State: Pennsylvania **Filing Company:** Keystone Health Plan Central
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: Rates - KHPC Individual HMO
Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	ACA Public Rate Filing PDF
Comments:	
Attachment(s):	Ind_21-69_Initial_KHP_HMO_PublicFiling01_Supporting_20210713.pdf Ind_21-69_Initial_KHP_HMO_PublicFiling02_Supporting_20210713.pdf Ind_21-69_Initial_KHP_HMO_PublicFiling03_Supporting_20210713.pdf Ind_21-69_Initial_KHP_HMO_PublicFiling04_Supporting_20210713.pdf Ind_21-69_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**
Individual Rates
Filing No 21-69
TOI Code: H15I Individual Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15I.001 - Hospital/Surgical/Medical Expense
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 Individual Rates effective January 1, 2022.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2022
- Average Rate Change Requested: -0.2%
- Range of Requested Rate Change: -0.4% to -0.2%
- Total additional annual revenue generated from the proposed rate change: $(9,155)
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze, Catastrophic
- Current Covered Lives and Policyholders: 676/507
- 2022 Number of Plans: 2
- 2021 Number of Plans and Change: 2/No Plan Change
- Contract Form #: KHPC-Ind-HMO-21cnty-AGRMT-v0122
- Form Filing SERFF #: CABC-132795406
- Binder SERFF #: CABC-PA22-125107219
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-2003721964618918914

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) – Individual 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:	0.0%[1]
Revised requested average rate change:	N/A[1]
Range of requested rate change:	-0.2% to 0.0%
Effective date:	1/1/2022
Mapped Members:	676
Available in:	Rating Areas 6, Rating Area 7, and Rating Area 9

Key information

Jan. 2020-Dec. 2020 financial experience

Premiums	$4,276,444
Claims	$3,402,645
Administrative expenses	$1,595,780
Taxes & fees	$3,136,356
Company made (after taxes)	**$(3,858,337)**

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

Claims:	85.95%
Administrative:	11.43%
Taxes & fees:	0.62%
Profit:	2.00%

The company expects its annual medical costs to increase **6.58%**.

Explanation of requested rate change

Favorable Experience Net Risk Adjustment: -8.0%
Proposed change to PA Reinsurance Program: 1.5%
Future Cost and Utilization: 6.5%

[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**
Individual Rates
Filing No 21-69
TOI Code: H15I Individual Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15I.001 - Hospital/Surgical/Medical Expense
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 Individual Rates effective January 1, 2022.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2022
- Average Rate Change Requested: 0.0%
- Range of Requested Rate Change: -0.2% to 0.0%
- Total additional annual revenue generated from the proposed rate change: $(863)
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze, Catastrophic
- Current Covered Lives and Policyholders: 676/507
- 2022 Number of Plans: 2
- 2021 Number of Plans and Change: 2/No Plan Change
- Contract Form #: KHPC-Ind-HMO-21cnty-AGRMT-v0122
- Form Filing SERFF #: CABC-132795406
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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
Individual Rates
Effective January 1, 2022

General Information

Company Information

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

PID Company Information

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2022
- Average Rate Change Requested: 0.0%
- Range of Requested Rate Change: -0.2% to 0.0%
- Total additional annual revenue generated from the proposed rate change: $(863)
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze, Catastrophic
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- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-2003721964618918914

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 individuals on and after January 1, 2022. KHPC will only offer products off the PA state-based exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Individual	KHPC	1/1/2018	CABC-131022039	9.2%
Individual	KHPC	1/1/2019	CABC-131454728	-7.3%
Individual	KHPC	1/1/2020	CABC-131915679	-8.0%
Individual	KHPC	1/1/2021	CABC-132354935	-1.7%

Average Rate Change

KHPC is proposing an aggregate annual 0.0% rate decrease. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part III, Table 10, cell AC15.

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

Favorable Experience Net Risk Adjustment: -8.0%
Proposed change to PA Reinsurance Program: 1.5%
Future Cost and Utilization: 6.5%

Regulatory Considerations

Rates submitted by this filing assume changes to the current regulatory framework. As directed by the Insurance Department, the following factors have been applied to the rates for regulatory changes:

- Individual Adjustment of 1.01
- Cost Sharing Reduction (CSR) Funding: Factor of 1.22 applied in the PA Rate Exhibits, Part III, column P to the on-exchange silver plan. (Does not apply to KHPC, off-exchange issuer)
- User Exchange Fee of 3% (Does not apply to KHPC, off exchange-issuer)
- Reinsurance Morbidity Adjustment of 0.999
- COVID-19 Adjustment of 1.03

- Note that no adjustment is made for the American Rescue Plan Act (ARPA) as KHPC is only offered off-exchange, with no subsidy impact.

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 42.

Benefit Changes 2021-2022

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

There are several 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 individual 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.

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 applied are equal to zero.

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.
- CBC only covers Essential Health benefits (EHBs).
- KHPC has PCP and mental health capitated 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 79.57%

Credibility of Data

No Credibility Manual was used.

Trend Identification

Trend: 6.58%

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.

$$\begin{aligned} &Total\ Morbidity\ Factor \\ &\qquad = [Individual\ Factor] \times [COVID - 19\ Factor] \\ &\qquad \times [Risk\ Change\ Rel\ to\ KHPC] \times [Reinsurance\ Morbdity\ Factor] \end{aligned}$$

The Individual Factor and Reinsurance Morbidity Factor are discussed in *Regulatory Considerations* above.

COVID-19 Factor: 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 = 10.0%
6. 3% is applied in rating due to market competition.

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

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 individual population.

Changes in Network: No network adjustment 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 as well as PA Rate Exhibits Table 5 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.

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

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

$$\begin{aligned} &Projected\ Paid\ and\ Incurred\ Claims\ PMPM \\ &\quad = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \\ &\quad \times [Morbidity\ Adjustment] \times [Reinsurance\ Adjustment] \\ &\quad \times [Other\ Adjustment] \end{aligned}$$

The *Morbidity Adjustment*, and *Other Adjustment* are discussed in the Projections Factors section above. The *Benefit Adjustment* is described in more detail in step 6 below. The *Reinsurance Adjustment* is discussed in Market Adjusted Index Rate section below.

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.

<u>Market Adjusted Index Rate</u>

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:

In order to calculate the value of reinsurance, the following is provided:

1. PA Rate Exhibits, tab II.a show the company-specific BEP claims data.
2. PA Rate Exhibits, tab II.b shows the projected Individual ACA claims using all CBC subsidiaries – CAAC, CAIC, and KHPC. The claims represent BEP claims trended at 7% to the projection period.
3. CBC is utilizing this approach in order apply a consistent reinsurance factor across all CBC Individual ACA plans regardless of issuing entity. This approach also provides credibility to the small CBC issuers (KHPC and CAIC).

Exchange Fee PMPM:

KHPC only offers plans off exchange, 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:

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 individual 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 Health Risk Assessment questionnaire and receive a gift card.
      ii. Participate in an 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. CBC pays commissions for new business and renewal enrollment received during open enrollment, both on and off exchange, and in all geographic areas. Commission is less on catastrophic plans due to the lower premium. CBC does not pay commission during Special Enrollment Periods (SEP). The 2021 broker commission schedule is yet to be finalized. Attached please find the 1/1/2020 copy of the broker agreement – redacted version. Files are as follows:
   a. Redacted Agent Agreement: "Ind_21-69_Initial_CAAC_PPO_WBEBrokerIndRedacted_Supporting_20210518.pdf"
   b. Redacted Preferred Producer Master Agreement: "Ind_21-69_Initial_CAAC_PPO_PPMABrokerIndRedacted_Supporting_20210518.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 1, "Profit and Risk", and PA Rate Exhibits Table 6.

Taxes and Fees:

1. Exchange Fee – All issuers participating in the state-based-facilitated exchange will remit 3% of premium. The exchange user fee is applied as an adjustment to the Index Rate at the market level. KHPC only offers off-exchanges products, therefore no exchange fee is applied.

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 for all retention values.

Plan Adjusted Index Rates

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: 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. Catastrophic Plans: Applied to catastrophic plans to reflect lower morbidity. This factor is the same as approved in 2021.
6. Adjustment for distribution and administrative costs: Described in Retention section above.
7. Tobacco Adjustment: Calculated as the average tobacco factor applied across the risk pool.

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 individual enrollment by age in KHPC. 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 Ind_21-69_Initial_KHP_HMO_List-Billed_Supporting_20210518 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: Average tobacco factor is calculated using current month member by smoking status data.

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

Plans 53789PA0100008 and 53789PA0100004 use alternative method 156.135(b)(2) to establish AV. Ind_21-69_Initial_KHP_PPO_UniquePlanDesign_Suppporting_20210518 is includes a detailed explanation of the approach.

See AV Screenshots included with the submission.

AV Pricing Values

All AV Pricing values were developed using KHPC'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 moderate growth 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

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 Rate Filing Justification.

[redacted]

[redacted], ASA, MAAA
Manager, Actuarial Services
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:	Individual		
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	42.2	41.9	41.9
Total	12,259	676	8,009
<18	1,430	73	865
18-24	901	53	628
25-29	949	55	652
30-34	1,198	66	782
35-39	477	28	332
40-44	941	60	711
45-49	944	50	592
50-54	1,210	72	853
55-59	1,517	84	995
60-63	1,921	110	1,303
64+	771	25	296

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
$6,349,372.29	$3,390,388.28	$3,304,400.46	12,259	$1,292,604.93	$4,597,005.39	$0.00	($69,960.08)	$168,204.48	$0.00	($2,072,927.93)	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 383.00**
Loss Ratio											**79.57%**

**Express Prescription Drug Rebates as a negative number*

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.60%	0.00%	0.00%	5.60%	13.16%
Outpatient Hospital	5.75%	0.00%	0.00%	5.75%	46.20%
Professional	4.45%	0.00%	0.00%	4.45%	17.26%
Other Medical	5.75%	0.00%	0.00%	5.75%	1.81%
Capitation				3.00%	3.58%
Prescription Drugs	10.55%	1.40%	0.00%	12.10%	17.98%
Total Annual Trend				6.58%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.136	

** 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		$270,655.89	1.0000	$ 270,655.89	2,921	$ 92.66		($11,079.00)	$583,350.47	$ 199.71
Feb-17		$332,318.11	1.0000	$ 332,318.11	3,019	$ 110.08		($131.00)	$611,139.96	$ 202.43
Mar-17		$848,334.60	1.0000	$ 848,334.60	3,009	$ 281.93		($14,110.00)	$1,096,911.52	$ 364.54
Apr-17		$342,444.79	1.0000	$ 342,444.79	2,928	$ 116.96		$71.00	$624,859.02	$ 213.41
May-17		$719,360.69	1.0000	$ 719,360.69	2,835	$ 253.74		$0.00	$1,013,294.23	$ 357.42
Jun-17		$722,223.09	1.0000	$ 722,223.09	2,761	$ 261.58		($68,020.00)	$967,330.89	$ 350.36
Jul-17		$344,882.18	1.0000	$ 344,882.18	2,716	$ 126.98		$26.00	$570,752.64	$ 210.14
Aug-17		$490,323.07	1.0000	$ 490,323.07	2,659	$ 184.40		($13.00)	$711,249.78	$ 267.49
Sep-17		$488,752.07	1.0000	$ 488,752.07	2,616	$ 186.83		($49,756.00)	$601,824.75	$ 230.06
Oct-17		$469,580.79	1.0000	$ 469,580.79	2,555	$ 183.79		($15.00)	$667,436.79	$ 261.23
Nov-17		$566,087.22	1.0000	$ 566,087.22	2,502	$ 226.25		$27.00	$759,322.91	$ 303.49
Dec-17	$15,277,780.74	$882,711.43	1.0000	$ 882,711.43	2,390	$ 369.34	$2,964,572.35	($41,671.00)	$1,050,102.32	$ 439.37
Jan-18		$370,323.44	1.0000	$ 370,323.44	2,229	$ 166.14		($13,012.00)	$667,900.06	$ 299.64
Feb-18		$306,425.08	1.0000	$ 306,425.08	2,039	$ 150.28		($13,492.00)	$521,681.17	$ 255.85
Mar-18		$350,103.86	1.0000	$ 350,103.86	2,005	$ 174.62		($15,205.00)	$557,269.53	$ 277.94
Apr-18		$423,498.07	1.0000	$ 423,498.07	1,965	$ 215.52		($21,750.00)	$578,642.81	$ 294.47
May-18		$525,544.30	1.0000	$ 525,544.30	1,923	$ 273.29		($12,953.00)	$695,405.24	$ 361.63
Jun-18		$543,744.95	1.0000	$ 543,744.95	1,894	$ 287.09		($18,213.00)	$742,634.01	$ 392.10
Jul-18		$467,268.61	1.0000	$ 467,268.61	1,858	$ 251.49		($16,257.00)	$612,260.68	$ 329.53
Aug-18		$692,504.43	1.0000	$ 692,504.43	1,832	$ 378.00		($19,639.00)	$872,353.68	$ 476.18
Sep-18		$395,518.85	1.0000	$ 395,518.85	1,771	$ 223.33		($17,619.00)	$533,910.29	$ 301.47
Oct-18		$656,569.42	1.0000	$ 656,569.42	1,736	$ 378.21		($16,421.00)	$807,252.64	$ 465.01
Nov-18		$539,449.69	1.0000	$ 539,449.69	1,682	$ 320.72		($23,221.00)	$633,726.73	$ 376.77
Dec-18	$12,647,838.69	$658,258.54	1.0000	$ 658,258.54	1,633	$ 403.10	$2,265,479.51	($24,487.00)	$759,382.91	$ 465.02
Jan-19		$617,432.71	1.0000	$ 617,432.71	1,411	$ 437.59		($11,736.00)	$898,680.88	$ 636.91
Feb-19		$337,889.22	1.0000	$ 337,889.22	1,375	$ 245.74		($11,277.00)	$494,527.66	$ 359.66
Mar-19		$300,788.57	1.0000	$ 300,789.30	1,339	$ 224.64		($20,697.00)	$422,271.05	$ 315.36
Apr-19		$370,967.30	0.9999	$ 370,987.91	1,322	$ 280.63		($59,381.00)	$438,923.62	$ 332.01
May-19		$637,792.24	0.9999	$ 637,863.99	1,303	$ 489.53		($37,603.00)	$742,535.39	$ 569.87
Jun-19		$373,815.56	0.9907	$ 377,322.85	1,272	$ 296.64		($15,663.00)	$492,399.13	$ 387.11
Jul-19		$392,158.01	0.9998	$ 392,243.35	1,254	$ 312.79		($10,604.00)	$487,014.38	$ 388.37
Aug-19		$440,810.06	0.9998	$ 440,912.43	1,236	$ 356.73		($13,857.00)	$561,361.32	$ 454.18
Sep-19		$495,098.18	0.9997	$ 495,253.40	1,204	$ 411.34		($12,691.00)	$560,672.53	$ 465.67
Oct-19		$637,897.27	0.9997	$ 638,106.78	1,190	$ 536.22		($14,607.00)	$720,670.16	$ 605.61
Nov-19		$376,856.41	0.9996	$ 377,025.52	1,172	$ 321.69		($10,253.00)	$460,333.93	$ 392.78
Dec-19	$8,045,050.93	$614,485.18	0.9994	$ 614,853.12	1,133	$ 542.68	$1,612,658.36	($18,699.00)	$696,880.89	$ 615.08
Jan-20		$251,234.48	0.9995	$ 251,362.69	1,086	$ 231.46		($5,292.08)	$462,583.88	$ 425.95
Feb-20		$194,278.43	0.9993	$ 194,417.88	1,046	$ 185.87		($4,067.00)	$315,983.51	$ 302.09
Mar-20		$192,827.79	0.9988	$ 193,063.84	1,040	$ 185.64		($5,692.00)	$288,304.61	$ 277.22
Apr-20		$290,863.83	0.9969	$ 291,757.67	1,054	$ 276.81		($7,922.00)	$349,834.87	$ 331.91
May-20		$304,696.70	0.9953	$ 306,128.63	1,042	$ 293.79		($3,276.00)	$367,791.33	$ 352.97
Jun-20		$286,764.90	0.9891	$ 289,939.48	1,026	$ 282.59		($5,917.00)	$376,986.50	$ 367.43
Jul-20		$340,062.91	0.9929	$ 342,478.73	1,030	$ 332.50		($4,669.00)	$434,292.38	$ 421.64
Aug-20		$271,737.63	0.9879	$ 275,057.14	1,016	$ 270.73		($6,763.00)	$377,054.75	$ 371.12
Sep-20		$379,612.93	0.9785	$ 387,954.93	1,000	$ 387.95		($5,023.00)	$500,049.78	$ 500.05
Oct-20		$249,591.02	0.9749	$ 256,010.71	986	$ 259.65		($6,123.00)	$354,795.41	$ 359.83
Nov-20		$297,190.23	0.9378	$ 316,915.06	973	$ 325.71		($6,089.00)	$414,586.98	$ 426.09
Dec-20	$6,349,372.29	$331,527.43	0.9021	$ 367,518.18	960	$ 382.83	$1,292,604.93	($9,127.00)	$452,985.79	$ 471.86

** 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:	**Individual**
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
$328,900,418.52	$260,378,773.09	$266,990,877.92	418,232	$53,564,116.45	$320,554,994.37		($7,717,938.99)	$168,204.48	$0.00	$29,623,611.29	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 748.40**
Loss Ratio											**72.36%**

**Express Prescription Drug Rebates as a negative number*

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.60%	0.00%	0.00%	5.60%	13.16%
Outpatient Hospital	5.75%	0.00%	0.00%	5.75%	46.20%
Professional	4.45%	0.00%	0.00%	4.45%	17.26%
Other Medical	5.75%	0.00%	0.00%	5.75%	1.81%
Capitation				3.00%	3.58%
Prescription Drugs	10.55%	1.40%	0.00%	12.10%	17.98%
Total Annual Trend				6.58%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.136	

** 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		$21,894,022.61	1.0000	$ 21,894,022.61	49,435	$ 442.89		($591,482.99)	$28,775,125.79	$ 582.08
Feb-17		$24,777,798.75	1.0000	$ 24,777,798.75	51,393	$ 482.12		($998.00)	$31,219,609.89	$ 607.47
Mar-17		$30,266,596.33	1.0000	$ 30,266,596.33	52,018	$ 581.85		($1,495,591.00)	$35,025,440.91	$ 673.33
Apr-17		$27,310,741.46	1.0000	$ 27,310,741.46	51,372	$ 531.63		$1,896.00	$32,629,305.41	$ 635.16
May-17		$30,616,524.66	1.0000	$ 30,616,524.66	50,467	$ 606.66		($1,530.00)	$35,681,290.89	$ 707.02
Jun-17		$29,122,845.66	1.0000	$ 29,122,845.66	49,664	$ 586.40		($2,743,990.00)	$31,080,273.39	$ 625.81
Jul-17		$26,107,828.18	1.0000	$ 26,107,828.18	48,934	$ 533.53		$3,338.00	$30,075,490.02	$ 614.61
Aug-17		$27,976,697.23	1.0000	$ 27,976,697.23	48,339	$ 578.76		($685.00)	$32,163,171.51	$ 665.37
Sep-17		$26,737,598.29	1.0000	$ 26,737,598.29	47,706	$ 560.47		($2,806,633.00)	$27,634,721.34	$ 579.27
Oct-17		$30,019,169.88	1.0000	$ 30,019,169.88	46,944	$ 639.47		$626.00	$33,809,637.10	$ 720.21
Nov-17		$29,813,260.14	1.0000	$ 29,813,260.14	46,130	$ 646.29		$894.00	$33,275,533.19	$ 721.34
Dec-17	$422,598,193.31	$31,302,378.25	1.0000	$ 31,302,378.25	44,409	$ 704.87	$57,737,060.27	($3,344,478.00)	$31,334,288.28	$ 705.58
Jan-18		$18,157,628.96	1.0000	$ 18,157,628.96	37,234	$ 487.66		($542,883.01)	$25,608,234.15	$ 687.76
Feb-18		$19,470,062.97	1.0000	$ 19,470,062.97	35,852	$ 543.07		($722,472.00)	$24,862,768.05	$ 693.48
Mar-18		$21,125,662.99	1.0000	$ 21,125,662.99	35,507	$ 594.97		($917,068.00)	$25,793,259.34	$ 726.43
Apr-18		$22,127,904.19	1.0000	$ 22,127,904.19	35,095	$ 630.51		($861,391.00)	$26,323,916.06	$ 750.08
May-18		$22,273,223.17	1.0000	$ 22,273,223.17	34,397	$ 647.53		($880,796.00)	$26,092,257.66	$ 758.56
Jun-18		$20,535,029.89	1.0000	$ 20,535,029.89	33,914	$ 605.50		($880,201.00)	$23,743,203.68	$ 700.10
Jul-18		$21,567,803.87	1.0000	$ 21,567,803.87	33,703	$ 639.94		($833,777.00)	$24,568,483.37	$ 728.97
Aug-18		$23,834,457.40	1.0000	$ 23,834,457.40	33,217	$ 717.54		($844,029.00)	$26,912,735.18	$ 810.21
Sep-18		$22,546,754.71	1.0000	$ 22,546,754.71	32,762	$ 688.20		($741,129.01)	$25,097,106.37	$ 766.04
Oct-18		$24,552,684.61	1.0000	$ 24,552,684.61	32,348	$ 759.02		($781,015.01)	$27,462,246.68	$ 848.96
Nov-18		$26,248,040.99	1.0000	$ 26,248,040.99	31,894	$ 822.98		($734,441.00)	$28,804,841.79	$ 903.14
Dec-18	$401,389,896.72	$23,825,022.50	1.0000	$ 23,825,022.50	31,428	$ 758.08	$54,519,337.57	($861,876.00)	$25,913,483.46	$ 824.53
Jan-19		$25,432,623.68	1.0000	$ 25,432,623.68	46,548	$ 546.37		($650,753.00)	$34,945,025.33	$ 750.73
Feb-19		$25,715,547.54	1.0000	$ 25,715,547.54	46,678	$ 550.91		($671,929.00)	$32,386,851.51	$ 693.84
Mar-19		$28,156,134.86	1.0000	$ 28,156,229.18	46,511	$ 605.37		($1,568,449.99)	$33,493,548.97	$ 720.12
Apr-19		$29,333,017.32	0.9999	$ 29,336,035.77	46,169	$ 635.41		($1,111,051.00)	$34,532,703.60	$ 747.96
May-19		$32,756,878.05	0.9999	$ 32,760,967.62	45,495	$ 720.10		($1,206,670.99)	$37,340,014.51	$ 820.75
Jun-19		$28,480,439.44	0.9897	$ 28,776,984.29	45,097	$ 638.11		($1,123,061.00)	$32,766,197.83	$ 726.57
Jul-19		$29,251,448.09	0.9998	$ 29,258,730.05	44,749	$ 653.84		($1,155,175.00)	$33,271,497.89	$ 743.51
Aug-19		$30,974,817.34	0.9997	$ 30,983,320.38	44,398	$ 697.85		($1,205,903.00)	$34,521,094.56	$ 777.54
Sep-19		$32,114,187.76	0.9997	$ 32,124,347.15	44,027	$ 729.65		($1,235,444.00)	$35,283,749.08	$ 801.41
Oct-19		$35,006,102.96	0.9997	$ 35,018,207.63	43,549	$ 804.11		($1,344,798.00)	$38,369,836.72	$ 881.07
Nov-19		$31,016,815.34	0.9995	$ 31,031,264.07	43,160	$ 718.98		($1,231,801.00)	$33,740,992.27	$ 781.77
Dec-19	$426,240,837.77	$33,169,146.16	0.9994	$ 33,188,511.17	42,255	$ 785.43	$68,684,064.83	($1,220,482.00)	$36,089,803.11	$ 854.10
Jan-20		$19,714,287.29	0.9993	$ 19,728,162.38	37,104	$ 531.70		($359,760.01)	$28,106,702.46	$ 757.51
Feb-20		$20,529,939.13	0.9992	$ 20,545,428.21	36,216	$ 567.30		($449,437.99)	$26,761,098.12	$ 738.93
Mar-20		$20,118,453.97	0.9985	$ 20,148,839.89	35,802	$ 562.79		($636,709.01)	$24,481,358.56	$ 683.80
Apr-20		$14,872,360.81	0.9970	$ 14,916,687.34	35,422	$ 421.11		($589,314.99)	$16,924,755.43	$ 477.80
May-20		$20,774,822.64	0.9949	$ 20,880,329.40	35,147	$ 594.09		($589,268.00)	$23,571,651.84	$ 670.66
Jun-20		$23,983,360.73	0.9870	$ 24,298,471.58	34,942	$ 695.39		($644,917.00)	$27,841,321.94	$ 796.79
Jul-20		$22,308,428.78	0.9930	$ 22,465,993.26	34,752	$ 646.47		($734,597.00)	$25,867,111.21	$ 744.33
Aug-20		$23,144,814.96	0.9865	$ 23,462,377.75	34,477	$ 680.52		($732,728.00)	$26,787,659.17	$ 776.97
Sep-20		$23,142,056.61	0.9787	$ 23,646,278.33	34,270	$ 690.00		($694,449.00)	$26,797,538.94	$ 781.95
Oct-20		$24,701,950.78	0.9703	$ 25,457,719.97	33,814	$ 752.88		($737,536.99)	$28,717,195.85	$ 849.27
Nov-20		$23,160,020.95	0.9322	$ 24,844,820.15	33,410	$ 743.63		($725,286.00)	$27,680,370.11	$ 828.51
Dec-20	$328,900,418.52	$23,928,276.44	0.8940	$ 26,763,974.14	32,876	$ 814.09	$53,564,116.45	($823,935.00)	$29,468,496.23	$ 896.35

** Express Completion Factor as a percentage*

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

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

Carrier Name:	**Keystone Health Plan Central**	**Attachment Point:**	**$60,000**
Product(s):	**HMO**	**Reinsurance Cap:**	**$100,000**
Market Segment:	**Individual**	**Coinsurance Rate:**	**45%**
Rate Effective Date:	**1/1/2022**		
Incurred Dates:	**1/1/2020 to 12/31/2020**	**Proj. Incurred Claim Impact:**	**-3.4%**

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2020 to 12/31/2020					
Annual Incurred Claims Range		**Unique Members**	**Member Months**	**Total Incurred Claims**	**Total Incurred Claims with Reinsurance**
$0	$29,999	1,179	11,986	$1,329,472	$1,329,472
$30,000	$34,999	1	12	$33,002	$33,002
$35,000	$39,999	3	36	$112,539	$112,539
$40,000	$44,999	1	12	$42,935	$42,935
$45,000	$49,999	3	36	$147,872	$147,872
$50,000	$54,999	0	0	$0	$0
$55,000	$59,999	4	48	$233,315	$233,315
$60,000	$64,999	5	53	$320,261	$311,143
$65,000	$69,999	0	0	$0	$0
$70,000	$74,999	1	12	$73,640	$67,502
$75,000	$79,999	0	0	$0	$0
$80,000	$84,999	0	0	$0	$0
$85,000	$89,999	1	8	$86,793	$74,736
$90,000	$94,999	0	0	$0	$0
$95,000	$99,999	0	0	$0	$0
$100,000	$109,999	0	0	$0	$0
$110,000	$119,999	0	0	$0	$0
$120,000	$129,999	1	10	$126,427	$108,427
$130,000	$139,999	0	0	$0	$0
$140,000	$149,999	1	12	$149,826	$131,826
$150,000	$159,999	1	12	$157,375	$139,375
$160,000	$169,999	0	0	$0	$0
$170,000	$179,999	0	0	$0	$0
$180,000	$189,999	0	0	$0	$0
$190,000	$199,999	0	0	$0	$0
$200,000	$209,999	0	0	$0	$0
$210,000	$219,999	0	0	$0	$0
$220,000	$229,999	0	0	$0	$0
$230,000	$239,999	1	12	$240,283	$222,283
$240,000	$249,999	0	0	$0	$0
$250,000	$259,999	0	0	$0	$0
$260,000	$269,999	0	0	$0	$0
$270,000	$279,999	0	0	$0	$0
$280,000	$289,999	0	0	$0	$0
$290,000	$299,999	0	0	$0	$0
$300,000	$324,999	0	0	$0	$0
$325,000	$349,999	1	10	$348,856	$330,856
$350,000	$374,999	0	0	$0	$0
$375,000	$399,999	0	0	$0	$0
$400,000	$424,999	0	0	$0	$0
$425,000	$449,999	0	0	$0	$0
$450,000	$474,999	0	0	$0	$0
$475,000	$499,999	0	0	$0	$0
$500,000	$599,999	0	0	$0	$0
$600,000	$699,999	0	0	$0	$0
$700,000	$799,999	0	0	$0	$0
$800,000	$899,999	0	0	$0	$0
$900,000	$999,999	0	0	$0	$0
$1,000,000+		0	0	$0	$0
Total		**1,203**	**12,259**	**$3,402,594**	**$3,285,282**

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

Carrier Name:	**Keystone Health Plan Central**	**Attachment Point:**	**$60,000**
Product(s):	**HMO**	**Reinsurance Cap:**	**$100,000**
Market Segment:	**Individual**	**Coinsurance Rate:**	**45%**
Rate Effective Date:	**1/1/2022**		
		Proj. Incurred Claim Impact:	**-4.7%**
		Proj. Morbidity Impact:	**-0.1%**

Reinsurance Program Impact Continuance Table Development - Plan Year 2022

Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
$0	$29,999	40,202	397,403	$90,898,468	$90,898,468
$30,000	$34,999	284	2,945	$9,303,797	$9,303,797
$35,000	$39,999	253	2,313	$9,585,963	$9,585,963
$40,000	$44,999	182	1,740	$7,840,324	$7,840,324
$45,000	$49,999	155	1,600	$7,449,013	$7,449,013
$50,000	$54,999	127	1,273	$6,746,575	$6,746,575
$55,000	$59,999	119	1,132	$6,928,614	$6,928,614
$60,000	$64,999	107	933	$6,795,952	$6,626,774
$65,000	$69,999	74	699	$5,067,472	$4,785,109
$70,000	$74,999	83	725	$6,063,665	$5,576,016
$75,000	$79,999	70	682	$5,477,021	$4,902,362
$80,000	$84,999	49	528	$4,098,142	$3,576,978
$85,000	$89,999	51	479	$4,504,459	$3,854,452
$90,000	$94,999	58	312	$5,429,987	$4,552,493
$95,000	$99,999	38	394	$3,758,772	$3,093,325
$100,000	$109,999	68	596	$7,183,092	$5,959,092
$110,000	$119,999	58	421	$6,757,740	$5,713,740
$120,000	$129,999	44	417	$5,565,085	$4,773,085
$130,000	$139,999	33	420	$4,495,913	$3,901,913
$140,000	$149,999	33	335	$4,827,652	$4,233,652
$150,000	$159,999	27	238	$4,212,423	$3,726,423
$160,000	$169,999	32	261	$5,357,954	$4,781,954
$170,000	$179,999	27	257	$4,775,115	$4,289,115
$180,000	$189,999	12	158	$2,262,610	$2,046,610
$190,000	$199,999	24	172	$4,718,288	$4,286,288
$200,000	$209,999	18	237	$3,738,412	$3,414,412
$210,000	$219,999	17	63	$3,691,155	$3,385,155
$220,000	$229,999	12	146	$2,723,865	$2,507,865
$230,000	$239,999	13	117	$3,097,026	$2,863,026
$240,000	$249,999	20	140	$4,963,135	$4,603,135
$250,000	$259,999	9	36	$2,312,337	$2,150,337
$260,000	$269,999	7	75	$1,888,066	$1,762,066
$270,000	$279,999	11	66	$3,055,422	$2,857,422
$280,000	$289,999	9	47	$2,602,286	$2,440,286
$290,000	$299,999	9	12	$2,680,341	$2,518,341
$300,000	$324,999	12	175	$3,803,279	$3,587,279
$325,000	$349,999	12	63	$4,112,617	$3,896,617
$350,000	$374,999	8	93	$2,963,253	$2,819,253
$375,000	$399,999	9	87	$3,482,234	$3,320,234
$400,000	$424,999	5	32	$2,081,888	$1,991,888
$425,000	$449,999	9	60	$4,004,900	$3,842,900
$450,000	$474,999	6	29	$2,823,642	$2,715,642
$475,000	$499,999	3	36	$1,458,399	$1,404,399
$500,000	$599,999	13	96	$7,165,491	$6,931,491
$600,000	$699,999	7	59	$4,415,280	$4,289,280
$700,000	$799,999	5	72	$3,831,020	$3,741,020
$800,000	$899,999	5	46	$4,402,555	$4,312,555
$900,000	$999,999	3	12	$2,894,206	$2,840,206
$1,000,000+		4	0	$4,372,641	$4,300,641
Total		**42,436**	**418,232**	**$312,667,542**	**$297,927,581**

PA Rate Template Part II
Rate Development and Change

Carrier Name:	**Keystone Health Plan Central**
Product(s):	**HMO**
Market Segment:	**Individual**
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	$ 383.00	$ 748.40	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor	1.136	1.136	
Unadjusted Projected Allowed EHB Claims PMPM	$ 435.09	$ 850.17	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	0.999	0.999	
Change in Morbidity - All Other	1.040	1.040	<- See URRT Instructions
Total Non-Morbidity Changes	1.000	1.000	
Change in Demographics	1.000	1.000	<- See URRT Instructions
Change in Network	1.000	1.000	
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	$ 452.04	$ 883.29	
Credibility Factors	**100%**	**0%**	<- See Instructions
Blended Projected EHB Claims PMPM		**$ 452.04**	**<- Projected Index Rate**
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	$ 452.04	<- Index Rate for Projection Period on URRT	
Projected Paid to Allowed Ratio	0.695		
Projected Incurred EHB Claims PMPM	$ 314.19		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	-$169.09		
Projected Incurred Exchange User Fees PMPM	$0.00		
Projected Incurred Reinsurance Recoveries PMPM	$14.81		
Market-Adjusted Projected Incurred EHB Claims PMPM	$ 468.46		
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 674.01	<- Market-Adjusted Index Rate	
Projected Allowed Non-EHB Claims PMPM	$0.00		
Market-Adjusted Projected Incurred Total Claims PMPM	$ 468.46		
Market-Adjusted Projected Allowed Total Claims PMPM	$ 674.01		

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	**$ 383.00**	**<- Index Rate of Experience Period on URRT**
Blended Earned Premium	**$ 6,349,372.29**	
Blended Loss Ratio	**79.57%**	

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					-
Adjusted Projected Allowed EHB Claims PMPM	$ 452.04	$ 452.04	$ 452.04	$ 452.04	$ 452.04
Months of Trend	-	3	6	9	
Annual Trend	6.58%	6.58%	6.58%	6.58%	
Single Risk Pool Projected Allowed Claims	$ 452.04	$ 459.30	$ 466.68	$ 474.17	$ -
Quarterly Trend Factor	1.000	1.016	1.032	1.049	0.000

Table 6. Retention

Retention Items - *Express in percentages*	Percentages	PMPM Amounts
Administrative Expenses	11.43%	$62.32
General and Claims	10.24%	$55.80
Agent/Broker Fees and Commissions	0.79%	$4.30
Quality Improvement Initiatives	0.41%	$2.22
Taxes and Fees	0.62%	$3.38
Risk Adjustment User Fee	0.05%	$0.25
PCORI Fee	0.04%	$0.20
PA Premium & Other Taxes (if applicable)	0.00%	$0.00
Federal Income Tax	0.53%	$2.90
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	$0.00
Profit/Contingency (after tax)	2.00%	$10.90
Total Retention	14.05%	$76.60
Projected Required Revenue PMPM	$ 545.07	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2021	2022
Average Age Factor	1.719	1.731
Average Geographic Factor	1.065	1.062
Average Tobacco Factor	1.002	1.006
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	$653.70	$ 674.01
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	$ 356.39	$ 364.57

Table 8. Components of Rate Change

Rate Components	2021	2022	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	$ 279.94	$ 279.87	$ (0.07)	0.0%
B. Base period allowed claims before normalization	$452.62	$ 383.00	$ (69.62)	-24.9%
C. Normalization factor component of change	$ (205.86)	$ (175.84)	$ 30.02	10.7%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	$ 246.76	$ 207.17	$ (39.59)	-14.1%
D2. URRT Trend	$ 34.59	$ 28.17	$ (6.42)	-2.3%
D3. URRT Morbidity	$ 2.53	$ 9.17	$ 6.64	2.4%
D4. URRT Other	$ (2.52)	$ -	$ 2.52	0.9%
D5. Normalized URRT Risk Adjustment on an allowed basis	$ 92.11	$ 131.59	$ 39.48	14.1%
D6. Normalized Exchange User Fee on an allowed basis	$ -	$ -	$ -	0.0%
D7. Normalized Reinsurance Recoveries on an allowed basis	$ (17.09)	$ (11.53)	$ 5.56	2.0%
D8. Subtotal - Sum(D1:D7)	$ 356.38	$ 364.57	$ 8.19	2.9%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	$ -	$ -	$ -	0.0%
E2. Pricing AV	$ (100.12)	$ (111.18)	$ (11.06)	-3.9%
E3. Benefit Richness	$ 0.00	$ (0.00)	$ (0.00)	0.0%
E4. Catastrophic Eligibility	$ (14.13)	$ (12.49)	$ 1.64	0.6%
E5. Subtotal - Sum(E1:E4)	$ (114.26)	$ (123.67)	$ (9.41)	-3.4%
F. Change in Retention Components				
F1. Administrative Expenses	$ 29.85	$ 32.00	$ 2.15	0.8%
F2. Taxes and Fees	$ 1.43	$ 1.74	$ 0.31	0.1%
F3. Profit and/or Contingency	$ 5.60	$ 5.60	$ (0.00)	0.0%
F4. Subtotal - Sum(F1:F3)	$ 36.88	$ 39.33	$ 2.45	0.9%
G. Change in Miscellaneous Items	$0.00		$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	$ 279.00	$ 280.23	$ 1.23	0.4%

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

	2021	2022	
Paid-to-Allowed	0.719	0.695	
URRT Trend (Total Applied Trend Factor)	1.140	1.136	<- URRT W1, S2
URRT Morbidity	1.009	1.039	<- URRT W1, S2
URRT "Other"	0.991	1.000	<- URRT W1, S2
Risk Adjustment	$121.49	$ 169.09	<- URRT W1, S3
Exchange User Fee	$0.00	$ -	<- URRT W1, S3
Reinsurance Recoveries	$22.54	$ 14.81	<- URRT W1, S3
Capitation	$0.00		<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.719	0.695	<- 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	0.945	0.951	
Administrative Expenses	10.66%	11.43%	
Taxes and Fees	0.51%	0.62%	
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:	Individual
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:	$ 674.01

Calibration	
Age Calibration Factor	1.731
Geographic Calibration Factor	1.062
Tobacco Calibration Factor	1.006
Aggregate Calibration Factor	1.849

Total Covered Lives @ 02-01-2021
676

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	45 CFR Part 156.8 (d) (2) Allowable Factors: 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	02-01-2021 Number of Covered Lives by Rating Area: 1	2	3	4	5	6	7	8	9	Total	2022 Continued/ Discontinued Plans Indicator
Totals - Current Membership							**0.643**			**0.695**	**1.000**	**1.000**	**1.000**	**0.951**	**1.000**	**$ 445.70**	**11.4%**	**0.6%**	**2.0%**	**676**	**667**	**$ 279.94**	**$ 279.87**	**0.0%**		-	-	-	-	-	274	310	-	92	**676**	
Total - Projected Membership							**0.643**			**0.695**	**1.000**	**1.000**	**1.000**	**0.951**	**1.000**	**$ 445.70**	**11.4%**	**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	53789PA0100008	HMO	Bronze HMO 7450/0/50	M		Bronze	0.648985641	Approach 1	Off	0.696	1.000	1.000	1.000	1.000	1.000	$469.57	10.8%	0.6%	2.0%	578	571	$293.18	$ 293.17	0.0%	85.5%						242	261		75	578	1
Plan 2	53789PA0100004	HMO	Catastrophic HMO 8700/0/0	M		Bronze	0.610579081	Approach 1	Off	0.687	0.997	1.000	1.000	0.660	1.000	$304.90	15.5%	0.7%	2.0%	98	97	$201.82	$ 201.41	-0.2%	14.5%						32	49		17	98	1
Plan 3											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 4											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 5											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 6											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 7											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 8											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 9											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 10											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 11											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 12											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 13											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 14											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 15											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 16											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 17											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 18											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 19											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 20											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 21											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 22											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 23											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 24											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 25											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 26											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 27											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 28											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 29											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 30											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 31											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 32											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 33											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 34											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 35											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 36											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 37											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 38											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 39											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 40											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 41											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 42											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 43											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 44											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 45											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 46											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 47											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 48											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 49											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0
Plan 50											1.206					$812.96				-			$ 439.73	0.0%	0.0%										-	0

PA Rate Template Part IV A - Individual

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

Carrier Name: Keystone Health Plan Central
Product(s): HMO
Market Segment: Individual
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 Plan HIOS Plan ID (If 1/1/2021 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off	2021 21-year-old, Non-Tobacco Premium PMPM										2022 21-year-old, Non-Tobacco Premium PMPM										Change in 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)
Totals	These cells auto-fill using the data entered in Table 10.						$ -	$ -	$ -	$ -	$ -	$ 282.51	$ 317.76	$ -	$ 270.77	$ 297.08	$ -	$ -	$ -	$ -	$ -	$ 282.45	$ 317.68	$ -	$ 270.69	$ 297.01	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Plan 1	53789PA0100008	Bronze HMO 7450/0/50	M	0	Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ 293.18	$ 334.23	$ -	$ 287.32	$ 310.95	$ -	$ -	$ -	$ -	$ -	$ 293.17	$ 334.21	$ -	$ 287.31	$ 310.94						0.0%	0.0%		0.0%	0.0%
Plan 2	53789PA0100004	atastrophic HMO 8700/0/	M	0	Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ 201.82	$ 230.07	$ -	$ 197.78	$ 215.25	$ -	$ -	$ -	$ -	$ -	$ 201.41	$ 229.61	$ -	$ 197.39	$ 214.81						-0.2%	-0.2%		-0.2%	-0.2%
Plan 3	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 4	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 5	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 6	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 7	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 8	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 9	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 10	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 11	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 12	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 13	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 14	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 15	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 16	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 17	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 18	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 19	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 20	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 21	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 22	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 23	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 24	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 25	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 26	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 27	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 28	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 29	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 30	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 31	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 32	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 33	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 34	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 35	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 36	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 37	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 38	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 39	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 40	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 41	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 42	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 43	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 44	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 45	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 46	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 47	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 48	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 49	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										
Plan 50	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 439.73	$ 501.29	$ -	$ 430.94	$ -										

PA Rate Quarterly Template Part V
Consumer Factors

Carrier Name:	**Keystone Health Plan Central**
Product(s):	**HMO**
Market Segment:	**Individual**
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	1.075
15	0.833			41	1.302	1.075
16	0.859			42	1.325	1.075
17	0.885			43	1.357	1.075
18	0.913	1.000		44	1.397	1.075
19	0.941	1.000		45	1.444	1.100
20	0.970	1.000		46	1.500	1.100
21	1.000	1.025		47	1.563	1.100
22	1.000	1.025		48	1.635	1.100
23	1.000	1.025		49	1.706	1.100
24	1.000	1.025		50	1.786	1.150
25	1.004	1.025		51	1.865	1.150
26	1.024	1.025		52	1.952	1.150
27	1.048	1.025		53	2.040	1.150
28	1.087	1.025		54	2.135	1.150
29	1.119	1.025		55	2.230	1.200
30	1.135	1.025		56	2.333	1.200
31	1.159	1.025		57	2.437	1.200
32	1.183	1.025		58	2.548	1.200
33	1.198	1.025		59	2.603	1.200
34	1.214	1.025		60	2.714	1.250
35	1.222	1.025		61	2.810	1.250
36	1.230	1.025		62	2.873	1.250
37	1.238	1.025		63	2.952	1.250
38	1.246	1.025		64+	3.000	1.250
39	1.262	1.025				

*PA follows the federal default age curve.

Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1			
Rating Area 2			
Rating Area 3			
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	1.140	1.140
Rating Area 8			
Rating Area 9	Cumberland, Dauphin, Franklin, Fulton, Juniata, Lebanon, Perry	0.980	0.980

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
Individual 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)	
53789PA0100008	Bronze HMO 7450/0/50	Bronze	6,848	$ 4,615,638	3,215,620	0.70	1.000	0.70	1.00	1.00
53789PA0100004	Catastrophic HMO 8700/0/0	Bronze	1,161	$ 782,529	536,361	0.69	1.000	0.69	1.00	1.00
Total			8,009	5,398,167	3,751,981	0.70	1.00	0.70	1.00	1.00
PMPM				674.01	468.47					
Rate Dev II				674.01	468.47					

Company Name:	Keystone Health Plan Central (KHPC)
Market:	Individual
Product:	HMO
Effective Date of Rates:	January 1, 2022
Ending date of Rates:	December 31, 2022

HIOS Plan ID (On Exchange)=>								
HIOS Plan ID (Off Exchange)=>	**53789PA0100004**		**53789PA0100004**		**53789PA0100004**		**53789PA0100008**	
Plan Marketing Name =>	**Catastrophic HMO 8700/0/0**		**Catastrophic HMO 8700/0/0**		**Catastrophic HMO 8700/0/0**		**Bronze HMO 7450/0/50**	
Form # =>	**PC-Ind-HMO-21cnty-AGRMT-v0**		**PC-Ind-HMO-21cnty-AGRMT-v0**		**PC-Ind-HMO-21cnty-AGRMT-v0**		**PC-Ind-HMO-21cnty-AGRMT-v0**	
Rating Area =>	**6**		**7**		**9**		**6**	
Network =>	**HMO**		**HMO**		**HMO**		**HMO**	
Metal =>	**Bronze**		**Bronze**		**Bronze**		**Bronze**	
Deductible =>	**$8700 Med/Rx Combined**		**$8700 Med/Rx Combined**		**$8700 Med/Rx Combined**		**$7450 Med/Rx Combined**	
Coinsurance =>	**0%**		**0%**		**0%**		**0%**	
Copays =>	**$0/$0/$0 PCP/SPC/ER**		**$0/$0/$0 PCP/SPC/ER**		**$0/$0/$0 PCP/SPC/ER**		**$50/$85/$0 PCP/SPC/ER**	
OOP Maximum =>	**$8700 Med/Rx Combined**		**$8700 Med/Rx Combined**		**$8700 Med/Rx Combined**		**$8550 Med/Rx Combined**	
Pediatric Dental (Yes/No) =>	**Yes**		**Yes**		**Yes**		**Yes**	
Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0 - 14	$154.09	$154.09	$175.66	$175.66	$151.00	$151.00	$224.28	$224.28
15	$167.78	$167.78	$191.27	$191.27	$164.43	$164.43	$244.21	$244.21
16	$173.02	$173.02	$197.24	$197.24	$169.56	$169.56	$251.83	$251.83
17	$178.26	$178.26	$203.21	$203.21	$174.69	$174.69	$259.46	$259.46
18	$183.90	$183.90	$209.64	$209.64	$180.22	$180.22	$267.66	$267.66
19	$189.54	$189.54	$216.07	$216.07	$185.75	$185.75	$275.87	$275.87
20	$195.38	$195.38	$222.73	$222.73	$191.47	$191.47	$284.37	$284.37
21	$201.42	$206.46	$229.62	$235.36	$197.39	$202.33	$293.17	$300.50
22	$201.42	$206.46	$229.62	$235.36	$197.39	$202.33	$293.17	$300.50
23	$201.42	$206.46	$229.62	$235.36	$197.39	$202.33	$293.17	$300.50
24	$201.42	$206.46	$229.62	$235.36	$197.39	$202.33	$293.17	$300.50
25	$202.23	$207.28	$230.54	$236.30	$198.18	$203.14	$294.34	$301.70
26	$206.25	$211.41	$235.13	$241.01	$202.13	$207.18	$300.21	$307.71
27	$211.09	$216.37	$240.64	$246.66	$206.87	$212.04	$307.24	$314.92
28	$218.94	$224.42	$249.60	$255.84	$214.56	$219.93	$318.68	$326.64
29	$225.39	$231.02	$256.94	$263.37	$220.88	$226.40	$328.06	$336.26
30	$228.61	$234.33	$260.62	$267.13	$224.04	$229.64	$332.75	$341.07
31	$233.45	$239.28	$266.13	$272.78	$228.78	$234.50	$339.78	$348.28
32	$238.28	$244.24	$271.64	$278.43	$233.51	$239.35	$346.82	$355.49
33	$241.30	$247.33	$275.08	$281.96	$236.48	$242.39	$351.22	$360.00
34	$244.52	$250.64	$278.76	$285.73	$239.63	$245.62	$355.91	$364.81
35	$246.14	$252.29	$280.59	$287.61	$241.21	$247.24	$358.25	$367.21
36	$247.75	$253.94	$282.43	$289.49	$242.79	$248.86	$360.60	$369.61
37	$249.36	$255.59	$284.27	$291.37	$244.37	$250.48	$362.94	$372.02
38	$250.97	$257.24	$286.11	$293.26	$245.95	$252.10	$365.29	$374.42
39	$254.19	$260.55	$289.78	$297.02	$249.11	$255.34	$369.98	$379.23
40	$257.41	$276.72	$293.45	$315.46	$252.27	$271.19	$374.67	$402.77
41	$262.25	$281.92	$298.96	$321.39	$257.00	$276.28	$381.71	$410.34
42	$266.88	$286.90	$304.24	$327.06	$261.54	$281.16	$388.45	$417.58
43	$273.33	$293.83	$311.59	$334.96	$267.86	$287.95	$397.83	$427.67
44	$281.38	$302.49	$320.78	$344.84	$275.76	$296.44	$409.56	$440.28
45	$290.85	$319.94	$331.57	$364.73	$285.03	$313.54	$423.34	$465.67
46	$302.13	$332.34	$344.43	$378.87	$296.09	$325.70	$439.76	$483.73
47	$314.82	$346.30	$358.89	$394.78	$308.52	$339.38	$458.22	$504.05
48	$329.32	$362.25	$375.43	$412.97	$322.74	$355.01	$479.33	$527.27
49	$343.62	$377.98	$391.73	$430.90	$336.75	$370.43	$500.15	$550.16
50	$359.74	$413.70	$410.10	$471.61	$352.54	$405.42	$523.60	$602.14
51	$375.65	$432.00	$428.24	$492.47	$368.14	$423.36	$546.76	$628.78
52	$393.17	$452.15	$448.22	$515.45	$385.31	$443.10	$572.27	$658.11
53	$410.90	$472.53	$468.42	$538.69	$402.68	$463.08	$598.07	$687.78
54	$430.03	$494.54	$490.24	$563.77	$421.43	$484.65	$625.92	$719.81
55	$449.17	$539.00	$512.05	$614.46	$440.18	$528.22	$653.77	$784.52
56	$469.91	$563.90	$535.70	$642.84	$460.51	$552.62	$683.97	$820.76
57	$490.86	$589.03	$559.58	$671.50	$481.04	$577.25	$714.46	$857.35
58	$513.22	$615.86	$585.07	$702.08	$502.95	$603.54	$747.00	$896.40
59	$524.30	$629.16	$597.70	$717.24	$513.81	$616.57	$763.12	$915.75
60	$546.65	$683.32	$623.19	$778.98	$535.72	$669.65	$795.66	$994.58
61	$565.99	$707.49	$645.23	$806.54	$554.67	$693.34	$823.81	$1,029.76
62	$578.68	$723.35	$659.69	$824.62	$567.11	$708.88	$842.28	$1,052.85
63	$594.59	$743.24	$677.83	$847.29	$582.70	$728.38	$865.44	$1,081.80
64+	$604.25	$755.32	$688.85	$861.07	$592.16	$740.22	$879.50	$1,099.39

Company Name:	Keystone Health Plan Central (KHPC)
Market:	Individual
Product:	HMO
Effective Date of Rates:	January 1, 2022
Ending date of Rates:	December 31, 2022

HIOS Plan ID (On Exchange)=>				
HIOS Plan ID (Off Exchange)=>	**53789PA0100008**		**53789PA0100008**	
Plan Marketing Name =>	**Bronze HMO 7450/0/50**		**Bronze HMO 7450/0/50**	
Form # =>	**PC-Ind-HMO-21cnty-AGRMT-v0**		**PC-Ind-HMO-21cnty-AGRMT-v0**	
Rating Area =>	**7**		**9**	
Network =>	**HMO**		**HMO**	
Metal =>	**Bronze**		**Bronze**	
Deductible =>	**$7450 Med/Rx Combined**		**$7450 Med/Rx Combined**	
Coinsurance =>	**0%**		**0%**	
Copays =>	**$50/$85/$0 PCP/SPC/ER**		**$50/$85/$0 PCP/SPC/ER**	
OOP Maximum =>	**$8550 Med/Rx Combined**		**$8550 Med/Rx Combined**	
Pediatric Dental (Yes/No) =>	**Yes**		**Yes**	
Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0 - 14	$255.67	$255.67	$219.79	$219.79
15	$278.40	$278.40	$239.33	$239.33
16	$287.09	$287.09	$246.80	$246.80
17	$295.78	$295.78	$254.27	$254.27
18	$305.14	$305.14	$262.31	$262.31
19	$314.50	$314.50	$270.36	$270.36
20	$324.19	$324.19	$278.69	$278.69
21	$334.21	$342.57	$287.31	$294.49
22	$334.21	$342.57	$287.31	$294.49
23	$334.21	$342.57	$287.31	$294.49
24	$334.21	$342.57	$287.31	$294.49
25	$335.55	$343.94	$288.46	$295.67
26	$342.23	$350.79	$294.20	$301.56
27	$350.26	$359.01	$301.10	$308.62
28	$363.29	$372.37	$312.30	$320.11
29	$373.99	$383.33	$321.50	$329.53
30	$379.33	$388.82	$326.09	$334.25
31	$387.35	$397.04	$332.99	$341.31
32	$395.37	$405.26	$339.88	$348.38
33	$400.39	$410.40	$344.19	$352.80
34	$405.74	$415.88	$348.79	$357.51
35	$408.41	$418.62	$351.09	$359.87
36	$411.08	$421.36	$353.39	$362.22
37	$413.76	$424.10	$355.69	$364.58
38	$416.43	$426.84	$357.98	$366.93
39	$421.78	$432.32	$362.58	$371.65
40	$427.13	$459.16	$367.18	$394.72
41	$435.15	$467.78	$374.07	$402.13
42	$442.83	$476.05	$380.68	$409.23
43	$453.53	$487.54	$389.88	$419.12
44	$466.90	$501.91	$401.37	$431.47
45	$482.60	$530.87	$414.87	$456.36
46	$501.32	$551.45	$430.96	$474.06
47	$522.38	$574.61	$449.06	$493.97
48	$546.44	$601.08	$469.75	$516.72
49	$570.17	$627.19	$490.15	$539.16
50	$596.91	$686.44	$513.13	$590.10
51	$623.31	$716.81	$535.83	$616.20
52	$652.39	$750.24	$560.82	$644.95
53	$681.80	$784.07	$586.11	$674.02
54	$713.55	$820.58	$613.40	$705.41
55	$745.30	$894.36	$640.69	$768.83
56	$779.72	$935.66	$670.29	$804.34
57	$814.48	$977.37	$700.17	$840.20
58	$851.58	$1,021.89	$732.06	$878.47
59	$869.96	$1,043.95	$747.86	$897.43
60	$907.06	$1,133.82	$779.75	$974.69
61	$939.14	$1,173.93	$807.33	$1,009.16
62	$960.20	$1,200.25	$825.43	$1,031.79
63	$986.60	$1,233.25	$848.13	$1,060.16
64+	$1,002.63	$1,253.30	$861.92	$1,077.40

Keystone Health Plan Central (KHPC)
Individual
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
53789PA0100004	Catastrophic HMO 9100/0/0	HMO	Catastrophic	Off	HMO	6,7,9	All
53789PA0100008	Bronze HMO 7450/0/50	HMO	Bronze	Off	HMO	6,7,9	All

Company Name **Keystone Health Plan Central (KHPC)**
Market **Individual**
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				18	6	100	0	0	108	13	17	3	9	28	83	110	89	26	41	18	1	0	2	4
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
53789PA0100004	Catastrophic HMO 9100/0/0	HMO	Catastrophic	Off	$201.42	$201.42	$201.42	$201.42	$201.42	$201.42	$201.42	$201.42	$201.42	$201.42	$229.62	$229.62	$229.62	$229.62	$197.39	$197.39	$197.39	$197.39	$197.39	$197.39	$197.39
53789PA0100008	Bronze HMO 7450/0/50	HMO	Bronze	Off	$293.17	$293.17	$293.17	$293.17	$293.17	$293.17	$293.17	$293.17	$293.17	$293.17	$334.21	$334.21	$334.21	$334.21	$287.31	$287.31	$287.31	$287.31	$287.31	$287.31	$287.31

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	State:	PA
HIOS Issuer ID:	53789	Market:	Individual
Effective Date of Rate Change(s):	1/1/2022		

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	$4,695,249.79	$383.00
Reinsurance	$0.00	$0.00
Incurred Claims in Experience Period	$3,402,644.86	$277.56
Risk Adjustment	-$2,072,927.93	-$169.09
Experience Period Premium	$6,349,372.29	$517.94
Experience Period Member Months	12,259	

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	$50.42	1.057	1.000	1.055	1.000	$56.23
Outpatient Hospital	$176.96	1.059	1.000	1.056	1.000	$197.90
Professional	$66.11	1.052	1.000	1.037	1.000	$72.12
Other Medical	$6.92	1.059	1.000	1.056	1.000	$7.74
Capitation	$13.72	1.030	1.000	1.030	1.000	$14.56
Prescription Drug	$68.87	1.104	1.013	1.107	1.015	$86.54
Total	$383.00					**$435.08**

Morbidity Adjustment	1.039
Demographic Shift	1.000
Plan Design Changes	1.000
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for **1/1/2022**	**$452.04**

Manual EHB Allowed Claims PMPM	$0.00
Applied Credibility %	100.00%

		Projected Period Totals
Projected Index Rate for **1/1/2022**	**$452.04**	$3,620,388.36
Reinsurance	$21.31	$170,671.79
Risk Adjustment Payment/Charge	-$243.18	-$1,947,628.62
Exchange User Fees	0.00%	$0.00
Market Adjusted Index Rate	**$673.91**	**$5,397,345.19**

Projected Member Months	**8,009**

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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.
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.

Company Legal Name:	**Keystone Health Plan Central**	State:	**PA**
HIOS Issuer ID:	**53789**	Market:	**Individual**
Effective Date of Rate Change(s):	**1/1/2022**		

Product/Plan Level Calculations

Field #	**Section I: General Product and Plan Information**			
1.1	Product Name		HMO	
1.2	Product ID		53789PA010	
1.3	Plan Name		Bronze HMO	Catastrophic HMO
1.4	Plan ID (Standard Component ID)		53789PA0100008	53789PA0100004
1.5	Metal		Bronze	Catastrophic
1.6	AV Metal Value		0.649	0.611
1.7	Plan Category		Renewing	Renewing
1.8	Plan Type		HMO	HMO
1.9	Exchange Plan?		No	No
1.10	Effective Date of Proposed Rates		1/1/2022	1/1/2022
1.11	Cumulative Rate Change % (over 12 mos prior)		0.02%	-0.18%
1.12	Product Rate Increase %		-0.01%	
1.13	Submission Level Rate Increase %		-0.01%	

Worksheet 1 Totals		**Section II: Experience Period and Current Plan Level Information**			
	2.1	Plan ID (Standard Component ID)	Total	53789PA0100008	53789PA0100004
$4,695,250	2.2	Allowed Claims	$4,695,250	$4,392,806	$302,443
$0	2.3	Reinsurance	$0	$0	$0
	2.4	Member Cost Sharing	$1,292,605	$1,147,511	$145,094
	2.5	Cost Sharing Reduction	$0	$0	$0
$3,402,645	2.6	Incurred Claims	$3,402,645	$3,245,296	$157,349
-$2,072,928	2.7	Risk Adjustment Transfer Amount	-$2,072,928	-$2,010,640	-$62,288
$6,349,372	2.8	Premium	$6,349,372	$5,956,237	$393,135
12,259	2.9	Experience Period Member Months	12,259	10,379	1,880
	2.10	Current Enrollment	676	578	98
	2.11	Current Premium PMPM	$513.64	$538.00	$370.00
	2.12	Loss Ratio	79.57%	82.25%	47.56%
		Per Member Per Month			
	2.13	Allowed Claims	$383.00	$423.24	$160.87
	2.14	Reinsurance	$0.00	$0.00	$0.00
	2.15	Member Cost Sharing	$105.44	$110.56	$77.18
	2.16	Cost Sharing Reduction	$0.00	$0.00	$0.00
	2.17	Incurred Claims	$277.56	$312.68	$83.70
	2.18	Risk Adjustment Transfer Amount	-$169.09	-$193.72	-$33.13
	2.19	Premium	$517.94	$573.87	$209.11

	Section III: Plan Adjustment Factors			
3.1	Plan ID (Standard Component ID)		53789PA0100008	53789PA0100004
3.2	Market Adjusted Index Rate		$673.91	
3.3	AV and Cost Sharing Design of Plan		0.6970	0.6857
3.4	Provider Network Adjustment		1.0000	1.0000
3.5	Benefits in Addition to EHB		1.0000	1.0000
	Administrative Costs			
3.6	Administrative Expense		10.75%	15.46%
3.7	Taxes and Fees		0.61%	0.65%
3.8	Profit & Risk Load		2.00%	2.00%
3.9	Catastrophic Adjustment		1.0000	0.6600
3.10	**Plan Adjusted Index Rate**		$542.15	$372.43
3.11	Age Calibration Factor	0.5777	0.5777	
3.12	Geographic Calibration Factor	0.9421	0.9421	
3.13	Tobacco Calibration Factor	0.9939	0.9939	
3.14	**Calibrated Plan Adjusted Index Rate**		$293.26	$201.46

	Section IV: Projected Plan Level Information			
4.1	Plan ID (Standard Component ID)	Total	53789PA0100008	53789PA0100004
4.2	Allowed Claims	$3,620,388	$3,257,148	$363,240
4.3	Reinsurance	$118,676	$101,472	$17,203
4.4	Member Cost Sharing	$1,285,398	$1,159,152	$126,246
4.5	Cost Sharing Reduction	$0	$0	$0
4.6	Incurred Claims	$2,216,315	$1,996,525	$219,790
4.7	Risk Adjustment Transfer Amount	-$1,354,277	-$1,157,958	-$196,319
4.8	Premium	$4,145,009	$3,712,587	$432,423
4.9	Projected Member Months	8,009	6,848	1,161
4.10	Loss Ratio	79.42%	78.15%	93.09%
	Per Member Per Month			
4.11	Allowed Claims	$452.04	$475.63	$312.87
4.12	Reinsurance	$14.82	$14.82	$14.82
4.13	Member Cost Sharing	$160.49	$169.27	$108.74
4.14	Cost Sharing Reduction	$0.00	$0.00	$0.00
4.15	Incurred Claims	$276.73	$291.55	$189.31
4.16	Risk Adjustment Transfer Amount	-$169.09	-$169.09	-$169.09
4.17	Premium	$517.54	$542.14	$372.46

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	1.1400
Rating Area 9	0.9800

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM
Individual Rates
Effective January 1, 2022

General Information

Company Information

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

PID Company Information

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2022
- Average Rate Change Requested: 0.0%
- Range of Requested Rate Change: -0.2% to 0.0%
- Total additional annual revenue generated from the proposed rate change: $(863)
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze, Catastrophic
- Current Covered Lives and Policyholders: 676/507
- 2022 Number of Plans: 2
- 2021 Number of Plans and Change: 2/No Plan Change
- Contract Form #: KHPC-Ind-HMO-21cnty-AGRMT-v0122
- Form Filing SERFF #: CABC-132795406
- Binder SERFF #: CABC-PA22-125107219
- HIOS Issuer ID: 53789
- HIOS Submission Tracking Number: 53789-2003721964618918914

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 individuals on and after January 1, 2022. KHPC will only offer products off the PA state-based exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Individual	KHPC	1/1/2018	CABC-131022039	9.2%
Individual	KHPC	1/1/2019	CABC-131454728	-7.3%
Individual	KHPC	1/1/2020	CABC-131915679	-8.0%
Individual	KHPC	1/1/2021	CABC-132354935	-1.7%

Average Rate Change

KHPC is proposing an aggregate annual 0.0% rate decrease. The rate change does vary by plan. The rate change is calculated in PA Rate Template Part III, Table 10, cell AC15.

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

Favorable Experience Net Risk Adjustment: -8.0%
Proposed change to PA Reinsurance Program: 1.5%
Future Cost and Utilization: 6.5%

Regulatory Considerations

Rates submitted by this filing assume changes to the current regulatory framework. As directed by the Insurance Department, the following factors have been applied to the rates for regulatory changes:

- Individual Adjustment of 1.01
- Cost Sharing Reduction (CSR) Funding: Factor of 1.22 applied in the PA Rate Exhibits, Part III, column P to the on-exchange silver plan. (Does not apply to KHPC, off-exchange issuer)
- User Exchange Fee of 3% (Does not apply to KHPC, off exchange-issuer)
- Reinsurance Morbidity Adjustment of 0.999
- COVID-19 Adjustment of 1.03

- Note that no adjustment is made for the American Rescue Plan Act (ARPA) as KHPC is only offered off-exchange, with no subsidy impact.

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 42.

Benefit Changes 2021-2022

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

There are several 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 individual 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.

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 applied are equal to zero.

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.
- CBC only covers Essential Health benefits (EHBs).
- KHPC has PCP and mental health capitated 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 79.57%

Credibility of Data

No Credibility Manual was used.

Trend Identification

Trend: 6.58%

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.

$$\begin{aligned} &Total\ Morbidity\ Factor \\ &\qquad = [Individual\ Factor] \times [COVID - 19\ Factor] \\ &\qquad \times [Risk\ Change\ Rel\ to\ KHPC] \times [Reinsurance\ Morbdity\ Factor] \end{aligned}$$

The Individual Factor and Reinsurance Morbidity Factor are discussed in *Regulatory Considerations* above.

COVID-19 Factor: 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 = 10.0%
6. 3% is applied in rating due to market competition.

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

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 individual population.

Changes in Network: No network adjustment 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 as well as PA Rate Exhibits Table 5 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.

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

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

$$\begin{aligned} &Projected\ Paid\ and\ Incurred\ Claims\ PMPM \\ &\quad = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \\ &\quad \times [Morbidity\ Adjustment] \times [Reinsurance\ Adjustment] \\ &\quad \times [Other\ Adjustment] \end{aligned}$$

The *Morbidity Adjustment*, and *Other Adjustment* are discussed in the Projections Factors section above. The *Benefit Adjustment* is described in more detail in step 6 below. The *Reinsurance Adjustment* is discussed in Market Adjusted Index Rate section below.

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.

<u>Market Adjusted Index Rate</u>

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:

In order to calculate the value of reinsurance, the following is provided:

1. PA Rate Exhibits, tab II.a show the company-specific BEP claims data.
2. PA Rate Exhibits, tab II.b shows the projected Individual ACA claims using all CBC subsidiaries – CAAC, CAIC, and KHPC. The claims represent BEP claims trended at 7% to the projection period.
3. CBC is utilizing this approach in order apply a consistent reinsurance factor across all CBC Individual ACA plans regardless of issuing entity. This approach also provides credibility to the small CBC issuers (KHPC and CAIC).

Exchange Fee PMPM:

KHPC only offers plans off exchange, 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:

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 individual 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 Health Risk Assessment questionnaire and receive a gift card.
      ii. Participate in an 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. CBC pays commissions for new business and renewal enrollment received during open enrollment, both on and off exchange, and in all geographic areas. Commission is less on catastrophic plans due to the lower premium. CBC does not pay commission during Special Enrollment Periods (SEP). The 2021 broker commission schedule is yet to be finalized. Attached please find the 1/1/2020 copy of the broker agreement – redacted version. Files are as follows:
   a. Redacted Agent Agreement: "Ind_21-69_Initial_CAAC_PPO_WBEBrokerIndRedacted_Supporting_20210518.pdf"
   b. Redacted Preferred Producer Master Agreement: "Ind_21-69_Initial_CAAC_PPO_PPMABrokerIndRedacted_Supporting_20210518.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 1, "Profit and Risk", and PA Rate Exhibits Table 6.

Taxes and Fees:

1. Exchange Fee – All issuers participating in the state-based-facilitated exchange will remit 3% of premium. The exchange user fee is applied as an adjustment to the Index Rate at the market level. KHPC only offers off-exchanges products, therefore no exchange fee is applied.

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 for all retention values.

Plan Adjusted Index Rates

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: 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. Catastrophic Plans: Applied to catastrophic plans to reflect lower morbidity. This factor is the same as approved in 2021.
6. Adjustment for distribution and administrative costs: Described in Retention section above.
7. Tobacco Adjustment: Calculated as the average tobacco factor applied across the risk pool.

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 individual enrollment by age in KHPC. 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 Ind_21-69_Initial_KHP_HMO_List-Billed_Supporting_20210518 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: Average tobacco factor is calculated using current month member by smoking status data.

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

Plans 53789PA0100008 and 53789PA0100004 use alternative method 156.135(b)(2) to establish AV. Ind_21-69_Initial_KHP_PPO_UniquePlanDesign_Suppporting_20210518 is includes a detailed explanation of the approach.

See AV Screenshots included with the submission.

AV Pricing Values

All AV Pricing values were developed using KHPC'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 moderate growth 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

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 Rate Filing Justification.

[redacted]

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

KEYSTONE HEALTH PLAN CENTRAL
RFJ Part II – Consumer Friendly Justification

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:

- Favorable experience net risk adjustment
- Proposed changes to the PA Reinsurance Program
- 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*	12/31/2022
Rating Method*	Age-Based Rates

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	**Required:** Enter the rate of an Individual tobacco enrollee on a plan
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	154.09	154.09
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	15	167.78	167.78
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	16	173.02	173.02
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	17	178.26	178.26
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	18	183.90	183.90
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	19	189.54	189.54
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	20	195.38	195.38
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	21	201.42	206.46
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	22	201.42	206.46
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	23	201.42	206.46
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	24	201.42	206.46
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	25	202.23	207.28
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	26	206.25	211.41
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	27	211.09	216.37
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	28	218.94	224.42
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	29	225.39	231.02
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	30	228.61	234.33
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	31	233.45	239.28
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	32	238.28	244.24
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	33	241.30	247.33
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	34	244.52	250.64
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	35	246.14	252.29
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	36	247.75	253.94
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	37	249.36	255.59
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	38	250.97	257.24
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	39	254.19	260.55
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	40	257.41	276.72
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	41	262.25	281.92
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	42	266.88	286.90
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	43	273.33	293.83
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	44	281.38	302.49
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	45	290.85	319.94
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	46	302.13	332.34
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	47	314.82	346.30
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	48	329.32	362.25
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	49	343.62	377.98
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	50	359.74	413.70
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	51	375.65	432.00
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	52	393.17	452.15
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	53	410.90	472.53
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	54	430.03	494.54
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	55	449.17	539.00
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	56	469.91	563.90
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	57	490.86	589.03
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	58	513.22	615.86
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	59	524.30	629.16
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	60	546.65	683.32
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	61	565.99	707.49
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	62	578.68	723.35
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	63	594.59	743.24
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	604.25	755.32
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	0-14	175.66	175.66
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	15	191.27	191.27
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	16	197.24	197.24
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	17	203.21	203.21
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	18	209.64	209.64
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	19	216.07	216.07
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	20	222.73	222.73
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	21	229.62	235.36
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	22	229.62	235.36
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	23	229.62	235.36
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	24	229.62	235.36
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	25	230.54	236.30
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	26	235.13	241.01
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	27	240.64	246.66
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	28	249.60	255.84
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	29	256.94	263.37
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	30	260.62	267.13
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	31	266.13	272.78
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	32	271.64	278.43
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	33	275.08	281.96
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	34	278.76	285.73
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	35	280.59	287.61
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	36	282.43	289.49
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	37	284.27	291.37
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	38	286.11	293.26
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	39	289.78	297.02
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	40	293.45	315.46
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53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	42	304.24	327.06
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	43	311.59	334.96
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	44	320.78	344.84
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	45	331.57	364.73
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53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	47	358.89	394.78
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53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	52	448.22	515.45
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	53	468.42	538.69
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53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	59	597.70	717.24
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	60	623.19	778.98
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	61	645.23	806.54
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53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	18	180.22	180.22
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53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	23	197.39	202.33
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	24	197.39	202.33

53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	25	198.18	203.14
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53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	27	206.87	212.04
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53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	29	220.88	226.40
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	30	224.04	229.64
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	31	228.78	234.50
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	32	233.51	239.35
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	33	236.48	242.39
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	34	239.63	245.62
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	35	241.21	247.24
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	36	242.79	248.86
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53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	38	245.95	252.10
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53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	41	257.00	276.28
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	42	261.54	281.16
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	43	267.86	287.95
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	44	275.76	296.44
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	45	285.03	313.54
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	46	296.09	325.70
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53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	48	322.74	355.01
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	49	336.75	370.43
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	50	352.54	405.42
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53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	56	460.51	552.62
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	57	481.04	577.25
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	58	502.95	603.54
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	59	513.81	616.57
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	60	535.72	669.65
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	61	554.67	693.34
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	62	567.11	708.88
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	63	582.70	728.38
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53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	15	244.21	244.21
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	16	251.83	251.83
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	17	259.46	259.46
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	18	267.66	267.66
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	19	275.87	275.87
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	20	284.37	284.37
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	21	293.17	300.50
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	22	293.17	300.50
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	23	293.17	300.50
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	24	293.17	300.50
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	25	294.34	301.70
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	26	300.21	307.71
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	27	307.24	314.92
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	28	318.68	326.64
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	29	328.06	336.26
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	30	332.75	341.07
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	31	339.78	348.28
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	32	346.82	355.49
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	33	351.22	360.00
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	34	355.91	364.81
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	35	358.25	367.21
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	36	360.60	369.61
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	37	362.94	372.02
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	38	365.29	374.42
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	39	369.98	379.23
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	40	374.67	402.77
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	41	381.71	410.34
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	42	388.45	417.58
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	43	397.83	427.67
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	44	409.56	440.28
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	45	423.34	465.67
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	46	439.76	483.73
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	47	458.22	504.05
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	48	479.33	527.27
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	49	500.15	550.16
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	50	523.60	602.14
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	51	546.76	628.78
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	52	572.27	658.11
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	53	598.07	687.78
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	54	625.92	719.81
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	55	653.77	784.52
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	56	683.97	820.76
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	57	714.46	857.35
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	58	747.00	896.40
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	59	763.12	915.75
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	60	795.66	994.58
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	61	823.81	1029.76
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	62	842.28	1052.85
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	63	865.44	1081.80
53789PA0100008	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	879.50	1099.39
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	0-14	255.67	255.67
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	15	278.40	278.40
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	16	287.09	287.09
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	17	295.78	295.78
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	18	305.14	305.14
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	19	314.50	314.50
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	20	324.19	324.19
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	21	334.21	342.57
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	22	334.21	342.57
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	23	334.21	342.57
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	24	334.21	342.57
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	25	335.55	343.94
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	26	342.23	350.79
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	27	350.26	359.01
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	28	363.29	372.37
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	29	373.99	383.33
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	30	379.33	388.82
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	31	387.35	397.04
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	32	395.37	405.26
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	33	400.39	410.40

53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	34	405.74	415.88
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	35	408.41	418.62
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	36	411.08	421.36
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	37	413.76	424.10
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	38	416.43	426.84
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	39	421.78	432.32
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	40	427.13	459.16
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	41	435.15	467.78
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	42	442.83	476.05
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	43	453.53	487.54
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	44	466.90	501.91
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	45	482.60	530.87
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	46	501.32	551.45
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	47	522.38	574.61
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	48	546.44	601.08
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	49	570.17	627.19
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	50	596.91	686.44
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	51	623.31	716.81
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	52	652.39	750.24
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	53	681.80	784.07
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	54	713.55	820.58
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	55	745.30	894.36
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	56	779.72	935.66
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	57	814.48	977.37
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	58	851.58	1021.89
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	59	869.96	1043.95
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	60	907.06	1133.82
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	61	939.14	1173.93
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	62	960.20	1200.25
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	63	986.60	1233.25
53789PA0100008	Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	1002.63	1253.30
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	0-14	219.79	219.79
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	15	239.33	239.33
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	16	246.80	246.80
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	17	254.27	254.27
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	18	262.31	262.31
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	19	270.36	270.36
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	20	278.69	278.69
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	21	287.31	294.49
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	22	287.31	294.49
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	23	287.31	294.49
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	24	287.31	294.49
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	25	288.46	295.67
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	26	294.20	301.56
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	27	301.10	308.62
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	28	312.30	320.11
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	29	321.50	329.53
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	30	326.09	334.25
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	31	332.99	341.31
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	32	339.88	348.38
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	33	344.19	352.80
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	34	348.79	357.51
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	35	351.09	359.87
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	36	353.39	362.22
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	37	355.69	364.58
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	38	357.98	366.93
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	39	362.58	371.65
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	40	367.18	394.72
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	41	374.07	402.13
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	42	380.68	409.23
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	43	389.88	419.12
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	44	401.37	431.47
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	45	414.87	456.36
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	46	430.96	474.06
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	47	449.06	493.97
53789PA0100008	Rating Area 9	Tobacco User/Non-Tobacco User	48	469.75	516.72

53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	49	490.15	539.16
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	50	513.13	590.10
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	51	535.83	616.20
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	52	560.82	644.95
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	53	586.11	674.02
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	54	613.40	705.41
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	55	640.69	768.83
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	56	670.29	804.34
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	57	700.17	840.20
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	58	732.06	878.47
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	59	747.86	897.43
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	60	779.75	974.69
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	61	807.33	1009.16
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	62	825.43	1031.79
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	63	848.13	1060.16
53789PA0100008 Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	861.92	1077.40

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INDIVIDUAL PORTFOLIO

	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 Tier 1 | Tier 2	OP Surgery Tier 1 | Tier 2	Small Group: Rx $0 Individual: Rx
		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	Bronze HMO 7450/0/50	53789PA010000800		$7,450	0%	$8,550	$50	$85	D	D	D	D	25 | D/75	D | D	Rx Ded: Combined, Rx Gen - Ded Applies? Y, Retail: D|D|D|D, Mail: D|D|D|D
2	Catastrophic HMO 8700/0/0	53789PA010000400		$8,700	0%	$8,700	D/0	D	D	D	D	D	D | D	D | D	Rx Ded: Combined, Rx Gen - Ded Applies? Y, Retail: D|D|D|D, Mail: D|D|D|D

1 Drug copays/costsharing listed are Preferred Generic|Non-Preferred Generic|Preferred Brand|Non-Preferred Brand

2 PPO Choice plans show costsharing for Choice 1 and Choice 2 providers, costsharing is separated by "|"

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

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Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	Counties	AV 2021	AV 2022	Pricing AV 2021	Pricing AV 2022	Metal Level 2021	Metal Level 2022	Deductible: Tier 1(2x Family) 2021	Deductible: Tier 1(2x Family) 2022	Deductible: Tier 2(2x Family) 2021	Deductible: Tier 2(2x Family) 2022	Coinsurance: Tier 1 2021	Coinsurance: Tier 1 2022	Coinsurance: Tier 2 2021	Coinsurance: Tier 2 2022
1	On Exchange	Existing	45127PA002002601	Gold Simple Blue PPO 0/0/25	Rx 0	All (excluding Lancaster)	80.2%	79.8%	91.0%		Gold	Gold	0	0	0	0	0%	0%	0%	0%
2	On Exchange	Existing	45127PA002001301	Gold PPO 2150/10/20	Combined	All (excluding Lancaster)	78.7%	78.7%	88.8%		Gold	Gold	2,150	2,150	2,150	2,150	10%	10%	10%	10%
3	On Exchange	New	45127PA002002801	Gold PPO 3250/10/25	Combined	All (excluding Lancaster)		76.1%				Gold		3,250		3,250		10%		10%
4	Off Exchange	New	45127PA002003000	Silver QHDHP PPO 2200/10/40	Combined	All (excluding Lancaster)		71.4%				Silver		2,000		2,000		10%		10%
5	Off Exchange	Existing	45127PA002002100	Silver PPO 5950/20/40	Combined	All (excluding Lancaster)	67.7%	67.7%	76.0%		Silver	Silver	5,950	5,950	5,950	5,950	20%	20%	20%	20%
6	On Exchange	Existing	45127PA002000801	Silver PPO 6000/20/40	Combined	All (excluding Lancaster)	67.7%	67.7%	75.6%		Silver	Silver	6,000	6,000	6,000	6,000	20%	20%	20%	20%
7	On Exchange	Existing	45127PA002000804	Silver PPO 6000 CSR73	Combined	All (excluding Lancaster)	74.0%	74.0%	75.6%		Silver	Silver	5,500	5,500	5,500	5,500	15%	15%	15%	15%
8	On Exchange	Existing	45127PA002000805	Silver PPO 6000 CSR87	Combined	All (excluding Lancaster)	87.9%	87.9%	75.6%		Gold	Gold	1,500	1,500	1,500	1,500	5%	5%	5%	5%
9	On Exchange	Existing	45127PA002000806	Silver PPO 6000 CSR94	Combined	All (excluding Lancaster)	93.4%	93.4%	75.6%		Platinum	Platinum	425	425	425	425	0%	0%	0%	0%
10	On Exchange	New	45127PA002003101	Bronze QHDHP PPO 6300/0/50	Combined	All (excluding Lancaster)		64.9%				Bronze		5,600		5,600		0%		0%
11	On Exchange	Existing	45127PA002002001	Bronze PPO 7450/0/50	Combined	All (excluding Lancaster)	64.5%	64.9%	69.0%		Bronze	Bronze	8,000	7,450	8,000	7,450	0%	0%	0%	0%
12	On Exchange	Existing	45127PA002002701	Catastrophic PPO 8700/0/0	Combined	All	61.3%	61.1%	68.6%		Bronze	Bronze	8,550	8,700	8,550	8,700	0%	0%	0%	0%
13	On Exchange	Existing	45127PA002002201	Gold PPO Choice 2000/0/30	Combined	Lancaster	80.7%	80.7%	90.1%		Gold	Gold	2,000	2,000	4,000	4,000	0%	0%	30%	30%
14	On Exchange	New	45127PA002002901	Gold PPO Choice 3000/0/35	Combined	Lancaster		77.2%				Gold		3,000		6,000		0%		30%
15	Off Exchange	Existing	45127PA002002300	Silver PPO Choice 3950/20/35	Combined	Lancaster	70.5%	70.5%	77.5%		Silver	Silver	3,950	3,950	8,550	8,550	20%	20%	0%	0%
16	On Exchange	Existing	45127PA002002401	Silver PPO Choice 4000/20/35	Combined	Lancaster	70.4%	70.4%	77.1%		Silver	Silver	4,000	4,000	8,550	8,550	20%	20%	0%	0%
17	On Exchange	Existing	45127PA002002404	Silver PPO Choice 4000 CSR73	Combined	Lancaster	73.8%	73.8%	77.1%		Silver	Silver	3,800	3,800	6,800	6,800	15%	15%	0%	0%
18	On Exchange	Existing	45127PA002002405	Silver PPO Choice 4000 CSR87	Combined	Lancaster	86.7%	86.7%	77.1%		Gold	Gold	1,500	1,500	2,850	2,850	0%	0%	0%	0%
19	On Exchange	Existing	45127PA002002406	Silver PPO Choice 4000 CSR94	Combined	Lancaster	93.4%	93.4%	77.1%		Platinum	Platinum	500	500	1,000	1,000	0%	0%	0%	0%
20	Off Exchange	New	45127PA002003200	Silver QHDHP PPO Choice 2200/10/35	Combined	Lancaster		72.0%				Silver		2,000		5,000		10%		30%
21	On Exchange	New	45127PA002003301	Bronze QHDHP PPO Choice 6300/0/50	Combined	Lancaster		65.0%				Bronze		5,600		8,550		0%		0%
22	On Exchange	Existing	45127PA002002501	Bronze PPO Choice 7100/0/50	Combined	Lancaster	65.0%	65.0%	69.6%		Bronze	Bronze	7,100	7,100	8,550	8,550	0%	0%	0%	0%
23	On Exchange	Existing	45127PA014000201	Gold Valley Advantage EPO 2150/10/20	Combined	Lehigh and Northampton	79.4%	79.4%	88.8%		Gold	Gold	2,150	2,150	2,150	2,150	10%	10%	10%	10%
24	On Exchange	New	45127PA014001101	Gold Valley Advantage EPO 3250/10/25	Combined	Lehigh and Northampton		76.5%				Gold		3,250		3,250		10%		10%
25	Off Exchange	Existing	45127PA014000300	Silver Valley Advantage EPO 5950/20/40	Combined	Lehigh and Northampton	67.7%	67.7%	76.0%		Silver	Silver	5,950	5,950	5,950	5,950	20%	20%	20%	20%
26	On Exchange	Existing	45127PA014000401	Silver Valley Advantage EPO 6000/20/40	Combined	Lehigh and Northampton	67.7%	67.7%	75.6%		Silver	Silver	6,000	6,000	6,000	6,000	20%	20%	20%	20%
27	On Exchange	Existing	45127PA014000404	Silver Valley Advantage EPO 6000 CSR73	Combined	Lehigh and Northampton	73.8%	73.8%	75.6%		Silver	Silver	5,500	5,500	5,500	5,500	15%	15%	15%	15%
28	On Exchange	Existing	45127PA014000405	Silver Valley Advantage EPO 6000 CSR87	Combined	Lehigh and Northampton	87.6%	87.6%	75.6%		Gold	Gold	1,500	1,500	1,500	1,500	5%	5%	5%	5%
29	On Exchange	Existing	45127PA014000406	Silver Valley Advantage EPO 6000 CSR94	Combined	Lehigh and Northampton	94.2%	94.2%	75.6%		Platinum	Platinum	425	425	425	425	0%	0%	0%	0%
30	On Exchange	Existing	45127PA014000501	Bronze Valley Advantage EPO 7450/0/50	Combined	Lehigh and Northampton	64.4%	64.9%	69.0%		Bronze	Bronze	8,000	7,450	8,000	7,450	0%	0%	0%	0%
31	On Exchange	New	45127PA014000601	Gold Capital Advantage EPO 2150/10/20	Combined	Cumberland, Perry, Dauph		79.4%				Gold		2,150		2,150		10%		10%
32	On Exchange	New	45127PA014000701	Gold Capital Advantage EPO 3250/10/25	Combined	Cumberland, Perry, Dauph		76.5%				Gold		3,250		3,250		10%		10%
33	Off Exchange	New	45127PA014000800	Silver Capital Advantage EPO 5950/20/40	Combined	Cumberland, Perry, Dauph		67.7%				Silver		5,950		5,950		20%		20%
34	On Exchange	New	45127PA014000901	Silver Capital Advantage EPO 6000/20/40	Combined	Cumberland, Perry, Dauph		67.7%				Silver		6,000		6,000		20%		20%
35	On Exchange	New	45127PA014000904	Silver Capital Advantage EPO 6000 CSR73	Combined	Cumberland, Perry, Dauph		73.8%				Silver		5,500		5,500		15%		15%
36	On Exchange	New	45127PA014000905	Silver Capital Advantage EPO 6000 CSR87	Combined	Cumberland, Perry, Dauph		87.6%				Gold		1,500		1,500		5%		5%
37	On Exchange	New	45127PA014000906	Silver Capital Advantage EPO 6000 CSR94	Combined	Cumberland, Perry, Dauph		94.2%				Platinum		425		425		0%		0%
38	On Exchange	New	45127PA014001001	Bronze Capital Advantage EPO 7450/0/50	Combined	Cumberland, Perry, Dauph		64.9%				Bronze		7,450		7,450		0%		0%
39	Off Exchange	Existing	53789PA010000800	Bronze HMO 7450/0/50	Combined	All (excluding Lancaster)	64.5%	64.9%	72.0%	69.6%	Bronze	Bronze	8,000	7,450	8,000	7,450	0%	0%	0%	0%
40	Off Exchange	Existing	53789PA010000400	Catastrophic HMO 8700/0/0	Combined	All	61.3%	61.1%	71.5%	68.7%	Bronze	Bronze	8,550	8,700	8,550	8,700	0%	0%	0%	0%
41	Off Exchange	Existing	82795PA014000100	Catastrophic PPO 8700/0/0 (CAIC)	Combined	All	61.3%	61.1%	69.6%		Bronze	Bronze	8,550	8,700	8,550	8,700	0%	0%	0%	0%

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Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	Counties	MOOP		PCP: Tier 1		PCP: Tier 2		SPC: Tier 1		SPC: Tier 2		ER		UC		IP Hosp Copay Per Day		IP Hosp		High-End Imaging		Low-End Imaging	
							2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
1	On Exchange	Existing	45127PA002002601	Gold Simple Blue PPO 0/0/25	Rx 0	All (excluding Lancaster)	8,550	8,550	25	25	25	25	50	50	50	50	200	200	50	50	N/A	N/A	4000	4,000	200	200	25	25
2	On Exchange	Existing	45127PA002001301	Gold PPO 2150/10/20	Combined	All (excluding Lancaster)	8,550	8,550	20	20	20	20	45	45	45	45	D/300	D/300	75	75	N/A	N/A	D/10%	D/10%	D/25%	D/25%	D/10%	D/10%
3	On Exchange	New	45127PA002002801	Gold PPO 3250/10/25	Combined	All (excluding Lancaster)		8,550		25		25		45		45		D/350		75		N/A		D/10%		D/25%		D/10%
4	Off Exchange	New	45127PA002003000	Silver QHDHP PPO 2200/10/40	Combined	All (excluding Lancaster)		8,550		D/40		D/40		D/85		D/85		D/400		D/100		N/A		D/10%		D/25%		D/10%
5	Off Exchange	Existing	45127PA002002100	Silver PPO 5950/20/40	Combined	All (excluding Lancaster)	8,550	8,550	40	40	40	40	85	85	85	85	D/400	D/400	100	100	N/A	N/A	D/20%	D/20%	D/35%	D/35%	D/20%	D/20%
6	On Exchange	Existing	45127PA002000801	Silver PPO 6000/20/40	Combined	All (excluding Lancaster)	8,550	8,550	40	40	40	40	85	85	85	85	D/400	D/400	100	100	N/A	N/A	D/20%	D/20%	D/35%	D/35%	D/20%	D/20%
7	On Exchange	Existing	45127PA002000804	Silver PPO 6000 CSR73	Combined	All (excluding Lancaster)	6,500	6,500	10	10	10	10	20	20	20	20	D/200	D/200	45	45	N/A	N/A	D/15%	D/15%	D/25%	D/25%	D/15%	D/15%
8	On Exchange	Existing	45127PA002000805	Silver PPO 6000 CSR87	Combined	All (excluding Lancaster)	2,450	2,450	5	5	5	5	10	10	10	10	D/75	D/75	35	35	N/A	N/A	D/5%	D/5%	D/15%	D/15%	D/5%	D/5%
9	On Exchange	Existing	45127PA002000806	Silver PPO 6000 CSR94	Combined	All (excluding Lancaster)	1,250	1,250	3	3	3	3	5	5	5	5	D/50	D/50	20	20	N/A	N/A	D	D	D/10%	D/10%	D	D
10	On Exchange	New	45127PA002003101	Bronze QHDHP PPO 6300/0/50	Combined	All (excluding Lancaster)		8,550		D/50		D/50		D/85		D/85		D		D		N/A		D		D		D
11	On Exchange	Existing	45127PA002002001	Bronze PPO 7450/0/50	Combined	All (excluding Lancaster)	8,550	8,550	50	50	50	50	85	85	85	85	D	D	D	D	N/A	N/A	D	D	D	D	D	D
12	On Exchange	Existing	45127PA002002701	Catastrophic PPO 8700/0/0	Combined	All	8,550	8,700	D/75	D/0	D/75	D/0	D	D	D	D	D	D	D	D	N/A	N/A	D	D	D	D	D	D
13	On Exchange	Existing	45127PA002002201	Gold PPO Choice 2000/0/30	Combined	Lancaster	8,550	8,550	30	30	50	50	50	50	75	75	D/200	D/200	75	75	N/A	N/A	D	D	D	D	D	D
14	On Exchange	New	45127PA002002901	Gold PPO Choice 3000/0/35	Combined	Lancaster		8,550		35		55		55		80		D/300		75		N/A		D		D		D
15	Off Exchange	Existing	45127PA002002300	Silver PPO Choice 3950/20/35	Combined	Lancaster	8,550	8,550	35	35	60	60	65	65	85	85	D/400	D/400	100	100	N/A	N/A	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%
16	On Exchange	Existing	45127PA002002401	Silver PPO Choice 4000/20/35	Combined	Lancaster	8,550	8,550	35	35	60	60	65	65	85	85	D/400	D/400	100	100	N/A	N/A	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%
17	On Exchange	Existing	45127PA002002404	Silver PPO Choice 4000 CSR73	Combined	Lancaster	6,800	6,800	25	25	60	60	50	50	85	85	D/200	D/200	45	45	N/A	N/A	D/15%	D/15%	D/15%	D/15%	D/15%	D/15%
18	On Exchange	Existing	45127PA002002405	Silver PPO Choice 4000 CSR87	Combined	Lancaster	2,850	2,850	15	15	40	40	30	30	60	60	D/75	D/75	35	35	N/A	N/A	D/0%	D/0%	D/0%	D/0%	D/0%	D/0%
19	On Exchange	Existing	45127PA002002406	Silver PPO Choice 4000 CSR94	Combined	Lancaster	1,000	1,000	5	5	20	20	10	10	30	30	D/50	D/50	20	20	N/A	N/A	D/0%	D/0%	D/0%	D/0%	D/0%	D/0%
20	Off Exchange	New	45127PA002003200	Silver QHDHP PPO Choice 2200/10/35	Combined	Lancaster		8,550		D/35		D/60		D/65		D/85		D/400		D/100		N/A		D/10%		D/10%		D/10%
21	On Exchange	New	45127PA002003301	Bronze QHDHP PPO Choice 6300/0/50	Combined	Lancaster		8,550		D/50		D/0		D/85		D		D		D		N/A		D		D		D
22	On Exchange	Existing	45127PA002002501	Bronze PPO Choice 7100/0/50	Combined	Lancaster	8,550	8,550	50	50	0	0	85	85	D	D	D	D	D	D	N/A	N/A	D	D	D	D	D	D
23	On Exchange	Existing	45127PA014000201	Gold Valley Advantage EPO 2150/10/20	Combined	Lehigh and Northampton	8,550	8,550	20	20	20	20	45	45	45	45	D/300	D/300	75	75	N/A	N/A	D/10%	D/10%	D/25%	D/25%	D/10%	D/10%
24	On Exchange	New	45127PA014001101	Gold Valley Advantage EPO 3250/10/25	Combined	Lehigh and Northampton		8,550		25		25		45		45		D/350		75		N/A		D/10%		D/25%		D/10%
25	Off Exchange	Existing	45127PA014000300	Silver Valley Advantage EPO 5950/20/40	Combined	Lehigh and Northampton	8,550	8,550	40	40	40	40	85	85	85	85	D/400	D/400	100	100	N/A	N/A	D/20%	D/20%	D/35%	D/35%	D/20%	D/20%
26	On Exchange	Existing	45127PA014000401	Silver Valley Advantage EPO 6000/20/40	Combined	Lehigh and Northampton	8,550	8,550	40	40	40	40	85	85	85	85	D/400	D/400	100	100	N/A	N/A	D/20%	D/20%	D/35%	D/35%	D/20%	D/20%
27	On Exchange	Existing	45127PA014000404	Silver Valley Advantage EPO 6000 CSR73	Combined	Lehigh and Northampton	6,500	6,500	10	10	10	10	20	20	20	20	D/200	D/200	45	45	N/A	N/A	D/15%	D/15%	D/25%	D/25%	D/15%	D/15%
28	On Exchange	Existing	45127PA014000405	Silver Valley Advantage EPO 6000 CSR87	Combined	Lehigh and Northampton	2,450	2,450	10	10	10	10	20	20	20	20	D/75	D/75	35	35	N/A	N/A	D/5%	D/5%	D/15%	D/15%	D/5%	D/5%
29	On Exchange	Existing	45127PA014000406	Silver Valley Advantage EPO 6000 CSR94	Combined	Lehigh and Northampton	1,250	1,250	3	3	3	3	5	5	5	5	D/50	D/50	20	20	N/A	N/A	D	D	D/10%	D/10%	D	D
30	On Exchange	Existing	45127PA014000501	Bronze Valley Advantage EPO 7450/0/50	Combined	Lehigh and Northampton	8,550	8,550	50	50	50	50	85	85	85	85	D	D	D	D	N/A	N/A	D	D	D	D	D	D
31	On Exchange	New	45127PA014000601	Gold Capital Advantage EPO 2150/10/20	Combined	Cumberland, Perry, Dauph		8,550		20		20		45		45		D/300		75		N/A		D/10%		D/25%		D/10%
32	On Exchange	New	45127PA014000701	Gold Capital Advantage EPO 3250/10/25	Combined	Cumberland, Perry, Dauph		8,550		25		25		45		45		D/350		75		N/A		D/10%		D/25%		D/10%
33	Off Exchange	New	45127PA014000800	Silver Capital Advantage EPO 5950/20/40	Combined	Cumberland, Perry, Dauph		8,550		40		40		85		85		D/400		100		N/A		D/20%		D/35%		D/20%
34	On Exchange	New	45127PA014000901	Silver Capital Advantage EPO 6000/20/40	Combined	Cumberland, Perry, Dauph		8,550		40		40		85		85		D/400		100		N/A		D/20%		D/35%		D/20%
35	On Exchange	New	45127PA014000904	Silver Capital Advantage EPO 6000 CSR73	Combined	Cumberland, Perry, Dauph		6,500		10		10		20		20		D/200		45		N/A		D/15%		D/25%		D/15%
36	On Exchange	New	45127PA014000905	Silver Capital Advantage EPO 6000 CSR87	Combined	Cumberland, Perry, Dauph		2,450		10		10		20		20		D/75		35		N/A		D/5%		D/15%		D/5%
37	On Exchange	New	45127PA014000906	Silver Capital Advantage EPO 6000 CSR94	Combined	Cumberland, Perry, Dauph		1,250		3		3		5		5		D/50		20		N/A		D		D/10%		D
38	On Exchange	New	45127PA014001001	Bronze Capital Advantage EPO 7450/0/50	Combined	Cumberland, Perry, Dauph		8,550		50		50		85		85		D		D		N/A		D		D		D
39	Off Exchange	Existing	53789PA010000800	Bronze HMO 7450/0/50	Combined	All (excluding Lancaster)	8,550	8,550	50	50	50	50	85	85	85	85	D	D	D	D	N/A	N/A	D	D	D	D	D	D
40	Off Exchange	Existing	53789PA010000400	Catastrophic HMO 8700/0/0	Combined	All	8,550	8,700	D/75	D/0	D/75	D/0	D	D	D	D	D	D	D	D	N/A	N/A	D	D	D	D	D	D
41	Off Exchange	Existing	82795PA014000100	Catastrophic PPO 8700/0/0 (CAIC)	Combined	All	8,550	8,700	D/75	D/0	D/75	D/0	D	D	D	D	D	D	D	D	N/A	N/A	D	D	D	D	D	D

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Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	Counties	Lab: Tier 1		Lab: Tier 2		OP Facility: Tier 1		OP Facility: Tier 2		OP Surgery: Tier 1		OP Surgery: Tier 2	
							2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
1	On Exchange	Existing	45127PA002002601	Gold Simple Blue PPO 0/0/25	Rx 0	All (excluding Lancaster)	25	25	50	50	2,000	2,000	2,000	2,000	0	0	0	0
2	On Exchange	Existing	45127PA002001301	Gold PPO 2150/10/20	Combined	All (excluding Lancaster)	25	25	D/75	D/75	D/10%	D/10%	D/10%	D/10%	D/10%	D/10%	D/10%	D/10%
3	On Exchange	New	45127PA002002801	Gold PPO 3250/10/25	Combined	All (excluding Lancaster)		25		D/75		D/10%		D/10%		D/10%		D/10%
4	Off Exchange	New	45127PA002003000	Silver QHDHP PPO 2200/10/40	Combined	All (excluding Lancaster)		D/25		D/75		D/10%		D/10%		D/10%		D/10%
5	Off Exchange	Existing	45127PA002002100	Silver PPO 5950/20/40	Combined	All (excluding Lancaster)	25	25	D/75	D/75	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%
6	On Exchange	Existing	45127PA002000801	Silver PPO 6000/20/40	Combined	All (excluding Lancaster)	25	25	D/75	D/75	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%
7	On Exchange	Existing	45127PA002000804	Silver PPO 6000 CSR73	Combined	All (excluding Lancaster)	20	20	D/60	D/60	D/15%	D/15%	D/15%	D/15%	D/15%	D/15%	D/15%	D/15%
8	On Exchange	Existing	45127PA002000805	Silver PPO 6000 CSR87	Combined	All (excluding Lancaster)	15	15	D/40	D/40	D/5%	D/5%	D/5%	D/5%	D/5%	D/5%	D/5%	D/5%
9	On Exchange	Existing	45127PA002000806	Silver PPO 6000 CSR94	Combined	All (excluding Lancaster)	10	10	D/20	D/20	D	D	D	D	D	D	D	D
10	On Exchange	New	45127PA002003101	Bronze QHDHP PPO 6300/0/50	Combined	All (excluding Lancaster)		D/25		D/75		D		D		D		D
11	On Exchange	Existing	45127PA002002001	Bronze PPO 7450/0/50	Combined	All (excluding Lancaster)	25	25	D	D/75	D	D	D	D	D	D	D	D
12	On Exchange	Existing	45127PA002002701	Catastrophic PPO 8700/0/0	Combined	All	D	D	D	D	D	D	D	D	D	D	D	D
13	On Exchange	Existing	45127PA002002201	Gold PPO Choice 2000/0/30	Combined	Lancaster	D	D	D	D	D	D	D/30%	D/30%	D	D	D/30%	D/30%
14	On Exchange	New	45127PA002002901	Gold PPO Choice 3000/0/35	Combined	Lancaster		D		D		D		D/30%		D		D/30%
15	Off Exchange	Existing	45127PA002002300	Silver PPO Choice 3950/20/35	Combined	Lancaster	D	D	D	D	D/20%	D/20%	D	D	D/20%	D/20%	D	D
16	On Exchange	Existing	45127PA002002401	Silver PPO Choice 4000/20/35	Combined	Lancaster	D	D	D	D	D/20%	D/20%	D	D	D/20%	D/20%	D	D
17	On Exchange	Existing	45127PA002002404	Silver PPO Choice 4000 CSR73	Combined	Lancaster	D	D	D	D	D/15%	D/15%	D	D	D/15%	D/15%	D	D
18	On Exchange	Existing	45127PA002002405	Silver PPO Choice 4000 CSR87	Combined	Lancaster	D	D	D	D	D	D	D	D	D	D	D	D
19	On Exchange	Existing	45127PA002002406	Silver PPO Choice 4000 CSR94	Combined	Lancaster	D	D	D	D	D	D	D	D	D	D	D	D
20	Off Exchange	New	45127PA002003200	Silver QHDHP PPO Choice 2200/10/35	Combined	Lancaster		D		D		D/10%		D/30%		D/10%		D/30%
21	On Exchange	New	45127PA002003301	Bronze QHDHP PPO Choice 6300/0/50	Combined	Lancaster		D		D		D		D		D		D
22	On Exchange	Existing	45127PA002002501	Bronze PPO Choice 7100/0/50	Combined	Lancaster	D	D	D	D	D	D	D	D	D	D	D	D
23	On Exchange	Existing	45127PA014000201	Gold Valley Advantage EPO 2150/10/20	Combined	Lehigh and Northampton	D	D	D	D	D/10%	D/10%	D/10%	D/10%	D/10%	D/10%	D/10%	D/10%
24	On Exchange	New	45127PA014001101	Gold Valley Advantage EPO 3250/10/25	Combined	Lehigh and Northampton		D		D		D/10%		D/10%		D/10%		D/10%
25	Off Exchange	Existing	45127PA014000300	Silver Valley Advantage EPO 5950/20/40	Combined	Lehigh and Northampton	D	D	D	D	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%
26	On Exchange	Existing	45127PA014000401	Silver Valley Advantage EPO 6000/20/40	Combined	Lehigh and Northampton	D	D	D	D	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%	D/20%
27	On Exchange	Existing	45127PA014000404	Silver Valley Advantage EPO 6000 CSR73	Combined	Lehigh and Northampton	D	D	D	D	D/15%	D/15%	D/15%	D/15%	D/15%	D/15%	D/15%	D/15%
28	On Exchange	Existing	45127PA014000405	Silver Valley Advantage EPO 6000 CSR87	Combined	Lehigh and Northampton	D	D	D	D	D/5%	D/5%	D/5%	D/5%	D/5%	D/5%	D/5%	D/5%
29	On Exchange	Existing	45127PA014000406	Silver Valley Advantage EPO 6000 CSR94	Combined	Lehigh and Northampton	D	D	D	D	D	D	D	D	D	D	D	D
30	On Exchange	Existing	45127PA014000501	Bronze Valley Advantage EPO 7450/0/50	Combined	Lehigh and Northampton	D	D	D	D	D	D	D	D	D	D	D	D
31	On Exchange	New	45127PA014000601	Gold Capital Advantage EPO 2150/10/20	Combined	Cumberland, Perry, Dauph		D		D		D/10%		D/10%		D/10%		D/10%
32	On Exchange	New	45127PA014000701	Gold Capital Advantage EPO 3250/10/25	Combined	Cumberland, Perry, Dauph		D		D		D/10%		D/10%		D/10%		D/10%
33	Off Exchange	New	45127PA014000800	Silver Capital Advantage EPO 5950/20/40	Combined	Cumberland, Perry, Dauph		D		D		D/20%		D/20%		D/20%		D/20%
34	On Exchange	New	45127PA014000901	Silver Capital Advantage EPO 6000/20/40	Combined	Cumberland, Perry, Dauph		D		D		D/20%		D/20%		D/20%		D/20%
35	On Exchange	New	45127PA014000904	Silver Capital Advantage EPO 6000 CSR73	Combined	Cumberland, Perry, Dauph		D		D		D/15%		D/15%		D/15%		D/15%
36	On Exchange	New	45127PA014000905	Silver Capital Advantage EPO 6000 CSR87	Combined	Cumberland, Perry, Dauph		D		D		D/5%		D/5%		D/5%		D/5%
37	On Exchange	New	45127PA014000906	Silver Capital Advantage EPO 6000 CSR94	Combined	Cumberland, Perry, Dauph		D		D		D		D		D		D
38	On Exchange	New	45127PA014001001	Bronze Capital Advantage EPO 7450/0/50	Combined	Cumberland, Perry, Dauph		D		D		D		D		D		D
39	Off Exchange	Existing	53789PA010000800	Bronze HMO 7450/0/50	Combined	All (excluding Lancaster)	25	25	D	D/75	D	D	D	D	D	D	D	D
40	Off Exchange	Existing	53789PA010000400	Catastrophic HMO 8700/0/0	Combined	All	D	D	D	D	D	D	D	D	D	D	D	D
41	Off Exchange	Existing	82795PA014000100	Catastrophic PPO 8700/0/0 (CAIC)	Combined	All	D	D	D	D	D	D	D	D	D	D	D	D

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Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	Counties	Rx Ded		Rx Gen Pref: Ded Applies?		Rx Gen Pref: Coins		Rx Gen Pref: Retail Copay		Rx Gen Pref: Mail Copay		Rx Gen Non-Pref: Ded Applies		Rx Gen Non-Pref: Coins		Rx Gen Non-Pref: Retail Copa		Rx Gen Non-Pref: Mail Copay		Rx Brand Pref: Ded Applies?		Rx Brand Pref: Coins	
							2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
1	On Exchange	Existing	45127PA002002601	Gold Simple Blue PPO 0/0/25	Rx 0	All (excluding Lancaster)	$0	$0	N	N	100%	100%	4	4	8	8	N	N	0%	0%	15	15	30	30	N	N	100%	100%
2	On Exchange	Existing	45127PA002001301	Gold PPO 2150/10/20	Combined	All (excluding Lancaster)	Combined	Combined	N	N	10%	10%	10	10	20	20	N	N	25%	25%	0	0	0	0	Y	Y	10%	10%
3	On Exchange	New	45127PA002002801	Gold PPO 3250/10/25	Combined	All (excluding Lancaster)		Combined		N		10%		10		20		N		25%		0		0		Y		10%
4	Off Exchange	New	45127PA002003000	Silver QHDHP PPO 2200/10/40	Combined	All (excluding Lancaster)		Combined		Y		10%		10		20		Y		25%		0		0		Y		10%
5	Off Exchange	Existing	45127PA002002100	Silver PPO 5950/20/40	Combined	All (excluding Lancaster)	Combined	Combined	N	N	20%	20%	10	10	20	20	N	N	25%	25%	0	0	0	0	Y	Y	20%	20%
6	On Exchange	Existing	45127PA002000801	Silver PPO 6000/20/40	Combined	All (excluding Lancaster)	Combined	Combined	N	N	20%	20%	10	10	20	20	N	N	25%	25%	0	0	0	0	Y	Y	20%	20%
7	On Exchange	Existing	45127PA002000804	Silver PPO 6000 CSR73	Combined	All (excluding Lancaster)	Combined	Combined	N	N	15%	15%	5	5	10	10	N	N	18%	18%	0	0	0	0	Y	Y	15%	15%
8	On Exchange	Existing	45127PA002000805	Silver PPO 6000 CSR87	Combined	All (excluding Lancaster)	Combined	Combined	N	N	5%	5%	3	3	6	6	N	N	15%	15%	0	0	0	0	Y	Y	5%	5%
9	On Exchange	Existing	45127PA002000806	Silver PPO 6000 CSR94	Combined	All (excluding Lancaster)	Combined	Combined	N	N	0%	0%	2	2	4	4	N	N	10%	10%	0	0	0	0	Y	Y	0%	0%
10	On Exchange	New	45127PA002003101	Bronze QHDHP PPO 6300/0/50	Combined	All (excluding Lancaster)		Combined		Y		0%		0		0		Y		0%		0		0		Y		0%
11	On Exchange	Existing	45127PA002002001	Bronze PPO 7450/0/50	Combined	All (excluding Lancaster)	Combined	Combined	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%
12	On Exchange	Existing	45127PA002002701	Catastrophic PPO 8700/0/0	Combined	All	Combined	Combined	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%
13	On Exchange	Existing	45127PA002002201	Gold PPO Choice 2000/0/30	Combined	Lancaster	Combined	Combined	N	N	0%	0%	10	10	20	20	N	N	25%	25%	0	0	0	0	Y	Y	0%	0%
14	On Exchange	New	45127PA002002901	Gold PPO Choice 3000/0/35	Combined	Lancaster		Combined		N		0%		10		20		N		25%		0		0		Y		0%
15	Off Exchange	Existing	45127PA002002300	Silver PPO Choice 3950/20/35	Combined	Lancaster	Combined	Combined	N	N	0%	0%	10	10	20	20	N	N	25%	25%	0	0	0	0	Y	Y	0%	0%
16	On Exchange	Existing	45127PA002002401	Silver PPO Choice 4000/20/35	Combined	Lancaster	Combined	Combined	N	N	0%	0%	10	10	20	20	N	N	25%	25%	0	0	0	0	Y	Y	0%	0%
17	On Exchange	Existing	45127PA002002404	Silver PPO Choice 4000 CSR73	Combined	Lancaster	Combined	Combined	N	N	15%	15%	5	5	10	10	N	N	18%	18%	0	0	0	0	Y	Y	15%	15%
18	On Exchange	Existing	45127PA002002405	Silver PPO Choice 4000 CSR87	Combined	Lancaster	Combined	Combined	N	N	0%	0%	3	3	6	6	N	N	15%	15%	0	0	0	0	Y	Y	0%	0%
19	On Exchange	Existing	45127PA002002406	Silver PPO Choice 4000 CSR94	Combined	Lancaster	Combined	Combined	N	N	0%	0%	2	2	4	4	N	N	10%	10%	0	0	0	0	Y	Y	0%	0%
20	Off Exchange	New	45127PA002003200	Silver QHDHP PPO Choice 2200/10/35	Combined	Lancaster		Combined		Y		0%		10		20		Y		25%		0		0		Y		0%
21	On Exchange	New	45127PA002003301	Bronze QHDHP PPO Choice 6300/0/50	Combined	Lancaster		Combined		Y		0%		0		0		Y		0%		0		0		Y		0%
22	On Exchange	Existing	45127PA002002501	Bronze PPO Choice 7100/0/50	Combined	Lancaster	Combined	Combined	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%
23	On Exchange	Existing	45127PA014000201	Gold Valley Advantage EPO 2150/10/20	Combined	Lehigh and Northampton	Combined	Combined	N	N	10%	10%	10	10	20	20	N	N	25%	25%	0	0	0	0	Y	Y	10%	10%
24	On Exchange	New	45127PA014001101	Gold Valley Advantage EPO 3250/10/25	Combined	Lehigh and Northampton		Combined		N		10%		10		20		N		25%		0		0		Y		10%
25	Off Exchange	Existing	45127PA014000300	Silver Valley Advantage EPO 5950/20/40	Combined	Lehigh and Northampton	Combined	Combined	N	N	20%	20%	10	10	20	20	N	N	25%	25%	0	0	0	0	Y	Y	20%	20%
26	On Exchange	Existing	45127PA014000401	Silver Valley Advantage EPO 6000/20/40	Combined	Lehigh and Northampton	Combined	Combined	N	N	20%	20%	10	10	20	20	N	N	25%	25%	0	0	0	0	Y	Y	20%	20%
27	On Exchange	Existing	45127PA014000404	Silver Valley Advantage EPO 6000 CSR73	Combined	Lehigh and Northampton	Combined	Combined	N	N	15%	15%	5	5	10	10	N	N	18%	18%	0	0	0	0	Y	Y	15%	15%
28	On Exchange	Existing	45127PA014000405	Silver Valley Advantage EPO 6000 CSR87	Combined	Lehigh and Northampton	Combined	Combined	N	N	5%	5%	3	3	6	6	N	N	15%	15%	0	0	0	0	Y	Y	5%	5%
29	On Exchange	Existing	45127PA014000406	Silver Valley Advantage EPO 6000 CSR94	Combined	Lehigh and Northampton	Combined	Combined	N	N	0%	0%	2	2	4	4	N	N	10%	10%	0	0	0	0	Y	Y	0%	0%
30	On Exchange	Existing	45127PA014000501	Bronze Valley Advantage EPO 7450/0/50	Combined	Lehigh and Northampton	Combined	Combined	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%
31	On Exchange	New	45127PA014000601	Gold Capital Advantage EPO 2150/10/20	Combined	Cumberland, Perry, Dauph		Combined		N		10%		10		20		N		25%		0		0		Y		10%
32	On Exchange	New	45127PA014000701	Gold Capital Advantage EPO 3250/10/25	Combined	Cumberland, Perry, Dauph		Combined		N		10%		10		20		N		25%		0		0		Y		10%
33	Off Exchange	New	45127PA014000800	Silver Capital Advantage EPO 5950/20/40	Combined	Cumberland, Perry, Dauph		Combined		N		20%		10		20		N		25%		0		0		Y		20%
34	On Exchange	New	45127PA014000901	Silver Capital Advantage EPO 6000/20/40	Combined	Cumberland, Perry, Dauph		Combined		N		20%		10		20		N		25%		0		0		Y		20%
35	On Exchange	New	45127PA014000904	Silver Capital Advantage EPO 6000 CSR73	Combined	Cumberland, Perry, Dauph		Combined		N		15%		5		10		N		18%		0		0		Y		15%
36	On Exchange	New	45127PA014000905	Silver Capital Advantage EPO 6000 CSR87	Combined	Cumberland, Perry, Dauph		Combined		N		5%		3		6		N		15%		0		0		Y		5%
37	On Exchange	New	45127PA014000906	Silver Capital Advantage EPO 6000 CSR94	Combined	Cumberland, Perry, Dauph		Combined		N		0%		2		4		N		10%		0		0		Y		0%
38	On Exchange	New	45127PA014001001	Bronze Capital Advantage EPO 7450/0/50	Combined	Cumberland, Perry, Dauph		Combined		Y		0%		0		0		Y		0%		0		0		Y		0%
39	Off Exchange	Existing	53789PA010000800	Bronze HMO 7450/0/50	Combined	All (excluding Lancaster)	Combined	Combined	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%
40	Off Exchange	Existing	53789PA010000400	Catastrophic HMO 8700/0/0	Combined	All	Combined	Combined	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%
41	Off Exchange	Existing	82795PA014000100	Catastrophic PPO 8700/0/0 (CAIC)	Combined	All	Combined	Combined	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%

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Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	Counties	Rx Brand Pref 2021
1	On Exchange	Existing	45127PA002002601	Gold Simple Blue PPO 0/0/25	Rx 0	All (excluding Lancaster)	45
2	On Exchange	Existing	45127PA002001301	Gold PPO 2150/10/20	Combined	All (excluding Lancaster)	25
3	On Exchange	New	45127PA002002801	Gold PPO 3250/10/25	Combined	All (excluding Lancaster)	
4	Off Exchange	New	45127PA002003000	Silver QHDHP PPO 2200/10/40	Combined	All (excluding Lancaster)	
5	Off Exchange	Existing	45127PA002002100	Silver PPO 5950/20/40	Combined	All (excluding Lancaster)	50
6	On Exchange	Existing	45127PA002000801	Silver PPO 6000/20/40	Combined	All (excluding Lancaster)	50
7	On Exchange	Existing	45127PA002000804	Silver PPO 6000 CSR73	Combined	All (excluding Lancaster)	25
8	On Exchange	Existing	45127PA002000805	Silver PPO 6000 CSR87	Combined	All (excluding Lancaster)	15
9	On Exchange	Existing	45127PA002000806	Silver PPO 6000 CSR94	Combined	All (excluding Lancaster)	10
10	On Exchange	New	45127PA002003101	Bronze QHDHP PPO 6300/0/50	Combined	All (excluding Lancaster)	
11	On Exchange	Existing	45127PA002002001	Bronze PPO 7450/0/50	Combined	All (excluding Lancaster)	0
12	On Exchange	Existing	45127PA002002701	Catastrophic PPO 8700/0/0	Combined	All	0
13	On Exchange	Existing	45127PA002002201	Gold PPO Choice 2000/0/30	Combined	Lancaster	25
14	On Exchange	New	45127PA002002901	Gold PPO Choice 3000/0/35	Combined	Lancaster	
15	Off Exchange	Existing	45127PA002002300	Silver PPO Choice 3950/20/35	Combined	Lancaster	50
16	On Exchange	Existing	45127PA002002401	Silver PPO Choice 4000/20/35	Combined	Lancaster	50
17	On Exchange	Existing	45127PA002002404	Silver PPO Choice 4000 CSR73	Combined	Lancaster	25
18	On Exchange	Existing	45127PA002002405	Silver PPO Choice 4000 CSR87	Combined	Lancaster	15
19	On Exchange	Existing	45127PA002002406	Silver PPO Choice 4000 CSR94	Combined	Lancaster	10
20	Off Exchange	New	45127PA002003200	Silver QHDHP PPO Choice 2200/10/35	Combined	Lancaster	
21	On Exchange	New	45127PA002003301	Bronze QHDHP PPO Choice 6300/0/50	Combined	Lancaster	
22	On Exchange	Existing	45127PA002002501	Bronze PPO Choice 7100/0/50	Combined	Lancaster	0
23	On Exchange	Existing	45127PA014000201	Gold Valley Advantage EPO 2150/10/20	Combined	Lehigh and Northampton	25
24	On Exchange	New	45127PA014001101	Gold Valley Advantage EPO 3250/10/25	Combined	Lehigh and Northampton	
25	Off Exchange	Existing	45127PA014000300	Silver Valley Advantage EPO 5950/20/40	Combined	Lehigh and Northampton	50
26	On Exchange	Existing	45127PA014000401	Silver Valley Advantage EPO 6000/20/40	Combined	Lehigh and Northampton	50
27	On Exchange	Existing	45127PA014000404	Silver Valley Advantage EPO 6000 CSR73	Combined	Lehigh and Northampton	25
28	On Exchange	Existing	45127PA014000405	Silver Valley Advantage EPO 6000 CSR87	Combined	Lehigh and Northampton	15
29	On Exchange	Existing	45127PA014000406	Silver Valley Advantage EPO 6000 CSR94	Combined	Lehigh and Northampton	10
30	On Exchange	Existing	45127PA014000501	Bronze Valley Advantage EPO 7450/0/50	Combined	Lehigh and Northampton	0
31	On Exchange	New	45127PA014000601	Gold Capital Advantage EPO 2150/10/20	Combined	Cumberland, Perry, Dauph	
32	On Exchange	New	45127PA014000701	Gold Capital Advantage EPO 3250/10/25	Combined	Cumberland, Perry, Dauph	
33	Off Exchange	New	45127PA014000800	Silver Capital Advantage EPO 5950/20/40	Combined	Cumberland, Perry, Dauph	
34	On Exchange	New	45127PA014000901	Silver Capital Advantage EPO 6000/20/40	Combined	Cumberland, Perry, Dauph	
35	On Exchange	New	45127PA014000904	Silver Capital Advantage EPO 6000 CSR73	Combined	Cumberland, Perry, Dauph	
36	On Exchange	New	45127PA014000905	Silver Capital Advantage EPO 6000 CSR87	Combined	Cumberland, Perry, Dauph	
37	On Exchange	New	45127PA014000906	Silver Capital Advantage EPO 6000 CSR94	Combined	Cumberland, Perry, Dauph	
38	On Exchange	New	45127PA014001001	Bronze Capital Advantage EPO 7450/0/50	Combined	Cumberland, Perry, Dauph	
39	Off Exchange	Existing	53789PA010000800	Bronze HMO 7450/0/50	Combined	All (excluding Lancaster)	0
40	Off Exchange	Existing	53789PA010000400	Catastrophic HMO 8700/0/0	Combined	All	0
41	Off Exchange	Existing	82795PA014000100	Catastrophic PPO 8700/0/0 (CAIC)	Combined	All	0

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Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	Counties	: Retail Copay	Rx Brand Pref: Mail Copay		Brand Non-Pref: Ded Applic		Rx Brand Non-Pref: Coins		Brand Non-Pref: Retail Cop		Brand Non-Pref: Mail Copa		Specialty Tier 1: Ded Applic		Rx Specialty Tier 1: Coins		Rx Specialty Tier 1: Max		Specialty Tier 2: Ded Applic		Rx Specialty Tier 2: Coins		Rx Specialty Tier 2: Max	
							2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022
1	On Exchange	Existing	45127PA002002601	Gold Simple Blue PPO 0/0/25	Rx 0	All (excluding Lancaster)	45	90	90	N	N	100%	100%	70	70	140	140	N	N	20%	20%	250	250	N	N	20%	20%	350	350
2	On Exchange	Existing	45127PA002001301	Gold PPO 2150/10/20	Combined	All (excluding Lancaster)	25	50	50	Y	Y	10%	10%	75	75	150	150	Y	Y	40%	40%	800	800	Y	Y	40%	40%	1000	1000
3	On Exchange	New	45127PA002002801	Gold PPO 3250/10/25	Combined	All (excluding Lancaster)	25		50		Y		10%		75		150		Y		40%		800		Y		40%		1000
4	Off Exchange	New	45127PA002003000	Silver QHDHP PPO 2200/10/40	Combined	All (excluding Lancaster)	25		50		Y		10%		75		150		Y		50%		800		Y		50%		1000
5	Off Exchange	Existing	45127PA002002100	Silver PPO 5950/20/40	Combined	All (excluding Lancaster)	50	100	100	Y	Y	20%	20%	100	100	200	200	Y	Y	50%	50%	800	800	Y	Y	50%	50%	1000	1000
6	On Exchange	Existing	45127PA002000801	Silver PPO 6000/20/40	Combined	All (excluding Lancaster)	50	100	100	Y	Y	20%	20%	100	100	200	200	Y	Y	50%	50%	800	800	Y	Y	50%	50%	1000	1000
7	On Exchange	Existing	45127PA002000804	Silver PPO 6000 CSR73	Combined	All (excluding Lancaster)	25	50	50	Y	Y	15%	15%	55	55	110	110	Y	Y	40%	40%	700	700	Y	Y	40%	40%	800	800
8	On Exchange	Existing	45127PA002000805	Silver PPO 6000 CSR87	Combined	All (excluding Lancaster)	15	30	30	Y	Y	5%	5%	40	40	80	80	Y	Y	30%	30%	400	400	Y	Y	30%	30%	500	500
9	On Exchange	Existing	45127PA002000806	Silver PPO 6000 CSR94	Combined	All (excluding Lancaster)	10	20	20	Y	Y	0%	0%	25	25	50	50	Y	Y	10%	10%	200	200	Y	Y	10%	10%	300	300
10	On Exchange	New	45127PA002003101	Bronze QHDHP PPO 6300/0/50	Combined	All (excluding Lancaster)	0		0		Y		0%		0		0		Y		50%		0		Y		50%		0
11	On Exchange	Existing	45127PA002002001	Bronze PPO 7450/0/50	Combined	All (excluding Lancaster)	0	0	0	Y	Y	0%	0%	0	0	0	0	N	N	50%	50%	0	0	N	N	50%	50%	0	0
12	On Exchange	Existing	45127PA002002701	Catastrophic PPO 8700/0/0	Combined	All	0	0	0	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%	0	0	Y	Y	0%	0%	0	0
13	On Exchange	Existing	45127PA002002201	Gold PPO Choice 2000/0/30	Combined	Lancaster	25	50	50	Y	Y	0%	0%	75	75	150	150	Y	Y	40%	40%	800	800	Y	Y	40%	40%	1000	1000
14	On Exchange	New	45127PA002002901	Gold PPO Choice 3000/0/35	Combined	Lancaster	25		50		Y		0%		75		150		Y		40%		800		Y		40%		1000
15	Off Exchange	Existing	45127PA002002300	Silver PPO Choice 3950/20/35	Combined	Lancaster	50	100	100	Y	Y	0%	0%	100	100	200	200	Y	Y	50%	50%	800	800	Y	Y	50%	50%	1000	1000
16	On Exchange	Existing	45127PA002002401	Silver PPO Choice 4000/20/35	Combined	Lancaster	50	100	100	Y	Y	0%	0%	100	100	200	200	Y	Y	50%	50%	800	800	Y	Y	50%	50%	1000	1000
17	On Exchange	Existing	45127PA002002404	Silver PPO Choice 4000 CSR73	Combined	Lancaster	25	50	50	Y	Y	15%	15%	55	55	110	110	Y	Y	40%	40%	700	700	Y	Y	40%	40%	800	800
18	On Exchange	Existing	45127PA002002405	Silver PPO Choice 4000 CSR87	Combined	Lancaster	15	30	30	Y	Y	0%	0%	40	40	80	80	Y	Y	30%	30%	400	400	Y	Y	30%	30%	500	500
19	On Exchange	Existing	45127PA002002406	Silver PPO Choice 4000 CSR94	Combined	Lancaster	10	20	20	Y	Y	0%	0%	25	25	50	50	Y	Y	10%	10%	200	200	Y	Y	10%	10%	300	300
20	Off Exchange	New	45127PA002003200	Silver QHDHP PPO Choice 2200/10/35	Combined	Lancaster	50		100		Y		0%		100		200		Y		50%		800		Y		50%		1000
21	On Exchange	New	45127PA002003301	Bronze QHDHP PPO Choice 6300/0/50	Combined	Lancaster	0		0		Y		0%		0		0		Y		50%		0		Y		50%		0
22	On Exchange	Existing	45127PA002002501	Bronze PPO Choice 7100/0/50	Combined	Lancaster	0	0	0	Y	Y	0%	0%	0	0	0	0	N	N	50%	50%	0	0	N	N	50%	50%	0	0
23	On Exchange	Existing	45127PA014000201	Gold Valley Advantage EPO 2150/10/20	Combined	Lehigh and Northampton	25	50	50	Y	Y	10%	10%	75	75	150	150	Y	Y	40%	40%	800	800	Y	Y	40%	40%	1000	1000
24	On Exchange	New	45127PA014001101	Gold Valley Advantage EPO 3250/10/25	Combined	Lehigh and Northampton	25		50		Y		10%		75		150		Y		40%		800		Y		40%		1000
25	Off Exchange	Existing	45127PA014000300	Silver Valley Advantage EPO 5950/20/40	Combined	Lehigh and Northampton	50	100	100	Y	Y	20%	20%	100	100	200	200	Y	Y	50%	50%	800	800	Y	Y	50%	50%	1000	1000
26	On Exchange	Existing	45127PA014000401	Silver Valley Advantage EPO 6000/20/40	Combined	Lehigh and Northampton	50	100	100	Y	Y	20%	20%	100	100	200	200	Y	Y	50%	50%	800	800	Y	Y	50%	50%	1000	1000
27	On Exchange	Existing	45127PA014000404	Silver Valley Advantage EPO 6000 CSR73	Combined	Lehigh and Northampton	25	50	50	Y	Y	15%	15%	55	55	110	110	Y	Y	40%	40%	700	700	Y	Y	40%	40%	800	800
28	On Exchange	Existing	45127PA014000405	Silver Valley Advantage EPO 6000 CSR87	Combined	Lehigh and Northampton	15	30	30	Y	Y	5%	5%	40	40	80	80	Y	Y	30%	30%	400	400	Y	Y	30%	30%	500	500
29	On Exchange	Existing	45127PA014000406	Silver Valley Advantage EPO 6000 CSR94	Combined	Lehigh and Northampton	10	20	20	Y	Y	0%	0%	25	25	50	50	Y	Y	10%	10%	200	200	Y	Y	10%	10%	300	300
30	On Exchange	Existing	45127PA014000501	Bronze Valley Advantage EPO 7450/0/50	Combined	Lehigh and Northampton	0	0	0	Y	Y	0%	0%	0	0	0	0	N	N	50%	50%	0	0	N	N	50%	50%	0	0
31	On Exchange	New	45127PA014000601	Gold Capital Advantage EPO 2150/10/20	Combined	Cumberland, Perry, Dauph	25		50		Y		10%		75		150		Y		40%		800		Y		40%		1000
32	On Exchange	New	45127PA014000701	Gold Capital Advantage EPO 3250/10/25	Combined	Cumberland, Perry, Dauph	25		50		Y		10%		75		150		Y		40%		800		Y		40%		1000
33	Off Exchange	New	45127PA014000800	Silver Capital Advantage EPO 5950/20/40	Combined	Cumberland, Perry, Dauph	50		100		Y		20%		100		200		Y		50%		800		Y		50%		1000
34	On Exchange	New	45127PA014000901	Silver Capital Advantage EPO 6000/20/40	Combined	Cumberland, Perry, Dauph	50		100		Y		20%		100		200		Y		50%		800		Y		50%		1000
35	On Exchange	New	45127PA014000904	Silver Capital Advantage EPO 6000 CSR73	Combined	Cumberland, Perry, Dauph	25		50		Y		15%		55		110		Y		40%		700		Y		40%		800
36	On Exchange	New	45127PA014000905	Silver Capital Advantage EPO 6000 CSR87	Combined	Cumberland, Perry, Dauph	15		30		Y		5%		40		80		Y		30%		400		Y		30%		500
37	On Exchange	New	45127PA014000906	Silver Capital Advantage EPO 6000 CSR94	Combined	Cumberland, Perry, Dauph	10		20		Y		0%		25		50		Y		10%		200		Y		10%		300
38	On Exchange	New	45127PA014001001	Bronze Capital Advantage EPO 7450/0/50	Combined	Cumberland, Perry, Dauph	0		0		Y		0%		0		0		N		50%		0		N		50%		0
39	Off Exchange	Existing	53789PA010000800	Bronze HMO 7450/0/50	Combined	All (excluding Lancaster)	0	0	0	Y	Y	0%	0%	0	0	0	0	N	N	50%	50%	0	0	N	N	50%	50%	0	0
40	Off Exchange	Existing	53789PA010000400	Catastrophic HMO 8700/0/0	Combined	All	0	0	0	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%	0	0	Y	Y	0%	0%	0	0
41	Off Exchange	Existing	82795PA014000100	Catastrophic PPO 8700/0/0 (CAIC)	Combined	All	0	0	0	Y	Y	0%	0%	0	0	0	0	Y	Y	0%	0%	0	0	Y	Y	0%	0%	0	0

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

Benefit Mix Calculation

	Med Manual Cost	Rx Manual Cost	Manual Cost PMPM
Average in Experience Period			251.70
Average in Rating Period			252.76
Benefit Mix Adjustment			1.004

BEP Manual Cost Calculation 251.70 12,259

Company	HIOS 14 Digit	Manual Cost PMPM	BEP MM
KHPC	53789PA0100008	251.97	10,379
KHPC	53789PA0100004	250.22	1,880

Projected 2021 Manual Co 252.76 8,009

Mapped 2020 Plan	Total	Proj Member Dist
53789PA0100008	253.23	6,848
53789PA0100004	249.97	1,161

Keystone Health Plan Central
Individual Rates
Effective 1/1/2022
Trend

Trend by Service Category

Category	Year 1 Cost	Year 1 Util	Year 1 Induced Demand	Year 2 Cost	Year 2 Util	Year 2 Induced Demand	Total Year 1	Total Year 2	Weights	Total Weights
Inpatient Hospital	5.70%	0.00%	0.00%	5.50%	0.00%	0.0%	5.7%	5.5%	16.1%	13%
Outpatient Hospital	5.90%	0.00%	0.00%	5.60%	0.00%	0.0%	5.9%	5.6%	56.3%	46%
Professional	5.20%	0.00%	0.00%	3.70%	0.00%	0.0%	5.2%	3.7%	21.0%	17%
Other Medical	5.90%	0.00%	0.00%	5.60%	0.00%	0.0%	5.9%	5.6%	2.2%	2%
Capitation	3.00%	0.00%	0.00%	3.00%	0.00%	0.0%	3.0%	3.0%	4.4%	4%
Prescription Drug	10.40%	1.30%	0.00%	10.70%	1.50%	0.0%	11.8%	12.4%	100.0%	18%
Dental & Vision	1.00%	1.00%	0.00%	1.00%	1.00%	0.0%	2.0%	2.0%	100.0%	100%

Aggregate Pricing Trend Year 1	
Total	6.7%
Medical	5.6%
Drug	11.8%
Agg Med + Rx Trend	6.7%
Dental and Vision	2.0%

Aggregate Pricing Trend Year 2	
Total	6.4%
Medical	5.1%
Drug	12.4%
Agg Med + Rx Trend	6.4%
Dental and Vision	2.0%

URRT Categories	Year 1 Raw Trends* Cost	Utilization	Induced Demand	Composite	Year 2 Raw Trends* Cost	Utilization		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	0.6%	Leveraging	0.6%
Demographics	0.0%	Demographics	0.0%
Buy-Downs	0.0%	Buy-Downs	0.0%
Other	0.0%	Pipeline	0.0%
Total	0.6%	Total	0.60%

Keystone Health Plan Central
Individual Rates
Effective 1/1/2022
URRT

Experience Period Member Months 12,259

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	$ 50.42	1.057	1.000	1.055	1.000	56.23	$ 533,317	$ 618,113	$ 50.42
Outpatient Hospital	$ 176.96	1.059	1.000	1.056	1.000	197.90	$ 1,534,255	$ 2,169,383	$ 176.96
Professional	$ 66.11	1.052	1.000	1.037	1.000	72.12	$ 457,492	$ 810,458	$ 66.11
Other Medical	$ 6.92	1.059	1.000	1.056	1.000	7.74	$ 50,165	$ 84,794	$ 6.92
Capitation	$ 13.72	1.030	1.000	1.030	1.000	14.56	$ 168,204	$ 168,204	$ 13.72
Prescription Drug	$ 68.87	1.104	1.013	1.107	1.015	86.54	$ 659,211	$ 844,297	$ 68.87
Total	$ 383.00					435.08			$ 383.00

Change in Morbidity - Impact of Reinsurance Progr.	0.999
Change in Morbidity - All Other	1.040
Total Morbidity	1.039
*Other	
Change in Demographics	1.000
Change in Network	1.000
Change in Benefits	1.000
Change in Other	1.000
Projected Index Rate	452.04

Keystone Health Plan Central
Individual 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:	5.6%

1	Medical Paid and Incurred Claims	2,478,102
2	Completion Factor	0.97
3	BEP Completed Claims (1) / (2)	2,559,538
4	BEP Member Months	12,259
5	BEP Completed Claim PMPM (3) / (4)	208.79
6	Trend Factor	1.12
7	Trended Claim PMPM (5) x (6)	232.80
8	Benefit Change Factor	1.00
9	Morbidity Adjustment	1.04
10	Network	1.00
11	Capitation	168,204
12	Capitation PMPM	13.72
13	Other Adjustment (Reinsurance)	0.952
14	Other Adjustment	1.000
15	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (12)] x (13) x (14)	244.48

	Expected Claim PMPM in Rating Period
Medical	244.48
Drug	68.39
Pediatric Dental	1.22
Pediatric Vision	0.10
Expected Distribution of Embedded Dental Benefit	100%
Total Expected Incurred in Rating Period	314.19
Total Expected Incurred in Rating Period Net RA and Reinsurance + Exchange Fee	468.47

Projected Allowed	452.04
Paid to Allowed Ratio	0.695

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:	11.7%

1	BEP Paid and Incurred Claims**	729,171
2	Completion Factor	1.000
3	BEP Completed Claims (1) / (2)	729,171
4	BEP Member Months	12,259
5	BEP Completed Claim PMPM (3) / (4)	59.48
6	Trend Factor	1.25
7	Trended Claim PMPM (5) x (6)	74.26
8	Benefit Change Factor	1.00
9	Morbidity Adjustment	1.04
10	Network	1.00
11	Rx Rebates	69,960
12	Rx Rebates PMPM	5.71
13	Other Adjustment (Reinsurance)	0.952
14	Other Adjustment (Rx Contract Savings)	1.000
15	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) - (12)] x (13) x (14)	68.39

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	13,724
2	Completion Factor	0.948
3	BEP Completed Claims (1) / (2)	14,481
4	BEP Member Months	12,259
5	BEP Completed Claim PMPM (3) / (4)	1.18
6	Trend Factor	1.04
7	Trended Claim PMPM (5) x (6)	1.23
8	Benefit Change Factor	1.00
9	Morbidity Adjustment	1.04
10	Network	1.00
11		
12		
13	Other Adjustment (Reinsurance)	0.952
14	Other Adjustment	1.000
15	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10)] x (13) x (14)	1.22

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	1,187
2	Completion Factor	0.981
3	BEP Completed Claims (1) / (2)	1,210
4	BEP Member Months	12,259
5	BEP Completed Claim PMPM (3) / (4)	0.10
6	Trend Factor	1.04
7	Trended Claim PMPM (5) x (6)	0.10
8	Benefit Change Factor	1.00
9	Morbidity Adjustment	1.04
10	Network	1.00
11		
12		
13	Other Adjustment (Reinsurance)	0.952
14	Other Adjustment	1.000
15	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10)] x (13) x (14)	0.10

Keystone Health Plan Central
Individual 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	0.05%
Admin PMPM	$51.39	$0.60	$0.09	$52.08	10.1%
Broker PMPM	$4.02	$0.00	$0.00	$4.02	0.8%
Placeholder1	$0.00	$0.00	$0.00	$0.00	0.0%
Placeholder2	$0.00	$0.00	$0.00	$0.00	0.0%
Placeholder3	$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	100%	0.00%

	2021 assessmen	2022 assessment
0	0.0%	0.0%
3	0.0%	0.0%
6	0.0%	0.0%
9	0.0%	0.0%

	Admin	Profit	Taxes
	11.4%	2.0%	0.6%
Claims	10.2%		
Broker	0.8%		
Quality Improvement	0.4%		

	Bronze HMO	Catastrophic
Plan	7450/0/50	HMO 8700/0/0
Deductible	7450	8700
Expected Claim Cost	469.57	304.91
Expected Premium PMPM *	$542.00	$372.38
Allowed Adjustments to Premium for MLR		
Reinsurance Contribution	0.00	0.00
Patient-Centered Outcomes Research Trust Fund:	0.20	0.20
Risk Adjustment Fee	0.25	0.25
Premium Tax	0.00	0.00
Insurer Tax	0.00	0.00
Exchange Fee	0.00	0.00
Quality Improvement	2.17	1.49
Federal Income Tax**	2.28	1.56
MLR Adjusted Claims	$471.74	$306.40
MLR Adjusted Premium	$539.28	$370.37
Expected Member Distribution	85.5%	14.5%

Unadjusted Claims	$445.70
Unadjusted Premium	$517.42
Expected MLR Adjusted Claims	$447.77
Expected MLR Adjusted Premium	$514.79

MLR	**87.0%**

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

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

Projected Index Rate	$452.04

Effective Date	Total Index Rate	Trend	Distribution of Members	Projected Allowed	Market Adjusted Index Rate
January - December	$452.04		100%	$452.04	
Average for Projection Period	$452.04			$452.04	$674.01

* From URRT and Exhibit B

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

Development of Market Adjusted Index Rate

Q1 Index Rate	452.04	Index Rate Calculated in II Rate Development & (
Paid to Allowed	0.70	Differs slightly from URRT due to rounding
Q1 Projected Claims	314.19	
Net Projected ACA Reinsurace Recoveries	14.81	
Net Projected Risk Adjustments PMPM	-169.09	
Exchange User Fee Adjustment	0.00	
Q1 Market-Adjusted Projected Paid EHB Claims PMPM	468.47	
Q1 Market Adjusted Index Rate	674.01	

Development of Exchange User Fee

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

Development of Risk Adjustment Projection

Projected 2022 Risk Adjustment Transfer	-$169.09

Projected 2020 Risk Adjustment	-$2,072,928
2020 MemberMonths	12,259
Projected 2020 Risk Adjustment Payment PMPM	-$169.09
Keystone Health Plan Central	-$2,072,928

Show Network is Normalized	1.00
Show Induced Demand is Normalized	1.00

Rate Development by Benefit Option	Off Exchange	Off Exchange
Level of Coverage	**Bronze**	**Bronze**
HIOS 16 Digit	**53789PA010000800**	**53789PA010000400**
HIOS Plan ID	**53789PA0100008**	**53789PA0100004**
Med Plan Name:	**Bronze HMO 7450/0/50**	**Catastrophic HMO 8700/0/0**
Rx:	**Combined**	**Combined**
Plan Type:	**PPO**	**PPO**
HRA	N	N
Q1 Market Adjusted Index Rate	674.01	674.01
AV and Cost-Sharing Adjustment	0.70	0.69
Network	1.000	1.000
Non-Funding of CSR Adjustment	1.000	1.000
Catastrophic Adjustment	1.000	0.660
Induced Demand	1.000	0.997
Plan Pricing Relativities:		
Pricing Relativity	1.000	0.649
Total Projected Claims PMPM + Market Level Adjustments:	469.57	304.91
Retention		
Admin PMPM	$52.08	$52.08
Broker PMPM	$4.02	$4.02
Risk Adjustment User Fee	$0.25	$0.25
PCORTF	$0.20	$0.20
Value-Based Benefits	$0.00	$0.00
BCBSA Identity Theft	$0.00	$0.00
Premium Tax	0.0%	0.0%
Federal Income Tax	0.5%	0.5%
Insurer Tax	0.0%	0.0%
Contingency	2.0%	2.0%
Quality Improvement	0.4%	0.4%
Premium Neutrality	1.85	1.85
Total Premium Single Rate:	$293.17	$201.42
Plan Adjusted Index Rates	$542.00	$372.38
Expected Member Distribution	85.5%	14.5%
	$56.10	$56.10
Admin	10.8%	15.5%
Taxes	0.6%	0.7%

Benefit Plans

#	Combo Description	Projected Membership	Proj MM	New or Existing	Product ID	Plan ID (14)	On/Off Exchange	Metal Level	Metal Value	Pricing Value	Network	Induced Demand	Catastophic	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	Annual Trend Medical & Rx	Annual Trend Dental & Vision	Annual Trend Aggregate Trend	Q1 Calibrated Plan Index	Q2 Calibrated Plan Index	Q3 Calibrated Plan Index	Q4 Calibrated Plan Index	Calibrated Index from PA Exhibits	% Admin	% Taxes	Plan ID (14)	HIOS ID (16)	All Plan Names	Company
		100%	8,009																																			
1	Bronze HMO 7450/0/50	85.5%	6,848	Existing	53789PA010	53789PA0100008	Off Exchange	Bronze	64.9%	69.6%	1.00	1.00	1.00	PPO	Bronze HMO 7450/0/50	7450	Combined	Embedded	Embedded	$542.01	$542.01				6.72%	2.0%	6.72%	$293.17				293.17	10.8%	0.6%	53789PA0100008	53789PA0100008800	Bronze HMO 7450/0/50	KHPC
2	Catastrophic HMO 8700/0/0	14.5%	1,161	Existing	53789PA010	53789PA0100004	Off Exchange	Bronze	61.1%	68.7%	1.00	1.00	0.66	PPO	Catastrophic HMO 8700/0/0	8700	Combined	Embedded	Embedded	$372.37	$372.37				6.72%	2.0%	6.72%	$201.42				201.42	15.5%	0.7%	53789PA0100004	53789PA0100004400	Catastrophic HMO 8700/0/0	KHPC

Keystone Health Plan Central
Individual Rates
Effective 1/1/2022
Calibration

Expected Average Age Factor:	1.736
List-Billed Adjustment for Max 3 Children	1.003
Adjusted Average Age Factor	1.731
Expected Average Region Factor:	1.06
Expected Average Tobacco Factor	1.006
Cumulative Rating Factors (Premium Neutrality):	1.85

Age Factors

Age	Distribution of Poplulation	Age Factor
0-14	8.14%	0.765
15	1.18%	0.833
16	0.59%	0.859
17	0.89%	0.885
18	1.18%	0.913
19	1.04%	0.941
20	1.78%	0.970
21	0.44%	1.000
22	0.89%	1.000
23	1.48%	1.000
24	1.04%	1.000
25	0.74%	1.004
26	1.04%	1.024
27	1.92%	1.048
28	2.07%	1.087
29	2.37%	1.119
30	2.37%	1.135
31	2.22%	1.159
32	2.22%	1.183
33	1.48%	1.198
34	1.48%	1.214
35	0.59%	1.222
36	0.74%	1.230
37	0.44%	1.238
38	0.89%	1.246
39	1.48%	1.262
40	2.22%	1.278
41	1.63%	1.302
42	1.78%	1.325
43	1.04%	1.357
44	2.22%	1.397
45	1.33%	1.444
46	0.74%	1.500
47	1.04%	1.563
48	2.37%	1.635
49	1.92%	1.706
50	2.22%	1.786
51	1.48%	1.865
52	2.51%	1.952
53	2.51%	2.040
54	1.92%	2.135
55	2.37%	2.230
56	3.11%	2.333
57	2.81%	2.437
58	2.07%	2.548
59	2.07%	2.603
60	2.66%	2.714
61	3.25%	2.810
62	5.47%	2.873
63	4.88%	2.952
64+	3.70%	3.000

Region Factors

Region	Distribution of Population	Factor
6	41%	1.0000
7	46%	1.1400
9	14%	0.9800

Tobacco Factors

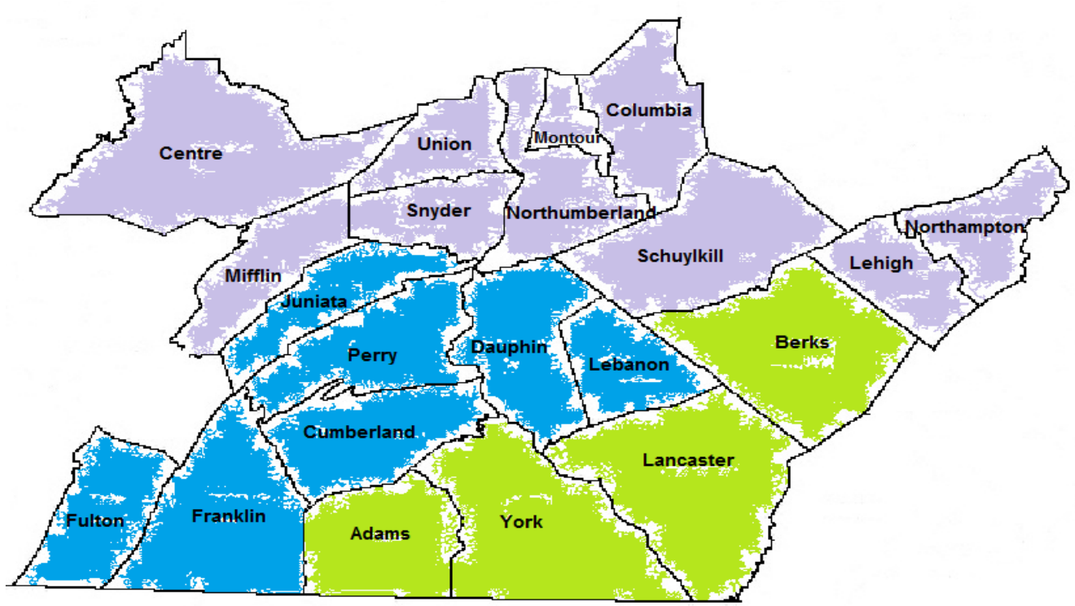
PPO	HMO	Final Factor
1.006	1.007	1.006

Keystone Health Plan Central
Individual 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
7	1.14
9	0.98

Network	Factor
HMO	1.00

Benefit Plans													Base Rates 1/1/2022 - 12/31/2022											Annual Trend	
#	Combo Description	Projected Membership	Proj MM	New or Existing	Product ID	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	Dental & Vision
1	Bronze HMO 7450/0/50	85.5%	6,848	Existing	53789PA010	53789PA0100008	Off Exchange	Bronze	64.9%	69.6%	1.00	PPO	Bronze HMO 7450/0/50	7450	Combined	Embedded	Embedded	$292.06	$228.49	$52.57	$1.00	$0.11	$293.17	6.7%	2.0%
2	Catastrophic HMO 8700/0/0	14.5%	1,161	Existing	53789PA010	53789PA0100004	Off Exchange	Bronze	61.1%	68.7%	1.00	PPO	Catastrophic HMO 8700/0/0	8700	Combined	Embedded	Embedded	$200.31	$164.26	$36.05	$1.00	$0.11	$201.42	6.7%	2.0%

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

From Ib Manual Data Table 2 - All Companies Combined

Earned Premium	Ultimate Incurred Claims	Member Months	Total Prescription Drug Rebates*	Total EHB Capitation	Risk Adjustment
$ 328,900,418.52	$ 266,990,877.92	418,232	$ (7,717,938.99)	$ 168,204.48	$29,623,611.29

Premium PMPM	Incurred Clm PMPM	RA PMPM	Loss Ratio*
$ 786.41	$ 620.33	$ 70.83	72.4%

*Loss Ratio net of risk adjustment

2019 BEP from 2021 Annual Filing - All Companies Combined

Earned Premium	Ultimate Incurred Claims	Member Months	Total Prescription Drug Rebates*	Total EHB Capitation	Risk Adjustment
$ 426,554,969.41	$ 360,870,798.78	538,933	$ (14,451,272.20)	$ 161,270.03	$ 35,890,954.00

Premium PMPM	Incurred Clm PMPM	RA PMPM	Loss Ratio*
$ 791.48	$ 643.09	$ 66.60	74.9%

	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		6.4%
	Rx Trend for Rebates		12.4%
	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
$ 423,820,485.41	$ 383,899,374.34	538,933	$ (16,237,521.70)	$ 164,885.17	$ 35,890,954.00

Premium PMPM	Incurred Clm PMPM	RA PMPM	Loss Ratio*
$ 786.41	$ 682.51	$ 66.60	80.0%

*Loss Ratio net of risk adjustment

Change in Incurred Claims	Change in LR	COVID Morbidity Factor	APRA Morbidity Factor	Department Individual Factor
10.0%	10.6%	1.030	1.000	1.010

Total Morbidity Factor
1.040

Keystone Health Plan Central
Individual Rates
Effective 1/1/2022
MLR Exhibit

	MLR		Member Months	
Calendar Year	Actual	Pricing	Actual	Pricing
2017	65.94%	83.36%	32,911	45,168
2018	62.74%	82.15%	22,567	36,132
2019	91.29%	86.95%	15,211	26,652

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**
Individual Rates
Filing No 21-69
TOI Code: H15I Individual Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15I.001 - Hospital/Surgical/Medical Expense
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
- Revised Service Area Maps

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 4: Change to Trend: leveraging
- Question 7: Change to Table 5, Morbidity
- Question 8: Change to Table 6, Risk Adjustment User Fee
- Question 9: Change to Table 6, PCORI fee
- 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 Service Area Map

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]y, ASA, MAAA, Vice President and Chief Actuary, Actuarial Services
[redacted]o, Corporate Counsel

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer
Individual Rates
Effective January 1, 2022

With this response, please find corresponding Q&A Exhibits in Ind_21-69_Initial_KHP_HMO_Q&AExhibits1_Supporting_20210625.xlsx

Question 1. Please provide the quantitative development and support for the 1.03 COVID morbidity factor. Please include responses for the following specific questions as well.

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 trend from 2019 to 2020 but the premium is not. Please provide support for this apparent disconnect.

Answer 1.

a. For this estimate, morbidity, demographics, plan design, and geography are assumed to be the same between 2019 and 2020. Please note that the analysis shows 10% difference in claims, but only 3% is applied in rating.
b. Exhibit Q has been corrected to reflect 2020 premium PMPM.

Question 2. 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 provided support for assuming no changes to the statewide average premium would occur between 2020 and 2022.

Answer 2.

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. We expect ARPA to have a uniform impact to each issuer across the state. Therefore, Capital's risk will improve, but the statewide risk will also improve, netting no change to Capital's relative risk to the market.

Question 3. Please provide support for not including any utilization trend in the Medical trend amounts.

Answer 3. 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 4. Please provide quantitative support for the 0.5% leveraging adjustment utilized on the 'Exhibit E_Trend' tab.

Answer 4. Please see Ind_21-69_Initial_KHP_HMO_Leveraging_Supporting_20210625.xlsx, tab: LeveragingINDAllData. 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 Individual market is approximately 0.81 (from Exhibit G, Paid-to-Allowed Ratio). From the data, I can infer that a deductible (applying to all services) of $1,621 is equal to 81% 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 6.6%, member cost-share at 1.6% and leveraging is 6.6%-6.0% = 0.6%. Exhibit E has been updated to reflect the leveraging calculation, changing the leveraging adjustment of 0.5% to 0.6%.

Question 5. Please provide the quantitative development of the area factors noted in the Actual Memorandum. These are referenced in 'Exhibit_Q', but no such exhibit can be found. The support and development of these factors should provide sufficient detail to confirm that any morbidity differences between regions has been removed in the analysis.

a. For each region, assuming 2020 data was utilized, please include total premium, total membership, total allowed claims, allowed claims for member with over $500k in paid claims in 2020, total paid claims, paid claims for members with over $500k in paid claims in 2020, average 2020 risk score, and average AV as used in the risk adjustment calculation (i.e., 0.60 for bronze plans, 0.70 for silver plans, etc.). Please also include any additional data and adjustments used in the factor development.

Answer 5. In order to minimize market disruption, area factors are unchanged from 2021. A regional analysis was not performed this year, as market stabilization and competition continue to be a high priority. I was unable to find the reference to Exhibit Q. Please advise and I will remove the reference with the next submission.

Question 6. 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 6. 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 7. In Table 5, the Change in Morbidity – All Other formula is listed as the Issuer Assumption * 1. Please update the formula to represent the Issuer Assumption * 1.01. Note that we do recognize that the factor is calculated correctly based on the Supporting Exhibit but for standard consistency we need to have the individual adjustment factor separated in the formula.

Answer 7. The formula has been updated to reflect the Issuer Assumption.

Question 8. Per HHS' Final 2022 Notice of Benefit and Payment Parameters, the 2022 risk adjustment user fee is to be $0.25 PMPM. Per Table 6, the risk adjustment user fee is $0.22 PMPM. Please update the percentage value in cell C54 to achieve the set $0.25 PMPM amount.

Answer 8. The Risk Adjustment User Fee PMPM amount has been corrected to $0.25.

Question 9. Per Table 6, Retention, the PCORI fee is listed as $0.22 PMPM. However, in the supporting exhibit calculations, the PCORI fee is listed as $0.20 PMPM. Please update the exhibits so that the PCORI fee is consistent throughout all exhibits.

Answer 9. The PCORI Fee PMPM has been updated on Table 6 to the actual amount of $0.20.

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. In the PA AM Exhibits, Table 10, the current catastrophic factor listed is 0.66. Please quantitatively show the development of the 0.66 catastrophic factor.

a. Please explain why in last year's filing, the catastrophic factor was 1.00 but this year's filing includes a catastrophic factor.

Answer 11. Please note that last year's catastrophic factor was also 0.66. For market consistency, the same factor is being applied in 2022 rates.

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 update the 2021 and 2022 Service Area document as the current document indicates that the service area is an On-Exchange Service Area and KHPC is only offered Off-Exchange.

Answer 13. The Service Area document has been updated to include the correct shading.

Question 14. The current submitted broker contract agreement is not for this upcoming plan year. When does Capital expect to have their commission schedules 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 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 PA AM 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.

Question 18. For each month between January 2021 and the most recent date available (e.g., June 11, 2021), please provide the average count of Individual ACA enrollment, split by On-Exchange APTC, On-Exchange non-APTC, and Off-Exchange members. Please provide the enrollment data for each available month separately.

Answer 18. Please see Q&A Exhibit 3 for the requested data.

Question 19. For the On-Exchange non-APTC members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.

Answer 19. KHPC does not have on-exchange membership.

Question 20. For the Off-Exchange members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.

Answer 20. We expect about 50% of off-exchange members to enroll through the exchange and take advantage of enhanced and expanded subsidies in 2022.

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
Individual 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	$429.90	$191.21	$0.13	-$174.23	$13.18	$0.00	$442.96	$365.44
2018	$374.32	$253.33	-$42.55	-$156.30	$0.00	$0.00	$416.86	$409.63
2019	$244.20	$352.61	-$191.67	-$139.27	$0.00	$0.00	$435.87	$491.89
2020	$307.76	$277.56	-$111.62	-$169.12	$0.00	$0.00	$419.38	$446.68

Keystone Health Plan Central
Individual Rates
Q&A Exhibit 3
Average Individual ACA Enrollment Count

		202101	202102	202103	202104	202105
		Jan-21	**Feb-21**	**Mar-21**	**Apr-21**	**May-21**
On-Exchange	**APTC**	0	0	0	0	0
	Non-APTC	0	0	0	0	0
Off-Exchange		714	665	652	636	614

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**
Individual Rates
Filing No 21-69
TOI Code: H15I Individual Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15I.001 - Hospital/Surgical/Medical Expense
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 actuarial memo, references to Exhibit Q
- Question 5: Update to Exhibit Q
- Question 6: Update to BEP risk adjustment transfer amount
- Question 7: Update to Table 5, projected risk adjustment transfer PMPM

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]

[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
Individual Rates
Effective January 1, 2022

With this response, please find corresponding Q&A Exhibits in Ind_21-69_Initial_KHP_HMO_Q&AExhibits2_Supporting_20210713.xlsx

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

Answer 1. KHPC does not have transitional enrollment.

Question 2. As a follow-up to Objection 5, "Exhibit Q – Regional Analysis" is referenced in the Actuarial Memorandum on page 16. Please update this to state "Exhibit Q – Morbidity".

Answer 2. Updated the reference to the correct Exhibit Q, "Morbidity" on page 16.

Question 3. In the PAAM Exhibits, II.a.Reins Table – Exp tab, please update the Coinsurance Rate, in cell E5, to 40%.

Answer 3. The Department has informed us to continue using 45% as the coinsurance parameter in an email sent to us on July 8th.

Question 4. Please provide a list of any assumptions that have changed because of the change in the coinsurance rate and explain why.

Answer 4. There is no change in the coinsurance rate. Please see Answer 3 for further details.

Question 5. As a follow-up to question 1, 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 geography mix is the same between 2019 and 2020.

Answer 5. 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. 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. While the average risk score (PLRS) went down between 2019 and 2020, the risk adjustment receivable PMPM amount increased. 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 10.6%. This would suggest that results are 10.6% 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. While the calculation suggests a COVID-19 impact of 10.6%, 3% is applied in rating.

Question 6. 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 6. The risk adjustment amount in Table 2 has been updated to the CMS amount released on June 30th.

Question 7. 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 7. Due to a very slight change in the 2020 risk adjustment transfer amount: PID Estimate: -2,073,202, Final Value: -2,072,928, Table 5 projected risk adjustment is updated accordingly. Table 5's value changed from $-169.12 PMPM to $-169.09.

Question 8. 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 8. Please see Q&A Exhibit 2 for the requested data.

Question 9. 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 9. I confirm that the exhibits above have been tested to ensure that rates are identical.

Question 10. 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 10. I confirm the requested information has been submitted.

Question 11. Please be aware that the final coinsurance parameter will be communicated on Friday, July 16th. Then, the revised exhibits and rates will be due on Tuesday, July 20th.

Answer 11. I confirm we are prepared to respond to further communication from the Department regarding the final coinsurance parameter on July 16.

Question 12. While this information was previously requested in Round 1, please provide updated information regarding the following items:

a. For each month between January 2021 and the most recent date available, please provide the average count of Individual ACA enrollment, split by On-Exchange APTC, On-Exchange non-APTC, and Off-Exchange members. Please provide the enrollment data for each available month separately.
b. For the On-Exchange non-APTC members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.
c. For the Off-Exchange members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.

Answer 12.

a. Please see Q&A Exhibit 3 for the requested data.
b. KHPC does not have on-exchange membership.
c. We expect about 50% of off-exchange members to enroll through the exchange and take advantage of enhanced and expanded subsidies in 2022.

Keystone Health Plan Central
Individual 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	Individual	526,780	1.8869	1.0397	1.3563	0.7079	1.8435
2019	53789	Individual	15,310	0.9097	1.0000	1.3016	0.5936	1.6662
2019	82795	Individual	732	0.3862	1.0000	1.0944	0.5700	0.9929
2020	45217	Individual	410,084	1.6615	1.0337	1.2625	0.6934	1.8670
2020	53789	Individual	12,399	0.7800	1.0000	1.2331	0.5954	1.7227
2020	82795	Individual	1,068	0.6860	1.0000	1.0578	0.5700	1.0081
2019	All	Individual	542,821	1.8573	1.0385	1.3544	0.7045	1.8374
2020	All	Individual	423,550	1.6332	1.0327	1.2611	0.6903	1.8606

Keystone Health Plan Central
Individual 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	413,276	$112,062,748	$108,913,130	$17,523,661	-$485,258	-$13,888,785	-$13,888,785	-$33.61
	2017	32,936	$1,277,137	$4,002,887	$1,323,452	-$8,149,809	$4,100,607	$4,100,607	$124.50
	2018	22,574	$6,328,845	$6,682,996	$1,284,238	$26,926	-$1,665,315	-$1,665,315	-$73.77
	2019	15,222	$5,790,624	$5,909,971	$791,701	$283,463	-$1,194,511	-$1,194,511	-$78.47
	2020	12,247	$4,160,829	-$10,377,498	$1,595,780	$3,136,356	$9,806,191	$9,806,191	$800.70
Projected	2021	15,585	$2,206,334	$5,489,216	$899,731	$43,015	-$4,225,628	-$4,225,628	-$271.13
Projected	2022	8,009	$4,365,668	$3,752,140	$499,141	$27,074	$87,313	$87,313	$10.90

2016-2020 is directly from Supplemental Health Care Exhibits
2021 is from the corporate budget
2022 is projected based on the proposed filing

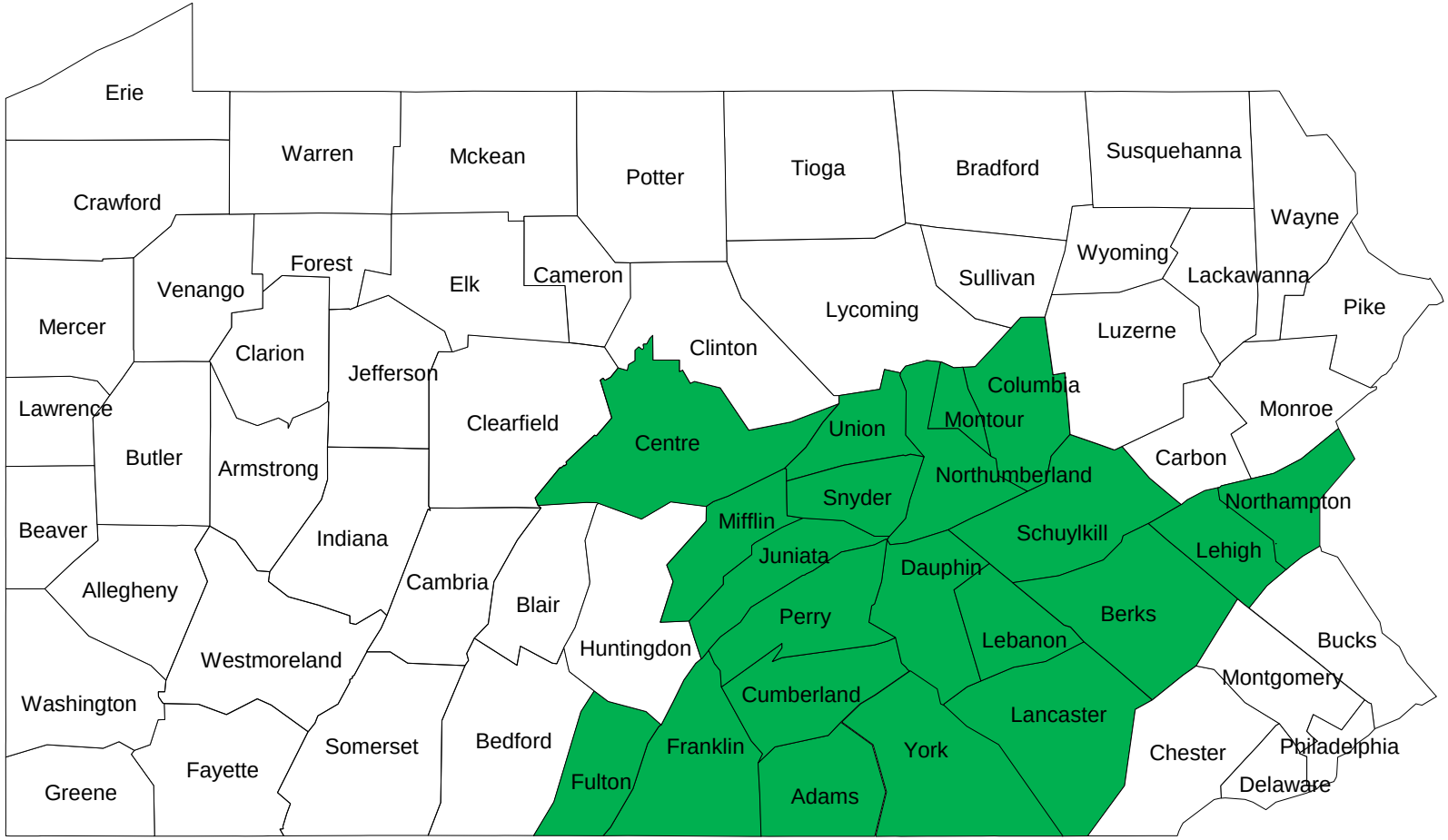
Keystone Health Plan Central
Individual Rates
Q&A Exhibit 3
Average Individual ACA Enrollment Count

		202101	202102	202103	202104	202105	202106
		Jan-21	**Feb-21**	**Mar-21**	**Apr-21**	**May-21**	**Jun-21**
On-Exchange	**APTC**	0	0	0	0	0	0
	Non-APTC	0	0	0	0	0	0
Off-Exchange		714	665	652	636	614	607

2021 Service Area

Issuer: 53789

Market: Individual



Key (modify as needed)

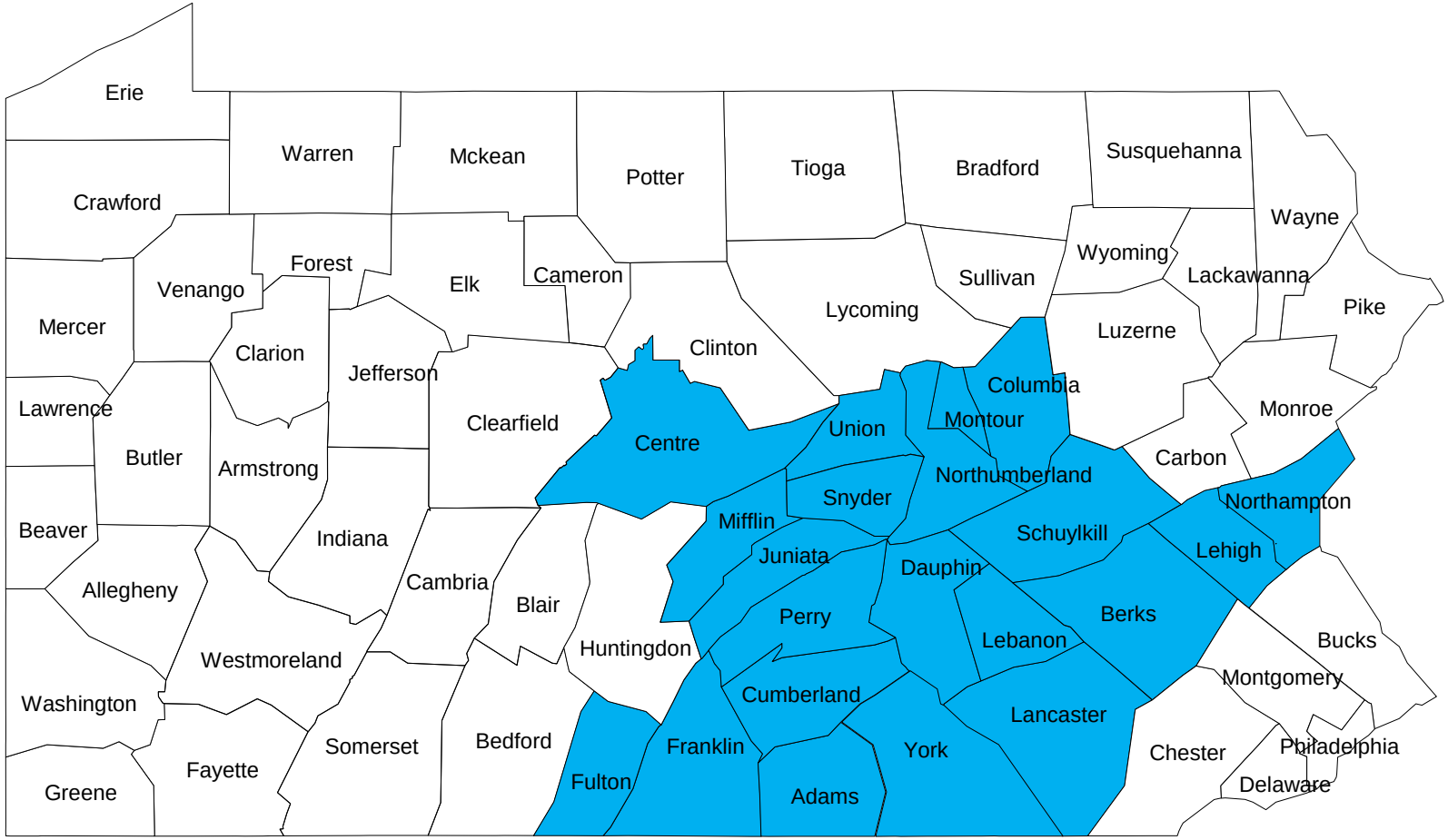
: 2021 On-exchange service area

: 2021 Off-exchange service area

2022 Service Area

Issuer: 53789

Market: Individual



Key (modify as needed)

: 2022 On-exchange service area

: 2022 Off-exchange service area