitted under SERFF tracking number: INAC-129955625. Any references to Standard Component or Plan IDs throughout this filing and supporting documentation are not directly applicable to AHPA plans. They are used for the KHPE entity of the Independence Blue Cross Family of Companies and included here for ease of review. Furthermore, since the AHPA plans are not available on the Federally-Facilitated Exchange, but they are identical to the KHPE plans and included in the single risk pool for the individual market in the Commonwealth of



Pennsylvania, we are including the Unified Rate Review Template and federal actuarial memorandum pertaining to KHPE as supporting documentation with this rate filing submission.

This rate filing is being submitted along with concurrent form filing(s) and SERFF Plan Management binder(s):

- INBC-130052422
- INLG-130057645

Please contact David Walker at (215) 640-7846 or David.Walker@ibx.com with any questions regarding this filing.

Sincerely,

A handwritten signature in blue ink that reads "Hugh Lakshman".

Hugh Lakshman, FSA, MAAA
Director and Actuary, Commercial Pricing

cc: Kathryn A. Galarneau, FSA, MAAA
Thomas Hutton
Richard F. Levins, Esquire
Mary Ellen McMillen
Daniel Rachfalski, FSA, MAAA

GENERAL OVERVIEW

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) to provide certain information to support the gross premium for the single risk pool for small group market health care insurance underwritten by Keystone Health Plan East in the Commonwealth of Pennsylvania. It is provided as a component of an application for certification as a Qualified Health Plan and a state rate filing. This submission may not be appropriate for other purposes.

GENERAL INFORMATION

COMPANY IDENTIFYING INFORMATION

Company Legal Name: Keystone Health Plan East ("KHPE")

State: Pennsylvania

HIOS Issuer ID (5-digit): 33871

Market: Small group

Effective Date(s): 1/1/2016-3/31/2016, 4/1/2016-6/30/2016, 7/1/2016-9/30/2016, and
10/1/2016-12/31/2016

Worksheet 1 of the accompanying URRT contains experience period data and development of the projected Single Risk Pool Gross Premium Average Rate PMPM for the small group market for KHPE and AmeriHealth HMO, Inc. ("AHPA"). Worksheet 2 contains experience period data and projections by product for the single risk pool for the same entities. This memorandum pertains only to plans denoted in Worksheet 2 by Plan IDs starting with the sequence [REDACTED].

COMPANY CONTACT INFORMATION

Primary Contact Name: David Walker

Primary Contact Telephone Number: [REDACTED]

Primary Contact Email Address: [REDACTED]

PROPOSED RATE INCREASE

The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2014 to calendar year 2016 were incorporated into the pricing and reflected in the Unified Rate Review Template. The changes are driven for by factors including: changes in market-wide population risk morbidity and covered services, increasing unit costs for medical services, increasing utilization of medical services, increasing fees and taxes imposed by the federal government, anticipated costs to administer the plan, anticipated revenue or payments due to market-wide risk adjustment.

WORKSHEET 1: DATA COLLECTION TEMPLATE

SECTION I: EXPERIENCE PERIOD DATA

PAID THROUGH DATE

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2014 [REDACTED]. Earned premiums and member months are for January through December 2014. The data are for all direct-written small group business of KHPE in the Commonwealth of Pennsylvania, including out-of-network claims written by KHPE but paid by QCC for POS plans.

PREMIUMS (NET OF MLR REBATE) IN EXPERIENCE PERIOD

Earned Premiums (net of MLR Rebate) in Experience Period are developed by summing the earned premium reported in the company's internal data warehouse and adjusting for MLR rebates, if any, for the period. Although 2014 federal MLR rebate calculations are not final as of the writing of this memorandum, no federal MLR rebates are expected for calendar year 2014, so no adjustment to earned premium for MLR rebates is needed.

The calculation for federal minimum loss ratio rebates is based on 2012, 2013, and 2014 experience of earned premium, incurred claims, quality improvement expenses, and taxes. The three years of experience is blended for all segments.

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

Paid-to-Date and Incurred Claims, and Member Months

Insurer fee-for-service claims expenses and member liabilities for dates of service in January 2014 through December 2014 [REDACTED] are sourced from the IBCFOC's internal data warehouse. The claims and member liabilities are completed with incurred but not reported (IBNR) adjustments to develop ultimate incurred insurer fee-for-service claims expenses and member liabilities for the January through December 2014 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2014 period but they are not adjusted for IBNR.

IBNR Development

Medical fee for service incurred but not reported (IBNR) claims are modeled through the use of standard claim lag methodologies. A range of results is developed, and a provision for adverse deviation is

applied. The provision for adverse deviation is dependent on many factors such as stability, size, product mix, etc.

The completion factors are developed annually in the 2Q – 3Q period. We do not believe our IBNR is unusually high or unusually low for incurred 2014 [REDACTED]

Allowed Claims

Allowed claims are determined by separately obtaining paid-to-date fee-for-service claims and member cost-sharing amounts, applying claim lag factors to those amounts to estimate ultimate incurred fee-for-service claims and member-sharing amounts and adding them together with capitation amounts.

Allowed claims do not include ineligible claims, payments for services other than medical care provided, recovery payments related to internal large claim pooling mechanisms, or active live reserves.

Experience Period Index Rate

The Index Rate of Experience Period is estimated by removing cost and utilization trend from the first quarter Index Rate for Projection Period.

SECTION II: ALLOWED CLAIMS, PMPM BASIS

BENEFIT CATEGORIES

Utilization and Unit Cost data for allowed claims in the experience period are provided in Section II. The data is provided by benefit category using a standardized indicator from the internal data warehouse that assigns each claim line to a category based on the type of provider and the location of the service. The utilization and unit cost data are provided for the following categories: Inpatient Hospital admits, Outpatient Hospital visits, Professional visits, Other Medical visits, Capitation per member per month (PMPM), and Prescription Drug scripts.

Experience Period capitation is reported as a per member per month (PMPM) value. In order to complete the URRT, the Utilization per 1,000 statistics for capitated services only is reported as 1,000 so that the appropriate capitation PMPM is reported.

PROJECTION FACTORS

The estimated incurred claims experience on an allowed basis for January 2014 through December 2014 is projected to the future rating period by several factors. [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Changes in Population Risk Morbidity

Experience period allowed claims are adjusted to account for differences in the average morbidity of the single risk pool population underlying the experience and the anticipated population in the projection period. This adjustment reflects changes in the small group market-wide morbidity due to one or more of the following: guarantee issue, the individual mandate, Medicaid and CHIP migration, take-up of insurance by the previously uninsured, health status of the newly insured, enrollment from prior high risk pools, subsidy effects, dumping of enrollment from group markets to the individual market, and market-wide impact of transitional products/plans. [REDACTED]

[REDACTED]

Changes in Other Factors

Experience period allowed claims are adjusted to account for differences in the single risk pool population underlying the experience and the anticipated population in the projection period pertaining to several factors not due to changes in morbidity or the costs and utilization of medical care. This adjustment reflects: additional benefits required to be covered as essential health benefits; recently mandated benefits required by state law that are not reflected in the experience period data; benefits in the experience that are removed for the projection period; anticipated changes in the average utilization of services due to differences in average cost sharing requirements during the experience period and average cost sharing requirements in the projection period; changes in demographic characteristics of the single risk pool experience period population and the projection period population (including age, gender, region, and tobacco use); changes in the provider network (adding or removing a provider system or introducing a limited network option); and anticipated changes in pharmacy rebates.

[REDACTED]

Trend Factors

[REDACTED]

[REDACTED]

a. Annualized Cost Trend

Annual cost trend reflects changes in costs of medical treatment due to medical inflation and changes in the distribution of services across network providers. The trend value is developed by reviewing historical medical costs for the single risk pool and adjusting them for anticipated future provider contracting reimbursement levels. The data is normalized for changes in age, benefit changes during the experience period, changes to provider contracts, and prescription drug formulary, and new drugs brought to market.

b. Annualized Utilization Trend

Annual utilization trend reflects the change in the number of units per 1,000 members for a fixed level of illness burden and includes changes due to the mix and intensity of services provided and changes related to shifts in product mix. It also includes effects of selection, if any, since this cannot be reflected in the relative cost of the various products and plans offered.

CREDIBILITY MANUAL RATE DEVELOPMENT

The experience period claims for the single risk pool are determined to be fully credible, therefore no credibility adjustment is required.

SECTION III: PROJECTED EXPERIENCE

PAID TO ALLOWED RATIO

The Projected Allowed Experience Claims PMPM shown in Worksheet 1 represents projected allowed claims experience PMPM for the projected portfolio of plans. The Paid to Allowed Average Factor in Projection Period adjusts the allowed down to Projected Incurred Claims before ACA reinsurance and risk adjustment for the population anticipated to be covered in the projection period. The Projected Incurred Claims before ACA reinsurance and risk adjustment represents the net amount of incurred insurer claim liability expected in the projection period, net of member cost sharing and cost sharing paid by HHS on behalf of low-income members. It reflects the average benefit level anticipated during the projection period. [REDACTED]

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustment PMPM

Projected Risk Adjustment is accounted for in Projected Incurred Claims before ACA Reinsurance and Risk Adjustment to reflect anticipated risk adjustment transfer amounts for the projection period. The amount reflects the projected morbidity for the single risk pool for IBCFOC in the projection period.

The estimated risk adjustment revenue for all of the plans in the risk pool is developed using the following methodology. We recognize that the HHS payment transfer formula implies that the projected incurred claims based solely on the experience period single risk pool claims need to be adjusted by the ratio of the current statewide market's risk relative to allowable rating factor (ARF) for age compared to the single risk pool's risk relative to ARF presented during the experience period. This adjustment, together with the assumed future changes in population risk morbidity, results in the issuer's pricing being consistent with the anticipated morbidity level of the future statewide market.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market Only)

A Projected ACA Reinsurance Recoveries Net of Reinsurance Premium adjustment is not applicable in the small group market. However, the Reinsurance Program Funding fee is included and applied equally across all plans in the single risk pool.

NON-BENEFIT EXPENSES AND PROFIT & RISK

Administrative Expense Load

An Administrative Expense Load is applied to Projected Incurred Claims to reflect expenses related to quality improvement and fraud detection/recovery and other expenses of operating a business, broker commissions, and premium payment processing fees. These are shown in Exhibit A.

Profit & Risk Load/Contribution to Surplus

A Profit & Risk Load/Contribution to Surplus for the single risk pool is applied to Projected Incurred Claims for the projection period, if applicable. [REDACTED]

Taxes and Fees

A Taxes & Fees load is applied to Projected Incurred Claims to pass through the following fees and taxes levied by the federal and state governments:

- *Risk Adjustment Fee & PCORT (Comparative Clinical Effectiveness Research Tax):* \$0.17 PMPM applied equally across all plans in the single risk pool.
 - *Exchange User Fee:* \$0.88 PMPM applied to all plans as an adjustment to the index rate at the market level, as per regulation.
 - *State Premium Tax:* not applicable to plans under the KHPE and AHPA Entities.
 - *Health Insurer Fee:* 3.2% of premium applied equally across all plans in the single risk pool
- [REDACTED]

PROJECTED LOSS RATIO

The projected loss ratio for the single risk pool is estimated to exceed 80%, [REDACTED] reflecting premium adjustments permitted by the federal MLR calculation.

SINGLE RISK POOL

The single risk pool reflects all covered lives for every small group non-grandfathered product and plan combination for KHPE in the state of Pennsylvania. It is established according to the Single Risk Pool requirements in 45 CFR § 156.80(d).

INDEX RATE

The Index Rate is defined as the EHB portion of projected allowed claims divided by all projected single risk pool lives. The Index Rate is the same value for all non-grandfathered KHPE Small Group Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2016 and is based on the weighted average of claims, changes in the population risk morbidity, and changes in the demographics of the entire single risk pool. It has been developed following the specifications of 45 CFR § 156.80(d)(1). Exhibit H shows the calculation of the projected index rate.

We reserve the right to make subsequent filings to replace rates listed above with effective dates 4/1/2016 and beyond to reflect any changes which would affect the adequacy of the rates presented with this memorandum.

MARKET ADJUSTED INDEX RATE

██████████ the calculation of the Market Adjusted Index rate, calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules: federal reinsurance program adjustment, risk adjustment and exchange user fees. The Market Adjusted Index Rate reflects the average demographic characteristics of the single risk pool.

Note that the on-exchange premiums presented in the Unified Rate Review Template do not include coverage of pediatric dental that is expected to be available elsewhere on the exchange. Premiums for the same QHP plans offered off-exchange may differ to reflect costs due to the possible inclusion or exclusion of pediatric dental coverage.

PLAN ADJUSTED INDEX RATE

██████████ the calculation of the Plan Adjusted Index Rate, calculated as the issuer Market Adjusted Index Rate adjusted for all allowable plan level modifiers defined in the market rating rule. These include actuarial value and cost sharing adjustment, provider network, delivery system and utilization management adjustment, adjustment for benefits in addition to the EHBs, impact of specific eligibility categories for the catastrophic plan and administrative costs.

CALIBRATION

The plan adjusted index rate is projected for all products using the same anticipated age distribution and the mandated age curve. Therefore the consumer adjusted premium rate is the plan adjusted index rate divided by the average age, geographic, and tobacco factor for the expected distribution [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Note that the on-exchange premiums presented in the Unified Rate Review Template do not include coverage of pediatric dental that is expected to be available elsewhere on the exchange. Premiums for the same QHP plans offered off-exchange may differ to reflect costs due to the possible inclusion or exclusion of pediatric dental coverage.

There is only one geographic rating area for this filing. The geographic rating area factor for this filing is 1.0.

WORKSHEET 2: PRODUCT-PLAN DATA COLLECTION

AV METAL VALUES

The AV Metal Values included in Worksheet 2 of the URRT were valued using the AV Calculator, where possible, otherwise the AV Metal Values were developed under an alternate methodology. Actuarial certifications required by 45 CFR Part 156, §156.135 are provided in a separate document.

AV PRICING VALUES

The AV Pricing Value represents the cumulative effect of adjustments made by plan to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

MEMBERSHIP PROJECTIONS

Enrollment is projected based on current and anticipated enrollment by plan. Items impacting these projections include changes in the size of the market due to introduction of guarantee issue requirements, the individual mandate, and the introduction of a Basic Health Program.

TERMINATED PLANS

No 2015 KHPE Small Group products are being terminated.

Data shown in the experience period for terminated products are from KHPE plans terminated prior to 2016 that were in force during 2014.

WARNING ALERTS

There are no warning alerts in URRT part 1.

ACTUARIAL CERTIFICATION

I, [REDACTED] of Commercial Markets for the Independence Blue Cross Family of Companies. I am a member of the Society of Actuaries and the American Academy of Actuaries with the education and experience necessary to perform the work necessary and meet the Qualification Standards of the American Academy of Actuaries to render the qualified actuarial opinion contained herein. The developed rates and memorandum have been prepared in conformity with appropriate Actuarial Standards of Practice and the Academy's Code of Professional Conduct.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the premium rates and allowable rating factors. Rather, it represents information required by Federal regulation to be provided in support of the review of gross premium 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.

I hereby certify that, to the best of my knowledge and judgment, the following:

- The projected index rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.08(d)(1));
 - Developed in compliance with applicable Actuarial Standards of Practice;
 - Reasonable in relation to the benefits provided and the population anticipated to be covered; and
 - Neither excessive nor deficient.
- 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 percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- 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, unless an alternate methodology was required. If an alternate methodology was used to calculate the AV Metal Value for at least one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.

[REDACTED]
May 15, 2015

Confidential Actuarial Memorandum - Addendum
Exhibit A

2016 PA Small Group Pricing
Single Risk Pool

Experience Period: 01/01/2014 thru 12/31/2014 paid thru 01/01/2015 with IBNR
Projection Period: 01/01/2016 thru 12/31/2016 incurred

	Total	KHPE	QCC	
Other Trend/Market Changes				
<i>Population Morbidity</i>				O
Effect of Mid Group (51-100)				P
Effect of Age Mix (Allowable Rating Factors) ¹				Q
<i>Other</i>				R
EHB Impacts				T
Family Size Impacts				
Benefit Mix Changes				
Retention				
Broker Commission				AD
Administrative Fees PMPM				AE
Claims Administration				AF
General Administration				AG
<i>Reinsurance Assessment</i>				AH
<i>Risk Adj Prog User Fee (\$1 per year)</i>				AI
PCORT (\$2 per year)				AJ
Exchange User Fees				AK
Health Insurer Fee (HIF)				AL
Premium Tax				AM
Profit Margin				AN
Total				
Calibration/Projected Rating Factors¹				
Demographics (Approx. equivalent age 45)				AP
Area				AQ
Tobacco				AR
Projected 2016 Target Underwriting Gain				AS

PA Small Group

Confidential Actuarial Memorandum - Addendum Exhibit B

2016 PA Small Group Pricing Single Risk Pool

Experience Period: 01/01/2014 thru 12/31/2014 paid thru 01/01/2015 with IBNR
Projection Period: 01/01/2016 thru 12/31/2016 incurred

Calculation of the Market Adjusted Index rate, beginning from the Index Rate

Index Rate 1Q2016

Non-EHB

Non-EHB

Total EHB and Non-EHB

Projected Allowed PMPM Total

EHB

Non-EHB

Projected Allowed PMPM (EHB)

Reinsurance Assessment

Risk Adj Prog User Fee

Exchange User Fees

Market Adjusted Index Rate 1Q2016



PA Small Group

Confidential Actuarial Memorandum - Addendum
Exhibit C

2016 PA Small Group Pricing Single Risk Pool

Calculation of the Plan Adjusted Index rate, beginning from the Market Adjusted Index Rate

Market Adjusted Index Rate (Exhibit B) 1Q2016

Plan Name	Plan ID	Pricing AV	1Q2016 Plan Adjusted Index Rate (Market Adjusted Index Rate * Pricing AV)
Keystone HMO Platinum Preferred \$10/\$20/\$100	33871PA0100001		
Keystone HMO Platinum Preferred \$20/\$40/\$150	33871PA0100002		
Keystone HMO Gold Preferred \$30/\$60/\$600	33871PA0100003		
Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	33871PA0100004		
Keystone HMO Silver Classic \$2,000 \$25/\$50/70%	33871PA0100005		
Keystone HMO Silver Classic \$2,500 \$30/\$60/50%	33871PA0100006		
Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700	33871PA0100007		
Keystone HMO Gold Proactive	33871PA0100008		
Keystone HMO Silver Proactive	33871PA0100009		
Keystone DPOS Platinum Preferred \$10/\$20/\$100	33871PA0100010		
Keystone DPOS Platinum Preferred \$20/\$40/\$150	33871PA0100011		
Keystone DPOS Gold Preferred \$30/\$60/\$600	33871PA0100012		
Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	33871PA0100013		
Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%	33871PA0100014		
Keystone DPOS Silver Classic \$2,500 \$30/\$60/50%	33871PA0100015		
Keystone DPOS Bronze Essential \$6,000 \$50/\$100/\$700	33871PA0100016		
Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	33871PA0100018		
Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%	33871PA0100019		
Keystone HMO Platinum Preferred \$10/\$20/\$100	33871PA0100020		
Keystone HMO Platinum Preferred \$20/\$40/\$150	33871PA0100021		
Keystone HMO Gold Preferred \$30/\$60/\$600	33871PA0100022		
Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	33871PA0100023		
Keystone HMO Silver Classic \$2,000 \$25/\$50/70%	33871PA0100024		
Keystone HMO Silver Classic \$2,500 \$30/\$60/50%	33871PA0100025		
Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700	33871PA0100026		
Keystone DPOS Platinum Preferred \$10/\$20/\$100	33871PA0100027		
Keystone DPOS Platinum Preferred \$20/\$40/\$150	33871PA0100028		
Keystone DPOS Gold Preferred \$30/\$60/\$600	33871PA0100029		
Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	33871PA0100030		
Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%	33871PA0100031		

Keystone DPOS Silver Classic	\$2,500 \$30/\$60/50%	33871PA0100032
Keystone DPOS Bronze Essential	\$6,000 \$50/\$100/\$700	33871PA0100033
Keystone DPOS Silver Secure	\$3,500 \$40/\$80/\$600	33871PA0100034
Keystone HMO Gold Classic	\$1,000 \$25/\$50/90%	33871PA0100035
Keystone HMO Silver Classic	\$4,250 \$40/\$80/100%	33871PA0100036
Keystone HMO Silver Secure	\$3,500 \$40/\$80/\$600	33871PA0100037
Keystone DPOS Gold Classic	\$2,000 \$40/\$80/100%	33871PA0100041
Keystone DPOS Silver Classic	\$4,250 \$40/\$80/100%	33871PA0100042
Keystone DPOS Silver Secure	\$3,500 \$40/\$80/\$600	33871PA0100043
Keystone HMO Gold Proactive		33871PA0100044
Keystone HMO Silver Proactive		33871PA0100045
Keystone HMO Gold Classic	\$2,000 \$40/\$80/100%	33871PA0100047
Keystone HMO Silver Classic	\$4,250 \$40/\$80/100%	33871PA0100048
Keystone HMO Silver Secure	\$3,500 \$40/\$80/\$600	33871PA0100049



PA Small Group

Confidential Actuarial Memorandum - Addendum Exhibit D

2016 PA Small Group Pricing Single Risk Pool

Experience Period: 01/01/2014 thru 12/31/2014 paid thru 01/01/2015 with IBNR
Projection Period: 01/01/2016 thru 12/31/2016 incurred

Paid to Allowed Ratio

Plan Name	Plan Weight	Paid/Allowed Ratio	AV Metal Value
Personal Choice Exchange PPO SG			
Keystone HMO Platinum Preferred \$10/\$20/\$100			
Keystone HMO Platinum Preferred \$20/\$40/\$150			
Keystone HMO Gold Preferred \$30/\$60/\$600			
Keystone HMO Gold Classic \$1,000 \$25/\$50/90%			
Keystone HMO Silver Classic \$2,000 \$25/\$50/70%			
Keystone HMO Silver Classic \$2,500 \$30/\$60/50%			
Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700			
Keystone HMO Gold Proactive			
Keystone HMO Silver Proactive			
Keystone DPOS Platinum Preferred \$10/\$20/\$100			
Keystone DPOS Platinum Preferred \$20/\$40/\$150			
Keystone DPOS Gold Preferred \$30/\$60/\$600			
Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%			
Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%			
Keystone DPOS Silver Classic \$2,500 \$30/\$60/50%			
Keystone DPOS Bronze Essential \$6,000 \$50/\$100/\$700			
Keystone HMO Platinum Preferred \$10/\$20/\$100			
Keystone HMO Platinum Preferred \$20/\$40/\$150			
Keystone HMO Gold Preferred \$30/\$60/\$600			
Keystone HMO Gold Classic \$1,000 \$25/\$50/90%			
Keystone HMO Silver Classic \$2,000 \$25/\$50/70%			
Keystone HMO Silver Classic \$2,500 \$30/\$60/50%			
Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700			
Keystone DPOS Platinum Preferred \$10/\$20/\$100			
Keystone DPOS Platinum Preferred \$20/\$40/\$150			
Keystone DPOS Gold Preferred \$30/\$60/\$600			
Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%			
Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%			
Keystone DPOS Silver Classic \$2,500 \$30/\$60/50%			
Keystone DPOS Bronze Essential \$6,000 \$50/\$100/\$700			
Keystone HMO Gold Proactive			
Keystone HMO Silver Proactive			
Keystone HMO Gold Classic \$2,000 \$40/\$80/100%			
Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600			
Keystone HMO Silver Classic \$4,250 \$40/\$80/100%			
Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%			
Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600			
Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%			
Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600			
Keystone HMO Silver Classic \$4,250 \$40/\$80/100%			
Keystone HMO Gold Classic \$1,000 \$25/\$50/90%			
Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%			
Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600			
Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%			

PA Small Group

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Exhibit E

2016 PA Small Group Pricing KHPE

Experience Period: 01/01/2014 thru 12/31/2014 paid thru 01/01/2015 with IBNR
Projection Period: 01/01/2016 thru 12/31/2016 incurred

Comparison of Projected 2014 Risk Adjustment & Reinsurance to Actual



	Risk Adjustment	Reinsurance
2014 Projected		
2014 Actual		
Difference		

Exhibit F - Small Group

	Calendar Year	Inpatient Hospital Cost Per Unit Units per 1,000	Outpatient Hospital Cost Per Unit Units per 1,000	Professional Cost Per Unit Units per 1,000	Prescription Drug Cost Per Unit Units per 1,000	Other Medical Cost Per Unit Units per 1,000	Capitation Cost Per Unit
ACTUAL	2013						
	2014						
PROJECTED	2015						
	2016						

PA Small Group
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Exhibit G

2016 PA Small Group Pricing

Single Risk Pool

Experience Period: 01/01/2014 thru 12/31/2014 paid thru 01/01/2015 with IBNR

Projection Period: 01/01/2016 thru 12/31/2016 incurred

Plans	AV Metal Value	AV Pricing Value
33871PA0100001		
33871PA0100002		
33871PA0100003		
33871PA0100004		
33871PA0100005		
33871PA0100006		
33871PA0100007		
33871PA0100008		
33871PA0100009		
33871PA0100010		
33871PA0100011		
33871PA0100012		
33871PA0100013		
33871PA0100014		
33871PA0100015		
33871PA0100016		
33871PA0100020		
33871PA0100021		
33871PA0100022		
33871PA0100023		
33871PA0100024		
33871PA0100025		
33871PA0100026		
33871PA0100027		
33871PA0100028		
33871PA0100029		
33871PA0100030		
33871PA0100031		
33871PA0100032		
33871PA0100033		
33871PA0100044		
33871PA0100045		
33871PA0100047		
33871PA0100049		
33871PA0100048		
33871PA0100041		
33871PA0100043		
33871PA0100042		
33871PA0100037		
33871PA0100036		
33871PA0100035		
33871PA0100018		
33871PA0100034		
33871PA0100019		

PA Small Group
Confidential Actuarial Memorandum - Addendum
Exhibit H
2016 PA Small Group Pricing
Single Risk Pool

Experience Period: 01/01/2014 thru 12/31/2014 paid thru 01/01/2015 with IBNR
Projection Period: 01/01/2016 thru 12/31/2016 incurred

2016 Projected Index Rate Calculations

Experience Period Allowed Claims		PMPM
KHPE		
QCC		
Total		
Trend		
Population Distribution & Morbidity Changes		
Projected to 2016		
Value of Non-EHB Benefits		
2016 Projected Index Rate		

PA Small Group

Confidential Actuarial Memorandum - Addendum Exhibit I

KHPE

Plan	Current Rate	Members	Before Change	% Change	After Change
33871PA0100001					
33871PA0100002					
33871PA0100003					
33871PA0100004					
33871PA0100005					
33871PA0100006					
33871PA0100007					
33871PA0100008					
33871PA0100009					
33871PA0100010					
33871PA0100011					
33871PA0100012					
33871PA0100013					
33871PA0100014					
33871PA0100015					
33871PA0100016					
33871PA0100020					
33871PA0100021					
33871PA0100022					
33871PA0100023					
33871PA0100024					
33871PA0100025					
33871PA0100026					
33871PA0100027					
33871PA0100028					
33871PA0100029					
33871PA0100030					
33871PA0100031					
33871PA0100032					
33871PA0100033					
33871PA0100044					
33871PA0100045					
Total					
				Min	
				Max	

PA Small Group

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Exhibit J

2016 PA Small Group Pricing Single Risk Pool

Experience Period: 01/01/2014 thru 12/31/2014 paid thru 01/01/2015 with IBNR
Projection Period: 01/01/2016 thru 12/31/2016 incurred

Age Factors

KHPE		
Age	% of Members	Factor
<21		0.656
22		1.000
23		1.000
24		1.000
25		1.004
26		1.024
27		1.048
28		1.087
29		1.119
30		1.135
31		1.159
32		1.183
33		1.198
34		1.214
35		1.222
36		1.230
37		1.238
38		1.246
39		1.262
40		1.278
41		1.302
42		1.325
43		1.357
44		1.397
45		1.444
46		1.500
47		1.563
48		1.635
49		1.706
50		1.786
51		1.865
52		1.952
53		2.040
54		2.135
55		2.230
56		2.333
57		2.437
58		2.548
59		2.603
60		2.714
61		2.810
62		2.873
63		2.952
64		3.000
65+		3.000

QCC		
Age	% of Members	Factor
<21		0.657
22		1.000
23		1.000
24		1.000
25		1.004
26		1.024
27		1.048
28		1.087
29		1.119
30		1.135
31		1.159
32		1.183
33		1.198
34		1.214
35		1.222
36		1.230
37		1.238
38		1.246
39		1.262
40		1.278
41		1.302
42		1.325
43		1.357
44		1.397
45		1.444
46		1.500
47		1.563
48		1.635
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53		2.040
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57		2.437
58		2.548
59		2.603
60		2.714
61		2.810
62		2.873
63		2.952
64		3.000
65+		3.000

Total		
Age	% of Members	Factor
<21		0.656
22		1.000
23		1.000
24		1.000
25		1.004
26		1.024
27		1.048
28		1.087
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57		2.437
58		2.548
59		2.603
60		2.714
61		2.810
62		2.873
63		2.952
64		3.000
65+		3.000

PA Small Group

Confidential Actuarial Memorandum - Addendum
Exhibit J

2016 PA Small Group Pricing Single Risk Pool

Experience Period: 01/01/2014 thru 12/31/2014 paid thru 01/01/2015 with IBNR
Projection Period: 01/01/2016 thru 12/31/2016 incurred

Tobacco Factors

Projected Average Factor for Tobacco Users
Projected Tobacco Use Prevalence



Tobacco Use Calibration Factor



Exhibit K

Breakdown of 2016 Small Group Base Premium Increase

Medical Claim Trend	
Population Distribution & Morbidity Changes	
Reinsurance Fee Change	
Benefit Changes	
Actual vs. Expected Experience	
<u>Retention Changes</u>	
Total	

2016 Small Group Gross Premium

2015 Premium	
<u>Rate Increase</u>	
2016 Gross Premium	

LOCATION:

Page Paragraph Heading

4.2 General Information			Company Identifying Information
Company Legal Name			Company Identifying Information
State			Company Identifying Information
HIOS Issuer ID			Company Identifying Information
Market			Company Identifying Information
Effective Date			Company Contact Information
Company Contact Information			Company Contact Information
4.3 Proposed Rate Increase			Proposed Rate Increase
Reason for Rate Increase (List factors)			
4.4 Market Experience			
4.4.1 Experience Period Premium and Claims			
Paid through date			Paid Through Date
Premiums net of rebate in Experience Period			Premiums (Net of MLR Rebate) in Experience Period
Amount of (expected) rebates			Premiums (Net of MLR Rebate) in Experience Period
Allowed and Incurred Claims During the Experience Period (separately)			
Amount processed through issuer's claim system			Paid-to-Date and Incurred Claims
Amount processed outside issuer's claim system			Paid-to-Date and Incurred Claims
IBNR			IBNR Development
Method for determining Allowed Claims			Allowed Claims
Support for IBNR			IBNR Development
Benefit Categories			Benefit Categories
4.4.2			Projection Factors
Describe methodology to determine into which category claims fall			Projection Factors
4.4.3			Changes in Morbidity
Description of each factor used and supporting information			Changes in Population Risk Morbidity
Describe adjustment factors used			Changes in Other Factors
Changes in Benefits			Changes in Other Factors
Describe adjustment factors used during the projection period			Changes in Other Factors
Changes in Demographics			Changes in Other Factors
Describe adjustment factors used between average mix in experience and projection period			Changes in Other Factors
Other Adjustments			Annualized Cost Trend
Describe adjustment factors used			Credibility Manual Trend Development
Trend factors			Credibility Manual Trend Development
Describe adjustment factors used and claim sources used			Paid to Allowed Ratio
4.4.4 Credibility Manual Development			Projected Risk Adjustment PMPM
4.4.5 Credibility of Experience			Projected Risk Adjustment PMPM
4.4.6 Paid to Allowed Ratio			Projected Risk Adjustment PMPM
Provide support for factor shown in Worksheet 1, Section III			Projected ACA Reinsurance Recoveries
4.4.7 Risk Adjustment and Reinsurance			Projected ACA Reinsurance Recoveries
Explain methodology used to estimate the amounts during experience period			Projected ACA Reinsurance Recoveries
Explain development of risk adjustment revenue for the risk pool			Projected ACA Reinsurance Recoveries
Explain how risk adjustment revenue was applied the Index Rate			Projected ACA Reinsurance Recoveries
Report Reinsurance payments net of contributions			Projected ACA Reinsurance Recoveries
Explain underlying experience data and assumptions			Projected ACA Reinsurance Recoveries
Explain how liability for claims liability between attachment point and cap			Projected ACA Reinsurance Recoveries
State assumed amount of assessment as PMPM			Administrative Expense Load
4.4.8 Non-Benefit Expenses and Profit & Risk			
Provide support for Administrative Expense Load			

4.5	Projected Loss Ratio	Describe methodology for estimating projection period amounts Describe target underwriting gain/loss margin and change from last filing Describe each tax and fee and indicate the amount for each that may be deducted in MLR formula Do not include contributions to federal reinsurance or risk adjustment Taxes and fees are considered Administrative Expenses per 45 CFR 156.80(d)	Administrative Expense Load
4.6	Application of Market Reform Rating Rules	Indicate the projected MLR	Administrative Expense Load
4.6.1	Single Risk Pool	Provide support that it meets requirements	Projected Loss Ratio
4.6.2	Index Rate	Support for the development in both the experience and projection periods Explain difference between total allowed claims PMPM and the Index Rate Individual Market - should match 12 month projection in Worksheet 1 SG - should reflect weighted average of projected index rates for all four quarters SG Quarterly trend factors should be filed Market Adjusted Index Rate Explain how the allowed variables are applied (market-wide)	Index Rate Index Rate Index Rate Index Rate
4.6.3	Market Adjusted Index Rate	Federal reinsurance Risk adjustment Marketplace user fee adjustment Should not be calibrated Plan Adjusted Index Rates Explain how allowed modifiers were applied	Market Adjusted Index Rate Market Adjusted Index Rate Market Adjusted Index Rate
4.6.4	Plan Adjusted Index Rates	AV and cost-sharing Provider network, delivery system, and utilization management adjustment Benefits in addition to EHBs Specific eligibility for catastrophic plans Distribution and admin costs Tobacco surcharge	Plan Adjusted Index Rate Plan Adjusted Index Rate Plan Adjusted Index Rate Plan Adjusted Index Rate Plan Adjusted Index Rate
4.6.5	Calibration Age Curve	Provide average age rounded to a whole number associated with the projected single risk pool Explain factors used to determine the average age Actuarial justification and description of the calculation Demonstration of how the Plan Adjusted Index Rate and age curve are used to produce rate schedule	Calibration Calibration Calibration Calibration
4.6.6	Consumer Adjusted Premium Rate Development	Geographic Factor List all geographic factors Provide the geographic calibration if one is necessary Describe how allowable consumer level adjustments are applied to Plan Adjusted Index Rate SG - Consumer Adjusted should reflect appropriate quarter, trend	Calibration Calibration
4.7	AV Pricing Values		
4.7.1	AV Metal Values	Describe the methodology used to determine AV Metal Values	AV Metal Values
4.7.2	AV Pricing Values	Indicate the portion of the AV Pricing Value that is attributable to each of the allowable modifiers Membership Projections Describe how membership projections from Worksheet 2 were developed Explain differences relative to current membership For Silver Consumer, describe distribution by CSR level	AV Pricing Values Membership Projections

4.7.5	Terminated Plans and Products	
	List terminated plans, products not in experience period but available later	
	Provide cross-walks for terminated plans mapped to new plans	
4.7.6	Warning Alerts	Terminated Plans
	Explain	Warning Alerts
4.8	Miscellaneous Instructions	
4.8.1	Effective Rate Review Information	
	Optional	
4.8.2	Reliance	
	Disclose reliance on other individuals (names)	
4.8.3	Actuarial Certification	
	List of Elements	Actuarial Certification

Rate Comparison for Plan Mapping Rate for 21 Year Old Non-Tobacco User

	1Q2015 Keystone HMO Bronze Basic	1Q2016 Keystone HMO Bronze Essential	% Change
On-Exchange			
Off-Exchange			

PA Small Group

Confidential Actuarial Memorandum - Addendum
Exhibit C

2016 PA Small Group Pricing Single Risk Pool

Calculation of the Plan Adjusted Index rate, beginning from the Market Adjusted Index Rate

Market Adjusted Index Rate (Exhibit B) 1Q2016			
Plan Name	Plan ID	Pricing AV	1Q2016 Plan Adjusted Index Rate
Keystone HMO Platinum Preferred \$10/\$20/\$100	33871PA0100020		
Keystone HMO Platinum Preferred \$20/\$40/\$150	33871PA0100021		
Keystone HMO Gold Preferred \$30/\$60/\$600	33871PA0100022		
Keystone HMO Gold Classic \$1,000 \$25/\$50/90%	33871PA0100023		
Keystone HMO Silver Classic \$2,000 \$25/\$50/70%	33871PA0100024		
Keystone HMO Silver Classic \$2,500 \$30/\$60/50%	33871PA0100025		
Keystone HMO Bronze Essential \$6,000 \$50/\$100/\$700	33871PA0100026		
Keystone DPOS Platinum Preferred \$10/\$20/\$100	33871PA0100027		
Keystone DPOS Platinum Preferred \$20/\$40/\$150	33871PA0100028		
Keystone DPOS Gold Preferred \$30/\$60/\$600	33871PA0100029		
Keystone DPOS Gold Classic \$1,000 \$25/\$50/90%	33871PA0100030		
Keystone DPOS Silver Classic \$2,000 \$25/\$50/70%	33871PA0100031		
Keystone DPOS Silver Classic \$2,500 \$30/\$60/50%	33871PA0100032		
Keystone DPOS Bronze Essential \$6,000 \$50/\$100/\$700	33871PA0100033		
Keystone DPOS Gold Classic \$2,000 \$40/\$80/100%	33871PA0100041		
Keystone DPOS Silver Classic \$4,250 \$40/\$80/100%	33871PA0100042		
Keystone DPOS Silver Secure \$3,500 \$40/\$80/\$600	33871PA0100043		
Keystone HMO Gold Proactive	33871PA0100044		
Keystone HMO Silver Proactive	33871PA0100045		
Keystone HMO Gold Classic \$2,000 \$40/\$80/100%	33871PA0100047		
Keystone HMO Silver Classic \$4,250 \$40/\$80/100%	33871PA0100048		
Keystone HMO Silver Secure \$3,500 \$40/\$80/\$600	33871PA0100049		

PASML
Confidential Actuarial Memorandum - Addendum
Exhibit D
2016 PASML Pricing

Taxes & Fees	PMPM	% of Premium
PCORT (\$2 per year)		
Exchange User Fees		
Health Insurer Fee (HIF)		
Premium Tax		
Total		

Administrative Expenses	PMPM	% of Premium
Broker Commission		
Administrative Fees PMPM		
<i>Claims Administration</i>		
<i>General Administration</i>		
Total		

Unit Cost

Facility - Inpatient (non-capitated)
Admits
Days
Facility - Outpatient (non-capitated)
Facility - Capitated Services
Professional - Non-Capitated
Professional - Capitated
 PCP
 Mental health
 Physical Therapy
 Podiatry
 Lab
Other Medical (non-capitated)
Other Medical (capitated)
 Vision (Embedded)
 Dental (Embedded)
Total Medical Claims



Projected Utilization



Projected Trend





July 8, 2015

Mr. Peter Camacci, Director
Bureau of Accident and Health Insurance
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

SUBMITTED VIA SERFF

**Re: AmeriHealth HMO, Inc. (AHPA)
Small Group Rate Filing effective 1/1/2016
INAC - 129961525**

Dear Mr. Camacci:

The following is our response to the Objection letter received (via SERFF) June 24, 2015 regarding the above referenced filing. For ease of review, we have included the original questions along with our replies. Attachments in Supporting Documentation can be found under "Response to Objection Letter Dated June 24, 2015".

- 1. It is my understanding that Section I of worksheet I of the URRT is to contain the single risk pool data for a given issuer, state and market. Your actuarial memorandum indicates that the experience period data provided represents KHPE, AmeriHealth and QCC. Please revise to reflect data solely for the named issuer for stated experience period. If you believe there are special circumstances that allow for the aggregation of the 3 companies please provide a detailed discussion. Please note, to the extent that AmeriHealth supports KHPE POS, it is only those claims data that should be included in the KHPE HMO URRT. Only the pure AmeriHealth HMO (non KHPE supporting) data should be reported in this filing.*

The URRT we submit for AHPA matches the URRT submitted for KHPE. As noted below, there are no AHPA Small Group plans that do not support KHPE.

- 2. Does AmeriHealth offer any products directly in the Pennsylvania market or does this entity solely support KHPE? Please provide a detailed discussion of the relationship and how it works. If products are offered directly, please identify the Plan ID#s in the Base Rate Schedule and the SERFF Tracking Number for the corresponding form filing.*



3. *Is the geographic rating area the same for AmeriHealth HMO as it is for KHPE?*

4. *The Department Rate Exhibit shows rates for plans offered on and off SHOP, while the rate filing cover letter and the corresponding contract forms (INBC-130052422, INLG-130057645) indicate only off SHOP plans/products. Please review and revise all impacted documents.*

5. *Please review the contract form numbers indicated on the Department Rate Exhibit to ensure consistency with the corresponding filed contract forms.*

We have compared the form numbers in the Rate Exhibit to the corresponding filed contract forms and did not find differences.

6. *The filing indicates the weighted average increase across products/plans is 6.7%. Worksheet 2 of the URRT (row 28) shows a rate increase of 6.49% for a PPO Product and a 6.88% increase for the HMO product. Since HMOs are only allowed to do HMO/POS business, should the threshold product rate increase for the HMO be 6.88% and not 6.7%? Please review the URRT, company rate information contained in the Rate/Rule Schedule tab and any other items that may be impacted and revise as necessary.*

7. *The company rate information contained in the Rate/Rule Schedule Tab indicates that an overall rate change of 11.4% is proposed, with a maximum of 14.5% and a minimum of -6.5% with an overall % impact of 6.7%. Please explain these adjustments and show how*



they were developed.



8. *The filing indicates the weighted average increase across plans based on current ACA-compliant membership is 6.7% (or the revised average per question #2 above). Please show how this average breaks down by the following and discuss the basis for the proposed changes:*
- Impact of medical claim trend;*
 - Revisions to assumptions about population morbidity and the projected population distribution;*
 - Changes to the reinsurance program;*
 - Changes in cost sharing to ensure that plans comply with Actuarial Value requirements;*
 - Changes in pricing models used to determine the impact of cost sharing design;*
 - Changes in benefits and plan design;*
 - Changes in fees, taxes and administrative expenses.*



9. *Please provide the Federal Rate Template in the Rate/Rule Schedule tab.*



10. *The actuarial memorandum does not meet the standard as prescribed by CMS in the 2016 Unified Rate Review Instructions (Rate Filing Justification: Parts I (v2.0.4, II, and III) version 2/21/15. Please provide an actuarial memorandum that reflects company specific data and assumptions, not simply a generic template.*





11. *The actuarial memorandum indicates that member cost sharing is included in calculating allowed claims, but does not speak to the cost sharing payments by HHS from the federal government. Please discuss why.*

Cost sharing payments by HHS from the federal government apply to the Individual market and are not available in the small group market.

12. *Please provide further discussion of the rates in the Base Rate Schedule and show their development. Also, show the rate change for each plan identified in the Base Rate Schedule.*



13. *Please provide an Excel exhibit that shows the development of the Index Rate for the 2016 Projection Period, starting from the 2014 experience data. Also, provide narrative that explains the development and all adjustments.*

This information is provided on



14. *Please provide an Excel exhibit that shows the development of the Plan adjusted Index Rate for each plan design offered in 2016, starting from the Index Rate.*



15. *Please identify the specific taxes and fees and the corresponding percent of premium or the pmpm amounts. Additionally, show the components of the administrative expense load of 9.9% and their corresponding costs.*

This information is provided in
response.

16. *Please provide Excel exhibits that show the development of all calibration adjustments.*



[REDACTED]

What is the basis for the trend selection of approximately 7.4%? Please provide support and a narrative that explains the trend development.

[REDACTED]

17. *For the January 1, 2016, through October 1, 2016 will QCC allow current enrolled groups of size 51-100 transitional relief? That is, will you allow a particular enrolled group to continue under the large group rating process? What is your current (2015) definition of small group? Please be advised that the experience period data should only include groups that meet the 2-50 group size. However, in the projection period, expected claims experience should reflect group policies for employers with 100 or fewer employees that the issuer expects to be enrolled in single risk pool compliant plans during the projection period. This may be done through the projection factors, use of a manual rate, or combination of the two. Please acknowledge your company's understanding and compliance.*
- [REDACTED]

18. *The Department notes that the Dental field in the Department Rate Exhibit is not populated. Please review and ensure that every field is appropriately populated.*

Thank you for your explanation of this item. We have reviewed the exhibit and completed the Dental field for all plans.

19. *The actuarial memorandum indicates that Plan ID 33871PA002 has been terminated. Does this plan have membership? What will AmeriHealth HMO do with these enrollees? If AmeriHealth HMO is mapping the 2015 enrollees to 2016 products and plans, please provide a mapping illustration that shows the development of the rate impact to these consumers.*



- [REDACTED]
20. *Please be advised that each time the URRT is changed in SERFF, the URRT in HIOS must be, concurrently, updated. Please acknowledge your understanding and certify that you are in compliance.*

We do not file a separate URRT in HIOS for AHPA, since it matches KHPE and since AHPA does not directly market to Small Groups in Pennsylvania.

21. *Does your company offer transitional policies in Pennsylvania? If so, what markets (individual and/or small group). Please provide the SERFF # for the approved transitional rate filing(s) and the number of transitional members enrolled in each market as of April 1, 2015.*
- [REDACTED]

22. *Under what pricing assumptions regarding the King v. Burwell Supreme Court Case has your filing been made? Please provide an actuarial narrative and justification regarding the rate impact for the alternate decision.*

The pricing assumptions in this filing assumed that premium subsidies would continue.

23. *The Department notes that several of the screenshots of the AV Output for CSR plans reflect errors indicating that the desired metal level was unsuccessful. Please provide a discussion of the methodology used to achieve the desired metal level for these plans as well as the appropriate actuarial certification.*
- [REDACTED]



With the department's decision to post objection and response letters, we request that the information in this letter and attachments be considered the unredacted version. We will submit redacted versions once guidelines have been released.

Please contact [REDACTED] with any questions regarding this filing.

Sincerely,

[REDACTED]
[REDACTED]

Director and Actuary, Commercial Pricing

PASML
Confidential Actuarial Memorandum - Addendum
Exhibit A
2016 PASML Pricing

Experience Period Allowed Claims		PMPM
KHPE		
QCC		
Total		
Trend		
Population Distribution & Morbidity Changes		
Other		
Projected to 2016		
Value of Non-EHB Benefits		
2016 Projected Index Rate		

PA Small Group

Confidential Actuarial Memorandum - Addendum
Exhibit B

2016 PA Small Group Pricing Single Risk Pool

Experience Period: 01/01/2014 thru 12/31/2014 paid thru 01/01/2015 with IBNR
Projection Period: 01/01/2016 thru 12/31/2016 incurred

Calculation of the Market Adjusted Index rate, beginning from the Index Rate

Index Rate 1Q2016	
Non-EHB	
	Non-EHB
Total EHB and Non-EHB	
Projected Allowed PMPM Total	
EHB	
Non-EHB	
Projected Allowed PMPM (EHB)	
Reinsurance Assessment	
Risk Adj Prog User Fee	
Exchange User Fees	
Market Adjusted Index Rate 1Q2016	

Breakdown of 2016 Small Group Base Premium Increase

Medical Claim Trend	
Population Distribution & Morbidity Changes	
Reinsurance Fee Change	
Benefit Changes	
Actual vs. Expected Experience	
<u>Retention Changes</u>	
Total	

2016 Small Group Gross Premium

2015 Premium	
<u>Rate Increase</u>	
2016 Gross Premium	

KHPE		
Age	% of Members	Factor
<21		0.656
22		1.000
23		1.000
24		1.000
25		1.004
26		1.024
27		1.048
28		1.087
29		1.119
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63		2.952
64		3.000
65+		3.000

QCC		
Age	% of Members	Factor
<21		0.657
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Total		
Age	% of Members	Factor
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60		2.714
61		2.810
62		2.873
63		2.952
64		3.000
65+		3.000

Projected Average Factor for Tobacco Users
Projected Tobacco Use Prevalence



Tobacco Use Calibration Factor





August 6, 2015

Mr. Peter Camacci, Director
Bureau of Accident and Health Insurance
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

SUBMITTED VIA SERFF

RE: **AmeriHealth HMO, Inc.**
Small Group HMO Rate Filing effective 1/1/2016
INAC- 129961525

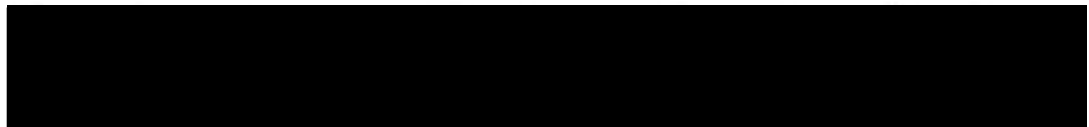
Dear Mr. Camacci:

The following is our response to the Objection letter received (via SERFF) July 27, 2015 regarding the above referenced filing. For ease of review, we have included the original questions along with our replies. Attachments in Supporting Documentation can be found under "Response to Objection Letter Dated July 27, 2015".

- 1. Please review and modify this rate filing with the same updates as discussed today regarding the QCC individual rate filing.*

We have revised the URRT Part III to include the information we discussed earlier by telephone. We have attempted to add more of the detail and discussion you requested.

- 2. In response to question #2, you have indicated that, "When a Keystone plan is sold to a Small Employer based in the Keystone five county marketing area, employees living in other counties are enrolled in identical coverage issued by AHPA." Given that both Federal and State base group rating on the location of the employer, please discuss why it is necessary for AmeriHealth to provide coverage for employees living outside of the 5-county area.*



3. *Regarding question #6 of my June 24, 2016 letter, the weighted average increase across products/plans as shown in Worksheet 2 of the URRT (row 28) is 6.88% while the Company Rate Information contained in the Rate/Rule Schedule tab 6.7%. Please review and revise as necessary.*

We have made this revision.

We are also submitting in Supporting Documentation Redacted versions of this response. We request that the information in this letter and attachments be considered the unredacted version.

Please contact [REDACTED] with any questions regarding this filing.

Sincerely,

[REDACTED]
[REDACTED]

Director and Actuary, Commercial Pricing



August 10, 2015

Mr. Peter Camacci, Director
Bureau of Accident and Health Insurance
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

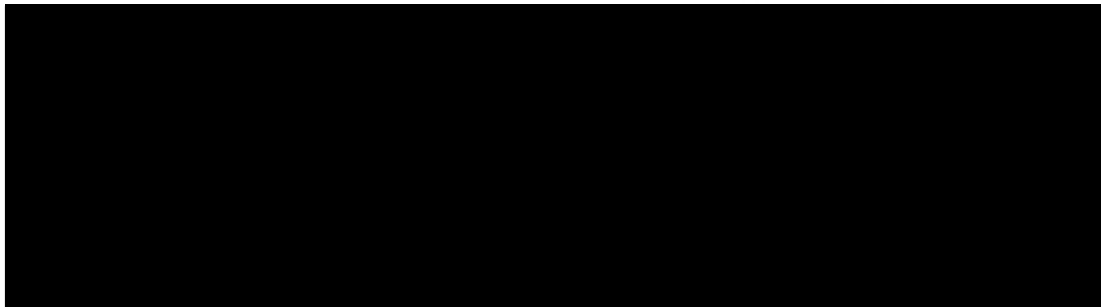
SUBMITTED VIA SERFF

RE: **AmeriHealth HMO, Inc.**
Small Group HMO Rate Filing effective 1/1/2016
INAC- 129961525

Dear Mr. Camacci:

The following is our follow-up response to the Objection letter received (via SERFF) July 27, 2015 regarding the above referenced filing. For ease of review, we have included the original questions along with our replies. Attachments in Supporting Documentation can be found under "Response to Objection Letter Dated July 27, 2015".

2. *In response to question #2, you have indicated that, "When a Keystone plan is sold to a Small Employer based in the Keystone five county marketing area, employees living in other counties are enrolled in identical coverage issued by AHPA." Given that both Federal and State base group rating on the location of the employer, please discuss why it is necessary for AmeriHealth to provide coverage for employees living outside of the 5-county area.*



We are also submitting in Supporting Documentation a Redacted version of this response. We request that the information in this letter and attachments be considered the unredacted version.

Please contact David Walker [REDACTED] with any questions regarding this filing.

Sincerely,

[REDACTED]

Director and Actuary, Commercial Pricing