

**State:** Pennsylvania **Filing Company:** UPMC Health Benefits, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005C Individual - Other  
**Product Name:** UPMC HB 2016 GRIP - Savings  
**Project Name/Number:** /

### Filing at a Glance

Company: UPMC Health Benefits, Inc.  
 Product Name: UPMC HB 2016 GRIP - Savings  
 State: Pennsylvania  
 TOI: H16I Individual Health - Major Medical  
 Sub-TOI: H16I.005C Individual - Other  
 Filing Type: Rate - M.U.H.D. (Medically Underwritten High-Deductible Health Plan)  
 Date Submitted: 08/13/2015  
 SERFF Tr Num: UPMC-130203668  
 SERFF Status: Assigned  
 State Tr Num: UPMC-130203668  
 State Status: Received Review in Progress  
 Co Tr Num:

Implementation: 01/01/2016  
 Date Requested:  
 Author(s): Michael Lovely, Ngan Nguyen, Jacqueline DeCoursey, Adam Pittler, Timothy Gaborek, Kelley Garcia  
 Reviewer(s): Cherri Sanders-Jones (primary)  
 Disposition Date:  
 Disposition Status:  
 Implementation Date:

State Filing Description:  
 EPO Transitional - rri = 9.9%

**State:** Pennsylvania **Filing Company:** UPMC Health Benefits, Inc.  
**TOI/Sub-TOI:** H16I Individual Health - Major Medical/H16I.005C Individual - Other  
**Product Name:** UPMC HB 2016 GRIP - Savings  
**Project Name/Number:** /

## General Information

Project Name:	Status of Filing in Domicile:
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact: 9.9%	Filing Status Changed: 08/14/2015
	State Status Changed: 08/14/2015
Deemer Date:	Created By: Ngan Nguyen
Submitted By: Ngan Nguyen	Corresponding Filing Tracking Number: UPMC-127741335
	PPACA: Not PPACA-Related
PPACA Notes: null	
Include Exchange Intentions:	No
Additional Benefits:	No

**Filing Description:**  
 UPMC HB 2016 GRIP - Savings

## Company and Contact

### Filing Contact Information

John Wisniewski, Director, Actuary	wisniewskijc@upmc.edu
1 Chatham Center	412-454-5180 [Phone]
112 Washington Place	
Pittsburgh, PA 15219	

### Filing Company Information

UPMC Health Benefits, Inc.	CoCode: 11018	State of Domicile:
US Steel Tower	Group Code: 1324	Pennsylvania
600 Grant Street	Group Name: UPMC	Company Type: Property &
Pittsburgh, PA 15219	FEIN Number: 25-1844144	Casualty
(412) 454-5180 ext. [Phone]		State ID Number:

## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

UPMC-130203668

State Tracking #:

UPMC-130203668

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Benefits, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name:

UPMC HB 2016 GRIP - Savings

Project Name/Number:

/

## Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

%

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
UPMC Health Benefits, Inc.	Increase	9.900%	9.900%	\$-529,158	1,409	\$3,152,939	9.900%	9.900%

SERFF Tracking #:

UPMC-130203668

State Tracking #:

UPMC-130203668

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Benefits, Inc.

TOI/Sub-TOI:

H161 Individual Health - Major Medical/H161.005C Individual - Other

Product Name:

UPMC HB 2016 GRIP - Savings

Project Name/Number:

/

### Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate tables		Revised	Previous State Filing Number: Percent Rate Change Request: 9.9	UPMC_Rate_Renewal_HSA (Eff 1.1.2016).pdf,

**UPMC Health Benefits, Inc.**  
**Individual Guaranteed Renewable Health Savings Account [HSA] Plan**  
**Policy Form Number 611**

**\$1,300 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 193.66	\$ 193.66	\$ 222.70	\$ 222.70	\$ 290.48	\$ 290.48	\$ 367.95	\$ 367.95	\$ 455.09	\$ 455.09	\$ 542.24	\$ 542.24
02 - 19	95.24	95.24	109.52	109.52	142.86	142.86	180.95	180.95	223.81	223.81	266.67	266.67
20 - 24	95.77	132.02	110.14	151.82	124.51	171.63	143.66	198.03	167.60	231.04	191.55	264.04
25 - 29	100.15	165.44	115.17	190.25	130.19	215.07	150.22	248.15	175.26	289.51	200.29	330.87
30 - 34	115.61	201.58	132.96	231.82	150.30	262.05	173.42	302.37	202.32	352.76	231.23	403.16
35 - 39	138.61	201.66	159.40	231.91	180.20	262.15	207.92	302.49	242.57	352.90	277.23	403.32
40 - 44	167.05	228.15	192.11	262.38	217.17	296.60	250.58	342.23	292.35	399.27	334.11	456.31
45 - 49	210.98	254.94	242.62	293.18	274.27	331.42	316.47	382.41	369.21	446.14	421.95	509.88
50 - 54	272.95	301.22	313.89	346.41	354.84	391.59	409.43	451.84	477.66	527.14	545.90	602.45
55 - 59	361.51	345.62	415.74	397.46	469.97	449.30	542.27	518.42	632.65	604.83	723.03	691.23
60 - 64	490.54	407.34	564.12	468.44	637.70	529.54	735.81	611.01	858.45	712.85	981.08	814.68

\* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

**UPMC Health Benefits, Inc.**  
**Individual Guaranteed Renewable Health Savings Account [HSA] Plan**  
**Policy Form Number 611**

**\$2,500 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 157.11	\$ 157.11	\$ 180.67	\$ 180.67	\$ 235.66	\$ 235.66	\$ 298.51	\$ 298.51	\$ 369.21	\$ 369.21	\$ 439.90	\$ 439.90
02 - 19	80.72	80.72	92.83	92.83	121.09	121.09	153.38	153.38	189.70	189.70	226.03	226.03
20 - 24	81.14	107.66	93.31	123.81	105.48	139.96	121.71	161.50	142.00	188.41	162.28	215.33
25 - 29	84.52	133.05	97.20	153.01	109.88	172.97	126.78	199.58	147.91	232.84	169.05	266.11
30 - 34	96.54	160.54	111.03	184.62	125.51	208.70	144.82	240.81	168.95	280.95	193.09	321.08
35 - 39	114.39	160.59	131.55	184.68	148.70	208.77	171.58	240.89	200.18	281.04	228.77	321.19
40 - 44	136.46	183.89	156.93	211.48	177.40	239.06	204.69	275.84	238.80	321.81	272.92	367.79
45 - 49	170.57	204.69	196.15	235.39	221.74	266.09	255.85	307.03	298.49	358.20	341.13	409.37
50 - 54	218.65	240.61	251.45	276.70	284.25	312.79	327.98	360.91	382.64	421.06	437.30	481.21
55 - 59	287.41	275.05	330.53	316.31	373.64	357.57	431.12	412.58	502.97	481.34	574.83	550.11
60 - 64	387.55	322.97	445.69	371.41	503.82	419.86	581.33	484.45	678.22	565.20	775.11	645.94

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**UPMC Health Benefits, Inc.**  
**Individual Guaranteed Renewable Health Savings Account [HSA] Plan**  
**Policy Form Number 611**

**\$5,000 Deductible, 100/0**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 135.72	\$ 135.72	\$ 156.07	\$ 156.07	\$ 203.57	\$ 203.57	\$ 257.86	\$ 257.86	\$ 318.93	\$ 318.93	\$ 380.00	\$ 380.00
02 - 19	72.21	72.21	83.05	83.05	108.32	108.32	137.21	137.21	169.70	169.70	202.20	202.20
20 - 24	72.57	93.33	83.45	107.33	94.34	121.33	108.85	140.00	126.99	163.33	145.13	186.67
25 - 29	75.39	114.02	86.69	131.12	98.00	148.23	113.08	171.03	131.92	199.54	150.77	228.04
30 - 34	85.37	136.41	98.18	156.87	110.98	177.33	128.06	204.61	149.40	238.71	170.74	272.81
35 - 39	100.20	136.46	115.23	156.93	130.26	177.40	150.30	204.69	175.35	238.80	200.40	272.92
40 - 44	118.55	157.97	136.33	181.67	154.12	205.36	177.83	236.96	207.46	276.45	237.10	315.94
45 - 49	146.89	175.25	168.92	201.54	190.95	227.83	220.33	262.88	257.05	306.69	293.78	350.50
50 - 54	186.87	205.10	214.90	235.87	242.93	266.63	280.30	307.66	327.02	358.93	373.74	410.21
55 - 59	244.00	233.74	280.60	268.80	317.20	303.86	366.00	350.61	427.00	409.05	488.00	467.48
60 - 64	327.24	273.56	376.32	314.60	425.41	355.63	490.86	410.35	572.67	478.74	654.48	547.13

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**Individual Guaranteed Renewable Health Savings Account [HSA] Plan**  
**Policy Form Number 611**

**\$1,300 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Erie**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 201.92	\$ 201.92	\$ 232.21	\$ 232.21	\$ 302.88	\$ 302.88	\$ 383.65	\$ 383.65	\$ 474.51	\$ 474.51	\$ 565.37	\$ 565.37
02 - 19	98.52	98.52	113.29	113.29	147.77	147.77	187.18	187.18	231.51	231.51	275.84	275.84
20 - 24	99.08	137.16	113.94	157.74	128.80	178.31	148.61	205.75	173.38	240.04	198.15	274.33
25 - 29	103.67	172.26	119.22	198.10	134.77	223.94	155.51	258.39	181.42	301.46	207.34	344.53
30 - 34	119.93	210.25	137.92	241.78	155.91	273.32	179.90	315.37	209.89	367.93	239.87	420.49
35 - 39	144.08	210.32	165.69	241.87	187.31	273.42	216.12	315.49	252.14	368.07	288.16	420.65
40 - 44	173.96	238.17	200.05	273.89	226.15	309.62	260.94	357.25	304.43	416.79	347.92	476.33
45 - 49	220.11	266.31	253.13	306.25	286.15	346.20	330.17	399.46	385.20	466.04	440.23	532.62
50 - 54	285.22	314.92	328.00	362.15	370.79	409.39	427.83	472.37	499.14	551.10	570.44	629.83
55 - 59	378.27	361.55	435.01	415.79	491.76	470.02	567.41	542.33	661.98	632.72	756.55	723.11
60 - 64	513.81	426.41	590.88	490.37	667.96	554.34	770.72	639.62	899.17	746.22	1,027.63	852.82

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**UPMC Health Benefits, Inc.  
Individual Guaranteed Renewable Health Savings Account [HSA] Plan  
Policy Form Number 611**

**\$2,500 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

Service Counties: Erie

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 163.52	\$ 163.52	\$ 188.05	\$ 188.05	\$ 245.28	\$ 245.28	\$ 310.68	\$ 310.68	\$ 384.27	\$ 384.27	\$ 457.85	\$ 457.85
02 - 19	83.27	83.27	95.76	95.76	124.90	124.90	158.21	158.21	195.68	195.68	233.15	233.15
20 - 24	83.70	111.57	96.26	128.30	108.81	145.04	125.55	167.35	146.48	195.24	167.40	223.14
25 - 29	87.26	138.25	100.35	158.98	113.44	179.72	130.90	207.37	152.71	241.93	174.53	276.49
30 - 34	99.89	167.12	114.87	192.19	129.85	217.26	149.83	250.68	174.80	292.46	199.77	334.24
35 - 39	118.63	167.19	136.42	192.26	154.22	217.34	177.94	250.78	207.60	292.57	237.26	334.37
40 - 44	141.82	191.66	163.10	220.41	184.37	249.16	212.74	287.49	248.19	335.40	283.65	383.32
45 - 49	177.65	213.50	204.30	245.52	230.95	277.55	266.48	320.24	310.89	373.62	355.31	426.99
50 - 54	228.18	251.24	262.41	288.93	296.63	326.62	342.27	376.87	399.32	439.68	456.36	502.49
55 - 59	300.41	287.44	345.48	330.56	390.54	373.67	450.62	431.16	525.73	503.02	600.83	574.88
60 - 64	405.62	337.77	466.46	388.44	527.30	439.10	608.43	506.66	709.83	591.10	811.24	675.54

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Policy Form Number 611**

**\$5,000 Deductible, 100/0**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

Service Counties: Erie

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 141.04	\$ 141.04	\$ 162.20	\$ 162.20	\$ 211.56	\$ 211.56	\$ 267.98	\$ 267.98	\$ 331.45	\$ 331.45	\$ 394.91	\$ 394.91
02 - 19	74.33	74.33	85.48	85.48	111.49	111.49	141.22	141.22	174.67	174.67	208.12	208.12
20 - 24	74.71	96.52	85.91	111.00	97.12	125.47	112.06	144.78	130.74	168.91	149.41	193.04
25 - 29	77.66	118.25	89.31	135.99	100.95	153.73	116.49	177.38	135.90	206.94	155.31	236.50
30 - 34	88.15	141.77	101.37	163.04	114.60	184.30	132.23	212.66	154.26	248.10	176.30	283.54
35 - 39	103.74	141.82	119.30	163.10	134.86	184.37	155.60	212.74	181.54	248.19	207.47	283.65
40 - 44	123.00	164.42	141.45	189.08	159.90	213.74	184.50	246.63	215.25	287.73	246.00	328.84
45 - 49	152.79	182.57	175.71	209.96	198.62	237.35	229.18	273.86	267.38	319.51	305.58	365.15
50 - 54	194.78	213.94	224.00	246.03	253.21	278.12	292.17	320.91	340.86	374.40	389.56	427.88
55 - 59	254.81	244.03	293.03	280.63	331.25	317.23	382.21	366.04	445.91	427.05	509.62	488.05
60 - 64	342.26	285.87	393.60	328.75	444.94	371.64	513.39	428.81	598.96	500.28	684.52	571.75

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**\$1,300 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Cambria, Bedford, Blair, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Forest, Greene,  
Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 153.57	\$ 153.57	\$ 176.61	\$ 176.61	\$ 230.36	\$ 230.36	\$ 291.79	\$ 291.79	\$ 360.89	\$ 360.89	\$ 430.00	\$ 430.00
02 - 19	79.31	79.31	91.21	91.21	118.97	118.97	150.70	150.70	186.39	186.39	222.08	222.08
20 - 24	79.72	107.08	91.68	123.14	103.63	139.20	119.58	160.62	139.51	187.39	159.44	214.16
25 - 29	83.02	132.28	95.47	152.12	107.93	171.97	124.53	198.42	145.29	231.49	166.04	264.56
30 - 34	94.69	159.56	108.89	183.50	123.10	207.43	142.04	239.34	165.71	279.23	189.38	319.13
35 - 39	112.04	159.61	128.84	183.56	145.65	207.50	168.06	239.42	196.07	279.33	224.08	319.23
40 - 44	133.50	179.61	153.52	206.55	173.55	233.49	200.24	269.42	233.62	314.32	266.99	359.22
45 - 49	166.65	199.82	191.65	229.79	216.65	259.76	249.98	299.73	291.64	349.68	333.30	399.63
50 - 54	213.40	234.73	245.42	269.94	277.43	305.15	320.11	352.10	373.46	410.78	426.81	469.47
55 - 59	280.23	268.23	322.27	308.46	364.31	348.69	420.35	402.34	490.41	469.40	560.47	536.45
60 - 64	377.59	314.81	434.23	362.03	490.87	409.25	566.39	472.22	660.79	550.92	755.19	629.62

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Individual Guaranteed Renewable Health Savings Account [HSA] Plan  
Policy Form Number 611**

**\$2,500 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Cambria, Bedford, Blair, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Forest, Greene,  
Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 126.00	\$ 126.00	\$ 144.90	\$ 144.90	\$ 189.01	\$ 189.01	\$ 239.41	\$ 239.41	\$ 296.11	\$ 296.11	\$ 352.81	\$ 352.81
02 - 19	68.36	68.36	78.62	78.62	102.54	102.54	129.89	129.89	160.65	160.65	191.42	191.42
20 - 24	68.68	88.69	78.98	101.99	89.28	115.29	103.01	133.03	120.18	155.20	137.35	177.37
25 - 29	71.23	107.85	81.92	124.02	92.61	140.20	106.85	161.77	124.66	188.73	142.47	215.70
30 - 34	80.31	128.59	92.35	147.88	104.40	167.17	120.46	192.88	140.54	225.03	160.61	257.18
35 - 39	93.76	128.64	107.83	147.94	121.89	167.23	140.65	192.96	164.09	225.12	187.53	257.28
40 - 44	110.42	146.21	126.98	168.14	143.54	190.07	165.63	219.31	193.23	255.87	220.84	292.42
45 - 49	136.15	161.90	156.57	186.18	176.99	210.47	204.22	242.85	238.26	283.32	272.29	323.80
50 - 54	172.45	189.00	198.31	217.35	224.18	245.70	258.67	283.49	301.78	330.74	344.89	377.99
55 - 59	224.32	215.00	257.96	247.25	291.61	279.50	336.48	322.50	392.55	376.25	448.63	429.99
60 - 64	299.88	251.15	344.86	288.83	389.84	326.50	449.82	376.73	524.79	439.52	599.76	502.31

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**UPMC Health Benefits, Inc.**  
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**Policy Form Number 611**  
**\$5,000 Deductible, 100/0**

Monthly Rates by Attained Age, Effective January 1, 2016\*

Service Counties: Cambria, Bedford, Blair, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Forest, Greene,  
Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 109.86	\$ 109.86	\$ 126.34	\$ 126.34	\$ 164.79	\$ 164.79	\$ 208.73	\$ 208.73	\$ 258.17	\$ 258.17	\$ 307.60	\$ 307.60
02 - 19	61.95	61.95	71.25	71.25	92.93	92.93	117.71	117.71	145.59	145.59	173.47	173.47
20 - 24	62.22	77.88	71.55	89.56	80.88	101.24	93.32	116.82	108.88	136.29	124.43	155.76
25 - 29	64.34	93.49	73.99	107.51	83.65	121.54	96.51	140.23	112.60	163.61	128.69	186.98
30 - 34	71.87	110.38	82.66	126.94	93.44	143.49	107.81	165.57	125.78	193.16	143.75	220.76
35 - 39	83.06	110.42	95.52	126.98	107.98	143.54	124.59	165.63	145.36	193.23	166.12	220.84
40 - 44	96.91	126.66	111.45	145.66	125.98	164.65	145.36	189.99	169.59	221.65	193.82	253.31
45 - 49	118.29	139.70	136.03	160.65	153.78	181.61	177.43	209.54	207.01	244.47	236.58	279.39
50 - 54	148.45	162.21	170.72	186.54	192.99	210.88	222.68	243.32	259.80	283.87	296.91	324.42
55 - 59	191.57	183.83	220.30	211.40	249.04	238.98	287.35	275.74	335.24	321.70	383.14	367.66
60 - 64	254.38	213.87	292.53	245.96	330.69	278.04	381.57	320.81	445.16	374.28	508.75	427.75

\* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

**SERFF Tracking #:**

UPMC-130203668

**State Tracking #:**

UPMC-130203668

**Company Tracking #:****State:**

Pennsylvania

**Filing Company:**

UPMC Health Benefits, Inc.

**TOI/Sub-TOI:**

H16I Individual Health - Major Medical/H16I.005C Individual - Other

**Product Name:**

UPMC HB 2016 GRIP - Savings

**Project Name/Number:**

/

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Transmittal Letter (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	GRIP RateFilingCvrLtr_HSARenew_2015.08rev.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum and Explanatory Information (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	GRIP_ActMemo_HSARenew_2015.08rev.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Rate Table (A&H)
<b>Comments:</b>	
<b>Attachment(s):</b>	UPMC_Rate_Renewal_HSA (Eff 1.1.2016).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

# UPMC HEALTH PLAN

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One Chatham Center  
112 Washington Place  
Pittsburgh, PA 15219  
412-454-7500  
412-454-7520 (fax)  
[www.upmchealthplan.com](http://www.upmchealthplan.com)

August 7, 2015

Ms. Rashmi Mathur  
Actuarial Reviewer  
Commonwealth of Pennsylvania Insurance Department  
Insurance Product Regulation and Market Enforcement  
1311 Strawberry Square  
Harrisburg, PA 17120

**RE: UPMC HEALTH BENEFITS, INC. (UPMC)  
RATE RENEWAL FOR HEALTH SAVING ACCOUNT (HSA) ELIGIBLE PLANS  
PENNSYLVANIA INSURANCE DEPARTMENT – REFERENCE NUMBER IS UPMC-130203668  
EFFECTIVE JANUARY 1, 2016**

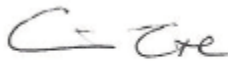
Dear Ms. Mathur:

UPMC has engaged Optum to revise the premium rates for the existing guaranteed renewal HSA individual health plans, to be effective January 1, 2016. UPMC has filed and received approval from the Pennsylvania Insurance Department (PID) for these guaranteed renewable individual plans. This is to file for a rate revision and update of the existing plans.

I am a consultant and actuary employed by OptumInsight. Attached are the following:

1. An actuarial memorandum that describes how we developed the rates, along with supporting exhibits.
2. Rate tables for three rating areas (Pittsburgh area, Erie County, and other Western Pennsylvania counties), three benefit plans, and six rating tiers.

Sincerely,



Cathy Ge, FSA, MAAA  
Associate Director, Actuarial Consulting  
Optum  
952-205-0309  
[cathy.ge@optum.com](mailto:cathy.ge@optum.com)

CG:mje

## ACTUARIAL MEMORANDUM

### UPMC Health Benefits, Inc. (UPMC) Individual Guaranteed Renewable Health Policies

#### Revised Rates for Health Savings Account (HSA) Eligible Plans Transitional Plans under Affordable Care Act (ACA) Effective January 1, 2016

#### INTRODUCTION

UPMC engaged Optum to develop the premium rates for its existing guaranteed renewable HSA individual health policies, to be effective 1/1/2016, to develop expected loss ratios, and to file the rates with the Pennsylvania Insurance Department (PID). UPMC has previously filed and received approval from the PID for these guaranteed renewable individual plans. The PID reference number for this rate filing is UPMC-130203668; the corresponding forms filing reference number is UPMC-127741335.

These policies are considered transitional plans under the ACA. Per current federal rules, UPMC can renew them through policy years that start in 2016.

#### BENEFIT PLANS AND RATE STRUCTURE

There are three HSA plans. All are exclusive provider organization plans; there are no out-of-network benefits. The table 1 below provides high level descriptions of the key benefit features of these plans.

	<b>HSA \$1,300</b>	<b>HSA \$2,500</b>	<b>HSA \$5,000</b>
Annual deductible*	\$1,300	\$2,500	\$5,000
Annual out-of-pocket limit	\$2,600	\$3,550	\$1,050
Coinsurance	20% after ded.	20% after ded.	0% after ded.
PCP copay	20% after ded.	20% after ded.	\$0 after ded.
Specialty copay	20% after ded.	20% after ded.	\$0 after ded.
Lifetime benefit limit	Unlimited	Unlimited	Unlimited

\* Family Deductible is two times the individual deductible. The Deductible applies to Rx and does not apply to the Out-of-Pocket limit.

All plans have the same prescription drug benefit, requiring member copays or coinsurance after the deductible of:

- Generic: \$4 copay per 30-day supply of a retail prescription and \$8 copay for up to 90-day supply of a mail order prescription.



**ACTUARIAL MEMORANDUM**  
(Page 2)

- Brand: 30% coinsurance for preferred brand drugs (up to \$100), per 30-day prescription; 50% coinsurance for non-preferred drugs (up to \$150), per 30-day prescription; 90-day maximum retail supply.
- Specialty: 50% coinsurance with a maximum of \$150 in coinsurance per 30-day supply of a retail prescription.

The rates for each of these plans are structured as follows:

- Male and Female
- Rate brackets for ages 0-1, 2-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, and 60-64.
- Three rating areas: Pittsburgh area, Erie, and other western Pennsylvania.
- Underwriting rating tiers for preferred non-smoker and five higher levels.

In family situations, each family member is rated separately, based on his/her age, gender, and underwriting rating tier.

These rates will be used only for renewing policies.

**EXPERIENCE**

We received experience data for the existing guaranteed renewable HSA plans from their inception (March of 2012) through May of 2015. Table 2 below summarizes the experience by plan for the most recent 12 months from 6/1/2014 to 5/31/2015. There were 16,908 member months, with an overall loss ratio of about 62.2%.

<b>TABLE 2 UPMC GUARANTEED RENEWAL HSA PLAN EXPERIENCE</b>						
<b>Plan</b>	<b>MMs</b>	<b>Premiums</b>	<b>Claims*</b>	<b>IBNR Adj.</b>	<b>Ult. Incurred</b>	<b>Loss Ratio</b>
<b>Savings 1300</b>	6,446	\$1,622,611	\$994,529			
<b>Savings 2500</b>	4,744	\$997,811	\$525,684			
<b>Savings 5000</b>	5,718	\$1,061,675	\$649,339			
<b>Total HSA Plans</b>	16,908	\$3,682,097	\$2,169,553	\$120,136	\$2,289,689	62.2%

\* Incurred from 6/1/2014-5/31/2015; Paid through 5/31/2015.

## ACTUARIAL MEMORANDUM

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### ASSUMPTIONS USED

#### *Trend*

Based on studies Optum has performed for similar plans, we estimate a net allowed trend of 6.2% for 2015. We use the same trend rate to trend the claims from the experience year starting 6/1/2014 to the rate effective year starting 1/1/2016 (19 months).

Based on Optum benchmarking data and the UPMC HSA plans' average deductible amount, we calculated the average impact of leveraging to be 1.52%, resulting in an overall net claim trend rate of 7.82% for both medical and Rx. Trend leveraging reflects the impact of fixed deductibles, out-of-pocket maximums, and copays and has the effect of increasing allowed trend.

#### *ACA Fees and Insurer Fee*

We did not assume any Affordable Care Act (ACA) related fees in our previous rate filing. Based on Optum's Healthcare Benefit Simulation Model (HBSM) data, Optum estimated the health insurer fee to be 2.56% for for-profit entities. UPMC Health Benefit is a for-profit company.

The 2016 insurer fee will be \$2.25 PMPM and the 2016 PCORI fee will be \$0.19 PMPM. The total of the two fees is about 1.02% of premium.

#### *Premium Tax*

We confirmed with UPMC that premium tax is required for state of Pennsylvania. This has 2% impact in the gain/loss margin.

#### *Credibility*

We considered various standard credibility levels when we determined the experience credibility to use in the UPMC rate filings.

- CMS' minimum loss ratio formula gives 100% credibility to experience from 75,000 life-years, or 900,000 member-months (MMs). The formula gives 0% credibility if experience is from 1,000 life-years (12,000 MMs) or less.
- CMS' standard for 100% credibility of experience of Medicare Advantage (MA) plans is 24,000 MMs. However, MA plans, which cover members over age 65 or disabled, have a far higher average morbidity and claim level than these underwritten individual plans sold to members under 65. Members with MA plans have very little out-of-pocket expense, whereas individual plans have significant deductibles, copays, coinsurance, and out-of-pocket maximums. As a result, the exposures required for the experience of

## ACTUARIAL MEMORANDUM

(Page 4)

individually underwritten commercial plans to be 100% credible should be greater than 24,000.

- In our commercial filings, we've assumed 100% credibility at 36,000 MMs, with no credibility for 1,000 or fewer MMs. We believe this is a reasonable assumption for UPMC individual rate filings.

### ***Durational Morbidity Adjustment***

UPMC individual plans were priced, sold and became inforce prior to 2014, before the ACA "no underwriting" requirement went into effect. The members covered during the experience period, including members still covered, were all medically underwritten at the time they applied for coverage, as permitted by Pennsylvania laws and regulations at that time.

The current in-force approved rates are based on the Optum multi-year cost model, which assumes a durational morbidity curve. The curve (standard commercial non-underwritten membership morbidity = 1.000) assumes that members who have just been underwritten and accepted for coverage will have a very low morbidity level, compared to the standard non-underwritten population of the same ages. As the duration from the date of underwriting increases, the once-underwritten members develop new medical problems, or previously unknown medical problems start to manifest themselves, and therefore these members' morbidity increases toward the average of the standard commercial non-underwritten population for their ages.

### **RATE DEVELOPMENT PROCESS**

There are 16,908 member months in the most recent 12 months of experience. We assume 36,000 member months as 100% credible. Therefore, the experience for the 12-month period is partially credible (69%). The approach we took for the rate development process is as follows:

- Step 1: We start with the experience loss ratio for the policy year from 6/1/2014 to 5/31/2015, which is 62.2% (see Table 2 above).
- Step 2: We calculate the projected loss ratio by blending the projected experience loss ratio with the projected filed loss ratio.
  - a. The projected experience loss ratio is calculated by trending the claims cost for 19 months (from 6/1/2014 experience start date to the new 1/1/2016 effective date) using the annual net claims trend rate of 7.82%.

We then adjust the experience for half of the durational curve increase from experience to projected period (0.787 to 1.000). This increase is expected to occur, because these policies were originally underwritten and their average duration since original underwriting was only 24.1 months during the 6/1/2014 to

## ACTUARIAL MEMORANDUM

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5/31/2015 experience period. To be conservative, we assume only 69% of the durational curve impact  $1.185 = (0.69 * (1.000 / 0.787 - 1) + 1)$ .

The projected experience loss ratio calculated is therefore 83.0%  $(= 62.0\% * (1.0782^{19/12}) * 1.185)$ . We give this experience based loss ratio a 69% weight.

- b. The prior filed loss ratio is used as the basis of the manual loss ratio. We derived this by trending the prior filed loss ratio (83.3%) for 12 months (from 1/1/2015 to the new 1/1/2016 effective date) using the annual net claims trend rate of 7.82%.

The projected manual loss ratio calculated is therefore 89.8%. We give this a 31% weight.

- c. The projected loss ratio after blending is 85.2%, without any rate change.
- Step 3: We calculate the needed loss ratio to breakeven.

The needed loss ratio is calculated based on the filed loss ratio and the filed gain/loss margin in the prior rate filing, adjusting for the differences in fees (ACA insurer fee, premium tax, ACA reinsurance fee and the PCORI fee) and adjusting to target breakeven.

The calculated loss ratio for breakeven is 77.2%  $(83.3\% - 5.0\% + (2.56\% - 2.5\%) + (1.02\% - 2.15\%))$ . Note that the prior rate filing projected a 5% of premium loss.

- Step 4: We then compared the projected loss ratio to the needed loss ratio to come up with the needed rate increase in order to achieve the needed loss ratio, which is 10.3%.

For this rate filing, UPMC is only requesting a rate increase of 9.9%.

### PROJECTED MEDICAL LOSS RATIO (MLR)

The projected MLR using the CMS formula to test against the minimum loss ratio is calculated as follows:

- a. Average PMPM premium in May 2015: \$217.34
- b. Rate increase requested: 9.9%
- c. Average PMPM quality initiative expense: \$1.11
- d. ACA insurer fee: 2.56%
- e. Pennsylvania State premium tax: 2%
- f. ACA reinsurance fee plus PCORI fee: \$2.44
- g. Projected loss rate after rate increase: 77.5%



**ACTUARIAL MEMORANDUM**  
(Page 6)

$$\text{MLR} = [a * (1+b) * g + c] / [a * (1+b) * (1-d-e)-f] = 82.6\%$$

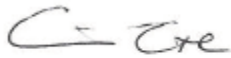
The expected minimum MLR is 82.6%, which is higher than the minimum loss ratio defined by the ACA.

**RATE CHANGE**

The rate increase across all locations, all ages, and all HSA plans is **9.9%**. This will impact all the 1,100 members currently in the HSA plans.

**ACTUARIAL CERTIFICATION**

I am a member in good standing of the American Academy of Actuaries. I certify that, to the best of my knowledge and judgment, this entire rate filing is in compliance with the applicable laws of the Commonwealth of Pennsylvania and with the rules of the PID.



---

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CG:mje

## **RATE TABLES**

**UPMC Health Benefits, Inc.  
Individual Guaranteed Renewable Health Savings Account [HSA] Plan  
Policy Form Number 611**

**\$1,300 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 193.66	\$ 193.66	\$ 222.70	\$ 222.70	\$ 290.48	\$ 290.48	\$ 367.95	\$ 367.95	\$ 455.09	\$ 455.09	\$ 542.24	\$ 542.24
02 - 19	95.24	95.24	109.52	109.52	142.86	142.86	180.95	180.95	223.81	223.81	266.67	266.67
20 - 24	95.77	132.02	110.14	151.82	124.51	171.63	143.66	198.03	167.60	231.04	191.55	264.04
25 - 29	100.15	165.44	115.17	190.25	130.19	215.07	150.22	248.15	175.26	289.51	200.29	330.87
30 - 34	115.61	201.58	132.96	231.82	150.30	262.05	173.42	302.37	202.32	352.76	231.23	403.16
35 - 39	138.61	201.66	159.40	231.91	180.20	262.15	207.92	302.49	242.57	352.90	277.23	403.32
40 - 44	167.05	228.15	192.11	262.38	217.17	296.60	250.58	342.23	292.35	399.27	334.11	456.31
45 - 49	210.98	254.94	242.62	293.18	274.27	331.42	316.47	382.41	369.21	446.14	421.95	509.88
50 - 54	272.95	301.22	313.89	346.41	354.84	391.59	409.43	451.84	477.66	527.14	545.90	602.45
55 - 59	361.51	345.62	415.74	397.46	469.97	449.30	542.27	518.42	632.65	604.83	723.03	691.23
60 - 64	490.54	407.34	564.12	468.44	637.70	529.54	735.81	611.01	858.45	712.85	981.08	814.68

\* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

**UPMC Health Benefits, Inc.  
Individual Guaranteed Renewable Health Savings Account [HSA] Plan  
Policy Form Number 611**

**\$2,500 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 157.11	\$ 157.11	\$ 180.67	\$ 180.67	\$ 235.66	\$ 235.66	\$ 298.51	\$ 298.51	\$ 369.21	\$ 369.21	\$ 439.90	\$ 439.90
02 - 19	80.72	80.72	92.83	92.83	121.09	121.09	153.38	153.38	189.70	189.70	226.03	226.03
20 - 24	81.14	107.66	93.31	123.81	105.48	139.96	121.71	161.50	142.00	188.41	162.28	215.33
25 - 29	84.52	133.05	97.20	153.01	109.88	172.97	126.78	199.58	147.91	232.84	169.05	266.11
30 - 34	96.54	160.54	111.03	184.62	125.51	208.70	144.82	240.81	168.95	280.95	193.09	321.08
35 - 39	114.39	160.59	131.55	184.68	148.70	208.77	171.58	240.89	200.18	281.04	228.77	321.19
40 - 44	136.46	183.89	156.93	211.48	177.40	239.06	204.69	275.84	238.80	321.81	272.92	367.79
45 - 49	170.57	204.69	196.15	235.39	221.74	266.09	255.85	307.03	298.49	358.20	341.13	409.37
50 - 54	218.65	240.61	251.45	276.70	284.25	312.79	327.98	360.91	382.64	421.06	437.30	481.21
55 - 59	287.41	275.05	330.53	316.31	373.64	357.57	431.12	412.58	502.97	481.34	574.83	550.11
60 - 64	387.55	322.97	445.69	371.41	503.82	419.86	581.33	484.45	678.22	565.20	775.11	645.94

\* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

**UPMC Health Benefits, Inc.**  
**Individual Guaranteed Renewable Health Savings Account [HSA] Plan**  
**Policy Form Number 611**

**\$5,000 Deductible, 100/0**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Allegheny, Armstrong, Beaver, Butler, Fayette, Washington and Westmoreland**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 135.72	\$ 135.72	\$ 156.07	\$ 156.07	\$ 203.57	\$ 203.57	\$ 257.86	\$ 257.86	\$ 318.93	\$ 318.93	\$ 380.00	\$ 380.00
02 - 19	72.21	72.21	83.05	83.05	108.32	108.32	137.21	137.21	169.70	169.70	202.20	202.20
20 - 24	72.57	93.33	83.45	107.33	94.34	121.33	108.85	140.00	126.99	163.33	145.13	186.67
25 - 29	75.39	114.02	86.69	131.12	98.00	148.23	113.08	171.03	131.92	199.54	150.77	228.04
30 - 34	85.37	136.41	98.18	156.87	110.98	177.33	128.06	204.61	149.40	238.71	170.74	272.81
35 - 39	100.20	136.46	115.23	156.93	130.26	177.40	150.30	204.69	175.35	238.80	200.40	272.92
40 - 44	118.55	157.97	136.33	181.67	154.12	205.36	177.83	236.96	207.46	276.45	237.10	315.94
45 - 49	146.89	175.25	168.92	201.54	190.95	227.83	220.33	262.88	257.05	306.69	293.78	350.50
50 - 54	186.87	205.10	214.90	235.87	242.93	266.63	280.30	307.66	327.02	358.93	373.74	410.21
55 - 59	244.00	233.74	280.60	268.80	317.20	303.86	366.00	350.61	427.00	409.05	488.00	467.48
60 - 64	327.24	273.56	376.32	314.60	425.41	355.63	490.86	410.35	572.67	478.74	654.48	547.13

\* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

**UPMC Health Benefits, Inc.**  
**Individual Guaranteed Renewable Health Savings Account [HSA] Plan**  
**Policy Form Number 611**

**\$1,300 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Erie**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 201.92	\$ 201.92	\$ 232.21	\$ 232.21	\$ 302.88	\$ 302.88	\$ 383.65	\$ 383.65	\$ 474.51	\$ 474.51	\$ 565.37	\$ 565.37
02 - 19	98.52	98.52	113.29	113.29	147.77	147.77	187.18	187.18	231.51	231.51	275.84	275.84
20 - 24	99.08	137.16	113.94	157.74	128.80	178.31	148.61	205.75	173.38	240.04	198.15	274.33
25 - 29	103.67	172.26	119.22	198.10	134.77	223.94	155.51	258.39	181.42	301.46	207.34	344.53
30 - 34	119.93	210.25	137.92	241.78	155.91	273.32	179.90	315.37	209.89	367.93	239.87	420.49
35 - 39	144.08	210.32	165.69	241.87	187.31	273.42	216.12	315.49	252.14	368.07	288.16	420.65
40 - 44	173.96	238.17	200.05	273.89	226.15	309.62	260.94	357.25	304.43	416.79	347.92	476.33
45 - 49	220.11	266.31	253.13	306.25	286.15	346.20	330.17	399.46	385.20	466.04	440.23	532.62
50 - 54	285.22	314.92	328.00	362.15	370.79	409.39	427.83	472.37	499.14	551.10	570.44	629.83
55 - 59	378.27	361.55	435.01	415.79	491.76	470.02	567.41	542.33	661.98	632.72	756.55	723.11
60 - 64	513.81	426.41	590.88	490.37	667.96	554.34	770.72	639.62	899.17	746.22	1,027.63	852.82

\* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

**UPMC Health Benefits, Inc.  
Individual Guaranteed Renewable Health Savings Account [HSA] Plan  
Policy Form Number 611**

**\$2,500 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

Service Counties: Erie

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 163.52	\$ 163.52	\$ 188.05	\$ 188.05	\$ 245.28	\$ 245.28	\$ 310.68	\$ 310.68	\$ 384.27	\$ 384.27	\$ 457.85	\$ 457.85
02 - 19	83.27	83.27	95.76	95.76	124.90	124.90	158.21	158.21	195.68	195.68	233.15	233.15
20 - 24	83.70	111.57	96.26	128.30	108.81	145.04	125.55	167.35	146.48	195.24	167.40	223.14
25 - 29	87.26	138.25	100.35	158.98	113.44	179.72	130.90	207.37	152.71	241.93	174.53	276.49
30 - 34	99.89	167.12	114.87	192.19	129.85	217.26	149.83	250.68	174.80	292.46	199.77	334.24
35 - 39	118.63	167.19	136.42	192.26	154.22	217.34	177.94	250.78	207.60	292.57	237.26	334.37
40 - 44	141.82	191.66	163.10	220.41	184.37	249.16	212.74	287.49	248.19	335.40	283.65	383.32
45 - 49	177.65	213.50	204.30	245.52	230.95	277.55	266.48	320.24	310.89	373.62	355.31	426.99
50 - 54	228.18	251.24	262.41	288.93	296.63	326.62	342.27	376.87	399.32	439.68	456.36	502.49
55 - 59	300.41	287.44	345.48	330.56	390.54	373.67	450.62	431.16	525.73	503.02	600.83	574.88
60 - 64	405.62	337.77	466.46	388.44	527.30	439.10	608.43	506.66	709.83	591.10	811.24	675.54

\* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

**UPMC Health Benefits, Inc.  
Individual Guaranteed Renewable Health Savings Account [HSA] Plan  
Policy Form Number 611**

**\$5,000 Deductible, 100/0**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

Service Counties: Erie

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 141.04	\$ 141.04	\$ 162.20	\$ 162.20	\$ 211.56	\$ 211.56	\$ 267.98	\$ 267.98	\$ 331.45	\$ 331.45	\$ 394.91	\$ 394.91
02 - 19	74.33	74.33	85.48	85.48	111.49	111.49	141.22	141.22	174.67	174.67	208.12	208.12
20 - 24	74.71	96.52	85.91	111.00	97.12	125.47	112.06	144.78	130.74	168.91	149.41	193.04
25 - 29	77.66	118.25	89.31	135.99	100.95	153.73	116.49	177.38	135.90	206.94	155.31	236.50
30 - 34	88.15	141.77	101.37	163.04	114.60	184.30	132.23	212.66	154.26	248.10	176.30	283.54
35 - 39	103.74	141.82	119.30	163.10	134.86	184.37	155.60	212.74	181.54	248.19	207.47	283.65
40 - 44	123.00	164.42	141.45	189.08	159.90	213.74	184.50	246.63	215.25	287.73	246.00	328.84
45 - 49	152.79	182.57	175.71	209.96	198.62	237.35	229.18	273.86	267.38	319.51	305.58	365.15
50 - 54	194.78	213.94	224.00	246.03	253.21	278.12	292.17	320.91	340.86	374.40	389.56	427.88
55 - 59	254.81	244.03	293.03	280.63	331.25	317.23	382.21	366.04	445.91	427.05	509.62	488.05
60 - 64	342.26	285.87	393.60	328.75	444.94	371.64	513.39	428.81	598.96	500.28	684.52	571.75

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**UPMC Health Benefits, Inc.  
Individual Guaranteed Renewable Health Savings Account [HSA] Plan  
Policy Form Number 611**

**\$1,300 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Cambria, Bedford, Blair, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Forest, Greene,  
Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 153.57	\$ 153.57	\$ 176.61	\$ 176.61	\$ 230.36	\$ 230.36	\$ 291.79	\$ 291.79	\$ 360.89	\$ 360.89	\$ 430.00	\$ 430.00
02 - 19	79.31	79.31	91.21	91.21	118.97	118.97	150.70	150.70	186.39	186.39	222.08	222.08
20 - 24	79.72	107.08	91.68	123.14	103.63	139.20	119.58	160.62	139.51	187.39	159.44	214.16
25 - 29	83.02	132.28	95.47	152.12	107.93	171.97	124.53	198.42	145.29	231.49	166.04	264.56
30 - 34	94.69	159.56	108.89	183.50	123.10	207.43	142.04	239.34	165.71	279.23	189.38	319.13
35 - 39	112.04	159.61	128.84	183.56	145.65	207.50	168.06	239.42	196.07	279.33	224.08	319.23
40 - 44	133.50	179.61	153.52	206.55	173.55	233.49	200.24	269.42	233.62	314.32	266.99	359.22
45 - 49	166.65	199.82	191.65	229.79	216.65	259.76	249.98	299.73	291.64	349.68	333.30	399.63
50 - 54	213.40	234.73	245.42	269.94	277.43	305.15	320.11	352.10	373.46	410.78	426.81	469.47
55 - 59	280.23	268.23	322.27	308.46	364.31	348.69	420.35	402.34	490.41	469.40	560.47	536.45
60 - 64	377.59	314.81	434.23	362.03	490.87	409.25	566.39	472.22	660.79	550.92	755.19	629.62

\* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

**UPMC Health Benefits, Inc.  
Individual Guaranteed Renewable Health Savings Account [HSA] Plan  
Policy Form Number 611**

**\$2,500 Deductible, 80/20**

**Monthly Rates by Attained Age, Effective January 1, 2016\***

**Service Counties: Cambria, Bedford, Blair, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Forest, Greene,  
Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren**

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 126.00	\$ 126.00	\$ 144.90	\$ 144.90	\$ 189.01	\$ 189.01	\$ 239.41	\$ 239.41	\$ 296.11	\$ 296.11	\$ 352.81	\$ 352.81
02 - 19	68.36	68.36	78.62	78.62	102.54	102.54	129.89	129.89	160.65	160.65	191.42	191.42
20 - 24	68.68	88.69	78.98	101.99	89.28	115.29	103.01	133.03	120.18	155.20	137.35	177.37
25 - 29	71.23	107.85	81.92	124.02	92.61	140.20	106.85	161.77	124.66	188.73	142.47	215.70
30 - 34	80.31	128.59	92.35	147.88	104.40	167.17	120.46	192.88	140.54	225.03	160.61	257.18
35 - 39	93.76	128.64	107.83	147.94	121.89	167.23	140.65	192.96	164.09	225.12	187.53	257.28
40 - 44	110.42	146.21	126.98	168.14	143.54	190.07	165.63	219.31	193.23	255.87	220.84	292.42
45 - 49	136.15	161.90	156.57	186.18	176.99	210.47	204.22	242.85	238.26	283.32	272.29	323.80
50 - 54	172.45	189.00	198.31	217.35	224.18	245.70	258.67	283.49	301.78	330.74	344.89	377.99
55 - 59	224.32	215.00	257.96	247.25	291.61	279.50	336.48	322.50	392.55	376.25	448.63	429.99
60 - 64	299.88	251.15	344.86	288.83	389.84	326.50	449.82	376.73	524.79	439.52	599.76	502.31

\* These rates are monthly; automatic monthly bank withdrawals rates will be the same as monthly rates; quarterly rates will be three times of the monthly rates.

**UPMC Health Benefits, Inc.**  
**Individual Guaranteed Renewable Health Savings Account [HSA] Plan**  
**Policy Form Number 611**  
**\$5,000 Deductible, 100/0**

Monthly Rates by Attained Age, Effective January 1, 2016\*

Service Counties: Cambria, Bedford, Blair, Cameron, Centre, Clarion, Clearfield, Crawford, Elk, Forest, Greene,  
Huntingdon, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango and Warren

Age	Tier 1		Tier 2		Tier 3		Tier 4		Tier 5		Tier 6	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
00 - 01	\$ 109.86	\$ 109.86	\$ 126.34	\$ 126.34	\$ 164.79	\$ 164.79	\$ 208.73	\$ 208.73	\$ 258.17	\$ 258.17	\$ 307.60	\$ 307.60
02 - 19	61.95	61.95	71.25	71.25	92.93	92.93	117.71	117.71	145.59	145.59	173.47	173.47
20 - 24	62.22	77.88	71.55	89.56	80.88	101.24	93.32	116.82	108.88	136.29	124.43	155.76
25 - 29	64.34	93.49	73.99	107.51	83.65	121.54	96.51	140.23	112.60	163.61	128.69	186.98
30 - 34	71.87	110.38	82.66	126.94	93.44	143.49	107.81	165.57	125.78	193.16	143.75	220.76
35 - 39	83.06	110.42	95.52	126.98	107.98	143.54	124.59	165.63	145.36	193.23	166.12	220.84
40 - 44	96.91	126.66	111.45	145.66	125.98	164.65	145.36	189.99	169.59	221.65	193.82	253.31
45 - 49	118.29	139.70	136.03	160.65	153.78	181.61	177.43	209.54	207.01	244.47	236.58	279.39
50 - 54	148.45	162.21	170.72	186.54	192.99	210.88	222.68	243.32	259.80	283.87	296.91	324.42
55 - 59	191.57	183.83	220.30	211.40	249.04	238.98	287.35	275.74	335.24	321.70	383.14	367.66
60 - 64	254.38	213.87	292.53	245.96	330.69	278.04	381.57	320.81	445.16	374.28	508.75	427.75

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