Filing at a Glance

Company:	Highmark
Product Name:	1A-DP-15-HI
State:	Pennsylvania
TOI:	H16I Individual Health - Major Medical
Sub-TOI:	H16I.005A Individual - Preferred Provider (PPO)
Filing Type:	Rate - G.I. (Guaranteed Issue)
Date Submitted:	05/14/2015
SERFF Tr Num:	HGHM-130061378
SERFF Status:	Assigned
State Tr Num:	HGHM-130061378
State Status:	Received Review in Progress
Co Tr Num:	1A-DP-15-HI
Implementation Date Requested:	01/01/2016
Author(s):	Kevin Luu, Mark Schlemmer, Frank Haver, Aaron Syster, Craig Cooper, Gregory Amspacher, Jonathan Wood, Patrick Foster
Reviewer(s):	Jim Laverty (AH) (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

Proposed 25.5% increase on 2016 on & off exchange individual PPO rates in Western PA.
Binder ID#: HGHM-PA16-125046312

State: *Pennsylvania* **Filing Company:** *Highmark*
TOI/Sub-TOI: *H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)*
Product Name: *1A-DP-15-HI*
Project Name/Number: *1A-DP-15-HI/1A-DP-15-HI*

General Information

Project Name: 1A-DP-15-HI
Project Number: 1A-DP-15-HI
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 25.5%

Deemer Date:
Submitted By: Aaron Syster

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments: Pennsylvania is the state of domicile.

Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 05/15/2015
State Status Changed: 05/15/2015
Created By: Aaron Syster
Corresponding Filing Tracking Number: HGHM-130062389, HGHM-130062609, HGHM-130062579, HGHM-130062644, HGHM-130062681. HGHM-130062662

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: This filing contains products/plans to be sold on the Pennsylvania Exchange effective 01/01/2016.

Additional Benefits: No

Filing Description:
Please see cover letter and memorandum for details.

Company and Contact

Filing Contact Information

Kevin Luu,
1800 Center Street
Camp Hill, PA 17011

kevin.luu@highmark.com
717-302-2203 [Phone]

Filing Company Information

Highmark
120 Fifth Ave Place
Pittsburgh, PA 15222
(717) 302-3971 ext. [Phone]

CoCode: 54771
Group Code: 812
Group Name:
FEIN Number: 23-1294723

State of Domicile: Pennsylvania
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: Pennsylvania **Filing Company:** Highmark
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: 1A-DP-15-HI
Project Name/Number: 1A-DP-15-HI/1A-DP-15-HI

Supporting Document Schedules

Satisfied - Item:	Non Confidential Information
Comments:	
Attachment(s):	33709_01012016_RedactedAMIndividual.pdf 1A-DP-15-HI cover.pdf Part II - Highmark Individual v2.pdf
Item Status:	
Status Date:	

REDACTED

Part III Actuarial Memorandum

Highmark, Inc.

d/b/a Highmark Blue Cross Blue Shield

Individual Rate Filing

Effective January 1, 2016

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I. General Information

Document Overview

This document contains the Part III Actuarial Memorandum for Highmark Blue Cross Blue Shield's (Highmark) individual block of business rate filing, for products with an effective date of January 1, 2016. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

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

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

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

I.1 Company Identifying Information:

- Company Legal Name: Highmark, Inc.
- State: The Commonwealth of Pennsylvania has regulatory authority over these policies.
- HIOS Issuer ID: 33709
- Market: Individual
- Effective Date: January 1, 2016

I.2 Company Contact Information:

- Primary Contact Name: Frank Haver, F.S.A., M.A.A.A.
- Primary Contact Telephone Number: 717-302-3077
- Primary Contact Email Address: Frank.Haver@highmark.com

II. Proposed Rate Increase(s)

For all rate increases by plan see the 'Cum'tive Rate Change % (over 12 mos prior)' found in Worksheet 2 Row 26 of the URRT. The rate increase varies by plan due to an update in several of our pricing factors and changes in benefits required to meet Actuarial Value and other cost sharing restrictions under the Affordable Care Act.

The primary drivers of the rate increase are the experience of the ACA single risk pool membership is emerging higher than assumed in the prior rate filing, trend, and the change in parameters of the Federal Reinsurance Program.

Please note that the rate development in this filing is contingent upon the continued availability of federal subsidies under the ACA in 2016. If federal subsidies in their current form are not available to eligible residents of Pennsylvania, substantial changes to this filing may be required.

III. Experience Period Premium and Claims

III.1 Paid through Date:

Experience Period claims were based on incurred calendar year 2014, paid through January 2015. This includes 2014 experience in Affordable Care Act compliant plans as well as insured non-grandfathered members in Highmark's 2014 individual book-of-business.

III.2 Premiums (net of MLR Rebate) in Experience Period:

The premiums shown for the experience period were based on calendar year 2014 actual revenues.

Based on preliminary information for calendar year 2014, no MLR rebates are anticipated to be refunded to enrollees. Therefore, we did not include an adjustment for MLR rebates in the 2014 premium amounts.

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

- Historical Experience: We chose Highmark's current experience for the individual block of business for the period January 1, 2014 through December 31, 2014, with claims paid through January, 2015 as the basis for the 2016 projected individual market pricing.

- Claims Incurred During the 12-month Experience Period: Worksheet 1, Section I shows our best estimate of the amount of claims that were incurred during the 12-month experience period for Highmark's individual book-of-business.

- Method for Determining Allowed Claims: For non-capitated claims, the allowed charges are summarized from Highmark's detailed claim-level historical data. For capitated and other off-system claims, historical capitations and experience were tabulated and added to the claims.

IV. Benefit Categories

Historical cost and utilization data was summarized at the defined benefit categories included in Worksheet 1, Section II of the URRT. This data was used to allocate total claims into its components on the URRT.

V. Projection Factors

V.1 Changes in the Morbidity of the Population Insured

We applied an adjustment to reflect the anticipated changes in the average morbidity of the covered population (beyond allowable rating factors).

V.2 Changes in Benefits

We made the following adjustments to reflect the material expected differences in benefits between the experience period and projection period:

- We reflected adjustments for the following EHBs such as Mental Health and Substance Abuse, Autism, Habilitative Services, and pediatric vision.
- We reflected the following newly mandated benefits required under state law, which are not reflected in the experience period claims: None.
- We reflected adjustments for benefits that are not part of the essential health benefit package: Adult Vision Capitation
- We made an adjustment to reflect the removal of benefits covered in the experience period claims that will not be covered in the projection period: None.

V.3 Changes in Demographics

We applied an adjustment for change in rating factor (age, tobacco load and area combined.)

V.4 Trend Factors (cost/utilization)

The development of the CY 2016 rates reflects an assumption for trend.

VI. Credibility Manual Rate Development

VI. 1 Source and Appropriateness of Experience Data Used

Highmark's individual experience is fully credible. No manual rate is developed or used in this projection. The Credibility Manual section of the URRT has been populated with zeroes to allow for finalization of the URRT Workbook.

VII. Credibility of Experience

The experience is from Highmark's individual book of business in 2014. It is large enough to be fully credible. Our results are based 100% on the experience rate, as adjusted.

VIII. Paid to Allowed Ratio

The paid to allowed ratio is a weighted average of the 2016 plan level paid to allowed ratios. Plan level paid to allowed factors were developed using an internal model.

IX. Risk Adjustment and Reinsurance

IX.1 Projected Risk Adjustments PMPM:

Using Highmark's 2014 claim diagnoses, we are able to project the average risk score and combined rating factors to estimate the risk adjustment. The actual calculation of the risk transfer followed the risk transfer methodology as prescribed.

IX.2 Projected ACA Reinsurance Recoveries Net of Reinsurance:

Highmark applied the prescribed 2016 reinsurance parameters of a $90,000 attachment point and 50% coinsurance on claims cap at $250,000 to estimate the recoverable claims through the reinsurance program.

X. Non-Benefit Expenses and Profit & Risk

X.1 Administrative Expense Load:

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

X.2 Profit (or Contribution to Surplus) & Risk Margin:

The proposed rates include the risk or contribution to surplus margin.

X.3 Taxes and Fees:

The following fees were added: Patient Centered Outcomes Research Fee, the Health Insurance Provider Fee, and the Exchange User Fee.

XI. Projected Loss Ratio

The anticipated medical loss ratio is calculated consistently with the federally prescribed MLR methodology.

XII. Single Risk Pool

As described above the base experience used includes all Highmark individual members in accordance with the Single Risk Pool regulations. The projected membership and their corresponding premiums and claims only include those members who will be enrolled in a fully ACA-compliant plan in 2016.

XIII. Index Rate

The index rates as shown on Worksheet 1 of the URRT are simply the average allowed claims for the Essential Health Benefits for the experience and projected populations, respectively, for Highmark.

XIV. Market Adjusted Index Rate

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

XV. Plan Adjusted Index Rates

A Plan Adjusted Index Rate is developed by taking the Market Adjusted Index Rate and adding a plan's actuarial value, relative benefit richness, relative network, any non EHB benefits, and retention.

XVI. Calibration

XVI.1 Age Curve Calibration:

An age calibration is calculated using Highmark's average age factor of the projected population. Since no member will pay the rates at this age factor, we calibrated the average age factor by dividing by the closest age factor on the HHS age curve which also represents the nearest age for the age calibration.

XVI.2 Geographic Factor Calibration:

A geographic calibration is also calculated by dividing the Highmark geographic factor of the projected population into 1.

XVII. Consumer Adjusted Premium Rate Development

The plan adjusted index rate represents the rate for a non-smoker average age and average geographic member. Consumer adjusted premium rate is obtained by multiplying by the combined age and geographic calibration factors for the calibrated age/non-smoker in a 1.0 geographical area. The standard HHS Age Curve along with the filed tobacco factors and geography factors can be used to calculate any rate found in the QHP rate template.

XVIII. AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were based entirely on the Federal AV Calculator. No adjustments were needed for any benefits from those values produced by the AV calculator.

XIX. AV Pricing Values

The AV pricing value is comprised of the allowable modifiers such as 1) provider network/utilization management, 2) actuarial value and cost-sharing design of the plan, 3) the addition of non-EHB, 4) administrative cost, excluding Exchange user fees, and 5) the expected impact of the catastrophic plans. The utilization due to differences in cost sharing is based on the factors adopted by the risk adjustment methodology. No differences due to health status are in these adjustments.

XX. Membership Projections

Membership projections are from Highmark's forecast for 2016. These projections reflect expected changes in market share due to an expected increase in market competition.

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

XXI. Terminated Products

All non-transitional pre-ACA plans will be terminated prior to the effective date of this filing.

Additionally, Highmark is terminating all plans that were offered in the Central Pennsylvania region.

XXII. Plan Type

The Plan types listed in Worksheet 2, Section I of the Part I Unified Rate Review Template describe Highmark's plans adequately. No differences are needed.

XXIII. Warning Alerts

The following validation warnings occurred when finalizing the URRT workbook:

Experience Period Plan Adjusted Index Rate and Total Premium do not tie to Worksheet1: Worksheet2 represesents the index rate filed for 2014. Worksheet1 shows actual earned premium for 2014.

Experience Period Total Incurred Claims Payable with Issuer Funds and the Incurred Claims PMPM do not match Worksheet1: Worksheet2 removes reinsurance and risk

adjustment from paid claims as required by the instructions. The cell it points to in Worksheet1 does not as required by the instructions.

WARNING - Wksh 2 - Plan Product Info - Cell G65 - (Section III - Portion of above payable by HHS's funds on behalf of insured person in dollars) should be 0 for exchange plans for year 2014 and 2015: This warning repeats for all of row 65. The numbers on this row represent Highmark's best estimate of the amount payable by HHS.

XXIV. Actuarial Certification

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

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

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

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

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

I certify that 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.

I certify that the benefits included in Highmark's plans are substantially equivalent to the Essential Health Benefits (EHBs) in the Commonwealth of Pennsylvania's benchmark plans. I certify that any benefit substitutions are:

- Actuarially equivalent to the benefits being replaced,
- Are made within only the same essential health benefit category,
- Are based on a standardized plan population,
- Are determined regardless of cost-sharing,
- Are not prescription drug benefits, and
- Are based on an analysis performed in accordance with generally accepted actuarial principles and methodologies.

I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were based on the Federal AV Calculator.

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

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

Signed: Kevin D Lum

Title: Actuarial Manager, Individual Markets

Date: May 14, 2015

1550 Liberty Ridge Drive, Suite 200
Wayne, PA 19087-5572
Tel + 610 687.5644
Fax + 610 687.4236
www.milliman.com

ACTUARIAL MEMORANDUM

Highmark Inc.

Individual Rate Filing- January 1, 2016

I, John P. Burke, am a member of the American Academy of Actuaries and meet its qualification standards for preparing individual rate filings. As a consulting actuary, I was requested by Highmark Inc. ("Highmark") to review the development of the market-wide base rate for the individual combined market on and off the Pennsylvania Exchange. The confidential material presented in this filing was prepared for the specific purpose of submitting the rating formula for the Pennsylvania Insurance Department and may not be appropriate for other purposes. This filing represents premium rates for individuals sold or renewed effective January 1, 2016. The rates are guaranteed until December 31, 2016.

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

1. Premium rates are established in accordance with generally accepted actuarial principles and the applicable Actuarial Standards of Practice. They are not excessive, inadequate, or unfairly discriminatory. Rates are reasonable in relationship to the benefits provided. However, it is certain that actual experience will not conform exactly to the assumptions used in this analysis. To the extent that actual experience is different from the assumptions used in developing the rates, the actual results will also deviate from the projected amounts.

2. In compliance with all applicable Pennsylvania and Federal Statutes and Regulations (45 CFR 156.80(d)(1)).

3. The rating factors and rating methodology are reasonable and consistent with Highmark's business plan at the time of the filing.

John P. Burke
Fellow, Society of Actuaries
Member, American Academy of Actuaries
May 13, 2015

HIGHMARK

May 14, 2015

Mr. Peter Camacci, Director
Bureau of Life, Accident & Health Insurance
Office of Insurance Product Regulation and Market Enforcement
Commonwealth of Pennsylvania
Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: Highmark, Inc. Filing # 1A-DP-15-HI
2016 Individual Market Rates

This constitutes Notice pursuant to Section 707 of the Pennsylvania Right-to-Know Law that the attached Highmark, Inc. 2016 Individual Market Rates contains Trade Secret and Confidential Proprietary Information. Therefore, Highmark, Inc. must, prior to the release of any portion of this Filing, be notified of any request by a third party for access to this Filing, and the Trade Secret and/or Confidential Proprietary Information identified by Highmark, Inc. should be redacted before release.

Dear Mr. Camacci:

This Filing includes the Highmark, Inc. ("Highmark") Individual Market rates and the supporting rate development for policies with effective dates on or after January 2016.

Request for Confidentiality

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

Public disclosure of any information contained in this Filing would allow Highmark competitors to better understand or discover its confidential and proprietary rating, pricing and/or marketing practices, would undermine competition in the Individual market and could have negative consequences for the operation of Highmark's business. Therefore, Highmark asserts that this Filing, in its entirety, constitutes Trade Secret and Confidential Proprietary Information and should not be disclosed.

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

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

Lisa Martinelli, Esq.
Highmark RTKL Representative
Chief Privacy Officer
Highmark, Inc.
120 Fifth Avenue, Suite 1814
Pittsburgh, PA 15222

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

Please note that the rate development in this filing is contingent upon the continued availability of federal subsidies under the ACA in 2016. If federal subsidies in their current form are not available to eligible residents of Pennsylvania, substantial changes to this filing may be required.

Should you have any questions regarding the attached Filing, please feel free to contact me at (717) 302-2143 or via e-mail at: jeffrey.scheib@highmark.com.

Sincerely,

Jeffrey Scheib, ASA, MAAA
Vice President, Actuarial Services
Highmark Inc.

cc: William Sarniak
Frank Haver
Greg Devine, Esq.
Tija Hilton-Phillips, Esq.

Part II of the Preliminary Justification
Highmark, Inc.
d/b/a Highmark Blue Cross Blue Shield
Individual Market

Scope and Range:

Highmark Blue Cross Blue Shield (Highmark) is requesting an average rate increase of 25.5% ranging from 19.2% to 28.2% for the 2016 ACA-qualifying individual products with effective dates from January 1, 2016 to December 31, 2016. This is projected to affect 71,981 members.

Relative to 2015 pricing, the rate increase is mostly due to the higher actual 2014 experience and expected morbidity of the projected enrolled population. For the first time, the base period claims reflects the experience from the ACA enrolled population as well as the enrollment of consumers who were previously uninsured or covered under employer group health plans. In addition, the other contributing factors include the result of trend on this claims basis and the change in the federal transitional reinsurance program parameters.

Historical Financial Experience:

Highmark incurred a substantial underwriting loss in its Individual ACA programs in 2014. This loss is net of the expected risk adjustment and federal reinsurance programs.

Change in Medical Service Costs:

The projected average cost of medical care for the projected population is expected to increase due to higher morbidity and age relative to the assumptions used in the 2015 rate filing. The increase will emerge in utilization and average cost per service, and is spread across all types of services.

Change in Benefits:

No additional benefits were added for coverage. Likewise, no benefits were removed. However, some cost sharing parameters were changed in order to maintain compliance with Federal AV requirements. Additionally, some out of pocket maximum parameters were changed to keep up with the rising cost of health care. These out of pocket maximum changes also aided in mitigating the rate increase.

Administrative Costs and Anticipated Operating Results:

Overall, administrative costs as a percentage of premium is 1.4% higher in 2016 than 2015. The anticipated operating results are not excessive or unreasonable. In accordance with regulations, the projected medical loss ratio is over 80%.

June 19, 2015

Kevin Luu, ASA, MAAA
Actuarial Manager
Highmark, Inc.
1800 Center Street
Camp Hill, PA 17011

RE: Proposed 25.5% increase for 2016 on and off exchange individual PPO rates in Central PA (1A-DP-15-HI);
Pennsylvania Insurance Department ID #: HGHM-130061378

Dear Mr. Luu:

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.

1. Please be advised that any time the URRT is changed in SERFF, the URRT in HIOS must also be updated. Please acknowledge your understanding of this requirement.

2. Please provide an actuarial narrative regarding the rate impact on this filing of a court decision that ends federal subsidies in Pennsylvania during 2016.

3. Please complete the Company Rate Information page in SERFF under the Rate/Rule Schedule tab.

4. Please describe quantitatively, including an Excel spreadsheet with formulas, the derivation of the 0.935 Population Risk Morbidity factor as found in Worksheet 1, Section II of the URRT.

5. Please describe quantitatively, including an Excel spreadsheet with formulas, the derivation of the 0.980 'Other' factor as found in Worksheet 1, Section II of the URRT.

6. What is the basis for the trend selection of 8% (4.9% cost and 3% utilization) as shown on page 4 of the actuarial memo? Please provide support.

7. The actuarial memorandum indicates that the utilization portion of the trend rate is 3.0%, but the URRT indicates that it is 1.8%. Please explain the apparent discrepancy.

8. Please explain why the Company believes that its paid-to-allowed ratio will decrease from 78.5% (=310.55/395.7) in the Experience Period to 71.0% in the Projection Period. Show the derivation of the 71.0%.

9. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the -$10.09 'Projected Risk Adjustments PMPM' found in Section III, Worksheet 1 of the URRT.

10. Please split the Administrative Expense Load of $41.35 PMPM, as shown Section III, Worksheet 1 of the URRT into its component parts, showing each component in dollars and percentage of premium.

11. Please show the derivation of the Projected Member Months of 908,048. Please comment on the dramatic drop from 2,294,315 member months in the 2014 experience period.

12. Please describe quantitatively, including an Excel spreadsheet with formulas, the derivation of the 3.2% Health Insurance Provider Tax as found on Page 6 of the Part III Actuarial Memorandum.

13. Please describe quantitatively, including an Excel spreadsheet with formulas, the derivation of the 87.5% medical loss ratio (MLR).

14. In order to verify that only allowed adjustments were made to the index rate we need you to translate your process into the one described in the 2016 URRT Instructions. Each element should be as accurate as possible without any element being a balancing adjustment. If a balancing adjustment is needed please show it as a separate item. Please provide the development (in Excel, with formulas) of the age 21 non-tobacco rate in the SERFF Rates Table Template for all plans, starting with the index rate on the URRT Worksheet 1 and reflecting all applicable factors, including the following (as appropriate):

a. Risk Adjustment;
b. Reinsurance;
c. Exchange User Fee;
d. AV and cost sharing;
e. Utilization changes due to benefit richness;
f. Adjustment for tobacco load;
g. Provider network adjustment;
h. Benefits in addition to EHBs;
i. Non-benefit expenses including administrative costs, margin, taxes and fees;
j. Adjustment for eligibility for catastrophic plans (on catastrophic plans only);
k. Age calibration; and
l. Geographic calibration.

15. Page 4 of the Part III Actuarial Memorandum indicates that HBCBS will no longer be offering individual PPO plans in the Central PA region. Please discuss.

16. The projected 2014 incurred claims pmpm from the 2014 URRT was $197.56 while the actual 2014 incurred claims pmpm from the 2016 URRT was $310.55. The actual 2014 incurred claims were 57.2% higher than anticipated in the initial 2014 pricing.

Based on these numbers it appears that the overwhelming reason for the 2015 and 2016 rate increases is that 2014 premiums were inadequate to fund the 2014 actual claim levels. Please comment on the initial mispricing and provide an explanation as to what is driving claims higher than initially expected (increase in utilization, increase in average cost per service, increased cost of new specialty pharmacy drugs, etc.).

17. Please certify that you are in compliance with 2016 Unified Rate Review Instructions (Rate Filing Justification: Parts I, II, and III version 2/21/15).

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 jlaverty@pa.gov or by telephone at (717) 787-2117.

Sincerely,

James Laverty ASA, MAAA
Actuarial Review Division
Bureau of Accident & Health Insurance

TO: Jim Laverty, ASA, MAAA
Actuarial Review Division
Pennsylvania Insurance Department

FROM: Kevin Luu, ASA, MAAA
Actuarial Manager
Highmark, Inc.

DATE: July 14, 2015

SUBJECT: Highmark, Inc.'s 2016 Individual Market Rate Filing (1A-DP-15-HI)
SERFF Tracking Number: HGHM-130061378

Below are Highmark, Inc.'s ("Highmark's") responses to your objection letter dated June 19, 2015. We have included the questions along with the responses for your convenience.

1. Please be advised that any time the URRT is changed in SERFF, the URRT in HIOS must also be updated. Please acknowledge your understanding of this requirement.

Response:
Highmark acknowledges this requirement.

2. Please provide an actuarial narrative regarding the rate impact on this filing of a court decision that ends federal subsidies in Pennsylvania during 2016.

Response:
Given the Supreme Court's recent decision in favor of the federal government's position on subsidies, Highmark considers this question to be no longer applicable.

3. Please complete the Company Rate Information page in SERFF under the Rate/Rule Schedule tab.

Response:
The Company Rate Information section under the Rate/Rule Schedule in SERFF has been completed via a Post-Submission Update. Please note that the 'Number of Policy Holders Affected for this Program' was set equal to the projected average members for 2016, consistent with Exhibit I of the rate filing. Also, the 'Written Premium for this Program' was set equal to the estimated earned premium at the average prior rate, consistent with the Rate Review Detail section in SERFF.

4. Please describe quantitatively, including an Excel spreadsheet with formulas, the derivation of the [redacted] Population Risk Morbidity factor as found in Worksheet 1, Section II of the URRT.

Response:
Attachment I shows the derivation of the [redacted] Population Risk Morbidity factor and how each population affects the morbidity of Highmark's 2016 ACA population. [redacted]

[redacted] The changes in the populations reflect the adjustments described above.

5. Please describe quantitatively, including an Excel spreadsheet with formulas, the derivation of the [redacted] 'Other' factor as found in Worksheet 1, Section II of the URRT.

Response:
The [redacted] 'Other' projection adjustment factor reflects the [redacted]

6. What is the basis for the trend selection of [redacted] as shown on page 4 of the actuarial memo? Please provide support.

Response:
[redacted]

7. The actuarial memorandum indicates that the utilization portion of the trend rate is [redacted], but the URRT indicates that it is [redacted]. Please explain the apparent discrepancy.

Response:
[redacted]

8. Please explain why the Company believes that its paid-to-allowed ratio will [redacted] from [redacted] in the Experience Period to [redacted] in the Projection Period. Show the derivation of the [redacted]

Response:
[redacted]

Attachment III shows the derivation of the [redacted] paid-to-allowed ratio for the projection period using the expected membership, allowed dollars, and paid dollars by metal level. [redacted]

9. Please show quantitatively, including an Excel spreadsheet with formulas, the derivation of the [redacted] 'Projected Risk Adjustments PMPM' found in Section III, Worksheet 1 of the URRT.

Response:

10. Please split the Administrative Expense Load of , as shown Section III, Worksheet 1 of the URRT into its component parts, showing each component in dollars and percentage of premium.

Response:
The total Administrative Expense Load of can be split into . The account for or . The account for or .

11. Please show the derivation of the Projected Member Months of . Please comment on the .

12. Please describe quantitatively, including an Excel spreadsheet with formulas, the derivation of the Health Insurance Provider Tax as found on Page 6 of the Part III Actuarial Memorandum.

Response:
Attachment V demonstrates the derivation of the Health Insurance Provider Tax.

13. Please describe quantitatively, including an Excel spreadsheet with formulas, the derivation of the medical loss ratio (MLR).

Response:
Attachment VI demonstrates the derivation of the medical loss ratio (MLR). The expected paid claims after risk adjuster and reinsurance is . This represents the numerator in our MLR calculation. The denominator we used was . This value is the Single Risk Pool Gross Premium Avg. Rate PMPM of . .

14. In order to verify that only allowed adjustments were made to the index rate we need you to translate your process into the one described in the 2016 URRT Instructions. Each element should be as accurate as possible

without any element being a balancing adjustment. If a balancing adjustment is needed please show it as a separate item. Please provide the development (in Excel, with formulas) of the age 21 non-tobacco rate in the SERFF Rates Table Template for all plans, starting with the index rate on the URRT Worksheet 1 and reflecting all applicable factors, including the following (as appropriate):
a. Risk Adjustment;
b. Reinsurance;
c. Exchange User Fee;
d. AV and cost sharing;
e. Utilization changes due to benefit richness;
f. Adjustment for tobacco load;
g. Provider network adjustment;
h. Benefits in addition to EHBs;
i. Non-benefit expenses including administrative costs, margin, taxes and fees;
j. Adjustment for eligibility for catastrophic plans (on catastrophic plans only);
k. Age calibration; and
l. Geographic calibration.

Response:
Per the June 26, 2015 'Note to Filer' in SERFF, Highmark is disregarding this question as it was not intended to be included in the initial objection letter.

15. Page 4 of the Part III Actuarial Memorandum indicates [redacted].

Response:
[redacted]

16. The projected 2014 incurred claims pmpm from the 2014 URRT was [redacted] while the actual 2014 incurred claims pmpm from the 2016 URRT was [redacted]. The actual 2014 incurred claims were [redacted] than anticipated in the initial 2014 pricing.

[redacted]

Response:
[redacted]

[redacted]

17. Please certify that you are in compliance with 2016 Unified Rate Review Instructions (Rate Filing Justification: Parts I, II, and III version 2/21/15).

Response:
Highmark certifies that, to the best of its knowledge and understanding, this filing is in compliance with the 2016 Unified Rate Review Instructions as of 2/21/15.

Highmark, Inc.
d/b/a Highmark Blue Cross Blue Shield
Western PA Region
Summary of Requested Rates Effective January 1, 2016

Plan ID (On Exchange)=>														
Plan ID (Off Exchange)=>	33709PA0520001		33709PA0510001		33709PA0500001		33709PA0510002		33709PA0510002		33709PA0500002		33709PA0500002	
Form # =>	HS/HDHP/WDP-3		PPO/WDP-1		CAT/WDP-3		PPO/WDP-1		PPO/WDP-1		CAT/WDP-3		CAT/WDP-3	
Region =>	Area 1, 4		Area 1, 4		Area 1, 4		Area 1, 2, 5		Area 6		Area 1, 2, 5		Area 6	
Service Zone =>	A		A		A		B		B		B		B	
Metal =>	Silver		Bronze		Catastrophic		Bronze		Bronze		Catastrophic		Catastrophic	
Plan Name =>	Health Savings Blue PPO 2700		Shared Cost Blue PPO 6000		Major Events Blue PPO 6850		Shared Cost Blue PPO 6000		Shared Cost Blue PPO 6000		Major Events Blue PPO 6850		Major Events Blue PPO 6850	
Deductible =>	$2,700		$6,000		$6,850		$6,000		$6,000		$6,850		$6,850	
Coinsurance =>	80%		60%		100%		60%		60%		100%		100%	
Copays =>	NA		$75 PCP		NA		$75 PCP		$75 PCP		NA		NA	
OOP Max =>	$5,250		$6,850		$6,850		$6,850		$6,850		$6,850		$6,850	
Pediatric Dental =>	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 20	$108.04	$108.04	$95.10	$95.10	$83.44	$83.44	$101.89	$101.89	$109.25	$109.25	$89.25	$89.25	$95.69	$95.69
21	$170.14	$174.39	$149.77	$153.51	$131.40	$134.69	$160.46	$164.47	$172.04	$176.34	$140.55	$144.06	$150.70	$154.47
22	$170.14	$174.39	$149.77	$153.51	$131.40	$134.69	$160.46	$164.47	$172.04	$176.34	$140.55	$144.06	$150.70	$154.47
23	$170.14	$174.39	$149.77	$153.51	$131.40	$134.69	$160.46	$164.47	$172.04	$176.34	$140.55	$144.06	$150.70	$154.47
24	$170.14	$174.39	$149.77	$153.51	$131.40	$134.69	$160.46	$164.47	$172.04	$176.34	$140.55	$144.06	$150.70	$154.47
25	$170.82	$175.09	$150.37	$154.13	$131.93	$135.23	$161.10	$165.13	$172.73	$177.05	$141.11	$144.64	$151.30	$155.08
26	$174.22	$178.58	$153.36	$157.19	$134.55	$137.91	$164.31	$168.42	$176.17	$180.57	$143.92	$147.52	$154.32	$158.18
27	$178.31	$182.77	$156.96	$160.88	$137.71	$141.15	$168.16	$172.36	$180.30	$184.81	$147.30	$150.98	$157.93	$161.88
28	$184.94	$189.56	$162.80	$166.87	$142.83	$146.40	$174.42	$178.78	$187.01	$191.69	$152.78	$156.60	$163.81	$167.91
29	$190.39	$195.15	$167.59	$171.78	$147.04	$150.72	$179.55	$184.04	$192.51	$197.32	$157.28	$161.21	$168.63	$172.85
30	$193.11	$197.94	$169.99	$174.24	$149.14	$152.87	$182.12	$186.67	$195.27	$200.15	$159.52	$163.51	$171.04	$175.32
31	$197.19	$202.12	$173.58	$177.92	$152.29	$156.10	$185.97	$190.62	$199.39	$204.37	$162.90	$166.97	$174.66	$179.03
32	$201.28	$206.31	$177.18	$181.61	$155.45	$159.34	$189.82	$194.57	$203.52	$208.61	$166.27	$170.43	$178.28	$182.74
33	$203.83	$208.93	$179.42	$183.91	$157.42	$161.36	$192.23	$197.04	$206.10	$211.25	$168.38	$172.59	$180.54	$185.05
34	$206.55	$211.71	$181.82	$186.37	$159.52	$163.51	$194.80	$199.67	$208.86	$214.08	$170.63	$174.90	$182.95	$187.52
35	$207.91	$213.11	$183.02	$187.60	$160.57	$164.58	$196.08	$200.98	$210.23	$215.49	$171.75	$176.04	$184.16	$188.76
36	$209.27	$214.50	$184.22	$188.83	$161.62	$165.66	$197.37	$202.30	$211.61	$216.90	$172.88	$177.20	$185.36	$189.99
37	$210.63	$215.90	$185.42	$190.06	$162.67	$166.74	$198.65	$203.62	$212.99	$218.31	$174.00	$178.35	$186.57	$191.23
38	$211.99	$217.29	$186.61	$191.28	$163.72	$167.81	$199.93	$204.93	$214.36	$219.72	$175.13	$179.51	$187.77	$192.46
39	$214.72	$220.09	$189.01	$193.74	$165.83	$169.98	$202.50	$207.56	$217.11	$222.54	$177.37	$181.80	$190.18	$194.93
40	$217.44	$239.18	$191.41	$210.55	$167.93	$184.72	$205.07	$225.58	$219.87	$241.86	$179.62	$197.58	$192.59	$211.85
41	$221.52	$244.78	$195.00	$215.45	$171.08	$189.04	$208.92	$230.86	$224.00	$247.52	$183.00	$202.22	$196.21	$216.81
42	$225.44	$250.69	$198.45	$220.68	$174.11	$193.61	$212.61	$236.42	$227.95	$253.48	$186.23	$207.09	$199.68	$222.04
43	$230.88	$258.82	$203.24	$227.83	$178.31	$199.89	$217.74	$244.09	$233.46	$261.71	$190.73	$213.81	$204.50	$229.24
44	$237.69	$269.07	$209.23	$236.85	$183.57	$207.80	$224.16	$253.75	$240.34	$272.06	$196.35	$222.27	$210.53	$238.32
45	$245.68	$281.30	$216.27	$247.63	$189.74	$217.25	$231.70	$265.30	$248.43	$284.45	$202.95	$232.38	$217.61	$249.16
46	$255.21	$296.04	$224.66	$260.61	$197.10	$228.64	$240.69	$279.20	$258.06	$299.35	$210.83	$244.56	$226.05	$262.22
47	$265.93	$313.00	$234.09	$275.52	$205.38	$241.73	$250.80	$295.19	$268.90	$316.50	$219.68	$258.56	$235.54	$277.23
48	$278.18	$332.70	$244.87	$292.86	$214.84	$256.95	$262.35	$313.77	$281.29	$336.42	$229.80	$274.84	$246.39	$294.68
49	$290.26	$353.25	$255.51	$310.96	$224.17	$272.81	$273.74	$333.14	$293.50	$357.19	$239.78	$291.81	$257.09	$312.88
50	$303.87	$372.24	$267.49	$327.68	$234.68	$287.48	$286.58	$351.06	$307.26	$376.39	$251.02	$307.50	$269.15	$329.71
51	$317.31	$388.70	$279.32	$342.17	$245.06	$300.20	$299.26	$366.59	$320.85	$393.04	$262.13	$321.11	$281.06	$344.30
52	$332.11	$406.83	$292.35	$358.13	$256.49	$314.20	$313.22	$383.69	$335.82	$411.38	$274.35	$336.08	$294.17	$360.36
53	$347.09	$425.19	$305.53	$374.27	$268.06	$328.37	$327.34	$400.99	$350.96	$429.93	$286.72	$351.23	$307.43	$376.60
54	$363.25	$444.98	$319.76	$391.71	$280.54	$343.66	$342.58	$419.66	$367.31	$449.95	$300.07	$367.59	$321.74	$394.13
55	$379.41	$464.78	$333.99	$409.14	$293.02	$358.95	$357.83	$438.34	$383.65	$469.97	$313.43	$383.95	$336.06	$411.67
56	$396.94	$486.25	$349.41	$428.03	$306.56	$375.54	$374.35	$458.58	$401.37	$491.68	$327.90	$401.68	$351.58	$430.69
57	$414.63	$507.92	$364.99	$447.11	$320.22	$392.27	$391.04	$479.02	$419.26	$513.59	$342.52	$419.59	$367.26	$449.89
58	$433.52	$531.06	$381.61	$467.47	$334.81	$410.14	$408.85	$500.84	$438.36	$536.99	$358.12	$438.70	$383.98	$470.38
59	$442.37	$542.52	$389.85	$477.57	$342.03	$418.99	$417.68	$511.66	$447.82	$548.58	$365.85	$448.17	$392.27	$480.53
60	$461.76	$565.66	$406.48	$497.94	$356.62	$436.86	$435.49	$533.48	$466.92	$571.98	$381.45	$467.28	$409.00	$501.03
61	$478.09	$585.66	$420.85	$515.54	$369.23	$452.31	$450.89	$552.34	$483.43	$592.20	$394.95	$483.81	$423.47	$518.75
62	$488.81	$598.79	$430.29	$527.11	$377.51	$462.45	$461.00	$564.73	$494.27	$605.48	$403.80	$494.66	$432.96	$530.38
63	$502.25	$615.26	$442.12	$541.60	$387.89	$475.17	$473.68	$580.26	$507.86	$622.13	$414.90	$508.25	$444.87	$544.97
64	$510.42	$625.26	$449.31	$550.40	$394.20	$482.90	$481.38	$589.69	$516.12	$632.25	$421.65	$516.52	$452.10	$553.82
65+	$510.42	$625.26	$449.31	$550.40	$394.20	$482.90	$481.38	$589.69	$516.12	$632.25	$421.65	$516.52	$452.10	$553.82

CONFIDENTIAL

Highmark, Inc.
d/b/a Highmark Blue Cross Blue Shield
Western PA Region
Summary of Requested Rates Effective January 1, 2016

Plan ID (On Exchange)=>							33709PA0690003		33709PA0690001		33709PA0690002		33709PA0690004	
Plan ID (Off Exchange)=>	33709PA0420013		33709PA0420014		33709PA0420014		33709PA0690003		33709PA0690001		33709PA0690002		33709PA0690004	
Form # =>	FL/PPO/WDP-1		FL/PPO/WDP-1		FL/PPO/WDP-1		CONB/EPO/WDP		CONB/EPO/WDP		CONB/EPO/WDP		CONB/EPO/WDP	
Region =>	Area 1, 2, 4, 5		Area 2, 5		Area 6		Area 1, 4		Area 1, 4		Area 1, 4		Area 1, 4	
Service Zone =>	G		H		H		J		J		J		J	
Metal =>	Gold		Gold		Gold		Gold		Silver		Silver		Bronze	
Plan Name =>	Flex Blue PPO 1200 PMHA		Flex Blue PPO 1200 Penn Highlands		Flex Blue PPO 1200 Penn Highlands		Connect Blue EPO 250		Connect Blue EPO 750		Connect Blue EPO 2500		Connect Blue EPO 5500	
Deductible =>	$1,200		$1,200		$1,200		$250		$750		$2,500		$5,500	
Coinsurance =>	80%		80%		80%		90%		70%		90%		70%	
Copays =>	$20 PCP		$20 PCP		$20 PCP		$10 PCP		$15 PCP		$30 PCP		$60 PCP	
OOP Max =>	$3,850		$3,850		$3,850		$6,850		$6,850		$6,850		$6,850	
Pediatric Dental =>	Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 20	$139.69	$139.69	$140.58	$140.58	$150.73	$150.73	$125.53	$125.53	$104.61	$104.61	$104.93	$104.93	$83.70	$83.70
21	$219.98	$225.48	$221.39	$226.92	$237.37	$243.30	$197.68	$202.62	$164.74	$168.86	$165.24	$169.37	$131.81	$135.11
22	$219.98	$225.48	$221.39	$226.92	$237.37	$243.30	$197.68	$202.62	$164.74	$168.86	$165.24	$169.37	$131.81	$135.11
23	$219.98	$225.48	$221.39	$226.92	$237.37	$243.30	$197.68	$202.62	$164.74	$168.86	$165.24	$169.37	$131.81	$135.11
24	$219.98	$225.48	$221.39	$226.92	$237.37	$243.30	$197.68	$202.62	$164.74	$168.86	$165.24	$169.37	$131.81	$135.11
25	$220.86	$226.38	$222.28	$227.84	$238.32	$244.28	$198.47	$203.43	$165.40	$169.54	$165.90	$170.05	$132.34	$135.65
26	$225.26	$230.89	$226.70	$232.37	$243.07	$249.15	$202.42	$207.48	$168.69	$172.91	$169.21	$173.44	$134.97	$138.34
27	$230.54	$236.30	$232.02	$237.82	$248.76	$254.98	$207.17	$212.35	$172.65	$176.97	$173.17	$177.50	$138.14	$141.59
28	$239.12	$245.10	$240.65	$246.67	$258.02	$264.47	$214.88	$220.25	$179.07	$183.55	$179.62	$184.11	$143.28	$146.86
29	$246.16	$252.31	$247.74	$253.93	$265.62	$272.26	$221.20	$226.73	$184.34	$188.95	$184.90	$189.52	$147.50	$151.19
30	$249.68	$255.92	$251.28	$257.56	$269.41	$276.15	$224.37	$229.98	$186.98	$191.65	$187.55	$192.24	$149.60	$153.34
31	$254.96	$261.33	$256.59	$263.00	$275.11	$281.99	$229.11	$234.84	$190.93	$195.70	$191.51	$196.30	$152.77	$156.59
32	$260.24	$266.75	$261.90	$268.45	$280.81	$287.83	$233.86	$239.71	$194.89	$199.76	$195.48	$200.37	$155.93	$159.83
33	$263.54	$270.13	$265.23	$271.86	$284.37	$291.48	$236.82	$242.74	$197.36	$202.29	$197.96	$202.91	$157.91	$161.86
34	$267.06	$273.74	$268.77	$275.49	$288.17	$295.37	$239.98	$245.98	$199.99	$204.99	$200.60	$205.62	$160.02	$164.02
35	$268.82	$275.54	$270.54	$277.30	$290.07	$297.32	$241.56	$247.60	$201.31	$206.34	$201.92	$206.97	$161.07	$165.10
36	$270.58	$277.34	$272.31	$279.12	$291.97	$299.27	$243.15	$249.23	$202.63	$207.70	$203.25	$208.33	$162.13	$166.18
37	$272.34	$279.15	$274.08	$280.93	$293.86	$301.21	$244.73	$250.85	$203.95	$209.05	$204.57	$209.68	$163.18	$167.26
38	$274.10	$280.95	$275.85	$282.75	$295.76	$303.15	$246.31	$252.47	$205.27	$210.40	$205.89	$211.04	$164.24	$168.35
39	$277.61	$284.55	$279.39	$286.37	$299.56	$307.05	$249.47	$255.71	$207.90	$213.10	$208.53	$213.74	$166.34	$170.50
40	$281.13	$309.24	$282.94	$311.23	$303.36	$333.70	$252.64	$277.90	$210.54	$231.59	$211.18	$232.30	$168.45	$185.30
41	$286.41	$316.48	$288.25	$318.52	$309.06	$341.51	$257.38	$284.40	$214.49	$237.01	$215.14	$237.73	$171.62	$189.64
42	$291.47	$324.11	$293.34	$326.19	$314.52	$349.75	$261.93	$291.27	$218.28	$242.73	$218.94	$243.46	$174.65	$194.21
43	$298.51	$334.63	$300.43	$336.78	$322.11	$361.09	$268.25	$300.71	$223.55	$250.60	$224.23	$251.36	$178.87	$200.51
44	$307.31	$347.87	$309.28	$350.10	$331.61	$375.38	$276.16	$312.61	$230.14	$260.52	$230.84	$261.31	$184.14	$208.45
45	$317.65	$363.71	$319.69	$366.05	$342.76	$392.46	$285.45	$326.84	$237.88	$272.37	$238.61	$273.21	$190.33	$217.93
46	$329.97	$382.77	$332.09	$385.22	$356.06	$413.03	$296.52	$343.96	$247.11	$286.65	$247.86	$287.52	$197.72	$229.36
47	$343.83	$404.69	$346.03	$407.28	$371.01	$436.68	$308.97	$363.66	$257.49	$303.07	$258.27	$303.98	$206.02	$242.49
48	$359.67	$430.17	$361.97	$432.92	$388.10	$464.17	$323.21	$386.56	$269.35	$322.14	$270.17	$323.12	$215.51	$257.75
49	$375.29	$456.73	$377.69	$459.65	$404.95	$492.82	$337.24	$410.42	$281.05	$342.04	$281.90	$343.07	$224.87	$273.67
50	$392.88	$481.28	$395.40	$484.37	$423.94	$519.33	$353.06	$432.50	$294.23	$360.43	$295.12	$361.52	$235.41	$288.38
51	$410.26	$502.57	$412.89	$505.79	$442.70	$542.31	$368.67	$451.62	$307.24	$376.37	$308.17	$377.51	$245.83	$301.14
52	$429.40	$526.02	$432.15	$529.38	$463.35	$567.60	$385.87	$472.69	$321.57	$393.92	$322.55	$395.12	$257.29	$315.18
53	$448.76	$549.73	$451.64	$553.26	$484.23	$593.18	$403.27	$494.01	$336.07	$411.69	$337.09	$412.94	$268.89	$329.39
54	$469.66	$575.33	$472.67	$579.02	$506.78	$620.81	$422.05	$517.01	$351.72	$430.86	$352.79	$432.17	$281.41	$344.73
55	$490.56	$600.94	$493.70	$604.78	$529.34	$648.44	$440.83	$540.02	$367.37	$450.03	$368.49	$451.40	$293.94	$360.08
56	$513.21	$628.68	$516.50	$632.71	$553.78	$678.38	$461.19	$564.96	$384.34	$470.82	$385.50	$472.24	$307.51	$376.70
57	$536.09	$656.71	$539.53	$660.92	$578.47	$708.63	$481.75	$590.14	$401.47	$491.80	$402.69	$493.30	$321.22	$393.49
58	$560.51	$686.62	$564.10	$691.02	$604.82	$740.90	$503.69	$617.02	$419.76	$514.21	$421.03	$515.76	$335.85	$411.42
59	$572.51	$701.45	$576.28	$705.94	$617.87	$756.89	$514.56	$630.34	$428.82	$525.30	$430.12	$526.90	$343.10	$420.30
60	$597.03	$731.36	$600.85	$736.04	$644.22	$789.17	$536.50	$657.21	$447.10	$547.70	$448.46	$549.36	$357.73	$438.22
61	$618.14	$757.22	$622.11	$762.08	$667.01	$817.09	$555.48	$680.46	$462.92	$567.08	$464.32	$568.79	$370.39	$453.73
62	$632.00	$774.20	$636.05	$779.16	$681.96	$835.40	$567.93	$695.71	$473.30	$579.79	$474.73	$581.54	$378.69	$463.90
63	$649.38	$795.49	$653.54	$800.59	$700.72	$858.38	$583.55	$714.85	$486.31	$595.73	$487.79	$597.54	$389.10	$476.65
64	$659.94	$808.43	$664.17	$813.61	$712.11	$872.33	$593.04	$726.47	$494.22	$605.42	$495.72	$607.26	$395.43	$484.40
65+	$659.94	$808.43	$664.17	$813.61	$712.11	$872.33	$593.04	$726.47	$494.22	$605.42	$495.72	$607.26	$395.43	$484.40

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