SERFF Tracking #:	*CABC-132795960*	***State Tracking #:***	*CABC-132795960*	***Company Tracking #:***	*21-63*

State:	*Pennsylvania*	***Filing Company:***	*Keystone Health Plan Central*
TOI/Sub-TOI:	*H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only*		
Product Name:	*Rates - KHPC Small Group HMO*		
Project Name/Number:	*/*		

Supporting Document Schedules

Satisfied - Item:	ACA Public Rate Filing PDF
Comments:	
Attachment(s):	SG_21-63_Initial_KHP_HMO_PublicFiling01_Supporting_20210713.pdf SG_21-63_Initial_KHP_HMO_PublicFiling02_Supporting_20210713.pdf SG_21-63_Initial_KHP_HMO_PublicFiling03_Supporting_20210713.pdf SG_21-63_Initial_KHP_HMO_PublicFiling04_Supporting_20210713.pdf SG_21-63_Initial_KHP_HMO_PublicFiling05_Supporting_20210713.pdf
Item Status:	
Status Date:	

Capital BLUE

May 18, 2021

Ms. Tracie Gray, Director
Bureau of Life, Accident and Health Insurance
Office of Insurance Product Regulation and Administration
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: **Keystone Health Plan Central**
Small Group Rates
Filing No 21-63
TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15G.003 Small Group Only
Filing Type: Rate

Dear Ms. Gray:

By this filing Capital BlueCross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department its Small Group Rates effective January 1, 2022.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2022
- Average Rate Change: 4.8%
- Range of Requested Rate Change: 4.8% to 4.8%
- Total additional annual revenue generated from the proposed rate change: $22,587
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 89/60
- 2022 Number of Plans/Change from 2021: 1/No Changes
- Contract Form #: C22-KHPC-SGP
- Form Filing SERFF #: CABC-132793464
- Binder SERFF #: CABC-PA22-125107258
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-2003721964618918917

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

In support of this filing, I have included an Actuarial Memorandum with supporting exhibits, URRT, Consumer Friendly Justification, Rates Table Template, and PA Plan Design Summary and Rate Tables.

If you have any questions regarding this filing, please call me at [redacted] (or via email at [redacted]) or [redacted] at [redacted] ([redacted]). Thank you for your assistance in this matter.

Sincerely,

[redacted]

[redacted], ASA, MAAA
Manager, Actuarial Services
Capital BlueCross

Enclosures

cc: [redacted], FSA, MAAA, Senior Director, Actuarial Services
[redacted], ASA, MAAA, Vice President and Chief Actuary, Actuarial Services
[redacted], Associate General Counsel

Attachment I

Rate Change Summary

Keystone Health Plan Central (KHPC) – Small Group Plans

Rate request filing ID # CABC-132795960 - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at http://www.insurance.pa.gov/Consumers/ACARelatedFilings/

Overview

Initial requested average rate change:	4.6%[1]
Revised requested average rate change:	N/A[1]
Range of requested rate change:	4.6% to 4.6%
Effective date:	1/1/2022
Mapped Members:	89
Available in:	Rating Areas 6, Rating Area 7, and Rating Area 9

Key information

Jan. 2020-Dec. 2020 financial experience

Premiums	$345,805
Claims	$291,529
Administrative expenses	$79,898
Taxes & fees	$19,186
Company made (after taxes)	**$(44,809)**

How it plans to spend your premium
This is how the insurance company plans to spend the premium it collects in 2022:

Claims:	81.67**%**
Administrative:	15.70**%**
Taxes & fees:	0.63%
Profit:	2.00**%**

The company expects its annual medical costs to increase **6.52%**.

Explanation of requested rate change

Future Cost and Utilization: 6.5%
Less migration of groups from ACA to ASO arrangements: -1.0%
Lower 2020 risk adjustment payable amount than 2019: -0.9%

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

Capital BLUE

July 13, 2021

Ms. Tracie Gray, Director
Bureau of Life, Accident and Health Insurance
Office of Insurance Product Regulation and Administration
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: **Keystone Health Plan Central**
Small Group Rates
Filing No 21-63
TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15G.003 Small Group Only
Filing Type: Rate

Dear Ms. Gray:

By this filing Capital BlueCross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department its Small Group Rates effective January 1, 2022.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2022
- Average Rate Change: 4.6%
- Range of Requested Rate Change: 4.6% to 4.6%
- Total additional annual revenue generated from the proposed rate change: $21,634
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 89/60
- 2022 Number of Plans/Change from 2021: 1/No Changes
- Contract Form #: C22-KHPC-SGP
- Form Filing SERFF #: CABC-132793464
- Binder SERFF #: CABC-PA22-125107258
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-2003721964618918917

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

In support of this filing, I have included an Actuarial Memorandum with supporting exhibits, URRT, Consumer Friendly Justification, Rates Table Template, and PA Plan Design Summary and Rate Tables.

If you have any questions regarding this filing, please call me at [redacted] (or via email at [redacted]) or [redacted] at [redacted] ([redacted]). Thank you for your assistance in this matter.

Sincerely,

[redacted]

[redacted], ASA, MAAA
Manager, Actuarial Services
Capital BlueCross

Enclosures

cc: [redacted], FSA, MAAA, Senior Director, Actuarial Services
[redacted], ASA, MAAA, Vice President and Chief Actuary, Actuarial Services
[redacted], Associate General Counsel

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM
Small Group Rates
Effective January 1, 2022

General Information

Company Information

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Small Group
- Effective Date: 1/1/2022

PID Company Information

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2022
- Average Rate Change: 4.6%
- Range of Requested Rate Change: 4.6% to 4.6%
- Total additional annual revenue generated from the proposed rate change: $21,634
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 89/60
- 2022 Number of Plans/Change from 2021: 1/No Changes
- Contract Form #: C22-KHPC-SGP
- Form Filing SERFF #: CABC-132793464
- Binder SERFF #: CABC-PA22-125107258
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-2003721964618918917

Company Contact Information

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

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to all small groups effective January 1, 2022. KHPC will offer small group products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Small Group	KHPC	1/1/2018	CABC-131022144	-13.4%
Small Group	KHPC	1/1/2019	CABC-131455108	5.0%
Small Group	KHPC	1/1/2020	CABC-131921815	1.2%
Small Group	KHPC	7/1/2020	CABC-132294841	-2.1%
Small Group	KHPC	1/1/2021	CABC-132352804	-8.7%
Small Group	KHPC	10/1/2021	CABC-132750972	-7.3%

Average Rate Change

KHPC is proposing an aggregate annual 4.6% rate change. The rate change does vary by plan. The rate change is calculated in PA Rate Exhibits Part III, Table 10, cell AC15.

The key drivers of the rate change, and approximate impact, are as follows:

Future Cost and Utilization: 6.5%
Less migration of groups from ACA to ASO arrangements: -1.0%
Lower 2020 risk adjustment payable amount than 2019: -0.9%

Please note the filing includes a COVID-19 adjustment of 1.026.

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 41.

Benefit Changes 2021-2022

A summary of proposed 2022 benefits is included in Exhibit A.

There are benefit changes being implemented in 2022. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

Experience Period Premium and Claims

Single Risk Pool: The data used to develop rates and shown in URRT and PA Rate Exhibits abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered, non-transitional product/plan combination for KHPC in the small group market.

Base Experience Period: The base experience period (BEP) includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2020 and December 31, 2020.

Transitional membership is not included in PA Rate Exhibits Table 2 or URRT.

Paid Through Date: Claims in the BEP are paid through February 28, 2021

Premiums (net of MLR Rebate) in BEP: Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments are equal to zero as KHPC does not expect to refund any MLR rebates in the BEP.

Allowed and Incurred Claims in BEP:

- Allowed claims are developed by combining paid claims with member cost-sharing. Allowed claims meet the definition in the URR instructions. They do not include provider quality incentive payments.
- Incurred claims are net of HHS CSR payments (CSR does not apply to Small Group).
- CBC only covers Essential Health benefits (EHBs).
- KHPC includes capitated PCP and mental health services.
- Allowed and Incurred claims are net of pharmacy rebates. BEP rebates are completed based on actual utilization of rebate-eligible drugs and rebate amounts.

Estimated Incurred but Not Paid Claims: Paid claims by date of service come directly from CBC's data warehouse. The method for calculating incurred claims in the BEP is as follows:

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods.

Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.

4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims\ = \sum \frac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

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

Risk Adjustment in BEP: Risk adjustment amounts in the BEP are equal to the amounts sent by the Department on 5/9/2021.

Loss Ratio in BEP: Loss ratio is 84.30%

Credibility of Data

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from CBC subsidiaries. Combining the experience is actuarially justifiable for several reasons:

1. The demographics of members buying PPO and other products are similar.
2. Cost and utilization between PPO and other products are similar.
3. Medical policy between PPO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO.

The credibility manual is the combination of KHPC, Capital Advantage Assurance Company (CAAC), and Capital Advantage Insurance Company (CAIC) HMO data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2020 and December 31, 2020. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.52%

Trend levels reflect CBC's best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

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

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. CBC uses the following to project future costs:

    a. Vendor Physician Cost Model and Internal Hospital Contracting Model
        i. The medical cost models use best estimates of Capital BlueCross (CBC)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the CBC book of business level for all commercial business.
    b. Internal Prescription Drug Trend Model
        i. Price Inflation
        ii. Contract Pricing
        iii. Member Cost-Sharing
        iv. Units per Script
        v. Brand/Generic Mix
        vi. Therapeutic Mix
        vii. Cost per Script
        viii. Pipeline (new drugs)

2. Utilization Considerations:
    a. Intensity of medical services rendered
    b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
    c. Further migration from brand prescription drugs to generic prescription drugs
    d. Favorable impacts of value based benefits designs
    e. Medical utilization estimates reviewed by CBC's Chief Medical Officer

3. Leveraging: The trend model is based on allowed cost increases. Paid claims trend at a higher rate than allowed due to leveraging. Leveraging is the impact of static cost-share, such as deductibles and copays, to the paid trend.

4. Intensity: Measure of cost increase due to change in treatment sophistication. An example is migration from x-rays to MRIs at significantly higher cost.

5. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. CBC strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

Historical Experience: Historical experience was not used to the develop trend.

Benefit Categories: Claims in the benefit categories displayed in URRT come directly from CBC's data warehouse. These same categories are used to develop category-level trend. See Exhibit C for a description of benefits by benefit category.

See Exhibit E for KHPC's pricing trend, as well as cost and utilization components of the pricing trend.

Rate Development & Change

Projection Factors

Changes in Morbidity: Found in URRT Worksheet 1, "Morbidity Adjustment", and PA Rate Exhibits, Table 5. CBC projects 3% change in morbidity due to COVID-19 claim suppression during 2020. The morbidity factor is based on the following analysis:

1. Gather BEP claims, membership and premium from Ib Manual Data, Table 2. This is for the filing BEP 1/1/2020-12/31/2020.
2. Develop Claim PMPM A using data from (1)
3. Gather 2019 claims, membership and premium from Ib Manual Data, Table 2 from the 2021 annual filing. This is for BEP 1/1/2019-12/31/2019. Trend the claims data 12 months to the filing BEP in (1).
4. Develop Claim PMPM B using data from (2)
5. Claim PMPM B/Claim PMPM A – 1 = 3.6%
6. 3% is applied in rating due to market competition.

The above calculation is found in Exhibit Q, Morbidity Factor Calculation.

2. In addition to the COVID-19 morbidity change, KHPC is also applying a factor of 0.745 to reflect the difference is projected Plan Liability Risk Score (PLRS) between KHPC and its subsidiary, CAAC, which underwrites the vast majority of the BEP experience. This factor aligns the rates with similar benefits offered under CAAC.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2020 to 2022. Benefit changes are applied in the development of future incurred claims, due to changes in member cost-share. This calculation is shown in Exhibit D, and applied in Exhibit G. The manual cost PMPMs are developed from CBC's internal benefit relativity model, discussed in the Plan Adjusted Index Rate section below. The benefit change is equal to member-month weighted average projected manual PMPM divided by member-month weighted average manual PMPM in the BEP. This process is further discussed in the Paid-to-Allowed section below.

Changes in Demographics: KHPC does not expect changes in demographics in its small group population.

Changes in Network: No Network change is applied.

Other Adjustments: No other adjustment is applied to the BEP.

Benefits, Demographics, Network and Other adjustments are found in URRT, Worksheet 1, and PA Rate Exhibits, Table 5.

Index Rate

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

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

To calculate the projected index rate:

1. Start with *Projected Allowed Claims at Current Benefits*
2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January – December.

See Exhibit J for the Index Rate.

Paid to Allowed Ratio

KHPC used the prescribed URRT allowed claim rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid

levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, KHPC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

1. Gather claims experience as described in the Data section above.
    a. Base Experience Period (BEP) Paid Claims, Capitation, and Rx Rebates
    b. BEP Member Months

2. Develop BEP *Paid and Incurred Claims*:

$$BEP\ Paid\ and\ Incurred\ Claims = \frac{BEP\ Paid\ Claims}{Completion\ Factor}$$

    The development of completion factors is described in Experience Period Premium and Claims above.

3. Develop the *BEP Paid and Incurred Claim PMPM*:

$$BEP\ Paid\ and\ Incurred\ Claim\ PMPM = \frac{BEP\ Paid\ and\ Incurred\ Claims}{BEP\ Member\ Months}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the Projection Factors section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

$$Trended\ Claim\ PMPM = [BEP\ Paid\ and\ Incurred\ Claim\ PMPM] \times (1 + [Trend\%])^{Trend\ Months/12}$$

5. Develop *Projected Paid and Incurred Claim PMPM*:

$$Projected\ Paid\ and\ Incurred\ Claims\ PMPM = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \times [Morbidity\ Adjustment] \times [Other\ Adjustment]$$

The *Benefit Adjustment*, *Morbidity Adjustment*, and *Other Adjustment* are discussed in the Projections Factors section above.

6. Develop *Projected Claims PMPM by Benefit* as follows:

    a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit

design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.

b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$Benefit\ Level\ Adjustment = \frac{Average\ Manual\ Cost\ in\ Projection\ Period}{Manual\ Cost\ of\ Base\ Plan}$$

c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

$$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$$

d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$Benefit\ Relativity\ A = \frac{Manual\ Cost\ of\ Benefit\ A}{Manual\ Cost\ of\ Base\ Plan}$$

e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:

   i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a 2000 plan and 1000 plan must be less than $1000.

   ii. Adjustments for plan designs that fall outside of the actuarial cost model.

a. So the *Projected Claims PMPM by Benefit* is:

$$Projected\ Claims\ PMPM\ Benefit\ A = Projected\ Claims\ PMPM\ Base\ Plan \times Pricing\ Relativity\ A$$

b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in the projection period. The *Total Projected Claims PMPM* :

$$= Projected\ Claims\ PMPM\ Benefit\ A\ \times Expected\ Member\ Dist\ of\ Benefit\ A + Projected\ Claims\ PMPM\ Benefit\ B \times Expected\ Member\ Dis\ of\ Benefit\ B + \cdots$$

7. The Paid-To-Allowed Ratio is then:

$$Paid\ to\ Allowed\ Ratio = \frac{Total\ Projected\ Claims\ PMPM}{Projected\ Allowed\ Claims\ at\ Current\ Benefits}$$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*. And see Exhibit L for the plan-level projected incurred amount development.

Market Adjusted Index Rate

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

$$[Market\ Adjusted\ Index\ Rate] = ([Index\ Rate]\ x\ [Paid\ to\ Allowed\ Ratio] - [Projected\ Incurred\ Reinsurace\ Recoveries] - [Projected\ Incurred\ Risk\ Adjustment\ PMPM] + [Exchange\ Fees\ PMPM]) \div [Paid\ to\ Allowed\ Ratio]$$

Projected Incurred Risk Adjustments PMPM:

Relevant to 2022 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2022. The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. 2019-2020 risk adjustment results
5. Market improvement in coding risk: CBC's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging. Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is believed that CBC is disadvantaged in the market. This will drive CBC's relative risk to the market down over time.

The 2022 projected risk adjustment PMPM is set equal to the 2020 amount sent by the Department on 5/9/21.

Projected Incurred Reinsurance Recoveries:

Reinsurance does not apply to the small group market.

Exchange Fee PMPM:

KHPC only offers off-exchange plans in the small group market, so the exchange fee is $0.

The exchange fee PMPM is calculated as:

$$Exchange\ Fee\ PMPM = [Avg\ 2022\ On - Exchange\ Premium\ PMPM] \times [\%\ Members\ On - Exchange]$$

Where

$$[Avg\ 2022\ On - Exchange\ Premium\ PMPM = [Avg\ 2021\ On - Exchange\ Premium\ PMPM\ \times (1 + [Avg\ Proposed\ Rate\ Change])$$

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

<u>Retention Items</u>

Administrative Expense Load:

Administrative Expense Load:

1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of $0.25 PMPM. The Risk Adjustment Fee PMPM is included in URRT Worksheet 1, URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
2. Administrative Expense: Calculated using an allocation method from CBC's Finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to CBC small group products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense

as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.

   a. Value-Based Benefits (VBB): Standard with each plan, Capital BlueCross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
      i. Complete biometric screening and receive a gift card.
      ii. Meeting biometric measure or finish online coaching program and receive a gift card reward.
      iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
      iv. Fees are included in overall administrative expense fee discussed above.
      v. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

3. Broker Expense: Calculated based on CBC's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Brokers are paid on new business and renewals the same commission rate for all geographic locations, enrollment dates, and metal levels. The 2020 broker commission schedule is yet to be finalized. Attached please find the 1/1/2019 copy of the broker agreement – redacted version. Files are as follows:
   a. Redacted Standard Producer Master Agreement: "SG_21-63_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20210513.pdf"
   b. Redacted Preferred Producer Master Agreement: "SG_21-63_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20210513.pdf"
4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.4%. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

Profit (or Contribution to Surplus) & Risk Margin:

5. Contingency: Contingency is included in URRT Worksheet 2, "Profit & Risk Load" and PA Rate Exhibits Table 6.

Taxes and Fees:

1. Exchange Fee: N/A
2. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, "Taxes and Fees", and PA Rate Exhibits, Table 6.

See Exhibit H as well as PA Rate Exhibits Table 6 for all retention values.

Plan Rate Development

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

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

1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC's actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
2. Induced Demand: Induced Demand: Induced Demand: Please see Table 8. Induced Demand is calculated as:
$$[Pricing\ AV]^2 - [Pricing\ AV] + 1.24$$
Where *Pricing AV* is adjusted by the Non-Funding of CSR factor: PA Rate Exhibits, Table 10, column K x column P.
3. Provider Network: The Provider network is the same across all HMO plans.
4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
5. Adjustment for distribution and administrative costs: Described in Retention Items section above.
6. Tobacco Adjustment: Not applied to Small Group plans.

The development of the Plan Adjusted Index rate is found in Exhibit L, and summarized in Exhibit M.

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current small group enrollment by age in CBC. Age factors are applied in accordance with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater than three children under the age of 21. Please see file SG_21-63_Initial_KHP_HMO_List-Billed_Supporting_20210518.xlsb for the calculation.

Geographic Factor Calibration: The average geographic rating factor is calculated by taking the CBC member-weighted average by region.

Geographic factors are unchanged from 2021.

Tobacco Factor Calibration: Tobacco factor not applied.

The calibration is:

$$[Calibrated\ Plan\ Adjusted\ Index\ Rate] = [Plan\ Adjusted\ Index\ Rate] \div ([Age\ Curve\ Calibration] \times [Geographic\ Factor\ Calibration]\ x\ [Tobacco\ Factor])$$

Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10.

The calibration factors and development are found on Exhibit N.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$[Member - Level\ Consumer\ Adjusted\ Premium\ Rate] = [Calibrated\ Plan\ Adjusted\ Index\ Rate] \times [Age\ Factor] \times [Geographic\ Factor] \times [Tobacco\ Factor]$$

2. $[Family\ Consumer\ Adjusted\ Premium\ Rate] = \sum[Member - Level\ Consumer\ Adjusted\ Premium\ Rate]$
   With no more than three child dependents under age 21 taken into account

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. Age and Geographic factors are displayed in Exhibits O.

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

AV Metal Values

The AV Metal Values included in URRT Worksheet 2 and PA Rate Exhibits, Table 10 were based on the federally issued AV Calculator.

See AV Screenshots included with the submission.

AV Pricing Values

All AV Pricing values were developed using CBC's actuarial cost model and actuarial judgment as described in section Paid to Allowed above. Differences in health status are not included.

Projected Loss Ratio

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

Membership Projection

The membership projections found in Worksheet 2 of URRT were developed by assuming that moderate decline in enrollment and similar distribution to current.

Projected versus Actual MLR

Exhibit R shows a history of projected versus actual MLR and Member Months. Projected comes from the 2017-2019 filings. Actual comes from Table 4.

Attachments and Examples

The following is a list of Exhibits and Data to support this filing:

PA Rate Exhibits Part I through Part V

Table 8

Exhibit A – Benefit Summary
Exhibit B – Benefit Change Summary
Exhibit C – Benefit Categories
Exhibit D – Benefit Mix
Exhibit E – Trend
Exhibit F – URRT
Exhibit G – Paid-to-Allowed Development
Exhibit H – Retention
Exhibit I – Projected Loss Ratio
Exhibit J – Index Rate
Exhibit K – Market Adjusted Index Rate
Exhibit L – Rate Development by Plan
Exhibit M – Plan Adjusted Index Rates
Exhibit N – Calibration
Exhibit O – Rating Factors
Exhibit P – Quarterly Base Rates
Exhibit Q – Morbidity Factor
Exhibit R – MLR Exhibit

Broker Contracts
Actuarial Value Screenshots
List-Billed Data

Actuarial Statement

I, [redacted], ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

I, [redacted], ASA, MAAA, do hereby certify that:

1. This filing has been prepared in accordance with the following:
    a. Actuarial Standard of Practice No. 5, "Health and Disability Claims"
    b. Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"
    c. Actuarial Standard of Practice No. 12, "Risk Classification"
    d. Actuarial Standard of Practice No. 23, "Data Quality"
    e. Actuarial Standard of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage"
    f. Actuarial Standard of Practice No. 26, "Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans"
    g. Actuarial Standard of Practice No. 41, "Actuarial Communications".

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

3. The percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice.

4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, the development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

    a. The analysis was
        i. conducted by a member of the American Academy of Actuaries, and
        ii. performed in accordance with generally accepted actuarial principles and methods.

5. Geographic area rating factors reflect only differences in the costs of delivery and not differences due to population morbidity.

6. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.

7. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.

8. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2021 Rate Filing Justification.

[redacted], ASA, MAAA
Actuarial Associate
Capital BlueCross

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Keystone Health Plan Central		
Product(s):	HMO		
Market Segment:	Small Group		
Rate Effective Date:	1/1/2022	to	12/31/2022
Base Period Start Date:	1/1/2020	to	12/31/2020
Date of Most Recent Membership:	2/1/2021		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2021)	Projected Rating Period
Average Age	41.3	38.7	38.7
Total	888	89	1,018
<18	62	9	103
18-24	90	8	92
25-29	125	13	149
30-34	26	5	57
35-39	34	5	57
40-44	112	13	149
45-49	153	12	137
50-54	74	6	69
55-59	130	11	126
60-63	30	4	46
64+	52	3	34

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
$424,613.50	$291,586.82	$284,452.13	888	$114,523.91	$398,976.04	$0.00	($3,945.00)	$11,022.05	$0.00	($78,809.00)	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 457.27**
Loss Ratio											**84.30%**

**Express Prescription Drug Rebates as a negative number*

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.30%	0.00%	0.00%	5.30%	17.82%
Outpatient Hospital	5.45%	0.00%	0.00%	5.45%	36.37%
Professional	4.15%	0.00%	0.00%	4.15%	21.93%
Other Medical	5.45%	0.00%	0.00%	5.45%	2.63%
Capitation				3.00%	0.00%
Prescription Drugs	10.25%	1.40%	0.00%	11.79%	21.24%
Total Annual Trend				6.52%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.135	

** Express Cost, Utilization, Induced Utilization and Weight as percentages*
*** Should equal URRT Trend*

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-17		$398,371.03	1.0000	$ 398,371.03	976	$ 408.17		($12,431.00)	$481,295.38	$ 493.13
Feb-17		$431,232.99	1.0000	$ 431,232.99	954	$ 452.03		($20,244.01)	$495,288.02	$ 519.17
Mar-17		$354,042.78	1.0000	$ 354,042.78	956	$ 370.34		($21,778.99)	$402,093.03	$ 420.60
Apr-17		$325,249.42	1.0000	$ 325,249.42	938	$ 346.75		($9,291.99)	$372,537.34	$ 397.16
May-17		$239,949.53	1.0000	$ 239,949.53	905	$ 265.14		($7,732.00)	$293,365.72	$ 324.16
Jun-17		$407,277.18	1.0000	$ 407,277.18	920	$ 442.69		($7,931.99)	$447,148.17	$ 486.03
Jul-17		$1,184,714.97	1.0000	$ 1,184,714.97	892	$ 1,328.16		($30.00)	$1,255,123.12	$ 1,407.09
Aug-17		$338,844.51	1.0000	$ 338,844.51	875	$ 387.25		($27.01)	$409,356.66	$ 467.84
Sep-17		$240,678.20	1.0000	$ 240,678.20	812	$ 296.40		($29,869.01)	$248,810.02	$ 306.42
Oct-17		$288,737.77	1.0000	$ 288,737.77	758	$ 380.92		$15.99	$331,942.37	$ 437.92
Nov-17		$348,270.83	1.0000	$ 348,270.83	709	$ 491.21		($3.99)	$390,534.56	$ 550.82
Dec-17	$4,636,084.65	$236,000.89	1.0000	$ 236,000.89	562	$ 419.93	$711,676.20	($60,381.00)	$207,846.91	$ 369.83
Jan-18		$146,079.64	1.0000	$ 146,079.64	443	$ 329.75		($6,246.00)	$184,733.29	$ 417.01
Feb-18		$64,500.17	1.0000	$ 64,500.17	438	$ 147.26		($3,597.00)	$93,293.53	$ 213.00
Mar-18		$103,786.37	1.0000	$ 103,786.37	429	$ 241.93		($6,343.99)	$142,305.58	$ 331.71
Apr-18		$58,856.53	1.0000	$ 58,856.53	392	$ 150.14		($5,637.00)	$70,152.37	$ 178.96
May-18		$123,987.38	1.0000	$ 123,987.38	396	$ 313.10		($2,836.99)	$157,154.32	$ 396.85
Jun-18		$83,781.26	1.0000	$ 83,781.26	372	$ 225.22		($1,877.00)	$106,371.32	$ 285.94
Jul-18		$80,714.47	1.0000	$ 80,714.47	301	$ 268.15		($1,615.00)	$104,718.47	$ 347.90
Aug-18		$62,157.15	1.0000	$ 62,157.15	285	$ 218.10		($1,896.00)	$75,181.55	$ 263.79
Sep-18		$43,408.12	1.0000	$ 43,408.12	274	$ 158.42		($1,432.00)	$55,313.67	$ 201.87
Oct-18		$109,487.10	1.0000	$ 109,489.60	252	$ 434.48		($981.01)	$123,074.81	$ 488.39
Nov-18		$183,576.09	0.9999	$ 183,591.99	250	$ 734.37		($1,707.99)	$198,125.53	$ 792.50
Dec-18	$1,853,373.80	$91,748.67	0.9875	$ 92,911.58	153	$ 607.27	$292,342.97	($888.00)	$100,124.81	$ 654.41
Jan-19		$106,334.34	0.9895	$ 107,457.55	118	$ 910.66		($2,361.00)	$108,430.31	$ 918.90
Feb-19		$69,027.50	0.9998	$ 69,039.53	110	$ 627.63		($260.00)	$80,282.07	$ 729.84
Mar-19		$33,939.26	0.9791	$ 34,662.05	104	$ 333.29		($472.00)	$43,139.50	$ 414.80
Apr-19		$17,481.68	0.9998	$ 17,485.87	105	$ 166.53		($1,107.00)	$21,149.36	$ 201.42
May-19		$17,010.08	0.9997	$ 17,015.03	90	$ 189.06		($317.00)	$20,061.39	$ 222.90
Jun-19		$7,792.56	0.9997	$ 7,794.81	87	$ 89.60		$0.00	$23,202.58	$ 266.70
Jul-19		$25,481.89	0.9996	$ 25,491.92	93	$ 274.11		($852.00)	$37,142.64	$ 399.38
Aug-19		$18,886.87	0.9996	$ 18,894.92	91	$ 207.64		($425.00)	$24,958.32	$ 274.27
Sep-19		$11,032.51	0.9995	$ 11,038.16	92	$ 119.98		($93.00)	$17,703.81	$ 192.43
Oct-19		$13,018.64	0.9994	$ 13,026.81	91	$ 143.15		($101.00)	$17,312.22	$ 190.24
Nov-19		$18,924.18	0.9946	$ 19,026.18	88	$ 216.21		($339.00)	$27,291.24	$ 310.13
Dec-19	$558,086.51	$30,213.79	0.9983	$ 30,264.80	76	$ 398.22	$93,455.81	($93.00)	$37,560.00	$ 494.21
Jan-20		$16,981.21	0.9982	$ 17,012.07	69	$ 246.55		($451.00)	$31,284.50	$ 453.40
Feb-20		$15,028.24	0.9982	$ 15,055.29	69	$ 218.19		($362.00)	$19,410.12	$ 281.31
Mar-20		$8,945.44	0.9981	$ 8,962.06	69	$ 129.88		($24.00)	$12,566.78	$ 182.13
Apr-20		$88,541.22	0.9959	$ 88,905.41	69	$ 1,288.48		($786.00)	$95,801.30	$ 1,388.42
May-20		$3,470.29	0.9877	$ 3,513.61	67	$ 52.44		($201.00)	$11,733.01	$ 175.12
Jun-20		$33,063.53	0.9939	$ 33,266.46	63	$ 528.04		$0.00	$45,643.63	$ 724.50
Jul-20		$1,760.47	0.9966	$ 1,766.52	69	$ 25.60		($548.00)	$11,273.41	$ 163.38
Aug-20		$11,412.11	0.9923	$ 11,500.75	85	$ 135.30		$0.00	$17,338.07	$ 203.98
Sep-20		$63,158.23	0.9850	$ 64,120.56	84	$ 763.34		($196.00)	$71,295.18	$ 848.75
Oct-20		$12,345.94	0.9768	$ 12,639.60	82	$ 154.14		($324.00)	$24,405.47	$ 297.63
Nov-20		$14,183.45	0.9648	$ 14,700.99	80	$ 183.76		($1,053.00)	$27,412.32	$ 342.65
Dec-20	$424,613.50	$22,696.69	0.9445	$ 24,030.86	82	$ 293.06	$114,523.91	$0.00	$37,889.30	$ 462.06

** Express Completion Factor as a percentage*
***Express Prescription Drug Rebates as a negative number*

Carrier Name:	**Keystone Health Plan Central**
Product(s):	**HMO**
Market Segment:	**Small Group**
Rate Effective Date:	**1/1/2022**

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
$243,160,961.24	$197,494,698.53	$200,146,137.31	369,829	$31,378,916.18	$231,525,053.49		($9,413,365.99)	$11,022.05	$0.00	$9,277,790.00	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 600.61**
Loss Ratio											**75.56%**

**Express Prescription Drug Rebates as a negative number*

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.30%	0.00%	0.00%	5.30%	17.82%
Outpatient Hospital	5.45%	0.00%	0.00%	5.45%	36.37%
Professional	4.15%	0.00%	0.00%	4.15%	21.93%
Other Medical	5.45%	0.00%	0.00%	5.45%	2.63%
Capitation				3.00%	0.00%
Prescription Drugs	10.25%	1.40%	0.00%	11.79%	21.24%
Total Annual Trend				6.52%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.135	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-17		$29,394,451.86	1.0000	$ 29,394,451.86	76,234	$ 385.58		($1,042,619.00)	$36,063,894.37	$ 473.07
Feb-17		$29,617,677.13	1.0000	$ 29,617,677.13	77,116	$ 384.07		($1,036,136.98)	$35,407,797.37	$ 459.15
Mar-17		$35,077,319.14	1.0000	$ 35,077,319.14	77,690	$ 451.50		($1,206,567.01)	$41,158,167.52	$ 529.77
Apr-17		$31,389,464.71	1.0000	$ 31,389,464.71	77,964	$ 402.61		($1,136,522.02)	$36,520,773.41	$ 468.43
May-17		$36,055,718.56	1.0000	$ 36,055,718.56	78,157	$ 461.32		($1,303,258.02)	$41,369,607.05	$ 529.31
Jun-17		$32,936,338.47	1.0000	$ 32,936,338.47	78,149	$ 421.46		($1,357,783.98)	$38,062,141.50	$ 487.05
Jul-17		$33,159,991.47	1.0000	$ 33,159,991.47	78,209	$ 423.99		($2,662.99)	$38,765,815.75	$ 495.67
Aug-17		$37,416,076.25	1.0000	$ 37,416,076.25	78,295	$ 477.89		($5,435.99)	$43,717,236.25	$ 558.37
Sep-17		$33,270,810.40	1.0000	$ 33,270,810.40	78,589	$ 423.35		($3,905,862.03)	$35,119,945.36	$ 446.88
Oct-17		$36,504,119.59	1.0000	$ 36,504,119.59	77,999	$ 468.01		($1,838.00)	$42,851,880.49	$ 549.39
Nov-17		$37,607,028.84	1.0000	$ 37,607,028.84	77,269	$ 486.70		$1,136.03	$43,369,662.90	$ 561.28
Dec-17	$469,012,898.02	$32,217,656.66	1.0000	$ 32,217,656.66	74,213	$ 434.12	$77,425,908.91	($4,568,734.01)	$34,099,356.02	$ 459.48
Jan-18		$33,363,729.87	1.0000	$ 33,363,729.87	72,082	$ 462.86		($1,412,646.00)	$39,610,201.46	$ 549.52
Feb-18		$31,675,615.65	1.0000	$ 31,675,615.65	71,504	$ 442.99		($1,484,666.99)	$36,647,604.83	$ 512.53
Mar-18		$34,169,282.32	1.0000	$ 34,169,282.32	70,481	$ 484.80		($1,621,018.99)	$39,177,010.50	$ 555.85
Apr-18		$32,778,664.80	1.0000	$ 32,778,664.80	69,694	$ 470.32		($1,543,441.01)	$37,366,752.06	$ 536.15
May-18		$33,779,606.85	1.0000	$ 33,779,606.85	68,551	$ 492.77		($1,509,634.99)	$38,334,058.77	$ 559.20
Jun-18		$31,499,808.06	1.0000	$ 31,499,808.06	67,483	$ 466.78		($1,465,828.01)	$35,367,884.19	$ 524.10
Jul-18		$31,759,705.39	1.0000	$ 31,759,705.39	65,758	$ 482.98		($1,447,689.01)	$35,455,249.63	$ 539.18
Aug-18		$33,118,106.86	1.0000	$ 33,118,106.86	64,686	$ 511.98		($1,500,198.99)	$36,927,534.14	$ 570.87
Sep-18		$28,336,710.90	1.0000	$ 28,336,710.90	63,198	$ 448.38		($1,331,953.00)	$31,660,816.36	$ 500.98
Oct-18		$32,661,154.42	1.0000	$ 32,661,836.29	60,890	$ 536.41		($1,431,116.98)	$36,409,710.61	$ 597.96
Nov-18		$29,081,368.23	0.9999	$ 29,083,358.31	59,406	$ 489.57		($1,341,739.00)	$32,148,614.98	$ 541.17
Dec-18	$440,902,829.00	$23,995,851.09	0.9894	$ 24,253,237.87	48,412	$ 500.98	$67,284,579.76	($1,059,976.00)	$27,508,896.43	$ 568.22
Jan-19		$24,331,016.31	0.9906	$ 24,560,974.93	45,073	$ 544.92		($1,170,391.00)	$28,562,626.07	$ 633.70
Feb-19		$22,659,237.63	0.9999	$ 22,662,563.90	44,461	$ 509.72		($1,174,879.99)	$25,722,047.28	$ 578.53
Mar-19		$23,117,842.94	0.9821	$ 23,539,012.41	43,741	$ 538.15		($1,226,678.04)	$26,723,258.51	$ 610.94
Apr-19		$22,001,983.01	0.9998	$ 22,007,347.06	43,130	$ 510.26		($1,352,166.98)	$24,821,832.14	$ 575.51
May-19		$23,211,712.27	0.9997	$ 23,217,649.98	42,847	$ 541.87		($1,400,579.01)	$25,664,245.05	$ 598.97
Jun-19		$19,874,453.98	0.9997	$ 19,879,685.06	42,350	$ 469.41		($1,302,287.98)	$22,034,622.28	$ 520.30
Jul-19		$24,294,430.34	0.9997	$ 24,302,402.09	41,965	$ 579.11		($1,209,295.00)	$26,816,115.95	$ 639.01
Aug-19		$22,516,828.21	0.9996	$ 22,525,382.03	41,467	$ 543.21		($1,163,669.96)	$24,846,072.57	$ 599.18
Sep-19		$20,954,752.52	0.9995	$ 20,964,827.40	41,020	$ 511.09		($1,157,317.01)	$23,040,799.88	$ 561.70
Oct-19		$23,570,764.29	0.9994	$ 23,584,899.52	40,723	$ 579.15		($1,203,542.97)	$26,066,373.44	$ 640.09
Nov-19		$20,613,805.19	0.9955	$ 20,707,894.29	40,359	$ 513.09		($1,171,671.02)	$22,680,100.29	$ 561.96
Dec-19	$315,455,338.05	$20,946,589.90	0.9985	$ 20,977,187.92	39,582	$ 529.97	$46,463,527.81	($1,180,974.99)	$23,701,806.99	$ 598.80
Jan-20		$18,193,470.88	0.9984	$ 18,223,157.36	35,008	$ 520.54		($669,011.99)	$21,383,224.62	$ 610.81
Feb-20		$19,560,414.54	0.9984	$ 19,592,349.38	34,110	$ 574.39		($794,049.02)	$22,268,508.30	$ 652.84
Mar-20		$16,448,700.56	0.9975	$ 16,489,122.17	33,404	$ 493.63		($865,432.03)	$18,307,470.49	$ 548.06
Apr-20		$12,778,726.16	0.9973	$ 12,813,238.29	32,391	$ 395.58		($784,782.98)	$13,565,564.51	$ 418.81
May-20		$14,026,649.35	0.9834	$ 14,263,177.64	31,478	$ 453.12		($694,750.02)	$15,678,638.79	$ 498.08
Jun-20		$16,441,376.06	0.9952	$ 16,521,152.84	30,745	$ 537.36		($712,155.97)	$18,280,294.48	$ 594.58
Jul-20		$18,485,548.57	0.9931	$ 18,613,614.66	30,167	$ 617.02		($853,652.98)	$20,402,176.48	$ 676.31
Aug-20		$17,362,355.11	0.9907	$ 17,525,484.73	29,896	$ 586.22		($845,051.99)	$19,318,799.59	$ 646.20
Sep-20		$16,544,312.57	0.9882	$ 16,741,449.31	29,340	$ 570.60		($788,706.00)	$18,428,600.29	$ 628.10
Oct-20		$15,987,434.80	0.9777	$ 16,352,318.80	28,656	$ 570.64		($793,175.01)	$18,018,385.80	$ 628.78
Nov-20		$16,077,321.45	0.9697	$ 16,580,225.90	28,088	$ 590.30		($800,196.01)	$18,096,536.89	$ 644.28
Dec-20	$243,160,961.24	$15,588,388.48	0.9481	$ 16,441,868.28	26,546	$ 619.37	$31,378,916.18	($812,401.99)	$18,374,509.31	$ 692.18

** Express Completion Factor as a percentage*

***Express Prescription Drug Rebates as a negative number*

PA Rate Template Part II
Rate Development and Change

Carrier Name: Keystone Health Plan Central
Product(s): HMO
Market Segment: Small Group
Rate Effective Date: 1/1/2022

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

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	$ 457.27	$ 600.61	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor	1.135	1.135	
Unadjusted Projected Allowed EHB Claims PMPM	$ 518.86	$ 681.51	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other	0.770	0.770	<- See URRT Instructions
Total Non-Morbidity Changes	0.990	0.990	
Change in Demographics	1.000	1.000	<- See URRT Instructions
Change in Network	0.990	0.990	
Change in Benefits	1.000	1.000	<- See URRT Instructions
Change in Other	1.000	1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	$ 395.27	$ 519.18	
Credibility Factors	**0%**	**100%**	<- See Instructions
Blended Projected EHB Claims PMPM		**$ 519.18**	**<- Projected Index Rate**
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	$ 519.18		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.538		
Projected Incurred EHB Claims PMPM	$ 279.26		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	-$88.75		
Projected Incurred Exchange User Fees PMPM	$0.00		
Projected Incurred Reinsurance Recoveries PMPM	$0.00		
Market-Adjusted Projected Incurred EHB Claims PMPM	$ 368.01		
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 684.17		<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	$0.00		
Market-Adjusted Projected Incurred Total Claims PMPM	$ 368.01		
Market-Adjusted Projected Allowed Total Claims PMPM	$ 684.17		

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	**$ 600.61**	**<- Index Rate of Experience Period on URRT**
Blended Earned Premium	**$ 243,160,961.24**	
Blended Loss Ratio	**75.56%**	

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

Effective Date	1/1/2022	4/1/2022	7/1/2022	10/1/2022	Total Single Risk Pool
# of Member Months Renewing in Quarter	344	111	144	418	1,018
Adjusted Projected Allowed EHB Claims PMPM	$ 519.18	$ 519.18	$ 519.18	$ 519.18	$ 519.18
Months of Trend	-	3	6	9	
Annual Trend	6.52%	6.52%	6.52%	6.52%	
Single Risk Pool Projected Allowed Claims	$ 519.18	$ 527.44	$ 535.84	$ 544.37	$ 532.79
Quarterly Trend Factor	1.000	1.016	1.032	1.049	1.026

Table 6. Retention

Retention Items - *Express in percentages*	Percentages	PMPM Amounts
Administrative Expenses	15.70%	$70.77
General and Claims	10.91%	$49.18
Agent/Broker Fees and Commissions	4.39%	$19.79
Quality Improvement Initiatives	0.40%	$1.80
Taxes and Fees	0.63%	$2.85
Risk Adjustment User Fee	0.06%	$0.25
PCORI Fee	0.04%	$0.20
PA Premium & Other Taxes (if applicable)	0.00%	$0.00
Federal Income Tax	0.53%	$2.40
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	$0.00
Profit/Contingency (after tax)	2.00%	$9.01
Total Retention	18.34%	$82.63
Projected Required Revenue PMPM	$ 450.64	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2021	2022
Average Age Factor	1.554	1.560
Average Geographic Factor	1.035	1.028
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	$678.68	$ 684.17
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	$ 421.96	$ 426.85

Table 8. Components of Rate Change

Rate Components	2021	2022	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	$ 268.72	$ 281.15	$ 12.43	4.6%
B. Base period allowed claims before normalization	$ 597.30	$ 600.61	$ 3.31	1.2%
C. Normalization factor component of change	$ (225.93)	$ (225.90)	$ 0.04	0.0%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	$ 371.37	$ 374.71	$ 3.35	1.2%
D2. URRT Trend	$ 50.88	$ 50.47	$ (0.40)	-0.2%
D3. URRT Morbidity	$ (164.67)	$ (98.01)	$ 66.67	24.8%
D4. URRT Other	$ (2.32)	$ (3.27)	$ (0.95)	-0.4%
D5. Normalized URRT Risk Adjustment on an allowed basis	$ 166.80	$ 102.94	$ (63.86)	-23.8%
D6. Normalized Exchange User Fee on an allowed basis	$ -	$ -	$ -	0.0%
D7. Normalized Reinsurance Recoveries on an allowed basis	$ -	$ -	$ -	0.0%
D8. Subtotal - Sum(D1:D7)	$ 422.04	$ 426.85	$ 4.80	1.8%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	$ -	$ -	$ -	0.0%
E2. Pricing AV	$ (204.69)	$ (197.25)	$ 7.44	2.8%
E3. Benefit Richness	$ -	$ (0.00)	$ (0.00)	0.0%
E4. Catastrophic Eligibility	$ -	$ -	$ -	0.0%
E5. Subtotal - Sum(E1:E4)	$ (204.69)	$ (197.25)	$ 7.44	2.8%
F. Change in Retention Components				
F1. Administrative Expenses	$ 44.50	$ 44.15	$ (0.35)	-0.1%
F2. Taxes and Fees	$ 1.40	$ 1.78	$ 0.38	0.1%
F3. Profit and/or Contingency	$ 5.37	$ 5.62	$ 0.25	0.1%
F4. Subtotal - Sum(F1:F3)	$ 51.27	$ 51.55	$ 0.28	0.1%
G. Change in Miscellaneous Items	$0.00		$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	$ 268.62	$ 281.15	$ 12.52	4.7%

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

	2021	2022	
Paid-to-Allowed	0.515	0.538	
URRT Trend (Total Applied Trend Factor)	1.137	1.135	<- URRT W1, S2
URRT Morbidity	0.610	0.770	<- URRT W1, S2
URRT "Other"	0.991	0.990	<- URRT W1, S2
Risk Adjustment	$ 138.16	$ 88.75	<- URRT W1, S3
Exchange User Fee	$ -	$ -	<- URRT W1, S3
Reinsurance Recoveries	$ -	$ -	<- URRT W1, S3
Capitation	$ 0.30	$0.30	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.515	0.538	<- For 2021 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	1.000	1.000	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	16.56%	15.70%	
Taxes and Fees	0.52%	0.63%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III

Table 10. Plan Rates

Carrier Name: Keystone Health Plan Central
Product(s): HMO
Market Segment: Small Group
Rate Effective Date: 1/1/2022
Base Period Start Date 1/1/2020
Date of Most Recent Membership: 2/1/2021
Market Adjusted Index Rate: $ 684.17

Calibration	
Age Calibration Factor	1.560
Geographic Calibration Factor	1.028
Tobacco Calibration Factor	1.000
Aggregate Calibration Factor	1.603

Total Covered Lives @ 02-01-2021
89

											45 CFR Part 156.8 (d) (2) Allowable Factors															02-01-2021 Number of Covered Lives by Rating Area										
Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2021 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2022	1/1/2022 HIOS Plan ID (If 1/1/2021 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium	Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency	Total Covered Lives Mapped into 2022 Plans @ 02-01-2021	Total Projected Lives	2021 Calibrated Plan Adjusted Index Rate PMPM	2022 Calibrated Plan Adjusted Index Rate PMPM	Proposed Rate Change Compared to Prior 12 months	% of Total Covered Lives	1	2	3	4	5	6	7	8	9	Total	2022 Continued/ Discontinued Plans Indicator
Totals - Current Membership							**0.643**			**0.538**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**$ 368.01**	**15.7%**	**0.6%**	**2.0%**	**89**	**85**	**$ 268.72**	**$ 281.15**	**4.6%**		-	-	-	-	-	31	46	-	12	89	
Total - Projected Membership							**0.643**			**0.538**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**$ 368.01**	**15.7%**	**0.6%**	**2.0%**																
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-		N/A	N/A	N/A	N/A										0
Plan 1	53789PA0090004	HMO	Bronze HMO 8000/0/50	E		Bronze	0.64330943	Standard AV	Off	0.538	1.000	1.000	1.000	1.000	1.000	$368.01	15.7%	0.6%	2.0%	89	85	$268.72	$ 281.15	4.6%	100.0%						31	46		12	89	1
Plan 2																$0.00				-			$ -	0.0%	0.0%										0
Plan 3																$0.00				-			$ -	0.0%	0.0%										0
Plan 4																$0.00				-			$ -	0.0%	0.0%										0
Plan 5																$0.00				-			$ -	0.0%	0.0%										0
Plan 6																$0.00				-			$ -	0.0%	0.0%										0
Plan 7																$0.00				-			$ -	0.0%	0.0%										0
Plan 8																$0.00				-			$ -	0.0%	0.0%										0
Plan 9																$0.00				-			$ -	0.0%	0.0%										0
Plan 10																$0.00				-			$ -	0.0%	0.0%										0
Plan 11																$0.00				-			$ -	0.0%	0.0%										0
Plan 12																$0.00				-			$ -	0.0%	0.0%										0
Plan 13																$0.00				-			$ -	0.0%	0.0%										0
Plan 14																$0.00				-			$ -	0.0%	0.0%										0
Plan 15																$0.00				-			$ -	0.0%	0.0%										0
Plan 16																$0.00				-			$ -	0.0%	0.0%										0
Plan 17																$0.00				-			$ -	0.0%	0.0%										0
Plan 18																$0.00				-			$ -	0.0%	0.0%										0
Plan 19																$0.00				-			$ -	0.0%	0.0%										0
Plan 20																$0.00				-			$ -	0.0%	0.0%										0
Plan 21																$0.00				-			$ -	0.0%	0.0%										0
Plan 22																$0.00				-			$ -	0.0%	0.0%										0
Plan 23																$0.00				-			$ -	0.0%	0.0%										0
Plan 24																$0.00				-			$ -	0.0%	0.0%										0
Plan 25																$0.00				-			$ -	0.0%	0.0%										0
Plan 26																$0.00				-			$ -	0.0%	0.0%										0
Plan 27																$0.00				-			$ -	0.0%	0.0%										0
Plan 28																$0.00				-			$ -	0.0%	0.0%										0
Plan 29																$0.00				-			$ -	0.0%	0.0%										0
Plan 30																$0.00				-			$ -	0.0%	0.0%										0
Plan 31																$0.00				-			$ -	0.0%	0.0%										0
Plan 32																$0.00				-			$ -	0.0%	0.0%										0
Plan 33																$0.00				-			$ -	0.0%	0.0%										0
Plan 34																$0.00				-			$ -	0.0%	0.0%										0
Plan 35																$0.00				-			$ -	0.0%	0.0%										0
Plan 36																$0.00				-			$ -	0.0%	0.0%										0
Plan 37																$0.00				-			$ -	0.0%	0.0%										0
Plan 38																$0.00				-			$ -	0.0%	0.0%										0
Plan 39																$0.00				-			$ -	0.0%	0.0%										0
Plan 40																$0.00				-			$ -	0.0%	0.0%										0
Plan 41																$0.00				-			$ -	0.0%	0.0%										0
Plan 42																$0.00				-			$ -	0.0%	0.0%										0
Plan 43																$0.00				-			$ -	0.0%	0.0%										0
Plan 44																$0.00				-			$ -	0.0%	0.0%										0
Plan 45																$0.00				-			$ -	0.0%	0.0%										0
Plan 46																$0.00				-			$ -	0.0%	0.0%										0
Plan 47																$0.00				-			$ -	0.0%	0.0%										0
Plan 48																$0.00				-			$ -	0.0%	0.0%										0
Plan 49																$0.00				-			$ -	0.0%	0.0%										0
Plan 50																$0.00				-			$ -	0.0%	0.0%										0

PA Rate Template Part IV B - Small Group Annual

Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name: Keystone Health Plan Central
Product(s): HMO
Market Segment: Small Group
Rate Effective Date: 1/1/2022

Plan Number	HIOS Plan ID (Standard Component)	1/1/2021 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2022	1/1/2022 HIOS Plan ID (If 1/1/2021 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off	Quarter 1 2021, 21-year-old Non-Tobacco Premium PMPM										Quarter 1 2022, 21-year-old Non-Tobacco Premium PMPM										Change in Quarter 1, 21-year-old Non-Tobacco Premium PMPM										Quarter 2 2022, 21-year-old Non-Tobacco Premium PMPM										Quarter 3 2022, 21-year-old Non-Tobacco Premium PMPM										Quarter 4 2022, 21-year-old Non-Tobacco Premium PMPM									
							1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	**These cells auto-fill using the data entered in Table 10.**						$ -	$ -	$ -	$ -	$ -	$ 268.72	$ 290.22	$ -	$ 274.09	$ 280.56	$ -	$ -	$ -	$ -	$ -	$ -	$ 281.15	$ 303.64	$ -	$ 286.77	$ 293.53	0.0%	0.0%	0.0%	0.0%	0.0%	4.6%	4.6%	0.0%	4.6%	4.6%	$ -	$ -	$ -	$ -	$ -	$ -	$ 285.62	$ 308.47	$ -	$ 291.34	$ 298.20	$ -	$ -	$ -	$ -	$ -	$ 290.17	$ 313.39	$ -	$ 295.98	$ 302.95	$ -	$ -	$ -	$ -	$ -	$ 294.79	$ 318.37	$ -	$ 300.69	$ 307.78
Plan 1	13789HA0090004	Bronze HMO 8000/0/50	E	0	Bronze	Off																																																		
Plan 2	0	0	0	0	0	0																																																
Plan 3	0	0	0	0	0	0																																															
Plan 4	0	0	0	0	0	0																																															
Plan 5	0	0	0	0	0	0																																															
Plan 6	0	0	0	0	0	0																																															
Plan 7	0	0	0	0	0	0																																															
Plan 8	0	0	0	0	0	0																																															
Plan 9	0	0	0	0	0	0																																															
Plan 10	0	0	0	0	0	0																																															
Plan 11	0	0	0	0	0	0																																															
Plan 12	0	0	0	0	0	0																																															
Plan 13	0	0	0	0	0	0																																															
Plan 14	0	0	0	0	0	0																																															
Plan 15	0	0	0	0	0	0																																															
Plan 16	0	0	0	0	0	0																																															
Plan 17	0	0	0	0	0	0																																															
Plan 18	0	0	0	0	0	0																																															
Plan 19	0	0	0	0	0	0																																															
Plan 20	0	0	0	0	0	0																																															
Plan 21	0	0	0	0	0	0																																															
Plan 22	0	0	0	0	0	0																																															
Plan 23	0	0	0	0	0	0																																															
Plan 24	0	0	0	0	0	0																																															
Plan 25	0	0	0	0	0	0																																															
Plan 26	0	0	0	0	0	0																																															
Plan 27	0	0	0	0	0	0																																															
Plan 28	0	0	0	0	0	0																																															
Plan 29	0	0	0	0	0	0																																															
Plan 30	0	0	0	0	0	0																																															
Plan 31	0	0	0	0	0	0																																															
Plan 32	0	0	0	0	0	0																																															
Plan 33	0	0	0	0	0	0																																															
Plan 34	0	0	0	0	0	0																																															
Plan 35	0	0	0	0	0	0																																															
Plan 36	0	0	0	0	0	0																																															
Plan 37	0	0	0	0	0	0																																															
Plan 38	0	0	0	0	0	0																																															
Plan 39	0	0	0	0	0	0																																															
Plan 40	0	0	0	0	0	0																																															
Plan 41	0	0	0	0	0	0																																															
Plan 42	0	0	0	0	0	0																																															
Plan 43	0	0	0	0	0	0																																															
Plan 44	0	0	0	0	0	0																																															
Plan 45	0	0	0	0	0	0																																															
Plan 46	0	0	0	0	0	0																																															
Plan 47	0	0	0	0	0	0																																															
Plan 48	0	0	0	0	0	0																																															
Plan 49	0	0	0	0	0	0																																															
Plan 50	0	0	0	0	0	0																																															

PA Rate Quarterly Template Part V
Consumer Factors

Carrier Name:	**Keystone Health Plan Central**
Product(s):	**HMO**
Market Segment:	**Small Group**
Rate Effective Date:	**1/1/2022**

Table 12. Age and Tobacco Factors

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

*PA follows the federal default age curve.

Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1			
Rating Area 2			
Rating Area 3			
Rating Area 4			
Rating Area 5			
Rating Area 6	Centre, Columbia, Lehigh, Mifflin, Montour, Northampton, Northumberland, Schutlkill, Snyder, Union	1.000	1.000
Rating Area 7	Adams, Berks, Lancaster, York	1.080	1.080
Rating Area 8			
Rating Area 9	Cumberland, Dauphin, Franklin, Fulton, Juniata, Lebanon, Perry	1.020	1.020

Table 14. Network Factors

Projection Period Network Factors				
Network Name	Rating Area	Current Factor	Proposed Factor	DOH Approval Date
HMO	All	1.000	1.000	4/19/2013

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Table B

Plan ID	Plan Name	Metal Level	Projected Membership	Projected Allowed Claims	Projected Paid Claims	Paid to Allowed Factor	Average Tobacco Factor	AV and Cost Sharing Factor	(8)/(6*7) Induced Utilization	Induced Demand Table 10
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
53789PA0090004	Bronze HMO 8000/0/50	Bronze	1,018	$696,487	$374,635	0.54	1.000	0.54	1.00	1.00
Total			1,018	696,487	374,635	0.54	1.00	0.54	1.00	1.00
PMPM				684.17	368.01					
Rate Dev II				684.17	368.01					

Company Name:	Keystone Health Plan Central (KHPC)
Market:	Small Group
Product:	HMO
Effective Date of Rates:	January 1, 2022

Ending date of Rates: March 31, 2022

HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	53789PA0090004		53789PA0090004		53789PA0090004	
Plan Marketing Name =>	Bronze HMO 8000/0/50		Bronze HMO 8000/0/50		Bronze HMO 8000/0/50	
Form # =>	C22-KHPC-SGP		C22-KHPC-SGP		C22-KHPC-SGP	
Rating Area =>	6		7		9	
Network =>	HMO		HMO		HMO	
Metal =>	Bronze		Bronze		Bronze	
Deductible =>	$8000 Med/Rx Combined		$8000 Med/Rx Combined		$8000 Med/Rx Combined	
Coinsurance =>	0%		0%		0%	
Copays =>	$50/$85/$0 PCP/SPC/ER		$50/$85/$0 PCP/SPC/ER		$50/$85/$0 PCP/SPC/ER	
OOP Maximum =>	$8550 Med/Rx Combined		$8550 Med/Rx Combined		$8550 Med/Rx Combined	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes	
Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0 - 14	$215.08	$215.08	$232.29	$232.29	$219.38	$219.38
15	$234.20	$234.20	$252.93	$252.93	$238.88	$238.88
16	$241.51	$241.51	$260.83	$260.83	$246.34	$246.34
17	$248.82	$248.82	$268.72	$268.72	$253.79	$253.79
18	$256.69	$256.69	$277.23	$277.23	$261.82	$261.82
19	$264.56	$264.56	$285.73	$285.73	$269.85	$269.85
20	$272.72	$272.72	$294.53	$294.53	$278.17	$278.17
21	$281.15	$281.15	$303.64	$303.64	$286.77	$286.77
22	$281.15	$281.15	$303.64	$303.64	$286.77	$286.77
23	$281.15	$281.15	$303.64	$303.64	$286.77	$286.77
24	$281.15	$281.15	$303.64	$303.64	$286.77	$286.77
25	$282.27	$282.27	$304.86	$304.86	$287.92	$287.92
26	$287.90	$287.90	$310.93	$310.93	$293.66	$293.66
27	$294.65	$294.65	$318.22	$318.22	$300.54	$300.54
28	$305.61	$305.61	$330.06	$330.06	$311.72	$311.72
29	$314.61	$314.61	$339.78	$339.78	$320.90	$320.90
30	$319.11	$319.11	$344.63	$344.63	$325.49	$325.49
31	$325.85	$325.85	$351.92	$351.92	$332.37	$332.37
32	$332.60	$332.60	$359.21	$359.21	$339.25	$339.25
33	$336.82	$336.82	$363.76	$363.76	$343.55	$343.55
34	$341.32	$341.32	$368.62	$368.62	$348.14	$348.14
35	$343.57	$343.57	$371.05	$371.05	$350.44	$350.44
36	$345.81	$345.81	$373.48	$373.48	$352.73	$352.73
37	$348.06	$348.06	$375.91	$375.91	$355.02	$355.02
38	$350.31	$350.31	$378.34	$378.34	$357.32	$357.32
39	$354.81	$354.81	$383.20	$383.20	$361.91	$361.91
40	$359.31	$359.31	$388.05	$388.05	$366.50	$366.50
41	$366.06	$366.06	$395.34	$395.34	$373.38	$373.38
42	$372.52	$372.52	$402.33	$402.33	$379.97	$379.97
43	$381.52	$381.52	$412.04	$412.04	$389.15	$389.15
44	$392.77	$392.77	$424.19	$424.19	$400.62	$400.62
45	$405.98	$405.98	$438.46	$438.46	$414.10	$414.10
46	$421.72	$421.72	$455.46	$455.46	$430.16	$430.16
47	$439.44	$439.44	$474.59	$474.59	$448.23	$448.23
48	$459.68	$459.68	$496.45	$496.45	$468.87	$468.87
49	$479.64	$479.64	$518.01	$518.01	$489.23	$489.23
50	$502.13	$502.13	$542.30	$542.30	$512.18	$512.18
51	$524.34	$524.34	$566.29	$566.29	$534.83	$534.83
52	$548.80	$548.80	$592.71	$592.71	$559.78	$559.78
53	$573.55	$573.55	$619.43	$619.43	$585.02	$585.02
54	$600.26	$600.26	$648.28	$648.28	$612.26	$612.26
55	$626.96	$626.96	$677.12	$677.12	$639.50	$639.50
56	$655.92	$655.92	$708.40	$708.40	$669.04	$669.04
57	$685.16	$685.16	$739.98	$739.98	$698.87	$698.87
58	$716.37	$716.37	$773.68	$773.68	$730.70	$730.70
59	$731.83	$731.83	$790.38	$790.38	$746.47	$746.47
60	$763.04	$763.04	$824.08	$824.08	$778.30	$778.30
61	$790.03	$790.03	$853.23	$853.23	$805.83	$805.83
62	$807.74	$807.74	$872.36	$872.36	$823.90	$823.90
63	$829.95	$829.95	$896.35	$896.35	$846.55	$846.55
64+	$843.44	$843.44	$910.92	$910.92	$860.31	$860.31

Company Name:	Keystone Health Plan Central (KHPC)
Market:	Small Group
Product:	HMO
Effective Date of Rates:	April 1, 2022

Ending date of Rates: June 30, 2022

HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	53789PA0090004		53789PA0090004		53789PA0090004	
Plan Marketing Name =>	Bronze HMO 8000/0/50		Bronze HMO 8000/0/50		Bronze HMO 8000/0/50	
Form # =>	C22-KHPC-SGP		C22-KHPC-SGP		C22-KHPC-SGP	
Rating Area =>	6		7		9	
Network =>	HMO		HMO		HMO	
Metal =>	Bronze		Bronze		Bronze	
Deductible =>	$8000 Med/Rx Combined		$8000 Med/Rx Combined		$8000 Med/Rx Combined	
Coinsurance =>	0%		0%		0%	
Copays =>	$50/$85/$0 PCP/SPC/ER		$50/$85/$0 PCP/SPC/ER		$50/$85/$0 PCP/SPC/ER	
OOP Maximum =>	$8550 Med/Rx Combined		$8550 Med/Rx Combined		$8550 Med/Rx Combined	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes	
Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0 - 14	$218.50	$218.50	$235.98	$235.98	$222.87	$222.87
15	$237.92	$237.92	$256.96	$256.96	$242.68	$242.68
16	$245.35	$245.35	$264.98	$264.98	$250.25	$250.25
17	$252.77	$252.77	$273.00	$273.00	$257.83	$257.83
18	$260.77	$260.77	$281.63	$281.63	$265.99	$265.99
19	$268.77	$268.77	$290.27	$290.27	$274.14	$274.14
20	$277.05	$277.05	$299.22	$299.22	$282.59	$282.59
21	$285.62	$285.62	$308.47	$308.47	$291.33	$291.33
22	$285.62	$285.62	$308.47	$308.47	$291.33	$291.33
23	$285.62	$285.62	$308.47	$308.47	$291.33	$291.33
24	$285.62	$285.62	$308.47	$308.47	$291.33	$291.33
25	$286.76	$286.76	$309.70	$309.70	$292.50	$292.50
26	$292.47	$292.47	$315.87	$315.87	$298.32	$298.32
27	$299.33	$299.33	$323.28	$323.28	$305.32	$305.32
28	$310.47	$310.47	$335.31	$335.31	$316.68	$316.68
29	$319.61	$319.61	$345.18	$345.18	$326.00	$326.00
30	$324.18	$324.18	$350.11	$350.11	$330.66	$330.66
31	$331.03	$331.03	$357.52	$357.52	$337.65	$337.65
32	$337.89	$337.89	$364.92	$364.92	$344.65	$344.65
33	$342.17	$342.17	$369.55	$369.55	$349.02	$349.02
34	$346.74	$346.74	$374.48	$374.48	$353.68	$353.68
35	$349.03	$349.03	$376.95	$376.95	$356.01	$356.01
36	$351.31	$351.31	$379.42	$379.42	$358.34	$358.34
37	$353.60	$353.60	$381.89	$381.89	$360.67	$360.67
38	$355.88	$355.88	$384.35	$384.35	$363.00	$363.00
39	$360.45	$360.45	$389.29	$389.29	$367.66	$367.66
40	$365.02	$365.02	$394.22	$394.22	$372.32	$372.32
41	$371.88	$371.88	$401.63	$401.63	$379.31	$379.31
42	$378.45	$378.45	$408.72	$408.72	$386.02	$386.02
43	$387.59	$387.59	$418.59	$418.59	$395.34	$395.34
44	$399.01	$399.01	$430.93	$430.93	$406.99	$406.99
45	$412.44	$412.44	$445.43	$445.43	$420.68	$420.68
46	$428.43	$428.43	$462.70	$462.70	$437.00	$437.00
47	$446.42	$446.42	$482.14	$482.14	$455.35	$455.35
48	$466.99	$466.99	$504.35	$504.35	$476.33	$476.33
49	$487.27	$487.27	$526.25	$526.25	$497.01	$497.01
50	$510.12	$510.12	$550.93	$550.93	$520.32	$520.32
51	$532.68	$532.68	$575.30	$575.30	$543.33	$543.33
52	$557.53	$557.53	$602.13	$602.13	$568.68	$568.68
53	$582.66	$582.66	$629.28	$629.28	$594.32	$594.32
54	$609.80	$609.80	$658.58	$658.58	$621.99	$621.99
55	$636.93	$636.93	$687.89	$687.89	$649.67	$649.67
56	$666.35	$666.35	$719.66	$719.66	$679.68	$679.68
57	$696.06	$696.06	$751.74	$751.74	$709.98	$709.98
58	$727.76	$727.76	$785.98	$785.98	$742.31	$742.31
59	$743.47	$743.47	$802.95	$802.95	$758.34	$758.34
60	$775.17	$775.17	$837.19	$837.19	$790.68	$790.68
61	$802.59	$802.59	$866.80	$866.80	$818.64	$818.64
62	$820.59	$820.59	$886.23	$886.23	$837.00	$837.00
63	$843.15	$843.15	$910.60	$910.60	$860.01	$860.01
64+	$856.85	$856.85	$925.40	$925.40	$873.99	$873.99

Company Name:	Keystone Health Plan Central (KHPC)
Market:	Small Group
Product:	HMO
Effective Date of Rates:	July 1, 2022

Ending date of Rates: September 30, 2022

HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	53789PA0090004		53789PA0090004		53789PA0090004	
Plan Marketing Name =>	Bronze HMO 8000/0/50		Bronze HMO 8000/0/50		Bronze HMO 8000/0/50	
Form # =>	C22-KHPC-SGP		C22-KHPC-SGP		C22-KHPC-SGP	
Rating Area =>	6		7		9	
Network =>	HMO		HMO		HMO	
Metal =>	Bronze		Bronze		Bronze	
Deductible =>	$8000 Med/Rx Combined		$8000 Med/Rx Combined		$8000 Med/Rx Combined	
Coinsurance =>	0%		0%		0%	
Copays =>	$50/$85/$0 PCP/SPC/ER		$50/$85/$0 PCP/SPC/ER		$50/$85/$0 PCP/SPC/ER	
OOP Maximum =>	$8550 Med/Rx Combined		$8550 Med/Rx Combined		$8550 Med/Rx Combined	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes	
Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0 - 14	$221.98	$221.98	$239.74	$239.74	$226.42	$226.42
15	$241.71	$241.71	$261.05	$261.05	$246.55	$246.55
16	$249.26	$249.26	$269.20	$269.20	$254.24	$254.24
17	$256.80	$256.80	$277.34	$277.34	$261.94	$261.94
18	$264.93	$264.93	$286.12	$286.12	$270.22	$270.22
19	$273.05	$273.05	$294.89	$294.89	$278.51	$278.51
20	$281.46	$281.46	$303.98	$303.98	$287.09	$287.09
21	$290.17	$290.17	$313.38	$313.38	$295.97	$295.97
22	$290.17	$290.17	$313.38	$313.38	$295.97	$295.97
23	$290.17	$290.17	$313.38	$313.38	$295.97	$295.97
24	$290.17	$290.17	$313.38	$313.38	$295.97	$295.97
25	$291.33	$291.33	$314.64	$314.64	$297.16	$297.16
26	$297.13	$297.13	$320.90	$320.90	$303.08	$303.08
27	$304.10	$304.10	$328.43	$328.43	$310.18	$310.18
28	$315.41	$315.41	$340.65	$340.65	$321.72	$321.72
29	$324.70	$324.70	$350.68	$350.68	$331.19	$331.19
30	$329.34	$329.34	$355.69	$355.69	$335.93	$335.93
31	$336.31	$336.31	$363.21	$363.21	$343.03	$343.03
32	$343.27	$343.27	$370.73	$370.73	$350.14	$350.14
33	$347.62	$347.62	$375.43	$375.43	$354.58	$354.58
34	$352.27	$352.27	$380.45	$380.45	$359.31	$359.31
35	$354.59	$354.59	$382.95	$382.95	$361.68	$361.68
36	$356.91	$356.91	$385.46	$385.46	$364.05	$364.05
37	$359.23	$359.23	$387.97	$387.97	$366.42	$366.42
38	$361.55	$361.55	$390.48	$390.48	$368.78	$368.78
39	$366.19	$366.19	$395.49	$395.49	$373.52	$373.52
40	$370.84	$370.84	$400.50	$400.50	$378.25	$378.25
41	$377.80	$377.80	$408.03	$408.03	$385.36	$385.36
42	$384.48	$384.48	$415.23	$415.23	$392.16	$392.16
43	$393.76	$393.76	$425.26	$425.26	$401.64	$401.64
44	$405.37	$405.37	$437.80	$437.80	$413.47	$413.47
45	$419.01	$419.01	$452.53	$452.53	$427.39	$427.39
46	$435.26	$435.26	$470.08	$470.08	$443.96	$443.96
47	$453.54	$453.54	$489.82	$489.82	$462.61	$462.61
48	$474.43	$474.43	$512.38	$512.38	$483.92	$483.92
49	$495.03	$495.03	$534.63	$534.63	$504.93	$504.93
50	$518.24	$518.24	$559.70	$559.70	$528.61	$528.61
51	$541.17	$541.17	$584.46	$584.46	$551.99	$551.99
52	$566.41	$566.41	$611.72	$611.72	$577.74	$577.74
53	$591.95	$591.95	$639.30	$639.30	$603.79	$603.79
54	$619.51	$619.51	$669.07	$669.07	$631.90	$631.90
55	$647.08	$647.08	$698.85	$698.85	$660.02	$660.02
56	$676.97	$676.97	$731.12	$731.12	$690.51	$690.51
57	$707.14	$707.14	$763.72	$763.72	$721.29	$721.29
58	$739.35	$739.35	$798.50	$798.50	$754.14	$754.14
59	$755.31	$755.31	$815.74	$815.74	$770.42	$770.42
60	$787.52	$787.52	$850.52	$850.52	$803.27	$803.27
61	$815.38	$815.38	$880.61	$880.61	$831.69	$831.69
62	$833.66	$833.66	$900.35	$900.35	$850.33	$850.33
63	$856.58	$856.58	$925.11	$925.11	$873.71	$873.71
64+	$870.50	$870.50	$940.14	$940.14	$887.91	$887.91

Company Name:	Keystone Health Plan Central (KHPC)
Market:	Small Group
Product:	HMO
Effective Date of Rates:	October 1, 2022

Ending date of Rates: December 31, 2022

HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	53789PA0090004		53789PA0090004		53789PA0090004	
Plan Marketing Name =>	Bronze HMO 8000/0/50		Bronze HMO 8000/0/50		Bronze HMO 8000/0/50	
Form # =>	C22-KHPC-SGP		C22-KHPC-SGP		C22-KHPC-SGP	
Rating Area =>	6		7		9	
Network =>	HMO		HMO		HMO	
Metal =>	Bronze		Bronze		Bronze	
Deductible =>	$8000 Med/Rx Combined		$8000 Med/Rx Combined		$8000 Med/Rx Combined	
Coinsurance =>	0%		0%		0%	
Copays =>	$50/$85/$0 PCP/SPC/ER		$50/$85/$0 PCP/SPC/ER		$50/$85/$0 PCP/SPC/ER	
OOP Maximum =>	$8550 Med/Rx Combined		$8550 Med/Rx Combined		$8550 Med/Rx Combined	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes	
Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0 - 14	$225.51	$225.51	$243.56	$243.56	$230.02	$230.02
15	$245.56	$245.56	$265.20	$265.20	$250.47	$250.47
16	$253.22	$253.22	$273.48	$273.48	$258.29	$258.29
17	$260.89	$260.89	$281.76	$281.76	$266.11	$266.11
18	$269.14	$269.14	$290.67	$290.67	$274.53	$274.53
19	$277.40	$277.40	$299.59	$299.59	$282.95	$282.95
20	$285.95	$285.95	$308.82	$308.82	$291.67	$291.67
21	$294.79	$294.79	$318.37	$318.37	$300.69	$300.69
22	$294.79	$294.79	$318.37	$318.37	$300.69	$300.69
23	$294.79	$294.79	$318.37	$318.37	$300.69	$300.69
24	$294.79	$294.79	$318.37	$318.37	$300.69	$300.69
25	$295.97	$295.97	$319.65	$319.65	$301.89	$301.89
26	$301.86	$301.86	$326.01	$326.01	$307.90	$307.90
27	$308.94	$308.94	$333.66	$333.66	$315.12	$315.12
28	$320.44	$320.44	$346.07	$346.07	$326.85	$326.85
29	$329.87	$329.87	$356.26	$356.26	$336.47	$336.47
30	$334.59	$334.59	$361.35	$361.35	$341.28	$341.28
31	$341.66	$341.66	$368.99	$368.99	$348.49	$348.49
32	$348.74	$348.74	$376.64	$376.64	$355.71	$355.71
33	$353.16	$353.16	$381.41	$381.41	$360.22	$360.22
34	$357.88	$357.88	$386.51	$386.51	$365.03	$365.03
35	$360.23	$360.23	$389.05	$389.05	$367.44	$367.44
36	$362.59	$362.59	$391.60	$391.60	$369.84	$369.84
37	$364.95	$364.95	$394.15	$394.15	$372.25	$372.25
38	$367.31	$367.31	$396.69	$396.69	$374.65	$374.65
39	$372.02	$372.02	$401.79	$401.79	$379.47	$379.47
40	$376.74	$376.74	$406.88	$406.88	$384.28	$384.28
41	$383.82	$383.82	$414.52	$414.52	$391.49	$391.49
42	$390.60	$390.60	$421.84	$421.84	$398.41	$398.41
43	$400.03	$400.03	$432.03	$432.03	$408.03	$408.03
44	$411.82	$411.82	$444.77	$444.77	$420.06	$420.06
45	$425.68	$425.68	$459.73	$459.73	$434.19	$434.19
46	$442.18	$442.18	$477.56	$477.56	$451.03	$451.03
47	$460.76	$460.76	$497.62	$497.62	$469.97	$469.97
48	$481.98	$481.98	$520.54	$520.54	$491.62	$491.62
49	$502.91	$502.91	$543.14	$543.14	$512.97	$512.97
50	$526.49	$526.49	$568.61	$568.61	$537.02	$537.02
51	$549.78	$549.78	$593.77	$593.77	$560.78	$560.78
52	$575.43	$575.43	$621.46	$621.46	$586.94	$586.94
53	$601.37	$601.37	$649.48	$649.48	$613.40	$613.40
54	$629.38	$629.38	$679.73	$679.73	$641.96	$641.96
55	$657.38	$657.38	$709.97	$709.97	$670.53	$670.53
56	$687.75	$687.75	$742.76	$742.76	$701.50	$701.50
57	$718.40	$718.40	$775.88	$775.88	$732.77	$732.77
58	$751.12	$751.12	$811.21	$811.21	$766.15	$766.15
59	$767.34	$767.34	$828.73	$828.73	$782.69	$782.69
60	$800.06	$800.06	$864.06	$864.06	$816.06	$816.06
61	$828.36	$828.36	$894.63	$894.63	$844.93	$844.93
62	$846.93	$846.93	$914.69	$914.69	$863.87	$863.87
63	$870.22	$870.22	$939.84	$939.84	$887.62	$887.62
64+	$884.36	$884.36	$955.11	$955.11	$902.06	$902.06

Keystone Health Plan Central (KHPC)
Small Group
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
53789PA0090004	Bronze HMO 8000/0/50	HMO	Bronze	Off	HMO	6,7,9	All

Company Name Keystone Health Plan Central (KHPC)
Market Small Group
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

					RATING AREA 6										RATING AREA 7				RATING AREA 9						
	02-01-2021 Number of Covered Lives by Rating County				1	0	20	0	0	6	4	0	0	0	0	12	26	8	4	7	1	0	0	0	0
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
53789PA0090004	Bronze HMO 8000/0/50	HMO	Bronze	Off	$281.15	$281.15	$281.15	$281.15	$281.15	$281.15	$281.15	$281.15	$281.15	$281.15	$303.64	$303.64	$303.64	$303.64	$286.77	$286.77	$286.77	$286.77	$286.77	$286.77	$286.77

Unified Rate Review v5.3

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

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

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

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

Company Legal Name: **Keystone Health Plan Central**

HIOS Issuer ID: **53789**

Effective Date of Rate Change(s): **1/1/2022**

State: **PA**

Market: **Small Group**

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2020 to 12/31/2020

	Total	PMPM
Allowed Claims	$406,053.09	$457.27
Reinsurance	$0.00	$0.00
Incurred Claims in Experience Period	$291,529.18	$328.30
Risk Adjustment	-$78,809.00	-$88.75
Experience Period Premium	$424,613.50	$478.17
Experience Period Member Months	888	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	$103.56	1.054	1.000	1.052	1.000	$114.83
Outpatient Hospital	$195.47	1.056	1.000	1.053	1.000	$217.36
Professional	$110.83	1.049	1.000	1.034	1.000	$120.21
Other Medical	$4.37	1.056	1.000	1.053	1.000	$4.86
Capitation	$12.41	1.030	1.000	1.030	1.000	$13.17
Prescription Drug	$30.63	1.101	1.013	1.104	1.015	$38.28
Total	$457.27					**$508.70**

Morbidity Adjustment	0.770
Demographic Shift	1.000
Plan Design Changes	1.000
Other	0.990
Adjusted Trended EHB Allowed Claims PMPM for **1/1/2022**	**$387.78**

Manual EHB Allowed Claims PMPM	$519.18
Applied Credibility %	0.00%

		Projected Period Totals
Projected Index Rate for **1/1/2022**	**$519.18**	$528,525.24
Reinsurance	$0.00	$0.00
Risk Adjustment Payment/Charge	-$164.99	-$167,959.82
Exchange User Fees	0.00%	$0.00
Market Adjusted Index Rate	**$684.17**	**$696,485.06**

Projected Member Months	**1,018**

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

Product-Plan Data Collection

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

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

Company Legal Name: **Keystone Health Plan Central**

HIOS Issuer ID: **53789**

Effective Date of Rate Change(s): **1/1/2022**

State: **PA**

Market: **Small Group**

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

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

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information		
1.1	Product Name		HMO
1.2	Product ID		53789PA009
1.3	Plan Name		Bronze HMO
1.4	Plan ID (Standard Component ID)		53789PA0090004
1.5	Metal		Bronze
1.6	AV Metal Value		0.643
1.7	Plan Category		Renewing
1.8	Plan Type		HMO
1.9	Exchange Plan?		No
1.10	Effective Date of Proposed Rates		1/1/2022
1.11	Cumulative Rate Change % (over 12 mos prior)		4.62%
1.12	Product Rate Increase %		4.62%
1.13	Submission Level Rate Increase %		4.62%

Worksheet 1 Totals		Section II: Experience Period and Current Plan Level Information		
	2.1	Plan ID (Standard Component ID)	Total	53789PA0090004
$406,053	2.2	Allowed Claims	$406,053	$406,053
$0	2.3	Reinsurance	$0	$0
	2.4	Member Cost Sharing	$114,524	$114,524
	2.5	Cost Sharing Reduction	$0	$0
$291,529	2.6	Incurred Claims	$291,529	$291,529
-$78,809	2.7	Risk Adjustment Transfer Amount	-$78,809	-$78,809
$424,614	2.8	Premium	$424,614	$424,614
888	2.9	Experience Period Member Months	888	888
	2.10	Current Enrollment	89	89
	2.11	Current Premium PMPM	$436.66	$436.66
	2.12	Loss Ratio	84.30%	84.30%
		Per Member Per Month		
	2.13	Allowed Claims	$457.27	$457.27
	2.14	Reinsurance	$0.00	$0.00
	2.15	Member Cost Sharing	$128.97	$128.97
	2.16	Cost Sharing Reduction	$0.00	$0.00
	2.17	Incurred Claims	$328.30	$328.30
	2.18	Risk Adjustment Transfer Amount	-$88.75	-$88.75
	2.19	Premium	$478.17	$478.17

	Section III: Plan Adjustment Factors		
3.1	Plan ID (Standard Component ID)		53789PA0090004
3.2	Market Adjusted Index Rate		$684.17
3.3	AV and Cost Sharing Design of Plan		0.5379
3.4	Provider Network Adjustment		1.0000
3.5	Benefits in Addition to EHB		1.0000
	Administrative Costs		
3.6	Administrative Expense		15.70%
3.7	Taxes and Fees		0.63%
3.8	Profit & Risk Load		2.00%
3.9	Catastrophic Adjustment		1.0000
3.10	**Plan Adjusted Index Rate**		$450.61

3.11	Age Calibration Factor	0.6411	0.6411
3.12	Geographic Calibration Factor	0.9731	0.9731
3.13	Tobacco Calibration Factor	1.0000	1.0000
3.14	**Calibrated Plan Adjusted Index Rate**		$281.12

	Section IV: Projected Plan Level Information		
4.1	Plan ID (Standard Component ID)	Total	53789PA0090004
4.2	Allowed Claims	$528,523	$528,523
4.3	Reinsurance	$0	$0
4.4	Member Cost Sharing	$244,235	$244,235
4.5	Cost Sharing Reduction	$0	$0
4.6	Incurred Claims	$284,288	$284,288
4.7	Risk Adjustment Transfer Amount	-$90,346	-$90,346
4.8	Premium	$458,748	$458,748
4.9	Projected Member Months	1,018	1,018
4.10	Loss Ratio	77.17%	77.17%
	Per Member Per Month		
4.11	Allowed Claims	$519.18	$519.18
4.12	Reinsurance	$0.00	$0.00
4.13	Member Cost Sharing	$239.92	$239.92
4.14	Cost Sharing Reduction	$0.00	$0.00
4.15	Incurred Claims	$279.26	$279.26
4.16	Risk Adjustment Transfer Amount	-$88.75	-$88.75
4.17	Premium	$450.64	$450.64

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

Rating Area	Rating Factor
Rating Area 6	1.0000
Rating Area 7	1.0800
Rating Area 9	1.0200

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM
Small Group Rates
Effective January 1, 2022

General Information

Company Information

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Small Group
- Effective Date: 1/1/2022

PID Company Information

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2022
- Average Rate Change: 4.6%
- Range of Requested Rate Change: 4.6% to 4.6%
- Total additional annual revenue generated from the proposed rate change: $21,634
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 89/60
- 2022 Number of Plans/Change from 2021: 1/No Changes
- Contract Form #: C22-KHPC-SGP
- Form Filing SERFF #: CABC-132793464
- Binder SERFF #: CABC-PA22-125107258
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-2003721964618918917

Company Contact Information

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

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital BlueCross (CBC), submits rates for products to be made available to all small groups effective January 1, 2022. KHPC will offer small group products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Small Group	KHPC	1/1/2018	CABC-131022144	-13.4%
Small Group	KHPC	1/1/2019	CABC-131455108	5.0%
Small Group	KHPC	1/1/2020	CABC-131921815	1.2%
Small Group	KHPC	7/1/2020	CABC-132294841	-2.1%
Small Group	KHPC	1/1/2021	CABC-132352804	-8.7%
Small Group	KHPC	10/1/2021	CABC-132750972	-7.3%

Average Rate Change

KHPC is proposing an aggregate annual 4.6% rate change. The rate change does vary by plan. The rate change is calculated in PA Rate Exhibits Part III, Table 10, cell AC15.

The key drivers of the rate change, and approximate impact, are as follows:

Future Cost and Utilization: 6.5%
Less migration of groups from ACA to ASO arrangements: -1.0%
Lower 2020 risk adjustment payable amount than 2019: -0.9%

Please note the filing includes a COVID-19 adjustment of 1.026.

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 41.

Benefit Changes 2021-2022

A summary of proposed 2022 benefits is included in Exhibit A.

There are benefit changes being implemented in 2022. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

Experience Period Premium and Claims

Single Risk Pool: The data used to develop rates and shown in URRT and PA Rate Exhibits abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered, non-transitional product/plan combination for KHPC in the small group market.

Base Experience Period: The base experience period (BEP) includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2020 and December 31, 2020.

Transitional membership is not included in PA Rate Exhibits Table 2 or URRT.

Paid Through Date: Claims in the BEP are paid through February 28, 2021

Premiums (net of MLR Rebate) in BEP: Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments are equal to zero as KHPC does not expect to refund any MLR rebates in the BEP.

Allowed and Incurred Claims in BEP:

- Allowed claims are developed by combining paid claims with member cost-sharing. Allowed claims meet the definition in the URR instructions. They do not include provider quality incentive payments.
- Incurred claims are net of HHS CSR payments (CSR does not apply to Small Group).
- CBC only covers Essential Health benefits (EHBs).
- KHPC includes capitated PCP and mental health services.
- Allowed and Incurred claims are net of pharmacy rebates. BEP rebates are completed based on actual utilization of rebate-eligible drugs and rebate amounts.

Estimated Incurred but Not Paid Claims: Paid claims by date of service come directly from CBC's data warehouse. The method for calculating incurred claims in the BEP is as follows:

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods.

Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.

4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims\ = \sum \frac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

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

Risk Adjustment in BEP: Risk adjustment amounts in the BEP are equal to the amounts sent by the Department on 5/9/2021.

Loss Ratio in BEP: Loss ratio is 84.30%

Credibility of Data

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from CBC subsidiaries. Combining the experience is actuarially justifiable for several reasons:

1. The demographics of members buying PPO and other products are similar.
2. Cost and utilization between PPO and other products are similar.
3. Medical policy between PPO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO.

The credibility manual is the combination of KHPC, Capital Advantage Assurance Company (CAAC), and Capital Advantage Insurance Company (CAIC) HMO data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2020 and December 31, 2020. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.52%

Trend levels reflect CBC's best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

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

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. CBC uses the following to project future costs:

    a. Vendor Physician Cost Model and Internal Hospital Contracting Model
        i. The medical cost models use best estimates of Capital BlueCross (CBC)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the CBC book of business level for all commercial business.
    b. Internal Prescription Drug Trend Model
        i. Price Inflation
        ii. Contract Pricing
        iii. Member Cost-Sharing
        iv. Units per Script
        v. Brand/Generic Mix
        vi. Therapeutic Mix
        vii. Cost per Script
        viii. Pipeline (new drugs)

2. Utilization Considerations:
    a. Intensity of medical services rendered
    b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
    c. Further migration from brand prescription drugs to generic prescription drugs
    d. Favorable impacts of value based benefits designs
    e. Medical utilization estimates reviewed by CBC's Chief Medical Officer

3. Leveraging: The trend model is based on allowed cost increases. Paid claims trend at a higher rate than allowed due to leveraging. Leveraging is the impact of static cost-share, such as deductibles and copays, to the paid trend.

4. Intensity: Measure of cost increase due to change in treatment sophistication. An example is migration from x-rays to MRIs at significantly higher cost.

5. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. CBC strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

Historical Experience: Historical experience was not used to the develop trend.

Benefit Categories: Claims in the benefit categories displayed in URRT come directly from CBC's data warehouse. These same categories are used to develop category-level trend. See Exhibit C for a description of benefits by benefit category.

See Exhibit E for KHPC's pricing trend, as well as cost and utilization components of the pricing trend.

Rate Development & Change

Projection Factors

Changes in Morbidity: Found in URRT Worksheet 1, "Morbidity Adjustment", and PA Rate Exhibits, Table 5. CBC projects 3% change in morbidity due to COVID-19 claim suppression during 2020. The morbidity factor is based on the following analysis:

1. Gather BEP claims, membership and premium from Ib Manual Data, Table 2. This is for the filing BEP 1/1/2020-12/31/2020.
2. Develop Claim PMPM A using data from (1)
3. Gather 2019 claims, membership and premium from Ib Manual Data, Table 2 from the 2021 annual filing. This is for BEP 1/1/2019-12/31/2019. Trend the claims data 12 months to the filing BEP in (1).
4. Develop Claim PMPM B using data from (2)
5. Claim PMPM B/Claim PMPM A – 1 = 3.6%
6. 3% is applied in rating due to market competition.

The above calculation is found in Exhibit Q, Morbidity Factor Calculation.

2. In addition to the COVID-19 morbidity change, KHPC is also applying a factor of 0.745 to reflect the difference is projected Plan Liability Risk Score (PLRS) between KHPC and its subsidiary, CAAC, which underwrites the vast majority of the BEP experience. This factor aligns the rates with similar benefits offered under CAAC.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2020 to 2022. Benefit changes are applied in the development of future incurred claims, due to changes in member cost-share. This calculation is shown in Exhibit D, and applied in Exhibit G. The manual cost PMPMs are developed from CBC's internal benefit relativity model, discussed in the Plan Adjusted Index Rate section below. The benefit change is equal to member-month weighted average projected manual PMPM divided by member-month weighted average manual PMPM in the BEP. This process is further discussed in the Paid-to-Allowed section below.

Changes in Demographics: KHPC does not expect changes in demographics in its small group population.

Changes in Network: No Network change is applied.

Other Adjustments: No other adjustment is applied to the BEP.

Benefits, Demographics, Network and Other adjustments are found in URRT, Worksheet 1, and PA Rate Exhibits, Table 5.

Index Rate

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

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

To calculate the projected index rate:

1. Start with *Projected Allowed Claims at Current Benefits*
2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January – December.

See Exhibit J for the Index Rate.

Paid to Allowed Ratio

KHPC used the prescribed URRT allowed claim rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid

levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, KHPC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

1. Gather claims experience as described in the Data section above.
    a. Base Experience Period (BEP) Paid Claims, Capitation, and Rx Rebates
    b. BEP Member Months

2. Develop BEP *Paid and Incurred Claims*:

$$BEP\ Paid\ and\ Incurred\ Claims = \frac{BEP\ Paid\ Claims}{Completion\ Factor}$$

    The development of completion factors is described in Experience Period Premium and Claims above.

3. Develop the *BEP Paid and Incurred Claim PMPM*:

$$BEP\ Paid\ and\ Incurred\ Claim\ PMPM = \frac{BEP\ Paid\ and\ Incurred\ Claims}{BEP\ Member\ Months}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the Projection Factors section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

$$Trended\ Claim\ PMPM = [BEP\ Paid\ and\ Incurred\ Claim\ PMPM] \times (1 + [Trend\%])^{Trend\ Months/12}$$

5. Develop *Projected Paid and Incurred Claim PMPM*:

$$Projected\ Paid\ and\ Incurred\ Claims\ PMPM = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \times [Morbidity\ Adjustment] \times [Other\ Adjustment]$$

The *Benefit Adjustment*, *Morbidity Adjustment*, and *Other Adjustment* are discussed in the Projections Factors section above.

6. Develop *Projected Claims PMPM by Benefit* as follows:

    a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit

design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.

b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$Benefit\ Level\ Adjustment = \frac{Average\ Manual\ Cost\ in\ Projection\ Period}{Manual\ Cost\ of\ Base\ Plan}$$

c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

$$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$$

d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$Benefit\ Relativity\ A = \frac{Manual\ Cost\ of\ Benefit\ A}{Manual\ Cost\ of\ Base\ Plan}$$

e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:

   i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a 2000 plan and 1000 plan must be less than $1000.

   ii. Adjustments for plan designs that fall outside of the actuarial cost model.

a. So the *Projected Claims PMPM by Benefit* is:

$$Projected\ Claims\ PMPM\ Benefit\ A = Projected\ Claims\ PMPM\ Base\ Plan \times Pricing\ Relativity\ A$$

b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in the projection period. The *Total Projected Claims PMPM* :

$$= Projected\ Claims\ PMPM\ Benefit\ A\ \times Expected\ Member\ Dist\ of\ Benefit\ A + Projected\ Claims\ PMPM\ Benefit\ B \times Expected\ Member\ Dis\ of\ Benefit\ B + \cdots$$

7. The Paid-To-Allowed Ratio is then:

$$Paid\ to\ Allowed\ Ratio = \frac{Total\ Projected\ Claims\ PMPM}{Projected\ Allowed\ Claims\ at\ Current\ Benefits}$$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*. And see Exhibit L for the plan-level projected incurred amount development.

Market Adjusted Index Rate

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

$$[Market\ Adjusted\ Index\ Rate] = ([Index\ Rate]\ x\ [Paid\ to\ Allowed\ Ratio] - [Projected\ Incurred\ Reinsurace\ Recoveries] - [Projected\ Incurred\ Risk\ Adjustment\ PMPM] + [Exchange\ Fees\ PMPM]) \div [Paid\ to\ Allowed\ Ratio]$$

Projected Incurred Risk Adjustments PMPM:

Relevant to 2022 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2022. The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. 2019-2020 risk adjustment results
5. Market improvement in coding risk: CBC's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging. Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is believed that CBC is disadvantaged in the market. This will drive CBC's relative risk to the market down over time.

The 2022 projected risk adjustment PMPM is set equal to the 2020 amount sent by the Department on 5/9/21.

Projected Incurred Reinsurance Recoveries:

Reinsurance does not apply to the small group market.

Exchange Fee PMPM:

KHPC only offers off-exchange plans in the small group market, so the exchange fee is $0.

The exchange fee PMPM is calculated as:

$$Exchange\ Fee\ PMPM = [Avg\ 2022\ On - Exchange\ Premium\ PMPM] \times [\%\ Members\ On - Exchange]$$

Where

$$[Avg\ 2022\ On - Exchange\ Premium\ PMPM = [Avg\ 2021\ On - Exchange\ Premium\ PMPM\ \times (1 + [Avg\ Proposed\ Rate\ Change])$$

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

<u>Retention Items</u>

Administrative Expense Load:

Administrative Expense Load:

1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of $0.25 PMPM. The Risk Adjustment Fee PMPM is included in URRT Worksheet 1, URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
2. Administrative Expense: Calculated using an allocation method from CBC's Finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to CBC small group products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense

as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.

   a. Value-Based Benefits (VBB): Standard with each plan, Capital BlueCross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
      i. Complete biometric screening and receive a gift card.
      ii. Meeting biometric measure or finish online coaching program and receive a gift card reward.
      iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
      iv. Fees are included in overall administrative expense fee discussed above.
      v. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

3. Broker Expense: Calculated based on CBC's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Brokers are paid on new business and renewals the same commission rate for all geographic locations, enrollment dates, and metal levels. The 2020 broker commission schedule is yet to be finalized. Attached please find the 1/1/2019 copy of the broker agreement – redacted version. Files are as follows:
   a. Redacted Standard Producer Master Agreement: "SG_21-63_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20210513.pdf"
   b. Redacted Preferred Producer Master Agreement: "SG_21-63_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20210513.pdf"
4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.4%. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

Profit (or Contribution to Surplus) & Risk Margin:

5. Contingency: Contingency is included in URRT Worksheet 2, "Profit & Risk Load" and PA Rate Exhibits Table 6.

Taxes and Fees:

1. Exchange Fee: N/A
2. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, "Taxes and Fees", and PA Rate Exhibits, Table 6.

See Exhibit H as well as PA Rate Exhibits Table 6 for all retention values.

Plan Rate Development

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

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

1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC's actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
2. Induced Demand: Induced Demand: Induced Demand: Please see Table 8. Induced Demand is calculated as:
$$[Pricing\ AV]^2 - [Pricing\ AV] + 1.24$$
Where *Pricing AV* is adjusted by the Non-Funding of CSR factor: PA Rate Exhibits, Table 10, column K x column P.
3. Provider Network: The Provider network is the same across all HMO plans.
4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
5. Adjustment for distribution and administrative costs: Described in Retention Items section above.
6. Tobacco Adjustment: Not applied to Small Group plans.

The development of the Plan Adjusted Index rate is found in Exhibit L, and summarized in Exhibit M.

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current small group enrollment by age in CBC. Age factors are applied in accordance with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater than three children under the age of 21. Please see file SG_21-63_Initial_KHP_HMO_List-Billed_Supporting_20210518.xlsb for the calculation.

Geographic Factor Calibration: The average geographic rating factor is calculated by taking the CBC member-weighted average by region.

Geographic factors are unchanged from 2021.

Tobacco Factor Calibration: Tobacco factor not applied.

The calibration is:

$$[Calibrated\ Plan\ Adjusted\ Index\ Rate] = [Plan\ Adjusted\ Index\ Rate] \div ([Age\ Curve\ Calibration] \times [Geographic\ Factor\ Calibration]\ x\ [Tobacco\ Factor])$$

Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10.

The calibration factors and development are found on Exhibit N.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$[Member - Level\ Consumer\ Adjusted\ Premium\ Rate] = [Calibrated\ Plan\ Adjusted\ Index\ Rate] \times [Age\ Factor] \times [Geographic\ Factor] \times [Tobacco\ Factor]$$

2. $[Family\ Consumer\ Adjusted\ Premium\ Rate] = \sum[Member - Level\ Consumer\ Adjusted\ Premium\ Rate]$
   With no more than three child dependents under age 21 taken into account

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. Age and Geographic factors are displayed in Exhibits O.

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

AV Metal Values

The AV Metal Values included in URRT Worksheet 2 and PA Rate Exhibits, Table 10 were based on the federally issued AV Calculator.

See AV Screenshots included with the submission.

AV Pricing Values

All AV Pricing values were developed using CBC's actuarial cost model and actuarial judgment as described in section Paid to Allowed above. Differences in health status are not included.

Projected Loss Ratio

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

Membership Projection

The membership projections found in Worksheet 2 of URRT were developed by assuming that moderate decline in enrollment and similar distribution to current.

Projected versus Actual MLR

Exhibit R shows a history of projected versus actual MLR and Member Months. Projected comes from the 2017-2019 filings. Actual comes from Table 4.

Attachments and Examples

The following is a list of Exhibits and Data to support this filing:

PA Rate Exhibits Part I through Part V

Table 8

Exhibit A – Benefit Summary
Exhibit B – Benefit Change Summary
Exhibit C – Benefit Categories
Exhibit D – Benefit Mix
Exhibit E – Trend
Exhibit F – URRT
Exhibit G – Paid-to-Allowed Development
Exhibit H – Retention
Exhibit I – Projected Loss Ratio
Exhibit J – Index Rate
Exhibit K – Market Adjusted Index Rate
Exhibit L – Rate Development by Plan
Exhibit M – Plan Adjusted Index Rates
Exhibit N – Calibration
Exhibit O – Rating Factors
Exhibit P – Quarterly Base Rates
Exhibit Q – Morbidity Factor
Exhibit R – MLR Exhibit

Broker Contracts
Actuarial Value Screenshots
List-Billed Data

Actuarial Statement

I, [redacted], ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

I, [redacted], ASA, MAAA, do hereby certify that:

1. This filing has been prepared in accordance with the following:
    a. Actuarial Standard of Practice No. 5, "Health and Disability Claims"
    b. Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"
    c. Actuarial Standard of Practice No. 12, "Risk Classification"
    d. Actuarial Standard of Practice No. 23, "Data Quality"
    e. Actuarial Standard of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage"
    f. Actuarial Standard of Practice No. 26, "Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans"
    g. Actuarial Standard of Practice No. 41, "Actuarial Communications".

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

3. The percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice.

4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, the development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

    a. The analysis was
        i. conducted by a member of the American Academy of Actuaries, and
        ii. performed in accordance with generally accepted actuarial principles and methods.

5. Geographic area rating factors reflect only differences in the costs of delivery and not differences due to population morbidity.

6. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.

7. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.

8. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2021 Rate Filing Justification.

[redacted], ASA, MAAA
Actuarial Associate
Capital BlueCross

Capital BLUE

KEYSTONE HEALTH PLAN CENTRAL
RFJ Part II – Consumer Friendly Justification

Rate Increase Considerations: Changes being requested are based upon consideration of the factors that influence future period cost structures. The primary drivers of change in future costs are:

- Slowing migration to non-ACA group coverage options
- Anticipated risk adjustment transfer amounts
- Anticipated increase in facility and physician unit costs
- Anticipated changes in prescription drug unit costs
- Continuing change in utilization such as
  - Intensity of medical services rendered
  - Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
  - Further migration from brand prescription drugs to generic prescription drugs
  - Favorable impacts of value based benefits designs
- Prescription drug patent expirations and new to market brand drugs
- Leveraging associated with unchanged cost share components such as deductible and copays
- Inflation adjustment to administrative expenses

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

2022 Rates Table Template v11.0	*All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.*			
	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
	If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	53789			
Rate Effective Date*	1/1/2022			
Rate Expiration Date*	3/31/2022			
Rating Method*	Age-Based Rates			

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	215.08
53789PA0090004	Rating Area 6	No Preference	15	234.20
53789PA0090004	Rating Area 6	No Preference	16	241.51
53789PA0090004	Rating Area 6	No Preference	17	248.82
53789PA0090004	Rating Area 6	No Preference	18	256.69
53789PA0090004	Rating Area 6	No Preference	19	264.56
53789PA0090004	Rating Area 6	No Preference	20	272.72
53789PA0090004	Rating Area 6	No Preference	21	281.15
53789PA0090004	Rating Area 6	No Preference	22	281.15
53789PA0090004	Rating Area 6	No Preference	23	281.15
53789PA0090004	Rating Area 6	No Preference	24	281.15
53789PA0090004	Rating Area 6	No Preference	25	282.27
53789PA0090004	Rating Area 6	No Preference	26	287.90
53789PA0090004	Rating Area 6	No Preference	27	294.65
53789PA0090004	Rating Area 6	No Preference	28	305.61
53789PA0090004	Rating Area 6	No Preference	29	314.61
53789PA0090004	Rating Area 6	No Preference	30	319.11
53789PA0090004	Rating Area 6	No Preference	31	325.85
53789PA0090004	Rating Area 6	No Preference	32	332.60
53789PA0090004	Rating Area 6	No Preference	33	336.82
53789PA0090004	Rating Area 6	No Preference	34	341.32
53789PA0090004	Rating Area 6	No Preference	35	343.57
53789PA0090004	Rating Area 6	No Preference	36	345.81
53789PA0090004	Rating Area 6	No Preference	37	348.06
53789PA0090004	Rating Area 6	No Preference	38	350.31
53789PA0090004	Rating Area 6	No Preference	39	354.81
53789PA0090004	Rating Area 6	No Preference	40	359.31
53789PA0090004	Rating Area 6	No Preference	41	366.06
53789PA0090004	Rating Area 6	No Preference	42	372.52
53789PA0090004	Rating Area 6	No Preference	43	381.52
53789PA0090004	Rating Area 6	No Preference	44	392.77
53789PA0090004	Rating Area 6	No Preference	45	405.98
53789PA0090004	Rating Area 6	No Preference	46	421.72
53789PA0090004	Rating Area 6	No Preference	47	439.44
53789PA0090004	Rating Area 6	No Preference	48	459.68
53789PA0090004	Rating Area 6	No Preference	49	479.64
53789PA0090004	Rating Area 6	No Preference	50	502.13
53789PA0090004	Rating Area 6	No Preference	51	524.34
53789PA0090004	Rating Area 6	No Preference	52	548.80
53789PA0090004	Rating Area 6	No Preference	53	573.55
53789PA0090004	Rating Area 6	No Preference	54	600.26
53789PA0090004	Rating Area 6	No Preference	55	626.96
53789PA0090004	Rating Area 6	No Preference	56	655.92
53789PA0090004	Rating Area 6	No Preference	57	685.16
53789PA0090004	Rating Area 6	No Preference	58	716.37
53789PA0090004	Rating Area 6	No Preference	59	731.83
53789PA0090004	Rating Area 6	No Preference	60	763.04
53789PA0090004	Rating Area 6	No Preference	61	790.03
53789PA0090004	Rating Area 6	No Preference	62	807.74
53789PA0090004	Rating Area 6	No Preference	63	829.95
53789PA0090004	Rating Area 6	No Preference	64 and over	843.44
53789PA0090004	Rating Area 7	No Preference	0-14	232.29
53789PA0090004	Rating Area 7	No Preference	15	252.93
53789PA0090004	Rating Area 7	No Preference	16	260.83
53789PA0090004	Rating Area 7	No Preference	17	268.72
53789PA0090004	Rating Area 7	No Preference	18	277.23
53789PA0090004	Rating Area 7	No Preference	19	285.73
53789PA0090004	Rating Area 7	No Preference	20	294.53
53789PA0090004	Rating Area 7	No Preference	21	303.64
53789PA0090004	Rating Area 7	No Preference	22	303.64
53789PA0090004	Rating Area 7	No Preference	23	303.64
53789PA0090004	Rating Area 7	No Preference	24	303.64
53789PA0090004	Rating Area 7	No Preference	25	304.86
53789PA0090004	Rating Area 7	No Preference	26	310.93
53789PA0090004	Rating Area 7	No Preference	27	318.22
53789PA0090004	Rating Area 7	No Preference	28	330.06
53789PA0090004	Rating Area 7	No Preference	29	339.78
53789PA0090004	Rating Area 7	No Preference	30	344.63
53789PA0090004	Rating Area 7	No Preference	31	351.92
53789PA0090004	Rating Area 7	No Preference	32	359.21
53789PA0090004	Rating Area 7	No Preference	33	363.76
53789PA0090004	Rating Area 7	No Preference	34	368.62
53789PA0090004	Rating Area 7	No Preference	35	371.05
53789PA0090004	Rating Area 7	No Preference	36	373.48
53789PA0090004	Rating Area 7	No Preference	37	375.91
53789PA0090004	Rating Area 7	No Preference	38	378.34
53789PA0090004	Rating Area 7	No Preference	39	383.20
53789PA0090004	Rating Area 7	No Preference	40	388.05
53789PA0090004	Rating Area 7	No Preference	41	395.34
53789PA0090004	Rating Area 7	No Preference	42	402.33
53789PA0090004	Rating Area 7	No Preference	43	412.04
53789PA0090004	Rating Area 7	No Preference	44	424.19
53789PA0090004	Rating Area 7	No Preference	45	438.46
53789PA0090004	Rating Area 7	No Preference	46	455.46
53789PA0090004	Rating Area 7	No Preference	47	474.59
53789PA0090004	Rating Area 7	No Preference	48	496.45
53789PA0090004	Rating Area 7	No Preference	49	518.01
53789PA0090004	Rating Area 7	No Preference	50	542.30
53789PA0090004	Rating Area 7	No Preference	51	566.29
53789PA0090004	Rating Area 7	No Preference	52	592.71
53789PA0090004	Rating Area 7	No Preference	53	619.43
53789PA0090004	Rating Area 7	No Preference	54	648.28
53789PA0090004	Rating Area 7	No Preference	55	677.12

53789PA0090004	Rating Area 7	No Preference	56	708.40
53789PA0090004	Rating Area 7	No Preference	57	739.98
53789PA0090004	Rating Area 7	No Preference	58	773.68
53789PA0090004	Rating Area 7	No Preference	59	790.38
53789PA0090004	Rating Area 7	No Preference	60	824.08
53789PA0090004	Rating Area 7	No Preference	61	853.23
53789PA0090004	Rating Area 7	No Preference	62	872.36
53789PA0090004	Rating Area 7	No Preference	63	896.35
53789PA0090004	Rating Area 7	No Preference	64 and over	910.92
53789PA0090004	Rating Area 9	No Preference	0-14	219.38
53789PA0090004	Rating Area 9	No Preference	15	238.88
53789PA0090004	Rating Area 9	No Preference	16	246.34
53789PA0090004	Rating Area 9	No Preference	17	253.79
53789PA0090004	Rating Area 9	No Preference	18	261.82
53789PA0090004	Rating Area 9	No Preference	19	269.85
53789PA0090004	Rating Area 9	No Preference	20	278.17
53789PA0090004	Rating Area 9	No Preference	21	286.77
53789PA0090004	Rating Area 9	No Preference	22	286.77
53789PA0090004	Rating Area 9	No Preference	23	286.77
53789PA0090004	Rating Area 9	No Preference	24	286.77
53789PA0090004	Rating Area 9	No Preference	25	287.92
53789PA0090004	Rating Area 9	No Preference	26	293.66
53789PA0090004	Rating Area 9	No Preference	27	300.54
53789PA0090004	Rating Area 9	No Preference	28	311.72
53789PA0090004	Rating Area 9	No Preference	29	320.90
53789PA0090004	Rating Area 9	No Preference	30	325.49
53789PA0090004	Rating Area 9	No Preference	31	332.37
53789PA0090004	Rating Area 9	No Preference	32	339.25
53789PA0090004	Rating Area 9	No Preference	33	343.55
53789PA0090004	Rating Area 9	No Preference	34	348.14
53789PA0090004	Rating Area 9	No Preference	35	350.44
53789PA0090004	Rating Area 9	No Preference	36	352.73
53789PA0090004	Rating Area 9	No Preference	37	355.02
53789PA0090004	Rating Area 9	No Preference	38	357.32
53789PA0090004	Rating Area 9	No Preference	39	361.91
53789PA0090004	Rating Area 9	No Preference	40	366.50
53789PA0090004	Rating Area 9	No Preference	41	373.38
53789PA0090004	Rating Area 9	No Preference	42	379.97
53789PA0090004	Rating Area 9	No Preference	43	389.15
53789PA0090004	Rating Area 9	No Preference	44	400.62
53789PA0090004	Rating Area 9	No Preference	45	414.10
53789PA0090004	Rating Area 9	No Preference	46	430.16
53789PA0090004	Rating Area 9	No Preference	47	448.23
53789PA0090004	Rating Area 9	No Preference	48	468.87
53789PA0090004	Rating Area 9	No Preference	49	489.23
53789PA0090004	Rating Area 9	No Preference	50	512.18
53789PA0090004	Rating Area 9	No Preference	51	534.83
53789PA0090004	Rating Area 9	No Preference	52	559.78
53789PA0090004	Rating Area 9	No Preference	53	585.02
53789PA0090004	Rating Area 9	No Preference	54	612.26
53789PA0090004	Rating Area 9	No Preference	55	639.50
53789PA0090004	Rating Area 9	No Preference	56	669.04
53789PA0090004	Rating Area 9	No Preference	57	698.87
53789PA0090004	Rating Area 9	No Preference	58	730.70
53789PA0090004	Rating Area 9	No Preference	59	746.47
53789PA0090004	Rating Area 9	No Preference	60	778.30
53789PA0090004	Rating Area 9	No Preference	61	805.83
53789PA0090004	Rating Area 9	No Preference	62	823.90
53789PA0090004	Rating Area 9	No Preference	63	846.55
53789PA0090004	Rating Area 9	No Preference	64 and over	860.31

2022 Rates Table Template v11.0	*All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.*			
	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
	If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	53789			
Rate Effective Date*	4/1/2022			
Rate Expiration Date*	6/30/2022			
Rating Method*	Age-Based Rates			

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	218.50
53789PA0090004	Rating Area 6	No Preference	15	237.92
53789PA0090004	Rating Area 6	No Preference	16	245.35
53789PA0090004	Rating Area 6	No Preference	17	252.77
53789PA0090004	Rating Area 6	No Preference	18	260.77
53789PA0090004	Rating Area 6	No Preference	19	268.77
53789PA0090004	Rating Area 6	No Preference	20	277.05
53789PA0090004	Rating Area 6	No Preference	21	285.62
53789PA0090004	Rating Area 6	No Preference	22	285.62
53789PA0090004	Rating Area 6	No Preference	23	285.62
53789PA0090004	Rating Area 6	No Preference	24	285.62
53789PA0090004	Rating Area 6	No Preference	25	286.76
53789PA0090004	Rating Area 6	No Preference	26	292.47
53789PA0090004	Rating Area 6	No Preference	27	299.33
53789PA0090004	Rating Area 6	No Preference	28	310.47
53789PA0090004	Rating Area 6	No Preference	29	319.61
53789PA0090004	Rating Area 6	No Preference	30	324.18
53789PA0090004	Rating Area 6	No Preference	31	331.03
53789PA0090004	Rating Area 6	No Preference	32	337.89
53789PA0090004	Rating Area 6	No Preference	33	342.17
53789PA0090004	Rating Area 6	No Preference	34	346.74
53789PA0090004	Rating Area 6	No Preference	35	349.03
53789PA0090004	Rating Area 6	No Preference	36	351.31
53789PA0090004	Rating Area 6	No Preference	37	353.60
53789PA0090004	Rating Area 6	No Preference	38	355.88
53789PA0090004	Rating Area 6	No Preference	39	360.45
53789PA0090004	Rating Area 6	No Preference	40	365.02
53789PA0090004	Rating Area 6	No Preference	41	371.88
53789PA0090004	Rating Area 6	No Preference	42	378.45
53789PA0090004	Rating Area 6	No Preference	43	387.59
53789PA0090004	Rating Area 6	No Preference	44	399.01
53789PA0090004	Rating Area 6	No Preference	45	412.44
53789PA0090004	Rating Area 6	No Preference	46	428.43
53789PA0090004	Rating Area 6	No Preference	47	446.42
53789PA0090004	Rating Area 6	No Preference	48	466.99
53789PA0090004	Rating Area 6	No Preference	49	487.27
53789PA0090004	Rating Area 6	No Preference	50	510.12
53789PA0090004	Rating Area 6	No Preference	51	532.68
53789PA0090004	Rating Area 6	No Preference	52	557.53
53789PA0090004	Rating Area 6	No Preference	53	582.66
53789PA0090004	Rating Area 6	No Preference	54	609.80
53789PA0090004	Rating Area 6	No Preference	55	636.93
53789PA0090004	Rating Area 6	No Preference	56	666.35
53789PA0090004	Rating Area 6	No Preference	57	696.06
53789PA0090004	Rating Area 6	No Preference	58	727.76
53789PA0090004	Rating Area 6	No Preference	59	743.47
53789PA0090004	Rating Area 6	No Preference	60	775.17
53789PA0090004	Rating Area 6	No Preference	61	802.59
53789PA0090004	Rating Area 6	No Preference	62	820.59
53789PA0090004	Rating Area 6	No Preference	63	843.15
53789PA0090004	Rating Area 6	No Preference	64 and over	856.85
53789PA0090004	Rating Area 7	No Preference	0-14	235.98
53789PA0090004	Rating Area 7	No Preference	15	256.96
53789PA0090004	Rating Area 7	No Preference	16	264.98
53789PA0090004	Rating Area 7	No Preference	17	273.00
53789PA0090004	Rating Area 7	No Preference	18	281.63
53789PA0090004	Rating Area 7	No Preference	19	290.27
53789PA0090004	Rating Area 7	No Preference	20	299.22
53789PA0090004	Rating Area 7	No Preference	21	308.47
53789PA0090004	Rating Area 7	No Preference	22	308.47
53789PA0090004	Rating Area 7	No Preference	23	308.47
53789PA0090004	Rating Area 7	No Preference	24	308.47
53789PA0090004	Rating Area 7	No Preference	25	309.70
53789PA0090004	Rating Area 7	No Preference	26	315.87
53789PA0090004	Rating Area 7	No Preference	27	323.28
53789PA0090004	Rating Area 7	No Preference	28	335.31
53789PA0090004	Rating Area 7	No Preference	29	345.18
53789PA0090004	Rating Area 7	No Preference	30	350.11
53789PA0090004	Rating Area 7	No Preference	31	357.52
53789PA0090004	Rating Area 7	No Preference	32	364.92
53789PA0090004	Rating Area 7	No Preference	33	369.55
53789PA0090004	Rating Area 7	No Preference	34	374.48
53789PA0090004	Rating Area 7	No Preference	35	376.95
53789PA0090004	Rating Area 7	No Preference	36	379.42
53789PA0090004	Rating Area 7	No Preference	37	381.89
53789PA0090004	Rating Area 7	No Preference	38	384.35
53789PA0090004	Rating Area 7	No Preference	39	389.29
53789PA0090004	Rating Area 7	No Preference	40	394.22
53789PA0090004	Rating Area 7	No Preference	41	401.63
53789PA0090004	Rating Area 7	No Preference	42	408.72
53789PA0090004	Rating Area 7	No Preference	43	418.59
53789PA0090004	Rating Area 7	No Preference	44	430.93
53789PA0090004	Rating Area 7	No Preference	45	445.43
53789PA0090004	Rating Area 7	No Preference	46	462.70
53789PA0090004	Rating Area 7	No Preference	47	482.14
53789PA0090004	Rating Area 7	No Preference	48	504.35
53789PA0090004	Rating Area 7	No Preference	49	526.25
53789PA0090004	Rating Area 7	No Preference	50	550.93
53789PA0090004	Rating Area 7	No Preference	51	575.30
53789PA0090004	Rating Area 7	No Preference	52	602.13
53789PA0090004	Rating Area 7	No Preference	53	629.28
53789PA0090004	Rating Area 7	No Preference	54	658.58
53789PA0090004	Rating Area 7	No Preference	55	687.89

53789PA0090004	Rating Area 7	No Preference	56	719.66
53789PA0090004	Rating Area 7	No Preference	57	751.74
53789PA0090004	Rating Area 7	No Preference	58	785.98
53789PA0090004	Rating Area 7	No Preference	59	802.95
53789PA0090004	Rating Area 7	No Preference	60	837.19
53789PA0090004	Rating Area 7	No Preference	61	866.80
53789PA0090004	Rating Area 7	No Preference	62	886.23
53789PA0090004	Rating Area 7	No Preference	63	910.60
53789PA0090004	Rating Area 7	No Preference	64 and over	925.40
53789PA0090004	Rating Area 9	No Preference	0-14	222.87
53789PA0090004	Rating Area 9	No Preference	15	242.68
53789PA0090004	Rating Area 9	No Preference	16	250.25
53789PA0090004	Rating Area 9	No Preference	17	257.83
53789PA0090004	Rating Area 9	No Preference	18	265.99
53789PA0090004	Rating Area 9	No Preference	19	274.14
53789PA0090004	Rating Area 9	No Preference	20	282.59
53789PA0090004	Rating Area 9	No Preference	21	291.33
53789PA0090004	Rating Area 9	No Preference	22	291.33
53789PA0090004	Rating Area 9	No Preference	23	291.33
53789PA0090004	Rating Area 9	No Preference	24	291.33
53789PA0090004	Rating Area 9	No Preference	25	292.50
53789PA0090004	Rating Area 9	No Preference	26	298.32
53789PA0090004	Rating Area 9	No Preference	27	305.32
53789PA0090004	Rating Area 9	No Preference	28	316.68
53789PA0090004	Rating Area 9	No Preference	29	326.00
53789PA0090004	Rating Area 9	No Preference	30	330.66
53789PA0090004	Rating Area 9	No Preference	31	337.65
53789PA0090004	Rating Area 9	No Preference	32	344.65
53789PA0090004	Rating Area 9	No Preference	33	349.02
53789PA0090004	Rating Area 9	No Preference	34	353.68
53789PA0090004	Rating Area 9	No Preference	35	356.01
53789PA0090004	Rating Area 9	No Preference	36	358.34
53789PA0090004	Rating Area 9	No Preference	37	360.67
53789PA0090004	Rating Area 9	No Preference	38	363.00
53789PA0090004	Rating Area 9	No Preference	39	367.66
53789PA0090004	Rating Area 9	No Preference	40	372.32
53789PA0090004	Rating Area 9	No Preference	41	379.31
53789PA0090004	Rating Area 9	No Preference	42	386.02
53789PA0090004	Rating Area 9	No Preference	43	395.34
53789PA0090004	Rating Area 9	No Preference	44	406.99
53789PA0090004	Rating Area 9	No Preference	45	420.68
53789PA0090004	Rating Area 9	No Preference	46	437.00
53789PA0090004	Rating Area 9	No Preference	47	455.35
53789PA0090004	Rating Area 9	No Preference	48	476.33
53789PA0090004	Rating Area 9	No Preference	49	497.01
53789PA0090004	Rating Area 9	No Preference	50	520.32
53789PA0090004	Rating Area 9	No Preference	51	543.33
53789PA0090004	Rating Area 9	No Preference	52	568.68
53789PA0090004	Rating Area 9	No Preference	53	594.32
53789PA0090004	Rating Area 9	No Preference	54	621.99
53789PA0090004	Rating Area 9	No Preference	55	649.67
53789PA0090004	Rating Area 9	No Preference	56	679.68
53789PA0090004	Rating Area 9	No Preference	57	709.98
53789PA0090004	Rating Area 9	No Preference	58	742.31
53789PA0090004	Rating Area 9	No Preference	59	758.34
53789PA0090004	Rating Area 9	No Preference	60	790.68
53789PA0090004	Rating Area 9	No Preference	61	818.64
53789PA0090004	Rating Area 9	No Preference	62	837.00
53789PA0090004	Rating Area 9	No Preference	63	860.01
53789PA0090004	Rating Area 9	No Preference	64 and over	873.99

2022 Rates Table Template v11.0	*All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.*			
	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
	If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	53789			
Rate Effective Date*	7/1/2022			
Rate Expiration Date*	9/30/2022			
Rating Method*	Age-Based Rates			

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	221.98
53789PA0090004	Rating Area 6	No Preference	15	241.71
53789PA0090004	Rating Area 6	No Preference	16	249.26
53789PA0090004	Rating Area 6	No Preference	17	256.80
53789PA0090004	Rating Area 6	No Preference	18	264.93
53789PA0090004	Rating Area 6	No Preference	19	273.05
53789PA0090004	Rating Area 6	No Preference	20	281.46
53789PA0090004	Rating Area 6	No Preference	21	290.17
53789PA0090004	Rating Area 6	No Preference	22	290.17
53789PA0090004	Rating Area 6	No Preference	23	290.17
53789PA0090004	Rating Area 6	No Preference	24	290.17
53789PA0090004	Rating Area 6	No Preference	25	291.33
53789PA0090004	Rating Area 6	No Preference	26	297.13
53789PA0090004	Rating Area 6	No Preference	27	304.10
53789PA0090004	Rating Area 6	No Preference	28	315.41
53789PA0090004	Rating Area 6	No Preference	29	324.70
53789PA0090004	Rating Area 6	No Preference	30	329.34
53789PA0090004	Rating Area 6	No Preference	31	336.31
53789PA0090004	Rating Area 6	No Preference	32	343.27
53789PA0090004	Rating Area 6	No Preference	33	347.62
53789PA0090004	Rating Area 6	No Preference	34	352.27
53789PA0090004	Rating Area 6	No Preference	35	354.59
53789PA0090004	Rating Area 6	No Preference	36	356.91
53789PA0090004	Rating Area 6	No Preference	37	359.23
53789PA0090004	Rating Area 6	No Preference	38	361.55
53789PA0090004	Rating Area 6	No Preference	39	366.19
53789PA0090004	Rating Area 6	No Preference	40	370.84
53789PA0090004	Rating Area 6	No Preference	41	377.80
53789PA0090004	Rating Area 6	No Preference	42	384.48
53789PA0090004	Rating Area 6	No Preference	43	393.76
53789PA0090004	Rating Area 6	No Preference	44	405.37
53789PA0090004	Rating Area 6	No Preference	45	419.01
53789PA0090004	Rating Area 6	No Preference	46	435.26
53789PA0090004	Rating Area 6	No Preference	47	453.54
53789PA0090004	Rating Area 6	No Preference	48	474.43
53789PA0090004	Rating Area 6	No Preference	49	495.03
53789PA0090004	Rating Area 6	No Preference	50	518.24
53789PA0090004	Rating Area 6	No Preference	51	541.17
53789PA0090004	Rating Area 6	No Preference	52	566.41
53789PA0090004	Rating Area 6	No Preference	53	591.95
53789PA0090004	Rating Area 6	No Preference	54	619.51
53789PA0090004	Rating Area 6	No Preference	55	647.08
53789PA0090004	Rating Area 6	No Preference	56	676.97
53789PA0090004	Rating Area 6	No Preference	57	707.14
53789PA0090004	Rating Area 6	No Preference	58	739.35
53789PA0090004	Rating Area 6	No Preference	59	755.31
53789PA0090004	Rating Area 6	No Preference	60	787.52
53789PA0090004	Rating Area 6	No Preference	61	815.38
53789PA0090004	Rating Area 6	No Preference	62	833.66
53789PA0090004	Rating Area 6	No Preference	63	856.58
53789PA0090004	Rating Area 6	No Preference	64 and over	870.50
53789PA0090004	Rating Area 7	No Preference	0-14	239.74
53789PA0090004	Rating Area 7	No Preference	15	261.05
53789PA0090004	Rating Area 7	No Preference	16	269.20
53789PA0090004	Rating Area 7	No Preference	17	277.34
53789PA0090004	Rating Area 7	No Preference	18	286.12
53789PA0090004	Rating Area 7	No Preference	19	294.89
53789PA0090004	Rating Area 7	No Preference	20	303.98
53789PA0090004	Rating Area 7	No Preference	21	313.38
53789PA0090004	Rating Area 7	No Preference	22	313.38
53789PA0090004	Rating Area 7	No Preference	23	313.38
53789PA0090004	Rating Area 7	No Preference	24	313.38
53789PA0090004	Rating Area 7	No Preference	25	314.64
53789PA0090004	Rating Area 7	No Preference	26	320.90
53789PA0090004	Rating Area 7	No Preference	27	328.43
53789PA0090004	Rating Area 7	No Preference	28	340.65
53789PA0090004	Rating Area 7	No Preference	29	350.68
53789PA0090004	Rating Area 7	No Preference	30	355.69
53789PA0090004	Rating Area 7	No Preference	31	363.21
53789PA0090004	Rating Area 7	No Preference	32	370.73
53789PA0090004	Rating Area 7	No Preference	33	375.43
53789PA0090004	Rating Area 7	No Preference	34	380.45
53789PA0090004	Rating Area 7	No Preference	35	382.95
53789PA0090004	Rating Area 7	No Preference	36	385.46
53789PA0090004	Rating Area 7	No Preference	37	387.97
53789PA0090004	Rating Area 7	No Preference	38	390.48
53789PA0090004	Rating Area 7	No Preference	39	395.49
53789PA0090004	Rating Area 7	No Preference	40	400.50
53789PA0090004	Rating Area 7	No Preference	41	408.03
53789PA0090004	Rating Area 7	No Preference	42	415.23
53789PA0090004	Rating Area 7	No Preference	43	425.26
53789PA0090004	Rating Area 7	No Preference	44	437.80
53789PA0090004	Rating Area 7	No Preference	45	452.53
53789PA0090004	Rating Area 7	No Preference	46	470.08
53789PA0090004	Rating Area 7	No Preference	47	489.82
53789PA0090004	Rating Area 7	No Preference	48	512.38
53789PA0090004	Rating Area 7	No Preference	49	534.63
53789PA0090004	Rating Area 7	No Preference	50	559.70
53789PA0090004	Rating Area 7	No Preference	51	584.46
53789PA0090004	Rating Area 7	No Preference	52	611.72
53789PA0090004	Rating Area 7	No Preference	53	639.30
53789PA0090004	Rating Area 7	No Preference	54	669.07
53789PA0090004	Rating Area 7	No Preference	55	698.85

53789PA0090004	Rating Area 7	No Preference	56	731.12
53789PA0090004	Rating Area 7	No Preference	57	763.72
53789PA0090004	Rating Area 7	No Preference	58	798.50
53789PA0090004	Rating Area 7	No Preference	59	815.74
53789PA0090004	Rating Area 7	No Preference	60	850.52
53789PA0090004	Rating Area 7	No Preference	61	880.61
53789PA0090004	Rating Area 7	No Preference	62	900.35
53789PA0090004	Rating Area 7	No Preference	63	925.11
53789PA0090004	Rating Area 7	No Preference	64 and over	940.14
53789PA0090004	Rating Area 9	No Preference	0-14	226.42
53789PA0090004	Rating Area 9	No Preference	15	246.55
53789PA0090004	Rating Area 9	No Preference	16	254.24
53789PA0090004	Rating Area 9	No Preference	17	261.94
53789PA0090004	Rating Area 9	No Preference	18	270.22
53789PA0090004	Rating Area 9	No Preference	19	278.51
53789PA0090004	Rating Area 9	No Preference	20	287.09
53789PA0090004	Rating Area 9	No Preference	21	295.97
53789PA0090004	Rating Area 9	No Preference	22	295.97
53789PA0090004	Rating Area 9	No Preference	23	295.97
53789PA0090004	Rating Area 9	No Preference	24	295.97
53789PA0090004	Rating Area 9	No Preference	25	297.16
53789PA0090004	Rating Area 9	No Preference	26	303.08
53789PA0090004	Rating Area 9	No Preference	27	310.18
53789PA0090004	Rating Area 9	No Preference	28	321.72
53789PA0090004	Rating Area 9	No Preference	29	331.19
53789PA0090004	Rating Area 9	No Preference	30	335.93
53789PA0090004	Rating Area 9	No Preference	31	343.03
53789PA0090004	Rating Area 9	No Preference	32	350.14
53789PA0090004	Rating Area 9	No Preference	33	354.58
53789PA0090004	Rating Area 9	No Preference	34	359.31
53789PA0090004	Rating Area 9	No Preference	35	361.68
53789PA0090004	Rating Area 9	No Preference	36	364.05
53789PA0090004	Rating Area 9	No Preference	37	366.42
53789PA0090004	Rating Area 9	No Preference	38	368.78
53789PA0090004	Rating Area 9	No Preference	39	373.52
53789PA0090004	Rating Area 9	No Preference	40	378.25
53789PA0090004	Rating Area 9	No Preference	41	385.36
53789PA0090004	Rating Area 9	No Preference	42	392.16
53789PA0090004	Rating Area 9	No Preference	43	401.64
53789PA0090004	Rating Area 9	No Preference	44	413.47
53789PA0090004	Rating Area 9	No Preference	45	427.39
53789PA0090004	Rating Area 9	No Preference	46	443.96
53789PA0090004	Rating Area 9	No Preference	47	462.61
53789PA0090004	Rating Area 9	No Preference	48	483.92
53789PA0090004	Rating Area 9	No Preference	49	504.93
53789PA0090004	Rating Area 9	No Preference	50	528.61
53789PA0090004	Rating Area 9	No Preference	51	551.99
53789PA0090004	Rating Area 9	No Preference	52	577.74
53789PA0090004	Rating Area 9	No Preference	53	603.79
53789PA0090004	Rating Area 9	No Preference	54	631.90
53789PA0090004	Rating Area 9	No Preference	55	660.02
53789PA0090004	Rating Area 9	No Preference	56	690.51
53789PA0090004	Rating Area 9	No Preference	57	721.29
53789PA0090004	Rating Area 9	No Preference	58	754.14
53789PA0090004	Rating Area 9	No Preference	59	770.42
53789PA0090004	Rating Area 9	No Preference	60	803.27
53789PA0090004	Rating Area 9	No Preference	61	831.69
53789PA0090004	Rating Area 9	No Preference	62	850.33
53789PA0090004	Rating Area 9	No Preference	63	873.71
53789PA0090004	Rating Area 9	No Preference	64 and over	887.91

2022 Rates Table Template v11.0	*All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.*			
	If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
	If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
	If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
	To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	53789			
Rate Effective Date*	10/1/2022			
Rate Expiration Date*	12/31/2022			
Rating Method*	Age-Based Rates			

Plan ID*	**Rating Area ID***	**Tobacco***	**Age***	**Individual Rate***
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	225.51
53789PA0090004	Rating Area 6	No Preference	15	245.56
53789PA0090004	Rating Area 6	No Preference	16	253.22
53789PA0090004	Rating Area 6	No Preference	17	260.89
53789PA0090004	Rating Area 6	No Preference	18	269.14
53789PA0090004	Rating Area 6	No Preference	19	277.40
53789PA0090004	Rating Area 6	No Preference	20	285.95
53789PA0090004	Rating Area 6	No Preference	21	294.79
53789PA0090004	Rating Area 6	No Preference	22	294.79
53789PA0090004	Rating Area 6	No Preference	23	294.79
53789PA0090004	Rating Area 6	No Preference	24	294.79
53789PA0090004	Rating Area 6	No Preference	25	295.97
53789PA0090004	Rating Area 6	No Preference	26	301.86
53789PA0090004	Rating Area 6	No Preference	27	308.94
53789PA0090004	Rating Area 6	No Preference	28	320.44
53789PA0090004	Rating Area 6	No Preference	29	329.87
53789PA0090004	Rating Area 6	No Preference	30	334.59
53789PA0090004	Rating Area 6	No Preference	31	341.66
53789PA0090004	Rating Area 6	No Preference	32	348.74
53789PA0090004	Rating Area 6	No Preference	33	353.16
53789PA0090004	Rating Area 6	No Preference	34	357.88
53789PA0090004	Rating Area 6	No Preference	35	360.23
53789PA0090004	Rating Area 6	No Preference	36	362.59
53789PA0090004	Rating Area 6	No Preference	37	364.95
53789PA0090004	Rating Area 6	No Preference	38	367.31
53789PA0090004	Rating Area 6	No Preference	39	372.02
53789PA0090004	Rating Area 6	No Preference	40	376.74
53789PA0090004	Rating Area 6	No Preference	41	383.82
53789PA0090004	Rating Area 6	No Preference	42	390.60
53789PA0090004	Rating Area 6	No Preference	43	400.03
53789PA0090004	Rating Area 6	No Preference	44	411.82
53789PA0090004	Rating Area 6	No Preference	45	425.68
53789PA0090004	Rating Area 6	No Preference	46	442.18
53789PA0090004	Rating Area 6	No Preference	47	460.76
53789PA0090004	Rating Area 6	No Preference	48	481.98
53789PA0090004	Rating Area 6	No Preference	49	502.91
53789PA0090004	Rating Area 6	No Preference	50	526.49
53789PA0090004	Rating Area 6	No Preference	51	549.78
53789PA0090004	Rating Area 6	No Preference	52	575.43
53789PA0090004	Rating Area 6	No Preference	53	601.37
53789PA0090004	Rating Area 6	No Preference	54	629.38
53789PA0090004	Rating Area 6	No Preference	55	657.38
53789PA0090004	Rating Area 6	No Preference	56	687.75
53789PA0090004	Rating Area 6	No Preference	57	718.40
53789PA0090004	Rating Area 6	No Preference	58	751.12
53789PA0090004	Rating Area 6	No Preference	59	767.34
53789PA0090004	Rating Area 6	No Preference	60	800.06
53789PA0090004	Rating Area 6	No Preference	61	828.36
53789PA0090004	Rating Area 6	No Preference	62	846.93
53789PA0090004	Rating Area 6	No Preference	63	870.22
53789PA0090004	Rating Area 6	No Preference	64 and over	884.36
53789PA0090004	Rating Area 7	No Preference	0-14	243.56
53789PA0090004	Rating Area 7	No Preference	15	265.20
53789PA0090004	Rating Area 7	No Preference	16	273.48
53789PA0090004	Rating Area 7	No Preference	17	281.76
53789PA0090004	Rating Area 7	No Preference	18	290.67
53789PA0090004	Rating Area 7	No Preference	19	299.59
53789PA0090004	Rating Area 7	No Preference	20	308.82
53789PA0090004	Rating Area 7	No Preference	21	318.37
53789PA0090004	Rating Area 7	No Preference	22	318.37
53789PA0090004	Rating Area 7	No Preference	23	318.37
53789PA0090004	Rating Area 7	No Preference	24	318.37
53789PA0090004	Rating Area 7	No Preference	25	319.65
53789PA0090004	Rating Area 7	No Preference	26	326.01
53789PA0090004	Rating Area 7	No Preference	27	333.66
53789PA0090004	Rating Area 7	No Preference	28	346.07
53789PA0090004	Rating Area 7	No Preference	29	356.26
53789PA0090004	Rating Area 7	No Preference	30	361.35
53789PA0090004	Rating Area 7	No Preference	31	368.99
53789PA0090004	Rating Area 7	No Preference	32	376.64
53789PA0090004	Rating Area 7	No Preference	33	381.41
53789PA0090004	Rating Area 7	No Preference	34	386.51
53789PA0090004	Rating Area 7	No Preference	35	389.05
53789PA0090004	Rating Area 7	No Preference	36	391.60
53789PA0090004	Rating Area 7	No Preference	37	394.15
53789PA0090004	Rating Area 7	No Preference	38	396.69
53789PA0090004	Rating Area 7	No Preference	39	401.79
53789PA0090004	Rating Area 7	No Preference	40	406.88
53789PA0090004	Rating Area 7	No Preference	41	414.52
53789PA0090004	Rating Area 7	No Preference	42	421.84
53789PA0090004	Rating Area 7	No Preference	43	432.03
53789PA0090004	Rating Area 7	No Preference	44	444.77
53789PA0090004	Rating Area 7	No Preference	45	459.73
53789PA0090004	Rating Area 7	No Preference	46	477.56
53789PA0090004	Rating Area 7	No Preference	47	497.62
53789PA0090004	Rating Area 7	No Preference	48	520.54
53789PA0090004	Rating Area 7	No Preference	49	543.14
53789PA0090004	Rating Area 7	No Preference	50	568.61
53789PA0090004	Rating Area 7	No Preference	51	593.77
53789PA0090004	Rating Area 7	No Preference	52	621.46
53789PA0090004	Rating Area 7	No Preference	53	649.48
53789PA0090004	Rating Area 7	No Preference	54	679.73
53789PA0090004	Rating Area 7	No Preference	55	709.97

53789PA0090004	Rating Area 7	No Preference	56	742.76
53789PA0090004	Rating Area 7	No Preference	57	775.88
53789PA0090004	Rating Area 7	No Preference	58	811.21
53789PA0090004	Rating Area 7	No Preference	59	828.73
53789PA0090004	Rating Area 7	No Preference	60	864.06
53789PA0090004	Rating Area 7	No Preference	61	894.63
53789PA0090004	Rating Area 7	No Preference	62	914.69
53789PA0090004	Rating Area 7	No Preference	63	939.84
53789PA0090004	Rating Area 7	No Preference	64 and over	955.11
53789PA0090004	Rating Area 9	No Preference	0-14	230.02
53789PA0090004	Rating Area 9	No Preference	15	250.47
53789PA0090004	Rating Area 9	No Preference	16	258.29
53789PA0090004	Rating Area 9	No Preference	17	266.11
53789PA0090004	Rating Area 9	No Preference	18	274.53
53789PA0090004	Rating Area 9	No Preference	19	282.95
53789PA0090004	Rating Area 9	No Preference	20	291.67
53789PA0090004	Rating Area 9	No Preference	21	300.69
53789PA0090004	Rating Area 9	No Preference	22	300.69
53789PA0090004	Rating Area 9	No Preference	23	300.69
53789PA0090004	Rating Area 9	No Preference	24	300.69
53789PA0090004	Rating Area 9	No Preference	25	301.89
53789PA0090004	Rating Area 9	No Preference	26	307.90
53789PA0090004	Rating Area 9	No Preference	27	315.12
53789PA0090004	Rating Area 9	No Preference	28	326.85
53789PA0090004	Rating Area 9	No Preference	29	336.47
53789PA0090004	Rating Area 9	No Preference	30	341.28
53789PA0090004	Rating Area 9	No Preference	31	348.49
53789PA0090004	Rating Area 9	No Preference	32	355.71
53789PA0090004	Rating Area 9	No Preference	33	360.22
53789PA0090004	Rating Area 9	No Preference	34	365.03
53789PA0090004	Rating Area 9	No Preference	35	367.44
53789PA0090004	Rating Area 9	No Preference	36	369.84
53789PA0090004	Rating Area 9	No Preference	37	372.25
53789PA0090004	Rating Area 9	No Preference	38	374.65
53789PA0090004	Rating Area 9	No Preference	39	379.47
53789PA0090004	Rating Area 9	No Preference	40	384.28
53789PA0090004	Rating Area 9	No Preference	41	391.49
53789PA0090004	Rating Area 9	No Preference	42	398.41
53789PA0090004	Rating Area 9	No Preference	43	408.03
53789PA0090004	Rating Area 9	No Preference	44	420.06
53789PA0090004	Rating Area 9	No Preference	45	434.19
53789PA0090004	Rating Area 9	No Preference	46	451.03
53789PA0090004	Rating Area 9	No Preference	47	469.97
53789PA0090004	Rating Area 9	No Preference	48	491.62
53789PA0090004	Rating Area 9	No Preference	49	512.97
53789PA0090004	Rating Area 9	No Preference	50	537.02
53789PA0090004	Rating Area 9	No Preference	51	560.78
53789PA0090004	Rating Area 9	No Preference	52	586.94
53789PA0090004	Rating Area 9	No Preference	53	613.40
53789PA0090004	Rating Area 9	No Preference	54	641.96
53789PA0090004	Rating Area 9	No Preference	55	670.53
53789PA0090004	Rating Area 9	No Preference	56	701.50
53789PA0090004	Rating Area 9	No Preference	57	732.77
53789PA0090004	Rating Area 9	No Preference	58	766.15
53789PA0090004	Rating Area 9	No Preference	59	782.69
53789PA0090004	Rating Area 9	No Preference	60	816.06
53789PA0090004	Rating Area 9	No Preference	61	844.93
53789PA0090004	Rating Area 9	No Preference	62	863.87
53789PA0090004	Rating Area 9	No Preference	63	887.62
53789PA0090004	Rating Area 9	No Preference	64 and over	902.06

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Benefit Summary

SMALL GROUP 1-50 PORTFOLIO

	Changes	Plan Name	HIOS ID		Deductible (2x Family)	Coinsurance	Out-of-Pocket Maximum	PCP	Specialist	Emergency Room	Urgent Care	IP Hospital per day, maximum of 5 days	Hi-Tech Imaging	Lab Ind | Hos	OP Surgery ASC | ACH	Small Group: Rx $0 Individual: Rx	Small Group: Rx $250 (brand only deductible) Individual: N/A
			Small Group: Rx $0 Individual: Rx	Small Group: Rx $250 (brand only deductible) Individual: N/A	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network		
	BRONZE PRODUCTS																
1	Changes	Bronze HMO 8000/0/50	53789PA0090004		$8,000	0%	$8,550	$50	$85	D/0	D/0	N/A	D/0	D/50|D/85	D/0|D/0	Rx Ded: Combined, Rx Gen - Ded Applies? Y, Retail: 0/0/0/0, Mail: 0/0/0/0	

1 Drug copays listed are Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand
2 Speciality drug coverage = 20% up to $250 per fill/20% up to $350 per fill/20% up to $450 per fill
3 Tiered Lab benefits. Independent labs | Hospital based labs
4 D = Deductible D/$ = Deductible applies first then a copay
5 Plan naming convention = Metal level, Plan type, Deductible/Coinsurance/Office Visit Copay - HRA funding

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Benefit Change Summary

Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	AV		Pricing AV		Metal Level		HRA Amount		Deductible: Tier 1		Deductible: Tier 2		Coinsurance: Tier 1		Coinsurance: Tier 2		MOOP		PCP: Tier 1		PCP: Tier 2	
						2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
38	Off-Exchange	Existing	53789PA0090004	Bronze HMO 8000/0/50	Combined	63.5%	64.3%	51.5%	53.8%	Bronze	Bronze	0	0	8,000	8,000	8,000	8,000	0%	0%	0%	0%	8,550	8,550	50	50	50	50

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Benefit Change Summary

Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	SPC: Tier 1		SPC: Tier 2		ER		UC		IP Hosp Copay Per Day		Hi-Tech Imaging		Low End Imaging		Lab: Tier 1		Lab: Tier 2		OP Surg: Tier 1	
						2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
38	Off-Exchange	Existing	53789PA0090004	Bronze HMO 8000/0/50	Combined	D/0	85	D/0	85	D/0	D/0	D/0	D/0	N/A	N/A	D/0	D/0	D/0	D/0	D/50	D/50	D/100	D/85	D/0	D/0

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Benefit Change Summary

Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	OP Surg: Tier 2		Rx Ded		Rx Gen - Ded Applies?		Rx Gen Pref		Rx Gen Non-Pref		Rx Brand Pref		Rx Brand Non-Pref		Rx Specialty Coin Tier 1		Rx Specialty Max Tier 1		Rx Specialty Coin Tier 2		Rx Specialty Max Tier 2	
						2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
38	Off-Exchange	Existing	53789PA0090004	Bronze HMO 8000/0/50	Combined	D/0	D/0	Combined	Combined	Y	Y	0	0	0	0	0	0	0	0	0%	0%	0	0	0%	0%	0	0

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Benefit Change Summary

Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	Rx Gen Pref Coins		Rx Gen Non-Pref Coins		Rx Brand Pref Coin		Rx Brand Non-Pref Coins		Rx Gen Pref Mail Copay		Rx Gen Non-Pref Mail Copay		Rx Brand Pref Mail Copay		Rx Brand Non-Pref Mail Copay	
						2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
38	Off-Exchange	Existing	53789PA0090004	Bronze HMO 8000/0/50	Combined	0%	0%	0%	0%	0%	0%	0%	0%	0	0	0	0	0	0	0	0

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Benefit Categories

IP OP Professional	Type of Service
Inpatient	IP - CABG
Inpatient	IP - Cesarean Maternity Delivery
Inpatient	IP - Major Joint Procedures of Lower Extremity
Inpatient	IP - Maternity Non-delivery
Inpatient	IP - Medical
Inpatient	IP - Neonatal
Inpatient	IP - Newborn
Inpatient	IP - Normal maternity delivery
Inpatient	IP - Other Cardiovascular Procedures
Inpatient	IP - Other Surgical
Inpatient	IP - Psychiatric
Inpatient	IP - Substance Abuse
Inpatient	IP - Ungroupable
Outpatient	OP - Blood
Outpatient	OP - Cardiac Rehab
Outpatient	OP - Cardiovascular
Outpatient	OP - Dialysis
Outpatient	OP - Emergency Room
Outpatient	OP - Maternity Non-delivery Care
Outpatient	OP - Observation Room
Outpatient	OP - Other OP Services
Outpatient	OP - PT/OT/ST
Outpatient	OP - Pathology/Lab
Outpatient	OP - Pharmacy
Outpatient	OP - Psychiatric
Outpatient	OP - Radiology - CT/MRI/PET
Outpatient	OP - Radiology - General
Outpatient	OP - Substance Abuse
Outpatient	OP - Surgery
Outpatient	OP - Unmapped
Professional	ADDL Benefits Other
Professional	Hearing Aids
Professional	IP Visits - IP Psychiatric
Professional	IP Visits - IP Substance Abuse
Professional	IP Visits - Medical
Professional	Inpatient Surgery - Primary Surgeon
Professional	Inpatient Surgery - Anesthesia
Professional	Inpatient Surgery - Assistant Surgeon
Professional	Maternity - Cesarean Deliveries
Professional	Maternity - Non Deliveries
Professional	Maternity - Normal Deliveries
Professional	Office Administered Drugs
Professional	Office/Misc - Allergy Immunotherapy
Professional	Office/Misc - Allergy Testing
Professional	Office/Misc - Misc. Medical
Professional	Office/Misc - Office/Home Visits
Professional	Office/Misc - Urgent Care
Professional	Other Physician - Cardiovascular
Professional	Other Physician - Chiropractor
Professional	Other Physician - Consults
Professional	Other Physician - Emergency Room Visits
Professional	Other Physician - Physicial Therapy
Professional	Pathology/Lab - IP
Professional	Preventive care - Hearing/Speech Exams
Professional	Preventive care - Immunization
Professional	Preventive care - Other
Professional	Preventive care - Physical Exams
Professional	Preventive care - Well Baby Exams
Professional	Radiology - IP
Professional	Unmapped
Professional	ADDL Benefits Other
Professional	Hearing Aids
Professional	IP Visits - Medical
Professional	Independent Lab
Professional	Maternity - Cesarean Deliveries
Professional	Maternity - Non Deliveries
Professional	Maternity - Normal Deliveries
Professional	OP Visits - OP Psychiatric
Professional	OP Visits - OP Substance Abuse
Professional	Office Administered Drugs
Professional	Office/Misc - Allergy Immunotherapy
Professional	Office/Misc - Allergy Testing
Professional	Office/Misc - Misc. Medical
Professional	Office/Misc - Office/Home Visits
Professional	Office/Misc - Urgent Care
Professional	Other Physician - Cardiovascular
Professional	Other Physician - Chiropractor
Professional	Other Physician - Consults
Professional	Other Physician - Emergency Room Visits
Professional	Other Physician - Physicial Therapy
Professional	Outpatient Surgery - Anesthesia
Professional	Outpatient Surgery - Office
Professional	Outpatient Surgery - Outpatient Facility
Professional	Pathology/Lab - OP
Professional	Pathology/Lab - Office
Professional	Preventive care - Hearing/Speech Exams
Professional	Preventive care - Immunization
Professional	Preventive care - Other
Professional	Preventive care - Physical Exams
Professional	Preventive care - Well Baby Exams
Professional	Radiology - OP - CT/MRI/PET
Professional	Radiology - OP - General
Professional	Radiology - Office - CT/MRI/PET
Professional	Radiology - Office - General
Professional	Unmapped
Other Medical	Unmapped
Other Medical	OP - Ambulance
Other Medical	OP - DME
Other Medical	OP - Home Health/PDN
Other Medical	OP - Medical Surgical Supplies
Other Medical	Dental
Other Medical	Other - Ambulance
Other Medical	Other - DME
Other Medical	Other - Glassess/Contacts
Other Medical	Other - PDN/Home Health
Other Medical	Other - Prosthetics
Other Medical	Preventive care - Vision Exams
Other Medical	Dental
Other Medical	Other - Ambulance
Other Medical	Other - DME
Other Medical	Other - Glassess/Contacts
Other Medical	Other - PDN/Home Health
Other Medical	Other - Prosthetics
Other Medical	Preventive care - Vision Exams

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Benefit Mix Changes

Benefit Mix Calculation

	Manual Cost PMPM
Average in Experience Period	339.58
Average in Rating Period	218.46
Benefit Mix Adjustment	0.643

BEP Manual Cost Calcul	339.58	369,829
	Manual Cost	
HIOS 14 Digit	PMPM	BEP MM
45127PA0130001	329.28	96
45127PA0130002	339.51	196
45127PA0130003	285.19	80
45127PA0130004	297.07	101
45127PA0130005	329.28	0
45127PA0130006	339.51	0
45127PA0130007	285.19	0
45127PA0130008	297.07	0
45127PA0010054	396.82	11,712
45127PA0010055	404.51	23,929
45127PA0010057	387.71	6,932
45127PA0010058	395.69	11,070
45127PA0010069	310.59	652
45127PA0010070	319.72	2,412
45127PA0010084	353.35	11,538
45127PA0010085	362.65	32,604
45127PA0010089	332.72	19,544
45127PA0010090	342.84	65,799
45127PA0010116	367.13	9,629
45127PA0010117	375.89	23,922
45127PA0010124	312.69	13,868
45127PA0010131	298.49	12,725
45127PA0010132	309.97	20,892
45127PA0010135	243.29	10,256
45127PA0010143	310.59	10,911
45127PA0010144	319.72	31,699
45127PA0010161	347.48	5,246
45127PA0010170	290.97	11,984
45127PA0010184	284.28	5,776
45127PA0010185	296.26	8,608
45127PA0010186	279.20	2,907
45127PA0010187	291.37	3,657
45127PA0010188	333.35	3
45127PA0010189	343.46	697
45127PA0010190	318.33	539
45127PA0010191	329.10	452
45127PA0010192	311.49	406
45127PA0010193	317.72	207
45127PA0010194	323.66	2,433
45127PA0010195	334.15	4,485
45127PA0010196	346.08	0
45127PA0010197	311.63	0
45127PA0010198	322.53	0
45127PA0010199	277.28	0
45127PA0010200	362.65	0
45127PA0010201	312.69	0
45127PA0010202	309.97	0
53789PA0090004	218.46	888
82795PA0130001	344.64	974

Projected 2022 Manual C	218.46	1,018
		Proj Member
HIOS 14 Digit	Total	Dist
53789PA0090004	218.46	1,018

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Network Mix Changes

Network Change			0.9900
Projected MemberMonths	1,018	100.0%	0.990
	MM	Dist	Network Factor
HMO	1,018	100.0%	0.99
BEP MemberMonths	369,829	100.0%	1.000
PPO	368,468	99.6%	1.00
EPO	473	0.1%	0.90
HMO	888	0.2%	0.99

Data

						369,829	1,018	
						MM		
Market	Issuer	Product	Product ID	HIOS ID	Plan Name	BEP	Projected	Network
SG	45127	EPO	45127PA013	45127PA0130001	Gold Valley Advantage EPO 2000/0/20 Rx 250	96	0	0.9
SG	45127	EPO	45127PA013	45127PA0130002	Gold Valley Advantage EPO 2000/0/20 Rx 0	196	0	0.9
SG	45127	EPO	45127PA013	45127PA0130003	Silver Valley Advantage EPO 5000/0/35 Rx 250	80	0	0.9
SG	45127	EPO	45127PA013	45127PA0130004	Silver Valley Advantage EPO 5000/0/35 Rx 0	101	0	0.9
SG	45127	EPO	45127PA013	45127PA0130005	Gold Capital Advantage EPO 2000/0/20 Rx 250	0	0	0.9
SG	45127	EPO	45127PA013	45127PA0130006	Gold Capital Advantage EPO 2000/0/20 Rx 0	0	0	0.9
SG	45127	EPO	45127PA013	45127PA0130007	Silver Capital Advantage EPO 5000/0/35 Rx 250	0	0	0.9
SG	45127	EPO	45127PA013	45127PA0130008	Silver Capital Advantage EPO 5000/0/35 Rx 0	0	0	0.9
SG	45127	PPO	45127PA001	45127PA0010054	Platinum PPO 0/0/15 Rx 250	11712	0	1
SG	45127	PPO	45127PA001	45127PA0010055	Platinum PPO 0/0/15 Rx 0	23929	0	1
SG	45127	PPO	45127PA001	45127PA0010057	Platinum PPO 250/0/15 Rx 250	6932	0	1
SG	45127	PPO	45127PA001	45127PA0010058	Platinum PPO 250/0/15 Rx 0	11070	0	1
SG	45127	PPO	45127PA001	45127PA0010069	Gold PPO HRA 3500/0/35 - 700 | Rx 250	652	0	1
SG	45127	PPO	45127PA001	45127PA0010070	Gold PPO HRA 3500/0/35 - 700 | Rx 0	2412	0	1
SG	45127	PPO	45127PA001	45127PA0010084	Gold PPO 1000/0/25 Rx 250	11538	0	1
SG	45127	PPO	45127PA001	45127PA0010085	Gold PPO 1000/0/25 Rx 0	32604	0	1
SG	45127	PPO	45127PA001	45127PA0010089	Gold PPO 2000/0/20 Rx 250	19544	0	1
SG	45127	PPO	45127PA001	45127PA0010090	Gold PPO 2000/0/20 Rx 0	65799	0	1
SG	45127	PPO	45127PA001	45127PA0010116	Gold PPO 500/0/25 Rx 250	9629	0	1
SG	45127	PPO	45127PA001	45127PA0010117	Gold PPO 500/0/25 Rx 0	23922	0	1
SG	45127	PPO	45127PA001	45127PA0010124	Silver QHDHP PPO 2750/0/25	13868	0	1
SG	45127	PPO	45127PA001	45127PA0010131	Silver PPO 4000/0/45 Rx 250	12725	0	1
SG	45127	PPO	45127PA001	45127PA0010132	Silver PPO 4000/0/45 Rx 0	20892	0	1
SG	45127	PPO	45127PA001	45127PA0010135	Bronze QHDHP-E PPO 6900/0/0	10256	0	1
SG	45127	PPO	45127PA001	45127PA0010143	Silver PPO 3500/0/45 Rx 250	10911	0	1
SG	45127	PPO	45127PA001	45127PA0010144	Silver PPO 3500/0/45 Rx 0	31699	0	1
SG	45127	PPO	45127PA001	45127PA0010161	Gold QHDHP PPO 1500/0/10	5246	0	1
SG	45127	PPO	45127PA001	45127PA0010170	Silver QHDHP PPO 3500/0/25	11984	0	1
SG	45127	PPO	45127PA001	45127PA0010184	Silver PPO 5000/0/40 Rx 250	5776	0	1
SG	45127	PPO	45127PA001	45127PA0010185	Silver PPO 5000/0/40 Rx 0	8608	0	1
SG	45127	PPO	45127PA001	45127PA0010186	Silver PPO 6000/0/35 Rx 250	2907	0	1
SG	45127	PPO	45127PA001	45127PA0010187	Silver PPO 6000/0/35 Rx 0	3657	0	1
SG	45127	PPO	45127PA001	45127PA0010188	Gold Shared Deductible PPO 3000/0/25 - 500 Rx 250	3	0	1
SG	45127	PPO	45127PA001	45127PA0010189	Gold Shared Deductible PPO 3000/0/25 - 500 Rx 0	697	0	1
SG	45127	PPO	45127PA001	45127PA0010190	Gold PPO 2000/20/20 Rx 250	539	0	1
SG	45127	PPO	45127PA001	45127PA0010191	Gold PPO 2000/20/20 Rx 0	452	0	1
SG	45127	PPO	45127PA001	45127PA0010192	Silver PPO 5000/20/35 Rx 250	406	0	1
SG	45127	PPO	45127PA001	45127PA0010193	Silver PPO 5000/20/35 Rx 0	207	0	1
SG	45127	PPO	45127PA001	45127PA0010194	Gold PPO 3000/0/15 Rx 250	2433	0	1
SG	45127	PPO	45127PA001	45127PA0010195	Gold PPO 3000/0/15 Rx 0	4485	0	1
SG	45127	PPO	45127PA001	45127PA0010196	Gold Simple PPO 0/0/25	0	0	1
SG	45127	PPO	45127PA001	45127PA0010197	Gold PPO Choice 3000/0/30 Rx 250	0	0	1
SG	45127	PPO	45127PA001	45127PA0010198	Gold PPO Choice 3000/0/30 Rx 0	0	0	1
SG	45127	PPO	45127PA001	45127PA0010199	Silver QHDHP-E PPO 4500/0/10	0	0	1
SG	45127	PPO	45127PA001	45127PA0010200	Gold Performance PPO 1000/0/20 Rx 0	0	0	1
SG	45127	PPO	45127PA001	45127PA0010201	Silver QHDHP Performance PPO 2750/0/15	0	0	1
SG	45127	PPO	45127PA001	45127PA0010202	Silver Performance PPO 4000/0/25 Rx 0	0	0	1
SG	53789	HMO	53789PA009	53789PA0090004	Bronze HMO 8000/0/50	888	1018	0.99
SG	82795	PPO	82795PA013	82795PA0130001	Gold PPO 0/0/20 Rx 500	974	0	1

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Trend

Trend by Service Category

	Year 1			Year 2						
Category	Cost	Util	Induced Demand	Cost	Util	Induced Demand	Total Year 1	Total Year 2	Weights	Total Weights
Inpatient Hospital	5.40%	0.00%	0.00%	5.20%	0.00%	0.0%	5.4%	5.2%	23%	18%
Outpatient Hospital	5.60%	0.00%	0.00%	5.30%	0.00%	0.0%	5.6%	5.3%	46%	36%
Professional	4.90%	0.00%	0.00%	3.40%	0.00%	0.0%	4.9%	3.4%	28%	22%
Other Medical	5.60%	0.00%	0.00%	5.30%	0.00%	0.0%	5.6%	5.3%	3%	3%
Capitation	3.00%	0.00%	0.00%	3.00%	0.00%	0.0%	3.0%	3.0%	0%	0%
Prescription Drug	10.10%	1.30%	0.00%	10.40%	1.50%	0.0%	11.5%	12.1%	100%	21%
Dental & Vision	1.00%	1.00%	0.00%	1.00%	1.00%	0.0%	2.0%	2.0%	100%	100%

Aggregate Pricing Trend Year 1	
Total	6.7%
Medical	5.4%
Drug	11.5%
Agg Med + Rx Trend	6.7%
Dental and Vision	2.0%

Aggregate Pricing Trend Year 2	
Total	6.3%
Medical	4.7%
Drug	12.1%
Agg Med + Rx Trend	6.3%
Dental and Vision	2.0%

	Year 1 Raw Trends*				Year 2 Raw Trends*			
URRT Categories	Cost	Utilization	Induced Demand	Composite	Cost	Utilization	Induced Demand	Composite
Inpatient Hospital	5.1%	0.0%	0.0%	5.1%	4.9%	0.0%	0.0%	4.9%
Outpatient Hospital	5.3%	0.0%	0.0%	5.3%	5.0%	0.0%	0.0%	5.0%
Professional	4.6%	0.0%	0.0%	4.6%	3.1%	0.0%	0.0%	3.1%
Other Medical	5.3%	0.0%	0.0%	5.3%	5.0%	0.0%	0.0%	5.0%
Capitation	3.0%	0.0%	0.0%	3.0%	3.0%	0.0%	0.0%	3.0%
Prescription Drugs	9.8%	1.3%	0.0%	11.1%	10.1%	1.5%	0.0%	11.8%
Dental & Vision	1.0%	1.0%	0.0%	2.0%	1.0%	1.0%	0.0%	2.0%

*From Hospital and Physician Trend Models

Adjustments to Pricing Trend

Medical		Drug	
Intensity	0.0%	Contracting	0.0%
Leveraging	0.30%	Leveraging	0.30%
Demographics	0.0%	Demographics	0.0%
Buy-Downs	0.0%	Buy-Downs	0.0%
Other	0.0%	Pipeline	0.0%
Total	0.30%	Total	0.30%

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Credibility Manual Development for URRT

Experience Period Member Months 369,829

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend Cost	Year 1 Trend Utilization	Year 2 Trend Cost	Year 2 Trend Utilization	Trended EHB Allowed Claims PMPM	Incurred	Allowed	PMPM
Inpatient Hospital	$ 107.01	1.054	1.000	1.052	1.000	118.65	$ 38,872,403	$ 39,575,610	$ 107.01
Outpatient Hospital	$ 218.44	1.056	1.000	1.053	1.000	242.90	$ 68,020,496	$ 80,786,689	$ 218.44
Professional	$ 131.74	1.049	1.000	1.034	1.000	142.89	$ 37,686,510	$ 48,721,863	$ 131.74
Other Medical	$ 15.81	1.056	1.000	1.053	1.000	17.58	$ 4,879,674	$ 5,848,460	$ 15.81
Capitation	$ 0.03	1.030	1.000	1.030	1.000	0.03	$ 11,022	$ 11,022	$ 0.03
Prescription Drug	$ 127.57	1.101	1.013	1.104	1.015	159.43	$ 41,273,688	$ 47,179,065	$ 127.57
Total	$ 600.60					681.49			$ 600.60

* All data experience is from CAAC, and other CBC subsidiaries - Capital Advantage Insurance Company (CAIC), and Keystone Health Plan Central (KHPC)

Morbidity	0.770
Other	
Change in Demographics	1.0000
Change in Network	0.9900
Change in Benefits	1.0000
Change in Other	1.0000
Projected Index Rate	519.16

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Paid to Allowed Ratio Development

Medical Rate Development

Base Experience Period:	1/1/2020-12/31/2020
Data as of	2/28/2021
Rating Period:	1/1/2022 - 12/31/2022
Trend Months:	24
Trend:	5.4%

1	Medical Paid and Incurred Claims + ACA Payments	146,225,490
2	Completion Factor	0.98
3	BEP Completed Claims (1) / (2)	148,840,757
4	BEP Member Months	369,829
5	BEP Completed Claim PMPM (3) / (4)	402.46
6	Trend Factor	1.11
7	Trended Claim PMPM (5) x (6)	446.76
8	Benefit Change Factor and Network	0.637
9	Morbidity	0.770
10	Capitation	11,022
11	Capitation PMPM	0.03
12	Other Adjustment	1.000
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	218.98

	Expected Claim PMPM in Rating Period
Medical	218.98
Drug	58.94
Pediatric Dental	1.23
Pediatric Vision	0.11
Expected Distribution of Embedded Dental Benefit	100%
Total Expected Incurred in Rating Period	279.26
Total Expected Incurred in Rating Period Net RA	368.01

Projected Allowed	519.18
Paid to Allowed Ratio	0.538

Drug Rate Development

Base Experience Period:	1/1/2020-12/31/2020
Data as of	2/28/2021
Rating Period:	1/1/2022 - 12/31/2022
Trend Months:	24
Trend:	11.5%

1	BEP Paid and Incurred Claims	50,685,447
2	Completion Factor	1.000
3	BEP Completed Claims (1) / (2)	50,687,054
4	BEP Member Months	369,829
5	BEP Completed Claim PMPM (3) / (4)	137.06
6	Trend Factor	1.24
7	Trended Claim PMPM (5) x (6)	170.49
8	Benefit Change Factor	0.643
9	Morbidity	0.770
10	Rx Rebates	9,413,366
11	Rx Rebates PMPM	25.45
12	Other Adjustment	1.000
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	58.94

*Other Adjustment is for Rx Contracting

Pediatric Dental Rate Development

Base Experience Period:	1/1/2020-12/31/2020
Data as of	2/28/2021
Rating Period:	1/1/2022 - 12/31/2022
Trend Months:	24
Trend:	2.0%

1	BEP Paid and Incurred Claims	523,366
2	Completion Factor	0.921
3	BEP Completed Claims (1) / (2)	568,480
4	BEP Member Months	369,829
5	BEP Completed Claim PMPM (3) / (4)	1.54
6	Trend Factor	1.04
7	Trended Claim PMPM (5) x (6)	1.60
8	Benefit Change Factor	1.00
9	Morbidity	0.770
10		
11		
12	Other Adjustment	1.000
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	1.23

Pediatric Vision Rate Development

Base Experience Period:	1/1/2020-12/31/2020
Data as of	2/28/2021
Rating Period:	1/1/2022 - 12/31/2022
Trend Months:	24
Trend:	2.0%

1	BEP Paid and Incurred Claims	49,373
2	Completion Factor	0.991
3	BEP Completed Claims (1) / (2)	49,846
4	BEP Member Months	369,829
5	BEP Completed Claim PMPM (3) / (4)	0.13
6	Trend Factor	1.04
7	Trended Claim PMPM (5) x (6)	0.14
8	Benefit Change Factor	1.00
9	Morbidity	0.770
10		
11		
12	Other Adjustment	1.000
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	0.11

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Retention

	Medical + Rx	Dental	Vision	Total	% of Premium
Reinsurance Contribution	$0.00	$0.00	$0.00	$0.00	0.0%
Risk Adjustment Fee	$0.25	$0.00	$0.00	$0.25	0.1%
Admin PMPM	$48.49	$0.60	$0.09	$49.18	10.9%
Broker PMPM	$19.79	$0.00	$0.00	$19.79	4.4%
Placeholder 1	$0.00	$0.00	$0.00	$0.00	0.0%
Placeholder 2	$0.00	$0.00	$0.00	$0.00	0.0%
Placeholder 3	$0.00	$0.00	$0.00	$0.00	0.0%
Quality Improvement	0.4%	0.4%	0.4%	0.4%	0.4%
Contingency	2.0%	2.0%	2.0%	2.0%	2.0%
Patient-Centered Outcomes Research Trust Fund:	$0.20	$0.00	$0.00	$0.20	0.0%
Insurer Tax	0.0%	0.0%	0.0%	0.0%	0.0%
Exchange Fee	$0.00	$0.00	$0.00	$0.00	0.0%
Federal Income Tax	0.5%	0.5%	0.5%	0.5%	0.5%
Premium Tax	0.0%	0.0%	0.0%	0.0%	0.0%

Insurer Tax and Admin Fee Calc

Applied HIF to All Quarters 0.00%

Quarter	% of Enrollees	HIF
1	34%	0.00%
2	11%	0.00%
3	14%	0.00%
4	41%	0.00%

	2022 assessmen	2023 assessment
0	0.00%	0.00%
3	0.00%	0.00%
6	0.00%	0.00%
9	0.00%	0.00%

	Admin	Profit	Taxes
	15.7%	2.0%	0.6%
Claims	10.9%		
Broker	4.4%		
Quality Improvement	0.4%		

HIOS	53789PA0090004
	Bronze HMO
Med Plan	8000/0/50
Rx Plan	Combined
Deductible	8000
Expected Claim Cost	368.01
Expected Premium PMPM *	$450.64
Allowed Adjustments to Premium for MLR	
Reinsurance Contribution	0.00
Patient-Centered Outcomes Research Trust Fund:	0.20
Risk Adjustment Fee	0.25
Premium Tax	0.00
Insurer Tax	0.00
Exchange Fee	0.00
Quality Improvement	1.80
Federal Income Tax**	1.89
MLR Adjusted Claims	$369.81
MLR Adjusted Premium	$448.30
Expected Member Distribution	100.0%

Unadjusted Premium	$450.64
Expected MLR Adjusted Claims	$369.81
Expected MLR Adjusted Premium	$448.30

MLR	**82.5%**

* From Exhibit L

**21% of profit or contingency (assumed to be 2%)

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Projected Index Rate

Projected Index Rate	$519.18

Effective Date	Total Index Rate	Trend	Distribution of Members	Projected Allowed	Market Adjusted Index Rate
January - March (Index 1)	$519.18		34%	$519.18	$684.17
April - June (Index 2)	$527.63	6.7%	11%	$527.44	$692.44
July - September (Index 3)	$536.22	6.7%	14%	$535.84	$700.84
October - December (Index 4)	$544.95	6.7%	41%	$544.37	$709.37

Average for Projection Period	$533.10			$532.79	$697.79

* From URRT and Exhibit B

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Market Adjusted Index Rate

Development of Market Adjusted Index Rate

Q1 Index Rate	519.18
Paid to Allowed	0.54
Q1 Projected Claims	279.26
Net Projected ACA Reinsurace Recoveries	0.00
Net Projected Risk Adjustments PMPM	-88.75
Exchange User Fee Adjustment	0.00
Q1 Market-Adjusted Projected Paid EHB Claims PMPM	368.01
Q1 Market Adjusted Index Rate	684.17

Development of Exchange User Fee

Average SHOP Premium	$0.00
Average Exchange Fee	$0.00
Percentage of Membership on SHOP	0%
Exchange Fee to Add to Market Index Rate	$0.00

Development of Risk Adjustment Projection

Projected 2022 Risk Adjustment Transfer	-$88.75

Projected 2020 Risk Adjustment Transfer	-$78,809
2020 MemberMonths	888
Projected 2020 Risk Adjustment Payment PMPM	-$88.75

Show Normalization

Adjustment for Network	1.000
Adjustment for Induced Demand	1.000

Rate Development by Benefit Option Off Exchange

Level of Coverage	**Bronze**
HIOS	**57189WA0090004**
Med Plan Name:	**Bronze HMO 8000/0/50**
Rx:	**Combined**
Network:	**HMO**
HRA	N
Q1 Market Adjusted Index Rate	684.17

AV and Cost Sharing Adjustment	0.54
Network	1.000
Induced Demand	1.000
Total Projected Claims PMPM + Market Level Adjustments:	368.01

Retention	
Admin PMPM	$49.18
Broker PMPM	$19.79
Risk Adjustment User Fee	$0.25
PCORTF	$0.20
Placeholder1	$0.00
Placeholder2	$0.00
Premium Tax	0.0%
Federal Income Tax	0.5%
Insurer Tax	0.0%
Contingency	2.0%
Quality Improvement	0.4%
Premium Neutrality	1.60
Total Premium Single Rate:	$281.15
Plan Adjusted Index Rates	$410.64
Expected Member Distribution	100.0%
	$68.97
Admin	15.7%
Taxes	0.6%

Benefit Plans

		100%	1,018																		Annual Trend	1.000	1.016	1.032	1.049			
#	Combo Description	Projected Membership	Proj MM	New or Existing	Product ID	Plan ID	On/Off Exchange	Metal Level	Metal Value	Pricing Value	Network	Induced Demand	Product	Med Plan Description	Deductible	Drug Plan	Pediatric Dental	Pediatric Vision	Average Plan Adj Index Rate	Q1 Plan Adj Index Rate	Q2 Plan Adj Index Rate	Q3 Plan Adj Index Rate	Q4 Plan Adj Index Rate	Medical & Rx	Q1 Calibrated Plan Index	Q2 Calibrated Plan Index	Q3 Calibrated Plan Index	Q4 Calibrated Plan Index	Calibrated Index from PA Exhibits	% Admin	% Taxes
1	Bronze HMO 8000/0/50	100.0%	1,018	Existing	53789PA009	53789PA0090004	Off-Exchange	Bronze	64.3%	53.8%	1.00	1.00	HMO	Bronze HMO 8000/0/50	8000	Combined	Embedded	Embedded	$450.64	$450.64	$457.97	$465.42	$473.00	6.67%	$281.15	$285.62	$290.17	$294.79	281.15	15.7%	0.6%

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Calibration

Expected Average Age Factor:	1.571
List-Billed Adjustment for Max 3 Children	1.007
Adjusted Average Age Factor	1.560
Expected Average Region Factor:	1.03
Expected Average Tobacco Factor	1.00
Cumulative Rating Factors (Premium Neutrality):	1.603

Age Factors

Age	Distribution of Poplulation	Age Factor
0-14	12.8%	0.7650
15	1.0%	0.8330
16	1.0%	0.8590
17	1.1%	0.8850
18	1.0%	0.9130
19	1.1%	0.9410
20	1.1%	0.9700
21	1.4%	1.0000
22	1.4%	1.0000
23	1.3%	1.0000
24	1.4%	1.0000
25	1.6%	1.0040
26	1.6%	1.0240
27	1.6%	1.0480
28	1.5%	1.0870
29	1.7%	1.1190
30	1.8%	1.1350
31	1.6%	1.1590
32	1.7%	1.1830
33	1.7%	1.1980
34	1.6%	1.2140
35	1.6%	1.2220
36	1.7%	1.2300
37	1.7%	1.2380
38	1.7%	1.2460
39	1.8%	1.2620
40	1.7%	1.2780
41	1.8%	1.3020
42	1.6%	1.3250
43	1.6%	1.3570
44	1.8%	1.3970
45	1.5%	1.4440
46	1.7%	1.5000
47	1.7%	1.5630
48	1.8%	1.6350
49	1.8%	1.7060
50	2.0%	1.7860
51	2.1%	1.8650
52	2.1%	1.9520
53	2.1%	2.0400
54	2.2%	2.1350
55	2.2%	2.2300
56	2.3%	2.3330
57	2.2%	2.4370
58	2.2%	2.5480
59	2.3%	2.6030
60	2.3%	2.7140
61	2.2%	2.8100
62	2.1%	2.8730
63	2.1%	2.9520
64+	3.5%	3.0000

Region Factors

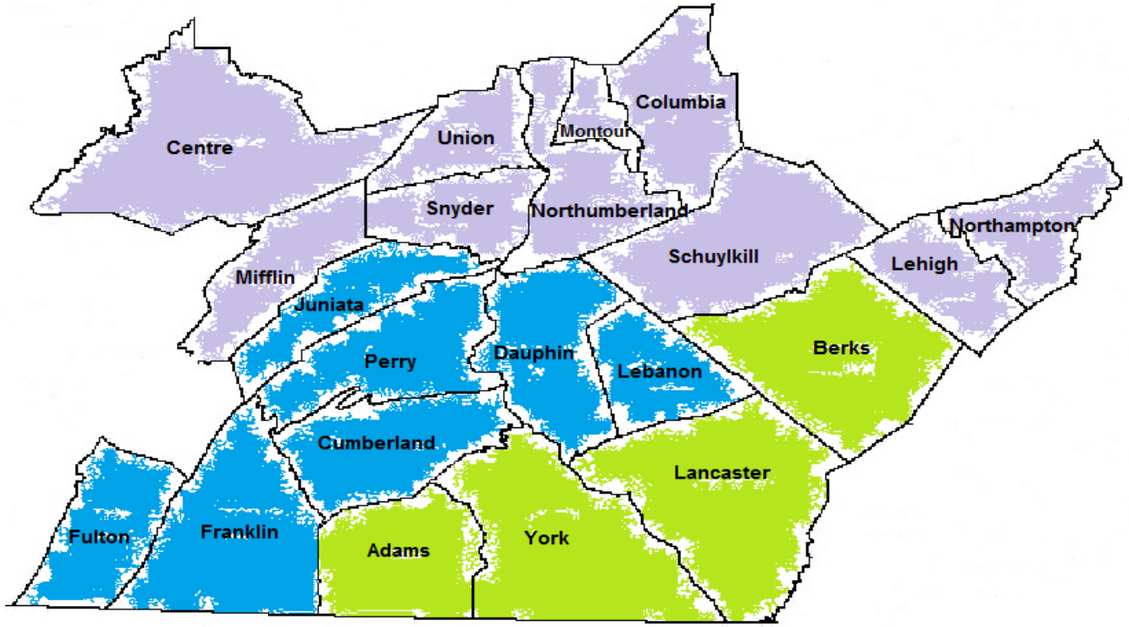
Region	Distribution of Population	Factor
6	49.6%	1.0000
7	29.2%	1.0800
9	21.2%	1.0200

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Rating Factors

Age Factors

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

Region



Region	Factor
6	1.0000
7	1.0800
9	1.0200

Network	Factor
HMO	1.00

	Benefit Plans														Base Rates 1/1/2022 - 3/31/2022								Base Rates 4/1/2022 - 6/30/2022								Base Rates 7/1/2022 - 9/30/2022								Base Rates 10/1/2022 - 12/31/2022								Annual Trend	
#	Combo Description	Plan ID	On/Off Exchange	Metal Level	Metal Value	Pricing Value	Induced Demand	Product	Medical Plan Description	Deductible	Drug Plan Desc	Pediatric Dental	Pediatric Vision	Medical + Rx	Medical	Rx	Pediatric Dental	Pediatric Vision	Total	Medical + Rx	Medical	Rx	Pediatric Dental	Pediatric Vision	Total	Medical + Rx	Medical	Rx	Pediatric Dental	Pediatric Vision	Total	Medical + Rx	Medical	Rx	Pediatric Dental	Pediatric Vision	Total	Medical & Rx	Dental & Vision
1	Bronze HSA1-8000/9150	52799PA0960004	Off-Exchange	Bronze	64.3%	53.9%	1.00	HSA1	Bronze HSA1-8000/6550	8000	Combined	Embedded	Embedded	$279.86	$229.40	$30.38	$1.17	$0.13	$291.15	$294.31	$233.15	$21.18	$1.18	$0.13	$295.82	$298.84	$238.85	$21.99	$1.20	$0.13	$296.17	$293.44	$240.92	$22.82	$1.22	$0.13	$294.79	0.52%	0.57%

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
Morbidity Factor Calculation

From Ib Manual Data Table 2

Earned Premium	Ultimate Incurred Claims	Member Months	Total Prescription Drug Rebates*	Total EHB Capitation	Risk Adjustment
$ 243,160,961.24	$ 200,146,137.31	369,829	$ (9,413,365.99)	$ 11,022.05	$ 9,277,790.00

Premium PMPM	Incurred Clm PMPM	RA PMPM	Loss Ratio*
$ 657.50	$ 515.76	$ 25.09	75.6%

*Loss Ratio net of risk adjustment

2019 BEP from 2021 Annual Filing

Earned Premium	Ultimate Incurred Claims	Member Months	Total Prescription Drug Rebates*	Total EHB Capitation	Risk Adjustment
$ 315,438,722.74	$ 269,696,701.86	506,640	$ (14,153,272.73)	$ 11,448.50	$ 16,258,847.00

Premium PMPM	Incurred Clm PMPM	RA PMPM	Loss Ratio*
$ 622.61	$ 504.41	$ 32.09	77.0%

	BEP Start	BEP End	BEP MidPoint
Annual Filing BEP (pre-COVID)	1/1/2019	12/31/2019	7/2/2019
New BEP (w COVID)	1/1/2020	12/31/2020	7/1/2020
	Trend Months		12
	Total Claims Trend		6.3%
	Rx Trend for Rebates		12.1%
	Capitation Trend		3%

2019 BEP Trended to New BEP

Earned Premium	Ultimate Incurred Claims	Member Months	Total Prescription Drug Rebates*	Total EHB Capitation	Risk Adjustment
$ 333,113,599.54	$ 286,688,433.43	506,640	$ (15,859,591.29)	$ 11,705.14	$ 16,258,847.00

Premium PMPM	Incurred Clm PMPM	RA PMPM	Loss Ratio*
$ 657.50	$ 534.58	$ 32.09	77.5%

*Loss Ratio net of risk adjustment

Change in Incurred Claims	Change in LR	COVID Morbidity Factor	Addl Factor*	Morbidity Factor Applied
3.6%	2.6%	1.026	0.750	0.770

*Note that the additional factor varies with projected risk adjustment transfer amount. This factor assumes KHPC membership less risky than CAAC (majority of the BEP), resulting in a large risk adjustment transfer payment.

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2022
MLR Exhibit

	MLR		Member Months	
Calendar Year	Actual	Pricing	Actual	Pricing
2017	100.47%	84.00%	10,257	10,812
2018	85.27%	79.65%	3,985	11,580
2019	89.25%	81.67%	1,145	1,514

Capital BLUE

June 25, 2021

Ms. Tracie Gray, Director
Bureau of Life, Accident and Health Insurance
Office of Insurance Product Regulation and Administration
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: **Keystone Health Plan Central**
Small Group Rates
Filing No 21-63
TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15G.003 Small Group Only
Filing Type: Rate

Dear Ms. Gray:

KHPC received an objection letter from the Department dated June 10, 2021. KHPC is providing the following in response to the objection letter:

- Q&A written response
- Q&A exhibits
- Trend leveraging calculation workbook
- Revised rate development workbook
- Revised PAAM exhibits
- Revised URRT
- Revised rates (PA and Federal templates)
- Revised memos – Actuarial, Cover Letter, Rate Change Summary

All changes are due to PID requests/questions and have been disclosed in the Q&A written response. Additionally, below is a summary of changes:

- Question 1: Correction to Rate/Rule Schedule tab: Last Filing
- Question 5: Change to Exhibit Q, additional morbidity factor
- Question 5: Change to Table 5, add network factor
- Question 9: Correction to Table 6, Retention, Administrative Expenses, General and Claims
- Question 10: Correction to Table 6, Federal Income Tax
- Question 12: Correction to Table 12, include tobacco factors of 1.0 for ages 18-20
- Question 13: Correction to Table 14: Add HMO current and proposed factors; Add DOH network approval date

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

If you have any questions regarding this filing, please call me at [redacted] (or via email at [redacted]) or [redacted] at [redacted] ([redacted]). Thank you for your assistance in this matter.

Sincerely,

[redacted]

[redacted], ASA, MAAA
Director, Actuarial Services
Capital BlueCross

Enclosures

cc: [redacted], FSA, MAAA, Senior Director, Actuarial Services
[redacted], ASA, MAAA, Vice President and Chief Actuary, Actuarial Services
[redacted], Corporate Counsel

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer
Small Group Rates
Effective January 1, 2022

With this response, please find corresponding Q&A Exhibits in SG_21-63_Initial_KHP_HMO_Q&AExhibits1_Supporting_20210625.xlsx

Question 1. Under the Rate/Rule Schedule tab, please update the SERFF Tracking Number of the Last Filing as currently the provided SERFF number is linked to CAIC's Q4 small group quarterly filing.

Answer 1. The Rate/Rule Schedule tab has been corrected.

Question 2. Per Pennsylvania Final Rate Filing Guidance, the trend listed in Table 3 of the PAAM Exhibits should match the aggregate 2-year trend in the URRT. The composite 2-year trend used in Table 5, row 12, is 1.135. However, the composite 2-year trend for the URRT comes out to 1.1125. Please explain the difference or update, as necessary.

Answer 2. For both Table 5 and the URRT, the components of trend (IP, OP, Prof, etc.) match. The aggregate varies because the manual data (CAAC, CAIC, KHPC combined) is used to develop the average trend for rate development. In contrast, the URRT uses company-specific data in Section II: Projections, and then allows for a manual PMPM. The URRT manual PMPM comes directly from Table 5, and therefore uses the aggregrate trend from Table 5.

Question 3. A COVID-19 morbidity adjustment factor was used to bring the 2020 base experience in line with a BEP not influenced by COVID19.Currently, there is no mention of a COVID-19 adjustment being made to the projected claims. Please confirm that Capital is expecting no impact to Plan Year 2022 claims as a result from COVID-19.

Answer 3. This confirms that Capital is not making an additional adjustment for COVID-19 in 2022. We assume that 2020 adjusted for COVID-19 and trended is the best predictor of 2022.

Question 4. For the development of the 1.03 COVID morbidity factor, we had the following questions.

a. For the COVID factor development, please include demonstration for how the 2019 and 2020 calendar years were adjusted for any differences in morbidity, demographics, plan design, geography, trend, etc. in the development of the factor.
b. In the LR calculation for the support for the COVID factor on the "Exhibit Q_Morbidity" tab, the claims are trended from 2019 to 2020 but the premium is not. Please provide support for this apparent disconnect.

Answer 4.

a. For this estimate, morbidity, demographics, plan design, and geography are assumed to be the same between 2019 and 2020.
b. Exhibit Q has been corrected to reflect 2020 premium PMPM.

Question 5. Per Table 5, Single Risk Pool Adjustment Factors, please answer the following questions:

a. Per Exhibit Q_Morbidity, the Change in Morbidity – Other is being adjusted by an additional factor of 0.745. Please quantitatively and qualitatively support this adjustment.
b. The Change in Demographics adjustment is currently 1.000. Please provide an exhibit demonstrating that the demographics between the manual data members and KHPC members are the same.
c. The Change in Network adjustment is currently 1.000. Please quantitatively and qualitatively support this adjustment. Please be sure to explain why a manual data consisting almost completely of PPO/EPO networks does not need to be adjusted to represent KHPC's HMO network.
d. The Change in Benefit adjustment is currently 1.000. Please quantitatively and qualitatively support this adjustment. Please be sure to explain how the manual data, which consists of higher metal levels, has the same benefit structure as KHPC's single bronze plan.

Answer 5.

a. We are required to use KHPC specific risk-adjustment estimates in the rating of KHPC. In order to align rates across issuers (CAAC, CAIC, KHPC), the morbidity factor is developed. We did not use a comparison of PLRS, but instead used the morbidity factor to align rate relativities across issuers. The rate relativity between plans offered in CAAC, CAIC and KHCP is consistent with 2021. This approach allows consumers to shop CBC based on benefit differences and lessens market confusion. Please note that due to changes in the rate development (adding a network factor in c. below), the additional morbidity factor is changing from 0.745 to 0.75. This aligns KHPC bronze rates with CAAC bronze rates, with only a 1% difference for network.
b. We utilize the assumption that small group membership will change annually in non-credible companies such as KHPC and Capital Advantage Insurance Company (CAIC). But for rating purposes, we use combined data to project demographics. Small Group members do not see a difference between a CBC plan offered by CAAC, CAIC or KHPC. They are able to choose the plan that best fits their needs and that could change from year to year.
c. Exhibit D1 – Network Change has been added to the rate development to show the change in network between the manual BEP and the HMO projection. The network factor is now 0.99. This is reflected in the URRT and Table 5.
d. While no change in allowed claims is displayed in the URRT or Table 5, change in incurred claims in developed in Exhibit D – Benefit Mix Changes. This factor is then applied in Exhibit G – Paid-to-Allowed Ratio in order to project claims at the HMO benefit level. The differences in plan design contribute to cost-sharing differences. While some allowed cost utilization differences may occur between plans with varying

AV, the main differences are seen in incurred claims. This drives the paid-to-allowed ratio down, and ultimately aligning the KHPC bronze rates with CAAC bronze rates.

Question 6. The following questions pertain to the development of the 2022 risk adjustment estimate.

a. Please provide support for applying no changes to the 2020 risk adjustment results in projecting the 2022 information.
b. Please provide support for assuming no change to the statewide average premium would occur between 2020 and 2022.
c. Please provide support for assuming no changes in the relative risk for the Company relative to the statewide.

Answer 6.

a. Rate development is being performed on an experience net risk adjustment basis. That means that we are neither making an issuer-specific morbidity adjustment to the base experience period or an adjustment to risk adjustment. This approach assumes that experience net risk adjustment is the best predictor of future experience.
b. The statewide average premium is assumed to be equal between 2020 and 2022. This is because premiums statewide decreased in 2021 and we expect them to be at or below trend in 2022. The net result is estimated to be no change from 2020.
c. The rationale is the same as explained in bullet a. above. Capital is assuming a steady state when using experience net risk adjustment as the basis of our projection.

Question 7. Please provide support for not including any utilization trend in the Medical trend amounts.

Answer 7. Annually, the actuarial team meets with our Chief Medical Officer to discuss utilization trends by market segment based on provider conversations and emerging trends in the medical community. Based on those conversations, her best estimate is no change in utilization from 2020 to 2022. Please note this is pre-Covid-19, as Covid-19 factors are applied separately.

Question 8. Please provide quantitative support for the 0.3% leveraging adjustment utilized on the Exhibit E_Trend tab.

Answer 8. Please see SG_21-63_Initial_KHP_HMO_Leveraging_Supporting_20210625.xlsx, tab: LeveragingSGAllData. In order to determine the future impact of leveraging, including the impact of increasing cost sharing due to allowed costs rising, the exhibit shows a claim probability distribution with allowed amounts by range. The data is 2020 CBC ACA single risk pool population. The average pricing AV in the Small Group market is approximately 0.86 ((from Exhibit G, Paid-to-Allowed Ratio). From the data, I can infer that a deductible (applying to all services) of $1,160 is equal to 86% AV for this population. Using that deductible amount, I can measure incurred claims and member cost-sharing trend, given an allowed trend of 6.0%. Claims are trended in a database in order to move claims into the correct buckets. Please note that the total allowed amounts are increasing at 6.0% annually (columns P and Z). Given the deductible and allowed trend, incurred claims trend at 6.5%, member cost-share at 1.3% and leveraging is 6.5%-6.0% = 0.5%. Due to market competition, the applied leveraging factor is 0.3%.

Question 9. In the PAAM Exhibits, Table 6. Retention, under the Administrative Expenses section, General and Claims is listed as 69.49%. Please update.

Answer 9. Table 6, General and Claims Administrative Expenses has been corrected.

Question 10. Per the PA Final Rate Filing Guidance, the profit listed in Table 6 is an after-tax amount. Given, that the profit is after-tax, the federal income tax percentage, in Table 6, is understated. In Table 6, the Federal Income Tax is listed as 0.42%. Please either update the estimated federal income tax percentage to 0.5316456% or change the after-tax profit to 1.58%. Please update all affected exhibits and documents.

Answer 10. The Federal Income Tax has been corrected to 0.5316456%.

Question 11. Per Table 10. Plan Rates, the Metallic Tier Actuarial Value is 0.64330943 while the Pricing AV is 0.537. Please quantitatively and qualitatively support this variation.

Answer 11. Because KHPC only offers one plan, the plan pricing AV is equal to the paid-to-allowed ratio: calculation found in Exhibit G. While the pricing AV varies from the metallic tier value, please note that the bronze KHPC plan is similarly priced to the CAAC Bronze PPO plan, and is approximately 1% lower due to network.

Question 12. In Table 12, Age and Tobacco Factors, please fill in the tobacco factor for Age Bands: 18, 19, and 20 to be listed as 1.000.

Answer 12. Table 12 has been corrected to include a Tobacco Factor of 1.000 for ages 18, 19, and 20.

Question 13. Please complete Table 14: Network Factors, as the Current Factor, Proposed Factor, and DOH Approval Date are left blank for the HMO network.

Answer 13. Table 14 has been updated to include values in the appropriate fields.

Question 14. The current submitted broker contract agreement is not for this upcoming plan year. When does Capital expect to have their commission schedule finalized? Once finalized, please provide the current broker contract agreement. Please note that once rates have been finalized, a change to rates will not be allowed to change even if the commission schedule changes.

Answer 14. We expect to have 2022 broker contracts finalized by August. We acknowledge that a change to rates will not be allowed once rates are finalized.

Question 15. Please provide an exhibit which demonstrates that the criteria for the expanded bronze plan(s) has been met.

Answer 15. Please see Q&A Exhibits 1 and 1a for a comprehensive list of all CBC Individual and Small Group expanded bronze plans, and supporting analysis. For the PCP copay analysis,

2019 CBC ACA PCP data is used, trended at 3% for 3 years to 2022. 2020 data was not used due to suppressed in-person visits due to COVID-19. The analysis shows that a $50 PCP is less than 50% of the average 2022 PCP visit cost.

Question 16. Please provide an exhibit that quantitatively shows a comparison of the actual to projected claim cost PMPMs for calendar years 2017 – 2020, as applicable.

Answer 16. Please see Q&A Exhibit 2 for the requested data.

Question 17. Please confirm that you have tested to ensure that the rates in Table 11 of the PAAM Exhibits, PA Plan Design Summary and Rate Table, Federal Rates Template, and binder are identical.

Answer 17. I confirm that the exhibits above have been tested to ensure that rates are identical.

Capital Blue Cross
Q&A Exhibit 1
Expanded Bronze Plans
Individual and Small Group Market
Plan Offerings for 2022

Market Segment	HIOS Plan ID	Plan Name	Meets the requirements to be a high deductible health plan within the meaning of 26 U.S.C. 223(c)(2)	1 Major Service Paid Before Deductible at Cost-sharing <= 50% Coinsurance Equivalent	Meet Expanded Bronze	Notes
Small Group	45127PA0010135	Bronze QHDHP-E PPO 6900/0/0	Y	N	Y	High Deductible Health Plan
Small Group	53789PA0090004	Bronze HMO 8000/0/50	N	Y	Y	$50 PCP Copay
Individual	45127PA0020031	Bronze QHDHP PPO 6300/0/50	Y	N	Y	High Deductible Health Plan
Individual	45127PA0020020	Bronze PPO 7450/0/50	N	Y	Y	$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	45127PA0020033	Bronze QHDHP PPO Choice 6300/0/50	Y	N	Y	High Deductible Health Plan
Individual	45127PA0020025	Bronze PPO Choice 7100/0/50	N	Y	Y	$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	45127PA0140005	Bronze Valley Advantage EPO 7450/0/50	N	Y	Y	$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	45127PA0140010	Bronze Capital Advantage EPO 7450/0/50	N	Y	Y	$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	53789PA0100008	Bronze HMO 7450/0/50	N	Y	Y	$50 PCP Copay and 50% Coins on Specialty Drugs

Capital Blue Cross
Q&A Exhibit 1a
ACA Members - Small Group and Individual
2019 Data Trended to 2022

From: CostSharingTool_2022

Expanded Bronze Plan Review

This review checks that each plan with an Expanded Bronze metal level meets the
1. Meet the requirements to be a high deductible health plan within the meaning of 26 U.S.C. 223(c)(2).

OR

2. Pay for at least one major service before the deductible with reasonable cost sharing.
   -*Major services* are defined as the below list of benefits.
   -*Reasonable cost sharing* is defined as a coinsurance less than or equal to 50% or a copay less than or equal to a benefit-specific copay limit defined by the state. The values are set to default to $0 and states may update the values below.

	Copay	Coins
Primary Care Visits	$50	50%
Specialist Visit	$0	50%
Emergency Room Services	$0	50%
Inpatient Hospital Services (e.g.,	$0	50%
Generic Drugs	$0	50%
Preferred Brand Drugs	$0	50%
Specialty Drugs	$0	50%

Allowed	Visits	Cost per Visit	Trend	2022 Cost Per Visit	Max Copay	Copay Applied
$18,415,525	$182,253	$101.04	3%	$110.41	$55.21	$50

Keystone Health Plan Central
Small Group Rates
Q&A Exhibit 2
Projected vs. Actual

	Paid		Risk Adjustment		Exhange User Fees		Market Adjusted Paid	
Year	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual
2017	$403.76	$450.78	-$5.93	-$3.46	$0.00	$0.64	$409.70	$454.88
2018	$315.56	$280.60	-$42.86	-$135.99	$0.00	$0.00	$358.42	$416.60
2019	$378.14	$318.58	-$10.13	-$127.80	$0.00	$0.00	$388.27	$446.38
2020	$166.72	$328.30	-$222.18	-$88.75	$0.00	$0.00	$388.90	$417.05

Capital BLUE

July 13, 2021

Ms. Tracie Gray, Director
Bureau of Life, Accident and Health Insurance
Office of Insurance Product Regulation and Administration
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: **Keystone Health Plan Central**
Small Group Rates
Filing No 21-63
TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15G.003 Small Group Only
Filing Type: Rate

Dear Ms. Gray:

KHPC received an objection letter from the Department dated July 6, 2021. KHPC is providing the following in response to the objection letter:

- Q&A written response
- Q&A exhibits
- Revised rate development workbook
- Revised PAAM exhibits
- Revised URRT
- Revised rates (PA and Federal templates)
- Revised memos – Actuarial, Cover Letter, Rate Change Summary
- Public filing PDF

All changes are due to PID requests/questions and have been disclosed in the Q&A written response. Additionally, below is a summary of changes:

- Question 2: Correction to Table 5, Morbidity Factor

If you have any questions regarding this filing, please call me at [redacted] (or via email at [redacted]) or [redacted] at [redacted] ([redacted]). Thank you for your assistance in this matter.

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the BlueCross BlueShield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

Sincerely,

[redacted], ASA, MAAA
Director, Actuarial Services
Capital BlueCross

Enclosures

cc: [redacted], FSA, MAAA, Senior Director, Actuarial Services
[redacted], ASA, MAAA, Vice President and Chief Actuary, Actuarial Services
[redacted], Corporate Counsel

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer
Small Group Rates
Effective January 1, 2022

With this response, please find corresponding Q&A Exhibits in SG_21-63_Initial_KHP_HMO_Q&AExhibits2_Supporting_20210713.xlsx

Question 1. Does KHPC have any transitional membership? If so, has there recently been a significant drop in transition membership? Do you anticipate a drop in 2022?

Answer 1. KHPC does not have transitional enrollment.

Question 2. As a follow-up to question 4, please provide the 2019 and 2020 average risk score (using the same HHS model), average age factor, average actuarial value, and average geographic factor to support the assumption that the morbidity, demographic, plan design, and geographic mix is the same between 2019 and 2020.

Answer 2. Please see Q&A Exhibit 1 for the requested information. While the factors do vary between 2019 and 2020, the method used to estimate the impact of COVID shown in Exhibit Q is reasonable with a modification. In order to account for changes in risk, I have updated Exhibit Q to include the impact of risk adjustment on the 2019 and 2020 loss ratios. So if we compare the loss ratio net risk adjustment of 2020 compared to the loss ratio of 2019 claims and premium trended to 2020 (with risk adjustment equal to 2019), the difference is 2.6%. This would suggest that results are 2.6% better in 2020 than 2019 would have predicted. Using the loss ratio approach accounts for changes in geography and age since those are allowable rating factors so are included in premium. The addition of the risk adjustment transfer amount to the loss ratio means that change in risk is also considered. Due to this modification, I'm adjusting the COVID-19 adjustment factor from 1.03 to 1.026.

Question 3. Please update the 2020 experience period risk adjustment amount, in Table 2, to reflect the final CMS risk adjustment amount released on June 30th.

Answer 3. The risk adjustment amount in Table 2 has been updated to the CMS amount released on June 30th.

Question 4. If the projected risk adjustment transfer amount in Table 5 was modified due to the final CMS transfer amount published on June 30th, please provide narrative and detailed supporting data to justify the proposed changes.

Answer 4. The risk adjustment amount in Table 5 was not adjusted.

Question 5. Please provide an exhibit showing the actual experience for calendar years 2016 – 2020 and the projection experience for 2021 and 2022 for the following categories: Member

Months, Total Administrative Expenses, Total Incurred Claims, Total Premium, Total Actual Paid Taxes and Fees, Profit, Total Underwriting Gain/Loss and Underwriting Gain/Loss PMPM.

Answer 5. Please see Q&A Exhibit 2 for the requested data.

Question 6. Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, and Federal Rate Templates are identical.

Answer 6. I confirm that the exhibits above have been tested to ensure that rates are identical.

Question 7. Please ensure that the 7/13/21 versions of the following items are posted in SERFF with your July 13th response to this data call.

a. Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.
b. PA Actuarial Memorandum
c. PA Actuarial Memorandum Exhibits
d. Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values – no "NA")
e. URRT
f. Federal Rate Template
g. Part III: Actuarial Memorandum
h. Updated Rate Change Request Summary (Attachment I)
i. Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).

Answer 7. I confirm the requested information has been submitted.

Keystone Health Plan Central
Small Group Rates
Q&A Exhibit 1
Risk Score, Induced Demand, Geography, AV and Age

				Risk	Induced Demand	Geography	Actuarial Value	Age
Year	Issuer	Market	Billed MemberMoths	Issuer Avg PLRS	Issuer Avg IDF	Issuer Avg GCF	Issuer Avg AV	Issuer Avg ARF
2019	45127	Small Group	505,365	1.4952	1.0696	1.1874	0.7721	1.5448
2019	53789	Small Group	1,151	0.8023	1.0000	1.1876	0.6000	1.6143
2019	82795	Small Group	915	1.6438	1.0736	1.1867	0.7872	1.5935
2020	45217	Small Group	371,085	1.3245	1.0711	1.1772	0.7753	1.5567
2020	53789	Small Group	900	0.7726	1.0000	1.1696	0.6000	1.5541
2020	82795	Small Group	989	1.5293	1.0800	1.1778	0.8000	1.5963
2019	All	Small Group	507,431	1.4939	1.0694	1.1874	0.7718	1.5451
2020	All	Small Group	372,975	1.3237	1.0710	1.1772	0.7750	1.5568

Keystone Health Plan Central
Small Group Rates
Q&A Exhibit 2
Financial History & Projection

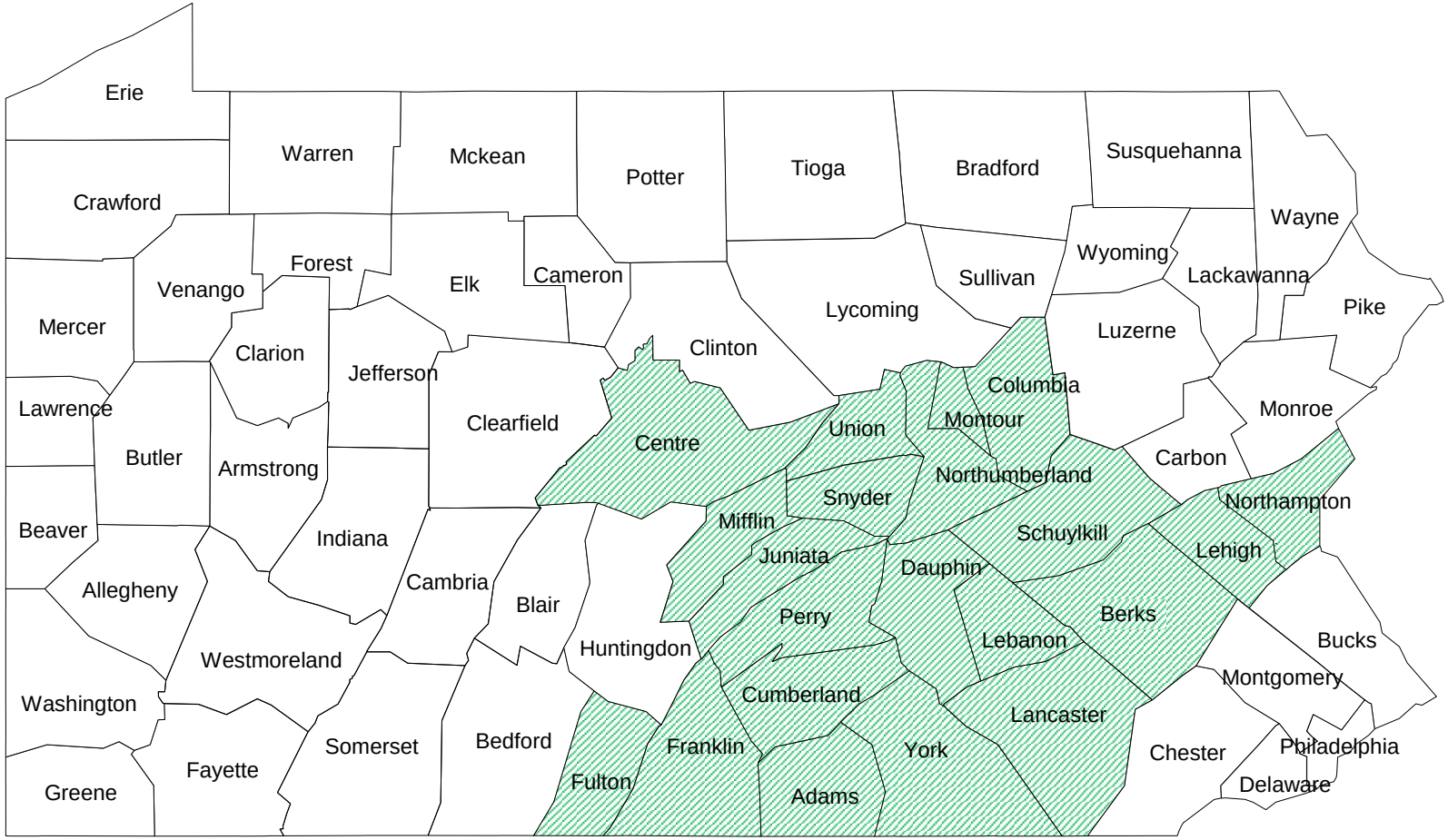
	Year	Member Months	Total Premium	Total Incurred	Total Admin	Total Taxes & Fees	Total Profit	Annual Underwriting gain/loss	Annual Underwriting gain/loss PMPM
	2016	10,725	$3,593,501	$3,176,842	$746,766	$26,367	-$356,474	-$356,474	-$33.24
	2017	10,235	$4,182,963	$4,297,040	$534,344	-$1,440,845	$792,424	$792,424	$77.42
	2018	3,986	$1,345,001	$973,370	$230,572	$124,741	$16,318	$16,318	$4.09
	2019	1,822	$933,644	$767,006	$87,938	$111,664	-$32,964	-$32,964	-$18.09
	2020	1,057	$418,237	$381,233	$79,898	$19,186	-$62,080	-$62,080	-$58.73
Projected	2021	884	$373,701	$228,212	$63,234	$2,002	$80,253	$80,253	$90.78
Projected	2022	1,018	$459,998	$375,846	$72,048	$2,904	$9,200	$9,200	$9.04

2016-2020 is directly from Supplemental Health Care Exhibits
2021 is from the corporate budget

2021 Service Area

Issuer: 53789

Market: Small Group



Key *(modify as needed)*

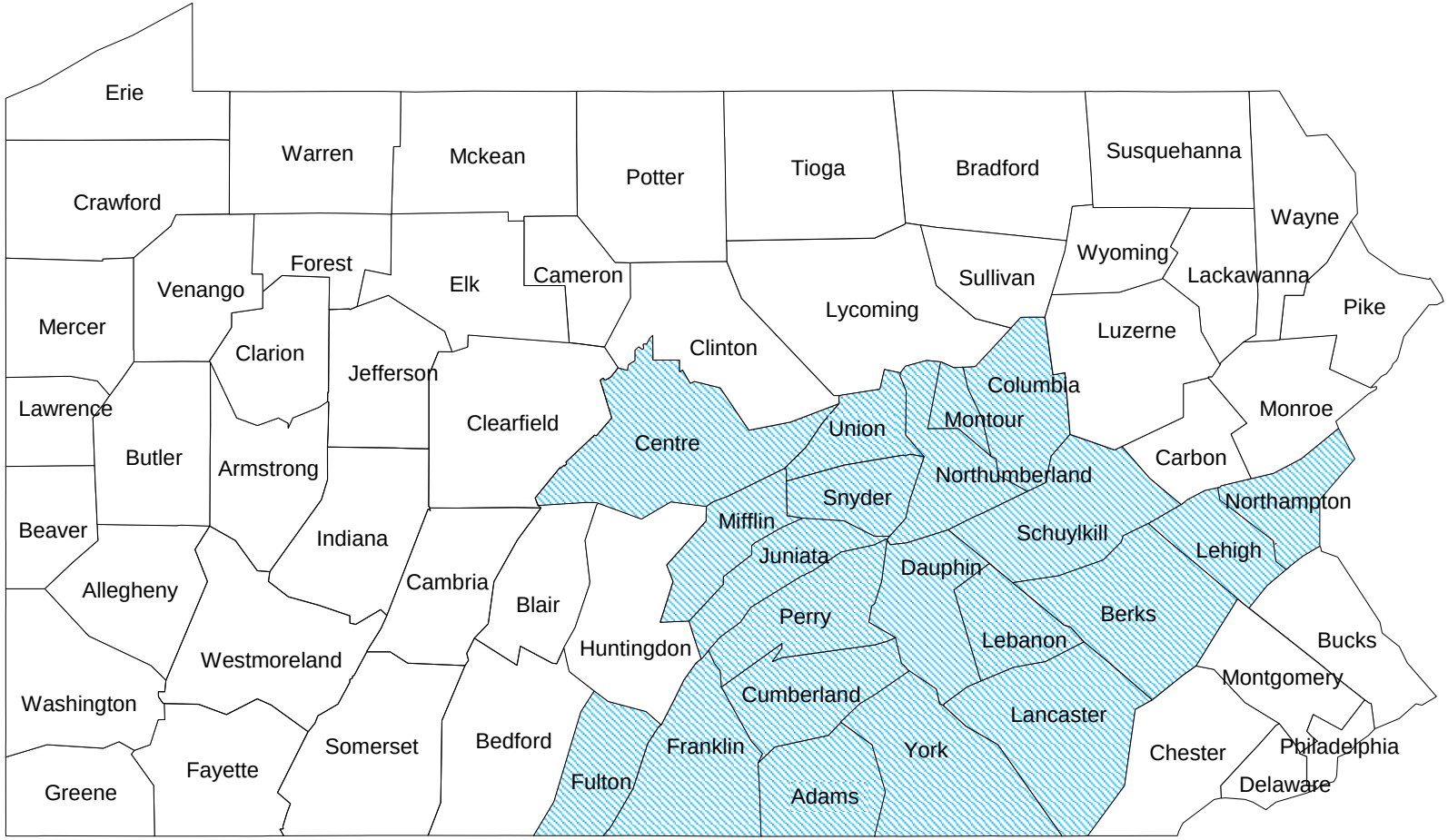
: 2021 on-exchange service area

: 2021 off-exchange only service area

2022 Service Area

Issuer: 53789

Market: Small Group



Key *(modify as needed)*

: 2022 on-exchange service area

: 2022 off-exchange only service area