

SERFF Tracking #:	CCGH-132805433	State Tracking #:	CCGH-132805433	Company Tracking #:	
State:	Pennsylvania	Filing Company:	Cigna Health and Life Insurance Company		
TOI/Sub-TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense				
Product Name:	PA Individual EPO Medical On/Off 2022				
Project Name/Number:	/				

Supporting Document Schedules

Satisfied - Item:	ACA Public Rate Filing PDF
Comments:	
Attachment(s):	13401 pdf.pdf
Item Status:	
Status Date:	

June 25, 2021

Jessica K. Altman, Commissioner
PA department of Insurance
1311 Strawberry Square
Harrisburg, PA 17120

Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052021 – Effective 01/01/2022

Dear Ms. Altman,

This rate filing contains requested premium rate changes for Cigna Health and Life Insurance Company's (CHLIC) ACA compliant Individual health plans. The proposed rates are intended to take effect on January 1, 2022. This filing affects the rates approved under SERFF tracking number CCGH-132805433.

Enclosed within this filing are the Unified Rate Review Submission, Part 3 Actuarial Memorandum, Rate Tables, Business Rules, Unique Plan Design Certification, AVC, Department Plan Design Summary and Rate Tables, Service Area Map, and Pennsylvania Rate Template Inputs files.

CHLIC's participation in Pennsylvania's individual health insurance market in 2022 is contingent upon market conditions. CHLIC reserves the right to withdraw plans at any time prior to the commencement of open enrollment and in accordance with applicable federal and state laws and regulations.

Information for the Pennsylvania Bulletin:

- | | |
|--|--|
| 1. Company Name and NAIC Number | Cigna Health and Life Insurance
67369 |
| 2. Market | Individual |
| 3. On or Off Exchange | On and Off |
| 4. Effective date of coverage | January 1, 2022 |
| 5. Average rate change requested | N/A |
| 6. Range of rate change requested | N/A |
| 7. Total additional annual revenue generated from proposed rate change | N/A |
| 8. Products | EPO |
| 9. Rating Areas and any changes from 2021 | Rating Area 8
Added Rating Area 8 in 2022 |

- | | |
|--|--|
| 10. Metal Levels and Catastrophic Plans | Bronze, Silver, Gold |
| 11. Current number of covered lives as of February 1, 2021 | 0 |
| 12. Number of plans offered in 2022 and change this represents from 2021 | 18 Plans in 2022
0 plans in 2021 |
| 13. Corresponding contract form number, SERFF and Binder ID numbers | Form Filing #: CCGH-132800296
SERFF #: CCGH-132805433
Binder ID #: CCGH-PA22-125107717 |
| 14. HIOS Issuer ID number and submission tracking number | HIOS Issuer ID: 13401
State Tracking #: CCGH-132805433 |

CHLIC requests confidential handling of this filing. We believe that this information is proprietary and critical to our business. The release of such information could be harmful if made public.

Please contact Steven Giori at [REDACTED] or at [REDACTED] with any questions or concerns.

Thank you for your attention.

Sincerely,

[REDACTED]

[REDACTED] FSA, MAAA
Actuarial Manager



June 25, 2021

David D'Agostino
Bureau of Life, Accident & Health Insurance
Office of Insurance Product Regulation & Administration
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052021 – Effective 01/01/2022**

Dear Mr. D'Agostino,

This letter is in response to your June 10, 2021 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

- 1. Please provide a detailed description of the experience underlying the manual rate. In particular, please comment on the following items:**
- a. Please explain whether the experience underlying the manual rate is limited to Individual ACA members or also includes non-ACA members (i.e., Transitional, Grandfathered, or other coverage types). If the manual rate experience includes non-ACA experience, please explain, and provide a detailed quantitative exhibit demonstrating, how the experience was adjusted to reflect the ACA population expected to be enrolled in 2022. Additionally, please provide an exhibit displaying calendar year 2020 member months, average allowed PMPM, and average paid PMPM associated with each coverage type included in the manual rate experience.**

The experience underlying the manual rate is limited to Individual ACA members and does not include non-ACA members.

- b. Please explain, and provide a detailed quantitative exhibit demonstrating, how the nationwide manual rate experience was adjusted to reflect the population expected to be enrolled in Rating Area 8 of PA in 2022.**

The nationwide manual rate experience was adjusted to reflect the population expected to be enrolled in Rating Area 8 of PA in 2022 using the Change in Morbidity factor. This factor adjusts from the national average claim experience PMPM to the expected claim experience PMPM for Rating Area 8 in PA. The Change in Network factor accounts for the Pennsylvania network compared to the national network. The Change in Benefit factor accounts for differences in induced demand utilization in PA Rating Area 8 compared to national induced demand based on the different Metal and CSR distributions. The pharmacy formulary savings adjustment is a nationwide adjustment which is included in other benefits.

Table 1: Manual Rate Adjustments	
Unadjusted Projected Allowed EHB Claims PMPM	\$551.22

Single Risk Pool Adjustment Factors	
Change in Morbidity - Impact of Reinsurance Program	0.999
Change in Morbidity - All Other	0.952
Total Non-Morbidity Changes	1.004
Change in Demographics	1.000
Change in Network	1.002
Change in Benefits	1.002
Change in Other	1.000
Total Adjusted Projected Allowed EHB Claims PMPM	\$526.41

- c. Please explain, and provide a detailed quantitative exhibit demonstrating, how the nationwide manual rate experience, which may contain a mix of product/network offerings, was adjusted to reflect the product/network that will be offered in PA in 2022.**

The nationwide manual rate experience was adjusted using the Change in Network factor to adjust for differences in the nationwide network average compared to the expected PA specific network. See exhibit above the detailed quantitative exhibit.

- d. Please confirm that calendar year 2020 experience was used to develop the manual rate. Additionally, please state how many months of claims run-out was utilized in the development of the manual rate.**

Calendar year 2020 experience was used to develop the manual rate with zero months of run-out.

2. The following questions pertain to the development of the Index Rate:

- a. Please explain whether an adjustment was applied to the manual rate experience to reflect that calendar year 2020 experience may have been suppressed due to the impact of COVID-19. If an adjustment was included, please provide a detailed quantitative exhibit displaying the development of the COVID-19 adjustment. If nationwide experience was used to develop the adjustment, please demonstrate that the adjustment is appropriate for the population in Rating Area 8 in PA. If no adjustment was applied, please provide a detailed quantitative exhibit demonstrating that no adjustment was necessary**

No adjustment was made to the manual rate experience to reflect the impact of COVID-19; however, the change in morbidity factor did include a -2.1% COVID-19 adjustment to reflect expected lower costs in 2022. This -2.1% adjustment was developed based on the average nationwide ACA increase experienced in claims in 2020 due to COVID-19.

- b. The following questions relate to the morbidity adjustment:**

- i. Please provide a detailed quantitative exhibit displaying the development of the 0.950 morbidity adjustment. In particular, please include the calculation of the estimated impact of the following specific components which are included in the development of the adjustment, as discussed in Section 7 of the Actuarial Memorandum:**
- 1. Overall health status in the Individual market, including the elimination of the individual mandate, continued uncertainty in the Individual market, and the presence or absence of Transitional policies**
 - 2. Membership distribution by metal tier and CSR plan and the source for these projected distributions**

- a. ***Please note there appears to be a typo for the 200%-250% FPL CSR distribution for plan 13401PA0010006 in Section 16 of the Actuarial Memorandum.***
- ii. ***Please explain whether the morbidity adjustment accounts for anticipated morbidity improvement as a result of the provisions in the American Rescue Plan Act (i.e., Individual ACA market enrollment growth from 2020 to 2022 due to the expanded and enhanced subsidies resulting in improved market morbidity). If an adjustment is applied, please provide a detailed quantitative exhibit displaying the development of the adjustment. If an adjustment is not applied, please provide a detailed quantitative exhibit and narrative explain why the Company believes not applying an adjustment is appropriate.***
- iii. ***Please provide a detailed quantitative exhibit demonstrating the development of the estimated impact, if any, of COVID-19 on the morbidity of the Company's projected 2022 population.***

i 1. Breakout of Morbidity Impact

Table 2b. I 1: Morbidity Adjustment Breakout	
Expected PA morbidity relative to National	-3.7%
COVID-19	-2.1%
Total Change in Morbidity	-5.8%

i 2. Membership distribution by metal tier was developed using Pennsylvania data within the enrollment 2020 Public Use File released by CMS. This starting point was then adjusted to reflect how metal tier membership will change due to the mandated Induced Demand Factors formula. The adjustment was educated based on experience metal tier distribution in Virginia which has also has a mandated Induced Demand Formula. The CSR plan distribution was developed based on the CSR variant Pennsylvania data within the enrollment 2020 Public Use File.

Table 2b i 2: Metal Distribution	
Bronze	25.2%
Silver	58.3%
Gold	16.5%

Table 2b i 2: CSR Distribution	
Base	19.8%
73%	13.9%
87%	36.8%
94%	29.4%

ii. No adjustment was applied for anticipated morbidity improvement due to American Rescue Plan Act.

iii. COVID-19 morbidity adjustment calculation:

Table 2b III: COVID-19 Impact Development	
Nationwide average COVID-19	-3.1%
Impact of Continuing COVID Costs	1.0%
COVID-19 Adjustment in Morbidity	-2.1%

- c. **The following questions relate to the demographic adjustment:**
- i. **Please provide a detailed quantitative exhibit displaying the development of the demographic adjustment. In particular, please include the calculation of the estimated impact of the following specific components which are included in the development of the adjustment, as discussed in Section 7 of the Actuarial Memorandum.**
 1. **The quantitative development of the adjustment used to translate the manual rate experience to a 3:1 age slope as prescribed by the ACA**
 2. **The quantitative development of the adjustment used to reflect that the age mix of the 2022 population will be different than the age mix underlying the manual rate. In providing your response, please provide an exhibit demonstrating the distribution of members by age underlying the manual rate experience and projected 2022 populations**
 - ii. **Please explain why the Company did not input the value of the demographic adjustment in the “Changes in Demographics” Index Rate adjustment cells in Table 5 from the PA Rate Template Part II excel file.**

There is no demographic adjustment applied to the manual rate, so no adjustment is needed for the Changes in Demographics input in Table 5 from the PA Rate Template Part II excel. The age calibration factor found on the III Plan Rates tab in 13401_PAAM_FINAL_6_25_2021 accounts for the age curve and translates the manual rate experience to a 3:1 age slope. It is expected that the 2022 population will be consistent with the 2020 population. The development of this factor can be found on tab 15 of the PAObjectionResponseExhibit6.25.2021.xlsx

- d. **Please provide a detailed quantitative exhibit displaying the development of the network savings adjustment, as discussed in Section 7 of the Actuarial Memorandum.**

The network savings adjustment was developed by comparing the IFP national average network to the expected PA specific network and applying the change to the expected 2022 medical cost.

Table 2d: Network Savings Adjustment	
Pennsylvania Expected Network Cost	178.3%
National Expected Network Cost	177.8%
Network Savings Adjustment	0.3%
Trended Medical Weight	75.6%
Network Savings Adjustment	0.2%

- e. **The following questions relate to the pharmacy formulary savings adjustment:**
- i. **Please provide a detailed quantitative exhibit displaying the development of the pharmacy formulary savings adjustment, as discussed in Section 7 of the Actuarial Memorandum.**
 - ii. **Please explain why the Company did not input the value of the pharmacy formulary savings adjustment in either the “Changes in Benefits” or “Changes in Other” Index Rate adjustment cells in Table 5 from the PA Rate Template Part II excel file.**

Table 2e: Pharmacy Formulary Savings Adjustment	
Formulary Impact on Pharmacy Spend	-2.8%
Trended Pharmacy Weight	24.4%
Pharmacy Formulary Savings Adjustment	-0.7%

The pharmacy formulary savings adjustment was developed based on the expected pharmacy savings achieved due to formulary changes. The PA Rate Template Part II file has been updated to include the

pharmacy formulary savings adjustment in the Changes in Benefits adjustment cell. See PAObjectionResponseExhibit6.25.2021.xlsm for the pharmacy formulary savings build up and see 13401_PAAM_Final_6_25_2021.xlsm for the updated benefit factor.

3. The following questions relate to the trend assumptions:

- a. Please provide a detailed narrative explaining how, and provide a detailed quantitative exhibit displaying the development, the medical and pharmacy trend assumptions were developed.**

We rely on large group experience when setting trend assumptions due to the year to year variability in the exchange. Using large group data provides a better view of actual medical and pharmacy cost changes year over year. The national average medical and pharmacy trend is used for manually rated states. The inpatient (IP), outpatient (OP), and professional (PRO) trend by provider is found for 2021 and 2022. Then the provider trends by IP, OP, and PRO are weighted by allowed claims to get to the national 2021 and 2022 projected trend.

- b. Please provide a detailed summary of actual historical utilization, service mix, and unit cost trends by major medical and pharmacy service category for calendar years 2018, 2019, and 2020 underlying the manual rate. Please describe any adjustments made to the underlying data (e.g., normalizing for changes in demographics) and include quantitative support for any adjustments.**

Please see the PAObjectionResponseExhibit6.25.2021.xlsx for the utilization, service mix, and unit cost trends. No adjustments were applied to the data.

- c. Please provide average medical allowed and paid claim costs PMPM and admit/service count utilization per 1,000 by month for calendar years 2018, 2019, and 2020 for each major service category (e.g., inpatient, outpatient, etc.) based on manual rate experience.**

Please see the PAObjectionResponseExhibit6.25.2021.xlsx for the average medical allowed and paid claim costs PMPM and admit/service count utilization per 1,000 by month for calendar years 2018, 2019, and 2020 by service category.

- d. Please provide script counts per 1,000 and average allowed and paid claim costs PMPM by month for calendar years 2018, 2019, and 2020 for each drug tier (e.g., generic, brand formulary, etc.) based on manual rate experience.**

Please see the PAObjectionResponseExhibit6.25.2021.xlsx for the script counts per 1,000 and average allowed and paid claim costs PMPM by month for calendar years 2018, 2019, and 2020.

- e. Please explain what adjustments, if any, were made to account for the impact of COVID-19 on the 2020 experience when developing the annual trend assumptions utilized in the rate development.**

No adjustments were applied to the 2020 experience to account for COVID-19 in the annual trend assumptions.

4. Please provide a detailed quantitative exhibit displaying the development of the projected 2022 risk transfer payment. This exhibit should provide the support and detail for all adjustments applied in moving from the base assumption to the assumption used in the 2022 risk transfer payment calculation. In providing your response, please include the following information:

- a. The Company's projected 2022 PLRS, ARF, IDF, and GCF factors for 2022. Please include quantitative support for the following adjustments used when developing the 2022 PLRS, as discussed in Section 10 of the Actuarial Memorandum:**
- i. Expected changes as a result of moving to the proposed 2022 risk adjustment model. Please explain whether the Company is assuming that changes to the risk adjustment model will impact the Company in the same manner as the rest of the PA Individual ACA market.**

ii. How the Company's projected morbidity change was included, as discussed in Section 7 of the Actuarial Memorandum.

Table 4: Morbidity Adjustment Breakout		
Component	Statewide	2022 Projected
Actuarial Value (AV)	0.699	0.691
Plan Liability Risk Score (PLRS)	1.641	1.418
Allowable Rating Factor (ARF)	1.792	1.692
Induced Demand Factor (IDF)	1.034	1.065
Geographic Cost Factor (GCF)	1.021	1.021
Statewide Average Premium (P)	\$603.00	
PLRS * IDF * GCF	1.733	1.542
Normalized PLRS * IDF * GCF (N1)		0.890
AV * ARF * IDF * GCF	1.323	1.273
Normalized AV * PLRS * IDF * GCF (N2)		0.962
Transfer PMPM (P * [N1 - N2] * 0.86)		

Please see the PAObjectionResponseExhibit6.25.2021.xlsx for the detailed calculation of the projected 2022 PLRS, ARF, IDF, and GCF factors. There are no expected changes as a result of moving to the proposed 2022 risk adjustment model, and we do expect the changes will impact Cigna in the same manner as the rest of the PA individual ACA market. The company's projected morbidity change was applied as a 2021 to 2022 morbidity adjustment to the 2019 CMS state PLRS to reflect the expected 2022 population.

- b. The PA projected state average premium PMPM (prior to the application of the 0.86 adjustment), PLRS, ARF, IDF, and GCF for the Individual market for 2022. Please include quantitative support for the following adjustments used when developing the 2022 PLRS, as discussed in Section 10 of the Actuarial Memorandum:**
- i. Expected changes as a result of moving to the proposed risk adjustment model. Please confirm the adjustment captures expected changes of moving to the 2022 risk adjustment model, and not the 2021 risk adjustment model, as discussed in Section 10 of the Actuarial Memorandum.**
 - ii. Expected changes in market-wide morbidity, as discussed in Section 7 of the Actuarial Memorandum.**

Component	
Actuarial Value (AV)	0.699
Plan Liability Risk Score (PLRS)	1.641
Allowable Rating Factor (ARF)	1.792
Induced Demand Factor (IDF)	1.034
Geographic Cost Factor (GCF)	1.021
2022 Statewide Average Premium (P)	\$603.00

See chart above for the PA projected state average premium PMPM, PLRS, ARF, IDF, and GCF for the individual market in 2022. The state PLRS, ARF, IDF, and GCF values are from the 2019 CMS data. There are no expected changes of moving to the 2022 risk adjustment model and the actuarial memo has been updated to refer to the 2022 risk adjustment model rather than the 2021 model. No expected market-wide morbidity adjustments were applied to the state factors.

- c. Please provide support for using a mix of 2020 information from the Wakely estimate and 2019 information from CMS as the base assumptions.**

As Pennsylvania is a new state for Cigna in 2022, Wakely 2020 data was actually not available, nor used in the assumptions. All base assumptions come from the 2019 CMS information. The Actuarial Memorandum has been updated to reflect this. See 13401_pa_actmemo_6_25_2021.xlsm.

- d. Please provide a detailed quantitative exhibit displaying the anticipated 2022 high cost risk pool receipt and high cost risk pool charge, if included in the risk transfer assumption.**

There is no anticipated 2022 high cost risk pool receipt and high cost risk pool charge included in the risk transfer assumption.

5. The following questions pertain to non-benefit expenses:

- a. Please explain how the general and claims and commissions non-benefit expense assumptions were developed (i.e., 6.89% and 1.85% of premium, respectively).**

The general and claims non-benefit expense assumption has been updated to 7.43% and the commission expense has been updated to 1.31% to correctly allocate marketing expenses.

The general and claims non-benefit expense assumption was developed based on an expense study using finance data which looked at variable acquisition, variable recurring, fixed acquisition, and fixed recurring costs. These costs were projected forward from 2020 to expected 2022 costs and divided by member months to get the general and claims expenses pmpm. This is then divided by the average premium to find the expense percent of 7.43%.

The commission expense assumption was developed by taking the expected 2022 commission schedule for renewals and new sales and weighting to a total commission pmpm based on the expected percentage of enrollment using brokers. The commission PMPM is then divided by the average expected premium in Pennsylvania to get to the commission non-benefit expense percent.

- b. Please confirm that the Company intentionally did not include the PCORI fee as part of the non-benefit expense assumptions.**

Yes, CHLIC intentionally did not include the PCORI fee as part of the non-benefit expense assumptions.

6. The following questions relate to plan factors:

- a. Please provide a detailed quantitative exhibit displaying the development of the Induced Demand factors shown on the 'III Plan Rates' tab of the PA Rate Template Part II excel file. In providing your response, please include the following information:**

- i. Please demonstrate that the Company utilized the HHS Induced Demand formula.**
- ii. Please explain how the utilization changes, as described in Section 11 of the Actuarial Memorandum, was accounted for in the development of the Induced Demand factors (i.e., the Company's estimates of the relationship between historical utilization and corresponding metal tier or CSR plan variant).**

The development of the Induced Demand factors shown on the III Plan Rates tab of the PA Rate Template Part II excel file is shown in the PAObjectionResponseExhibit6.25.2021.xlsx file. The utilization changes are accounted for using the HHS Induced Demand formula rather than the company's estimates of the relationship. This has been updated in the act memo to reflect the appropriate wording.

- b. Please provide a detailed quantitative exhibit displaying the development of the Pricing AV factors shown on the 'III Plan Rates' tab of the PA Rate Template Part II excel file. In providing your response, please include the following information:**

- i. Please explain whether the Company's internal pricing model is limited to Individual ACA experience only. If non-ACA experience is included, please explain what adjustments are made to translate the non-ACA experience to an ACA basis.*
- ii. Please explain what adjustments were applied to the Company's pricing model to translate nationwide Individual experience to reflect the Company's anticipated 2022 PA population. If no adjustments were applied, please explain why the Company believes this is appropriate.*
- iii. Please demonstrate that the Pricing AV factors do not reflect differences in morbidity.*

The internal pricing model used is limited to individual ACA experience only. A morbidity and network factor as described in objection 1 were used to adjust from the nationwide claim cost to a PA specific population, but the Pricing AV is determined at a national data level based on the cost share using a Cumulative Probability Distribution of Cigna's own claims experience by claim band and metal for each plan. The projected allowed claims pmpm and projected incurred claims pmpm are found for each plan to calculate the pricing AV. This is demonstrated in the PAObjectionResponseExhibit6.25.2021.xlsx file

- 7. 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.**

As CHLIC is not offering any plans in Pennsylvania in 2021, there is no individual ACA enrollment to report.

- 8. 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.**

As CHLIC is not offering any ACA plans in Pennsylvania in 2021, there are currently no On-Exchange non-APTC members enrolled. Therefore, there is no assumption around the percentage of those individuals that will enroll through the Exchange in 2022.

- 9. 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.**

As CHLIC is not offering any ACA plans in Pennsylvania in 2021, there are currently no Off-Exchange members enrolled. Therefore, there is no assumption around the percentage of those individuals that will enroll through the Exchange in 2022.

- 10. In the Pennsylvania Final Rate Filing Guidance, page 8, the Cover Letter must include the 14 items listed. Please update the Cover Letter to ensure all items have been included.**

The Cover Letter has been updated to include these 14 items. Please see 13410_pa_coverletter_6_25_2021.

- 11. In the Actuarial Memorandum, Scope and Purpose Section, it states that plans are to be marketed through healthcare.gov. Since Pennsylvania is a state-based exchange the correct web address is pennie.com. Please update.**

This has been updated in the Actuarial Memorandum. See 13401_pa_actmemo_6_25_2021.

- 12. In the PAAM Exhibits, Table 5, the Projected Incurred Exchange User Fees PMPM is \$15.29. In an excel workbook, please demonstrate the calculation of the exchange user fee.**

Table 12: Exchange User Fee Development	
Loss Ratio	83.0%
Expected User Fee	2.9%
Projected Incurred EHB Claims PMPM	\$425.03
Incurred Reinsurance PMPM	\$24.00
Incurred Risk Adjustment PMPM	-\$37.29
Incurred Exchange User Fees PMPM	\$15.29

- 13. Please provide the proposed commission schedules for 2022. Using the proposed commission schedules, quantitatively show the development of the percent and PMPM amounts in Table 6: Retention, cells C51 and D51**

Table 13: Commission Expense Development	
New Sale and Renewal Commission	
Average Premium	\$527.59
Broker Usage	38%
Estimated Commission PMPM	\$6.92
Commission %	1.31%

- 14. Per the Pennsylvania Final Rate Filing Guidance, the profit listed 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 0.41%. 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.**

The profit listed is on an after-tax basis. As stated in the Pennsylvania Final Rate Filing Guidance: "the Tax Cuts and Jobs Act of 2018 lowered the federal corporate tax rate from 35% to 21% for taxable years after December 31, 2017." Per this, $2.0\% \times 20.5\% = 0.41\%$. No adjustment has been made to table 6.

- 15. In the PAAM Exhibits, Table 10: Plan Rates, the Age Calibration Factor is 1.692. In excel, please provide a workbook which demonstrates the development of the Age Calibration Factor.**

The detailed quantitative buildup of this Age Calibration Factor can be found in the attached excel file PAObjectionResponseExhibit6.25.2021.xlsx

- 16. In the PAAM Exhibits, Table 14: Network Factors, please confirm that the network, Connect, has been approved by the Department of Health. Also, please add the DOH Approval Date in Cell O27.**

This response will be provided at a later date.

- 17. Per the PA Plan Design Summary and Rate Table, no plans offer pediatric dental benefits. Please confirm that there is reasonable assurance that a stand-alone dental plan will be offered in all geographic areas Cigna is offering plans in.**

The response to this has been communicated separately. Please let us know if there is additional information required.

- 18. Please update the Checklist provided to include the Issuer Name, Market, and SERFF ID # at the top of the Checklist tab.**

The Checklist has been updated to include the Issuer Name, Market, and SERFF ID #.

19. Please provide an exhibit which demonstrates that the criteria for the expanded bronze plan(s) have been met.

Table 19: Expanded Bronze Criteria	
HIOS Plan ID	Criteria Met
13401PA0010003	Covers PCP, Specialist, MH/SA and RX T1 before deductible
13401PA0010004	Covers PCP, Specialist, MH/SA, Urgent Care and RX T1 before deductible
13401PA0010005	HSA Plan

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

This has been confirmed and the PAAM exhibit has been updated. Please see 13401_PAAM_Final_6_25_2021.

Please contact [REDACTED] with any questions or concerns.

Thank you for your attention.

Sincerely,

[REDACTED]

[REDACTED] FSA, MAAA

Actuarial Director

Table 1: Manual Rate Adjustments	
Unadjusted Projected Allowed EHB Claims PMPM	\$551.22
Single Risk Pool Adjustment Factors	
Change in Morbidity - Impact of Reinsurance Program	0.999
Change in Morbidity - All Other	0.952
Total Non-Morbidity Changes	1.004
Change in Demographics	1.000
Change in Network	1.002
Change in Benefits	1.002
Change in Other	1.000
Total Adjusted Projected Allowed EHB Claims PMPM	\$526.41

Table 2b. I 1: Morbidity Adjustment Breakout	
Expected PA morbidity relative to National	-3.7%
COVID-19	-2.1%
Total Change in Morbidity	-5.8%

Table 2b i 2: Metal Distribution	
Bronze	25.2%
Silver	58.3%
Gold	16.5%

Table 2b i 2: CSR Distribution	
Base	19.8%
73%	13.9%
87%	36.8%
94%	29.4%

Table 2b III: COVID-19 Impact Development	
Nationwide average COVID-19	-3.1%
Impact of Continuing COVID Costs	1.0%
COVID-19 Adjustment in Morbidity	-2.1%

Table 2d: Network Savings Adjustment	
Pennsylvania Expected Network Cost	178.3%
National Expected Network Cost	177.8%
Network Savings Adjustment	0.3%
Trended Medical Weight	75.6%
Network Savings Adjustment	0.2%

Table 2e: Pharmacy Formulary Savings Adjustment	
Formulary Impact on Pharmacy Spend	-2.8%
Trended Pharmacy Weight	24.4%
Pharmacy Formulary Savings Adjustment	-0.7%

Table 3b: Actual Historical Utilization and Unit Cost Trend by Service Category																	
Calendar Year	Inpatient Hospital Trends			Outpatient Hospital Trends			Physician Trends			Prescription Drug Trends			Other Trends			Capitaio n Trend	Total Trend
	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM	Allowed Cost per Unit	Units per 1,000	Allowed PMPM		
2018	-8.9%	14.4%	4.3%	4.3%	8.6%	13.3%	30.1%	11.9%	45.6%	40.1%	-0.1%	39.9%	N/A	N/A	N/A	31.6%	
2019	-3.9%	6.3%	2.2%	4.7%	5.4%	10.4%	9.1%	6.7%	16.4%	17.7%	3.4%	21.7%	-8.1%	32.9%	22.2%	13.8%	
2020	-7.7%	14.6%	5.8%	-0.5%	2.5%	1.9%	6.1%	1.5%	7.7%	-22.4%	6.3%	-17.5%	7.9%	0.0%	7.9%	-1.0%	
N/A ← Annualized Trend																	

Table 3c: Actual Medical Allowed and Paid claim cost PMPM and Utilization per 1,000 by Month														
Year	Month	Allowed Cost PMPM				Paid Cost PMPM				Adm/Service Count Utilization per 1000				
		IP	OP	Professional	OMS	IP	OP	Professional	OMS	IP	OP	Professional	OMS	
2018	January	94.08	86.57	91.21	15.04	84.76	53.42	56.95	9.39	123.62	1,974.04	4,482.51	568.78	
2018	February	72.28	90.44	93.10	17.26	65.70	61.07	63.10	12.16	106.28	2,097.32	4,586.97	618.72	
2018	March	78.55	97.90	103.68	20.87	72.20	69.08	72.70	15.86	117.67	2,312.82	5,007.75	744.84	
2018	April	101.29	100.05	102.02	20.92	94.67	73.57	74.17	16.36	122.28	2,309.00	5,019.53	770.91	
2018	May	83.97	105.19	108.94	21.98	77.29	77.01	80.33	17.38	117.76	2,456.66	5,301.94	810.36	
2018	June	79.90	99.70	100.69	21.32	73.98	74.82	75.53	17.29	113.54	2,282.40	4,907.96	775.66	
2018	July	87.33	103.83	100.54	21.60	82.38	79.85	76.70	17.91	111.56	2,317.60	4,934.48	775.07	
2018	August	106.24	112.42	109.48	23.76	100.85	88.45	85.01	19.88	119.98	2,524.15	5,436.11	870.68	
2018	September	80.96	97.01	97.20	21.95	76.06	75.65	76.15	18.78	119.89	2,233.16	5,080.24	787.75	
2018	October	98.88	115.10	116.91	24.53	94.03	91.99	93.55	20.90	128.45	2,583.13	6,433.43	948.91	
2018	November	85.09	105.14	107.60	23.45	80.91	84.89	86.58	20.45	120.96	2,393.09	5,493.84	845.10	
2018	December	99.36	111.75	104.80	24.50	94.74	91.64	85.37	21.61	122.89	2,347.65	5,016.17	831.46	
2019	January	85.69	100.73	100.61	21.08	74.59	61.51	59.94	13.10	131.18	2,270.46	5,056.54	759.93	
2019	February	82.03	101.69	103.83	22.56	74.61	69.36	69.05	16.45	125.95	2,352.91	5,168.08	836.32	
2019	March	95.38	108.31	111.77	26.11	87.64	77.05	78.93	20.22	142.95	2,555.42	5,541.00	973.87	
2019	April	97.02	114.47	120.40	26.49	89.10	84.35	87.71	20.92	136.12	2,601.25	5,758.31	1,021.59	
2019	May	94.87	116.41	123.79	26.34	87.86	87.46	93.28	21.15	131.43	2,631.14	5,755.77	1,029.92	
2019	June	96.86	108.21	110.94	24.63	90.66	81.88	83.88	20.21	127.24	2,398.56	5,219.52	971.39	
2019	July	87.94	116.11	121.02	25.75	81.80	89.25	92.68	20.97	130.33	2,554.72	5,618.12	1,032.11	
2019	August	98.79	120.68	126.64	27.38	92.81	94.32	96.56	22.77	128.67	2,611.84	5,738.88	1,081.70	
2019	September	84.09	118.26	121.55	27.79	78.94	94.08	95.49	23.21	125.40	2,510.08	5,657.11	1,227.10	
2019	October	83.92	131.80	147.11	32.62	78.66	106.14	117.34	27.79	135.06	2,739.95	6,624.13	1,533.17	
2019	November	73.06	126.77	134.04	30.18	67.79	102.98	107.75	25.94	100.60	2,108.16	5,365.08	1,108.28	
2019	December	56.77	152.55	185.31	36.96	52.12	120.64	147.62	31.85	31.55	1,568.81	3,802.11	643.50	
2020	January	108.26	112.03	117.84	22.09	96.26	70.15	75.69	13.32	153.79	2,573.91	5,715.14	992.46	
2020	February	101.02	115.69	119.01	24.26	92.40	80.89	83.37	17.25	155.33	2,577.47	5,649.38	997.53	
2020	March	97.13	104.07	109.60	24.29	90.09	77.62	81.27	18.32	151.96	2,222.42	5,129.44	934.40	
2020	April	72.36	73.32	82.08	22.18	67.53	59.50	63.75	18.15	137.83	1,357.42	3,918.08	694.57	
2020	May	103.24	95.44	102.37	23.90	97.20	77.28	79.35	19.38	152.93	1,970.17	4,658.81	835.75	
2020	June	103.39	118.55	125.61	27.35	96.93	94.58	104.49	22.51	168.05	2,682.55	5,857.15	1,025.97	
2020	July	113.72	125.77	130.13	28.29	107.60	100.97	110.45	23.62	164.38	2,996.32	6,121.60	1,122.35	
2020	August	109.63	126.08	132.47	30.23	103.42	101.10	112.30	25.36	159.56	2,845.20	6,022.03	1,127.56	
2020	September	98.60	125.40	139.10	31.60	93.28	101.46	118.73	26.65	144.40	2,934.58	6,451.89	1,266.01	
2020	October	89.13	138.01	154.13	32.69	83.48	112.38	132.07	27.53	154.26	3,110.53	6,751.70	1,320.65	
2020	November	71.39	141.47	159.27	35.15	66.57	116.35	127.46	29.60	104.78	2,769.87	5,781.54	1,097.93	
2020	December	31.42	162.43	244.31	50.41	28.95	129.49	194.82	41.88	20.32	1,846.63	4,275.96	738.48	

Table 3d: Script Count per 1,000 and Allowed and Paid claim costs PMPM by Month														
Year	Month	Allowed Cost PMPM				Paid Cost PMPM				Script Count per 1000				
		Brand	Generic	Specialty	IP	OP	Professional	IP	OP	Professional	IP	OP	Professional	
2018	January	40.90	12.69	26.45	30.61	7.30	18.35	684.19	7,298.95	36.12				
2018	February	44.17	14.72	31.16	34.20	8.57	24.98	712.18	7,253.84	47.58				
2018	March	53.28	19.44	35.48	42.78	11.52	31.53	822.36	8,090.75	53.77				
2018	April	53.09	19.38	38.24	44.47	11.84	35.58	826.14	7,957.06	56.79				
2018	May	58.48	20.75	40.35	49.81	12.87	38.16	893.64	8,378.48	59.70				
2018	June	57.59	18.38	39.02	49.78	11.46	37.55	864.26	7,923.44	58.02				
2018	July	61.82	19.22	37.17	54.48	12.22	35.91	902.12	8,131.59	57.69				
2018	August	64.39	19.52	42.30	57.02	12.57	41.13	957.59	8,413.16	67.48				
2018	September	58.64	17.75	34.71	52.28	11.62	33.86	904.57	7,957.63	56.74				
2018	October	69.02	19.88	41.50	62.17	13.23	40.56	1,025.92	8,712.08	68.71				
2018	November	65.52	19.58	38.08	59.38	13.15	37.25	992.60	8,352.58	61.46				
2018	December	70.51	20.56	40.48	64.69	14.13	39.77	1,074.01	8,683.11	65.07				
2019	January	55.15	17.92	38.79	37.43	9.61	23.64	797.66	7,483.90	58.37				
2019	February	57.51	18.73	38.17	42.01	10.19	30.56	814.53	7,562.31	58.33				
2019	March	66.81	21.93	42.02	51.68	12.36	36.92	925.17	8,444.35	67.23				
2019	April	70.01	22.24	44.96	57.46	13.04	42.18	965.08	8,413.03	71.78				
2019	May	74.57	23.45	46.26	62.89	14.14	44.07	1,003.82	8,585.96	72.28				
2019	June	68.17	21.28	42.92	58.72	13.02	40.98	926.23	7,771.69	66.15				
2019	July	78.78	23.85	49.46	69.05	14.93	47.47	1,048.38	8,526.61	79.17				
2019	August	74.17	23.79	37.24	65.89	15.29	35.77	1,009.11	8,227.53	62.54				
2019	September	70.21	22.85	39.84	62.93	14.93	38.43	987.02	7,964.14	63.69				
2019	October	82.03	25.20	45.37	73.97	16.71	44.05	1,128.99	8,772.37	74.78				
2019	November	73.44	23.17	39.27	66.61	15.48	38.36	1,054.87	8,147.08	65.36				
2019	December	84.13	26.23	43.55	77.03	17.99	42.57	1,193.94	8,897.14	73.92				
2020	January	44.50	14.64	26.19	24.03	8.62	16.65	900.08	8,042.83	64.34				
2020	February	45.33	14.63	28.35	30.38	8.73	22.90	936.03	8,138.68	69.87				
2020	March	58.36	16.64	35.81	43.29	10.11	32.47	1,168.83	9,185.88	85.88				
2020	April	52.68	14.64	33.50	42.05	9.25	31.62	1,016.62	7,963.47	84.92				
2020	May	52.80	14.53	33.93	44.63	9.24	32.65	1,026.99	8,119.48	81.86				
2020	June	58.12	16.70	37.07	50.73	10.80	35.98	1,106.40	8,659.02	90.91				
2020	July	63.72	20.82	37.16	56.81	13.98	36.07	1,141.12	8,869.88	89.93				
2020	August	62.69	20.51	38.75	56.67	13.92	37.74	1,250.08	8,823.23	91.35				
2020	September	65.06	22.74	39.84	59.60	16.02	38.84	1,204.84	8,788.35	94.17				
2020	October	65.65	23.50	38.57	60.17	16.69	37.51	1,895.15	8,948.24	93.05				
2020	November	62.33	22.80	37.31	57.37	16.50	36.60	1,415.80	8,577.40	91.20				
2020	December	74.59	26.95	43.45	69.47	19.93	42.51	1,392.81	9,247.00	101.25				

Table 4: Morbidity Adjustment Breakout		
Component	Statewide	2022 Projected
Actuarial Value (AV)	0.699	0.691
Plan Liability Risk Score (PLRS)	1.641	1.418
Allowable Rating Factor (ARF)	1.792	1.692
Induced Demand Factor (IDF)	1.034	1.065
Geographic Cost Factor (GCF)	1.021	1.021
Statewide Average Premium (P)	\$603.00	
PLRS * IDF * GCF	1.733	1.542
Normalized PLRS * IDF * GCF (N1)		0.890
AV * ARF * IDF * GCF	1.323	1.273
Normalized AV * PLRS * IDF * GCF (N2)		0.962
Transfer PMPM (P * [N1 - N2] * 0.86)		

Table 6 a. Induced Demand Factor Development						
Plan ID	Pricing AV	Non-Funding Of CSR Adjustment	IDF Formula	Projected membership	Product E*F	Table 10 Induced Demand Factors
13401PA0010001	0.679224283	1	1.0221	712	728.0509	0.935
13401PA0010002	0.679462635	1	1.0222	712	728.1118	0.935
13401PA0010003	0.708697591	1	1.0336	712	736.1948	0.946
13401PA0010004	0.711154126	1	1.0346	712	736.9295	0.947
13401PA0010005	0.710125258	1	1.0342	712	736.6207	0.946
13401PA0010006	0.706209796	1.22	1.1207	1030	1154.8860	1.026
13401PA0010007	0.724392575	1.22	1.1373	1030	1171.9236	1.041
13401PA0010008	0.730233998	1.22	1.1428	1030	1177.6123	1.046
13401PA0010009	0.732144457	1.22	1.1446	1030	1179.4955	1.047
13401PA0010010	0.730423907	1.22	1.1430	1030	1177.7990	1.046
13401PA0010011	0.717707713	1.22	1.1311	1030	1165.5419	1.035
13401PA0010012	0.713524872	1	1.0356	1030	1067.1474	0.948
13401PA0010013	0.73885647	1	1.0471	1030	1078.9561	0.958
13401PA0010014	0.836227198	1	1.1030	467	514.6318	1.009
13401PA0010015	0.831326396	1	1.0998	467	513.1054	1.006
13401PA0010016	0.884997223	1	1.1382	467	531.0424	1.042
13401PA0010017	0.867112933	1	1.1248	467	524.7668	1.029
13401PA0010018	0.876437023	1	1.1317	467	528.0014	1.036
			Sum of Above:	14138	15450.8174	

IDF Formula: (Pricing AV*Non-CSR Adj.)^2 - (Pricing AV*Non-CSR Adj.) + 1.24

Table 10 Induced Demand Factors = E * (sum of G)/(sum of F)

Table 6 b iii. Pricing AV Factor Development			
Plan ID	Proj Allowed Claim	Proj Incurred Claims PMPM	Pricing AV
13401PA0010001	347.98	236.36	0.679224283
13401PA0010002	347.98	236.44	0.679462635
13401PA0010003	347.98	246.61	0.708697591
13401PA0010004	347.98	247.47	0.711154126
13401PA0010005	347.98	247.11	0.710125258
13401PA0010006	833.84	588.86	0.706209796
13401PA0010007	833.84	604.02	0.724392575
13401PA0010008	833.84	608.89	0.730233998
13401PA0010009	833.84	610.49	0.732144457
13401PA0010010	833.84	609.05	0.730423907
13401PA0010011	833.84	598.45	0.717707713
13401PA0010012	833.84	594.96	0.713524872
13401PA0010013	833.84	616.08	0.73885647
13401PA0010014	758.45	634.24	0.836227198
13401PA0010015	758.45	630.52	0.831326396
13401PA0010016	758.45	671.23	0.884997223
13401PA0010017	758.45	657.66	0.867112933
13401PA0010018	758.45	664.73	0.876437023

Table 12: Exchange User Fee Development	
Loss Ratio	83.0%
Expected User Fee	2.9%
Projected Incurred EHB Claims PMPM	\$425.03
Incurred Reinsurance PMPM	\$24.00
Incurred Risk Adjustment PMPM	-\$37.29
Incurred Exchange User Fees PMPM	\$15.29

Table 13: Commission Expense Development	
New Sale and Renewal Commission	
Average Premium	\$527.59
Broker Usage	38%
Estimated Commission PMPM	\$6.92
Commission %	1.31%

Average Demo Factor	1.692
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2020 Actual National ACA Membership Distribution by Age and Gender

Age	Demo Factor	Distribution	
		Male	Female
0	0.765	0.26%	0.26%
1	0.765	0.26%	0.26%
2	0.765	0.25%	0.25%
3	0.765	0.25%	0.25%
4	0.765	0.25%	0.25%
5	0.765	0.25%	0.24%
6	0.765	0.25%	0.24%
7	0.765	0.25%	0.24%
8	0.765	0.25%	0.24%
9	0.765	0.25%	0.24%
10	0.765	0.30%	0.29%
11	0.765	0.30%	0.29%
12	0.765	0.30%	0.29%
13	0.765	0.30%	0.29%
14	0.765	0.30%	0.29%
15	0.833	0.44%	0.43%
16	0.859	0.44%	0.43%
17	0.885	0.44%	0.43%
18	0.913	0.44%	0.43%
19	0.941	0.44%	0.43%
20	0.970	0.44%	0.43%
21	1.000	0.57%	0.65%
22	1.000	0.57%	0.65%
23	1.000	0.57%	0.65%
24	1.000	0.57%	0.65%
25	1.004	0.88%	0.98%
26	1.024	0.88%	0.98%
27	1.048	0.88%	0.98%
28	1.087	0.88%	0.98%
29	1.119	0.88%	0.98%
30	1.135	0.80%	0.86%
31	1.159	0.80%	0.86%
32	1.183	0.80%	0.86%
33	1.198	0.80%	0.86%
34	1.214	0.80%	0.86%
35	1.222	0.73%	0.82%
36	1.230	0.73%	0.82%
37	1.238	0.73%	0.82%
38	1.246	0.73%	0.82%
39	1.262	0.73%	0.82%
40	1.278	0.70%	0.82%
41	1.302	0.70%	0.82%
42	1.325	0.70%	0.82%
43	1.357	0.70%	0.82%
44	1.397	0.70%	0.82%
45	1.444	0.82%	0.99%
46	1.500	0.82%	0.99%
47	1.563	0.82%	0.99%
48	1.635	0.82%	0.99%
49	1.706	0.82%	0.99%
50	1.786	0.92%	1.12%
51	1.865	0.92%	1.12%
52	1.952	0.92%	1.12%
53	2.040	0.92%	1.12%
54	2.135	0.92%	1.12%
55	2.230	1.12%	1.46%
56	2.333	1.12%	1.46%
57	2.437	1.12%	1.46%
58	2.548	1.12%	1.46%
59	2.603	1.12%	1.46%
60	2.714	1.16%	1.61%
61	2.810	1.16%	1.61%
62	2.873	1.39%	1.93%
63	2.952	1.39%	1.93%
64	3.000	0.50%	0.70%
65	3.000	0.74%	1.03%
66+	3.000	0.74%	1.03%

Table 19: Expanded Bronze Criteria	
HIOS Plan ID	Criteria Met
13401PA0010003	Covers PCP, Specialist, MH/SA and RX T1 before deductible
13401PA0010004	Covers PCP, Specialist, MH/SA, Urgent Care and RX T1 before deductible
13401PA0010005	HSA Plan



July 13, 2021

David D'Agostino
Bureau of Life, Accident & Health Insurance
Office of Insurance Product Regulation & Administration
1311 Strawberry Square
Harrisburg, PA 17120

**Re: Cigna Health and Life Insurance Company
NAIC Company ID#: 67369
Rate Filing for Individual Health Plans
PAINDEPO052021 – Effective 01/01/2022**

Dear Mr. D'Agostino,

This letter is in response to your July 6, 2021 Objection Letter regarding Cigna Health and Life Insurance Company (CHLIC) individual rate filing.

- 1. The response to question 1d from the objection responses dated 6/25/2021 indicates that no run-out was used with the calendar year 2020 data. Please provide an exhibit showing paid claims and estimated IBNR for calendar year 2020 assuming run-out through December of 2020 (i.e., what is used in the rate development) and run-out through April of 2021 (i.e., what we are assuming was readily available at the time of the initial filing).**

At the time of initial filing only calendar year 2020 with run-out through March of 2021 was available, so that is what has been provided below.

Table 1: Paid Claims Data		
	2020 - No Runout	2020 - 3mo Runout
Paid claims	\$1,139,747,682	\$1,231,934,069
Estimated IBNR	\$119,377,434	\$18,496,569
Total	\$1,259,125,116	\$1,250,430,638

- 2. The following questions relate to question 2 from the objection responses dated 6/25/2021:**
- a. Please provide a detailed narrative explaining the purpose of, and a quantitative exhibit displaying the development of the following adjustments included in the development of the -5.8% morbidity adjustment::**
- i. Expected PA morbidity relative to national (i.e., -3.7%)**
 - ii. Nationwide average COVID-19 (i.e., -3.1%). Please explain why the Company believes that the impact of COVID-19 will improve market morbidity in 2022.**
 - iii. Impact of continuing COVID costs (i.e., 1.0%).**

i. This is found by taking the weighted average of the manual claims PMPM normalized for age, ARF, IDF, and GCF by metal based on the expected PA metal distribution compared to the national weighted average.

Table 2a i: Morbidity Build Up	
PA Expected PMPM	\$239.20
National experience PMPM	\$248.40
Change in Benefit Factor	-3.7%

ii. 2020 caused on average an additional 3.1% increase in spend nationwide. It is expected that those costs will not persist into 2022, so the 3.1% is taken out of the 2020 data to normalize for COVID-19.

Table 2a ii: 2020 COVID Costs	
Testing Costs	1.1%
Treatment Costs	2.0%
Total COVID Costs	3.1%

iii. It is expected that 1.0% of COVID costs will continue into 2022 due to the return of pent up demand and higher morbidity due to deferred care.

Table 2a iii: COVID-19 Continuing Cost Build Up	
Return of pent up demand	0.5%
Higher morbidity due to deferred care	0.5%
2022 Continuing COVID Costs	1.0%

- b. Please explain why the Company did not apply an adjustment to the manual rate experience to reflect anticipated morbidity improvement due to the American Rescue Plan Act. Please provide support demonstrating that no adjustment is necessary.**

While there has been a slight increase in enrollment, the increase is not significant enough to warrant a significant change to our overall morbidity assumption for PA.

- c. The response to question 2e indicates that the “Change in Benefits” adjustment populated in Table 5 of the PA Rate Template file should equal 0.993 (i.e., 1 - 0.7%, based on the development of the pharmacy formulary savings adjustment). However, the Company is assuming the adjustment is equal to 1.002. Please justify the difference, and if necessary, submit revised filing materials.**

The Change in Benefit factor accounts for differences in induced demand utilization in PA Rating Area 8 compared to national induced demand based on the different Metal and CSR distributions. The pharmacy formulary savings adjustment is a nationwide adjustment which is also included in the change in benefits.

Table 2c: Change In Benefits Development	
Induced Demand	0.8%
Pharmacy Formulary Savings	-0.6%
Change in Benefit Factor	100.2%

- 3. The response to question 3a indicated that large group experience was utilized when developing the trend assumption. Please explain what adjustments were applied to translate large group experience to better reflect that of an Individual ACA population, if any (e.g., network contract changes, morbidity differences, benefit differences including any non-EHBs covered, etc.).**

No adjustments to the large group experience were made to the utilization trend assumption for Pennsylvania. The medical utilization change observed in our commercial experience is much less volatile than that of our ACA book of business, and is therefore preferred. Unit cost trend is adjusted for differences in the network and contracts.

4. **The following questions relate to question 4 from the objection responses dated 6/25/2021:**
- a. **Based on the response to question 4a, the Company developed the anticipated 2022 risk adjustment transfer amount based on the statewide average assumptions from the 2019 CMS Risk Adjustment Report. Please explain whether the Company will update the pricing assumptions when the 2020 data becomes available.**

The company is not expecting to update the pricing assumptions with the 2020 CMS risk adjustment report. We use 2020 Wakely consulting data as to approximate our risk adjustment in experience markets and to educate our national risk. Therefore the final 2020 report is not expected to deviate materially from what was assumed during pricing.

- b. **Please provide a quantitative exhibit displaying the development of the Company's assumed average PLRS (i.e., 1.418) utilized in the development of the 2022 risk adjustment transfer amount. In providing your response, please quantitatively demonstrate how the Company's assumed change in morbidity assumption was considered. If any of the adjustments applied in the calculation of the Company's assumed average PLRS are based on the market-wide assumptions (e.g., metal level distribution, COVID-19) please provide support for not applying these adjustments to the statewide average PLRS.**

Table 4b: PLRS Adjustment	
2020 Cigna PLRS	1.700
Expected PA morbidity relative to National	-6%
Expected Morbidity Relative to Market	
2022 Expected Cigna PLRS	1.418

The adjustments for PLRS are based on the expected Cigna population in Pennsylvania, which is expected to be relatively healthy compared to the average market. Based on other new market entries, we estimate that the Cigna PLRS will be 12% less than the market. The Pennsylvania market is expected to be roughly 6% less risky than Cigna's average footprint in 2020, which is driven by COVID and PA's average PLRS. Because we are using 2019 for the statewide assumption, we are assuming there are no adjustments needed to the state number for COVID. Please see PAObjectionResonseExhibit7.13.2021.xlsm for the calculation.

- c. **Please provide a detailed quantitative exhibit displaying the development of the Company's assumed average AV and IDF factors utilized in the development of the 2022 risk adjustment transfer amount. In providing your response, please demonstrate how the distribution of members by metal level utilized in the calculation aligns with that provided in the response to question 2b.**

Table 3c: IDF and AV Factor Development			
	IDF	AV	Weight
Bronze	1	0.6	25.2%
Gold	1.08	0.8	16.5%
Silver	1.03	0.7	11.5%
CSR 73	1.03	0.7	8.1%

CSR 87	1.12	0.7	21.5%
CSR 94	1.12	0.7	17.2%
Factor	1.065	0.691	

Please see PAObjectionResonseExhibit7.13.2021.xlsm for the calculation.

- d. ***Please provide a detailed quantitative exhibit displaying the development of the assumed statewide average premium PMPM utilized in the development of the 2022 risk adjustment transfer amount.***

Table 3d: Statewide Average Premium PMPM	
2019 Statewide Average Premium PMPM	625.81
2019 - 2020 Change	3.8%
Expected 2020 - 2021 Change	-5.3%
Expected 2021 - 2022 Change	-2.0%
2022 SWAP pre adjustment	\$603.00

Please see PAObjectionResonseExhibit7.13.2021.xlsm for the calculation.

- e. ***Please provide support for assuming the statewide geographic cost factor is the same factor as rating region 8, as opposed to a blend of all of the rating regions.***

The Geographic Cost Factor is meant to capture structural differences in the cost of health care in different regions, which includes both practice patterns and contracting costs. We account for difference in unit costs in the network adjustment, but we don't have a way of separating our practice patterns from the rating area 8 GCF relative to the statewide average. Therefore, we did not account for differences in practice patterns. For morbidity, we are pricing to the statewide average, so the statewide average GCF is more appropriate than just that of rating area 8.

5. ***In the PAAM Exhibits, II.a.Reins Table – Exp tab, please update the Coinsurance Rate, in cell E5, to 45%.***

This has been updated. See 12401_PAAM_7_13_2021.xlsm.

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

The projected exchange user fee has been adjusted as the Incurred Reinsurance PMPM estimate has changed.

7. ***Per Table 12: Exchange User Fee Development, the Expected User Fee is 2.895%. Please confirm that percentage is calculated by 3% * On-Exchange Membership (I.e., Cigna is projecting 96.5% of membership to be on-exchange).***

Yes, this is how the percentage is calculated.

8. ***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.***

The rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and rate Tables, and the Federal Rate Templates are identical to the second decimal place.

9. ***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 the above items).**

It has been ensured that the items listed are included in the July 13th response.

10. 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.

We are aware of this timeline.

Please contact [REDACTED] with any questions or concerns.

Thank you for your attention.

Sincerely,

[REDACTED]

[REDACTED] FSA, MAAA

Actuarial Director

Table 1: Paid Claims Data		
	2020 - No Runout	2020 - 3mo Runout
Paid claims	\$1,139,747,682	\$1,231,934,069
Estimated IBNR	\$119,377,434	\$18,496,569
Total	\$1,259,125,116	\$1,250,430,638

Table 2a i: Morbidity Build Up	
PA Expected PMPM	\$239.20
National experience PMPM	\$248.40
Change in Benefit Factor	-3.7%

Table 2a ii: 2020 COVID Costs	
Testing	1.1%
Treatment	2.0%
Total COVID Impact	3.1%

Table 2a iii: COVID-19 Continuing Cost Build Up	
Return of pent up demand	0.5%
Higher morbidity due to deferred care	0.5%
2022 Continuing COVID Costs	1.0%

Table 2c: Change In Benefits Development	
Induced Demand	0.8%
Pharmacy Formulary Savings	-0.6%
Change in Benefit Factor	100.2%

Table 4b: PLRS Adjustment	
2020 Cigna PLRS	1.700
Expected PA morbidity relative to National	-6%
Expected Morbidity Relative to Market	
2022 Expected Cigna PLRS	1.418

Table 4c: IDF and AV Factor Development			
	IDF	AV	Weight
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Factor	1.065	0.691	

Table 4d: Statewide Average Premium PMPM	
2019 Statewide Average Premium PMPM	625.81
2019 - 2020 Change	3.8%
Expected 2020 - 2021 Change	-5.3%
Expected 2021 - 2022 Change	-2.0%
2022 SWAP pre adjustment	\$603.00

Redaction Justification Document

Cover Letter

- Redacted names and contact information
- Redacted company contact information – name, telephone number, email address

URRT Part III – Federal Actuarial Memorandum

- Redacted Name of opining actuary [Opining actuary's name]
- Redacted company contact information – name, telephone number, email address
- Projected Risk Adjustment Transfers [Statements specifying a
- company's anticipated risk level in relation to the state average risk level]

PA Rate Template

- Column C through E in Tabs "II.a. Reins Table – Exp" and "II.b. Reins Table – Proj"

Unique AV Justification File

- Redacted Name of opining actuary

AV Screenshots

- Entire File Redacted

Objection Response 1

- Redacted Commission Schedule [Commission schedules]
- Projected Risk Adjustment Transfers [Statements specifying a company's anticipated risk level in relation to the state average risk level]
- Redacted Name of opining actuary
- Redacted company contact information – name, telephone number, email address

Objection Response 1 Excel

- Redacted Commission Schedule [Commission schedules]
- Projected Risk Adjustment Transfers [Statements specifying a company's anticipated risk level in relation to the state average risk level]

Objection Response 2

- Projected Morbidity relative to Market [Statements specifying a company's anticipated risk level in relation to the state average risk level]
- Redacted Name of opining actuary
- Redacted company contact information – name, telephone number, email address

Objection Response 1 Excel

- Projected Morbidity relative to Market [Statements specifying a company's anticipated risk level in relation to the state average risk level]

Completeness and Redaction Justification Checklist

Issuer Name: Cigna Health and Life Insurance
 Market: Individual
 SERFF ID: CCGH-132805433

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification	X			
	RFJ Part III – Actuarial Memorandum	X	Y		Y
	Federal Rates Template	X			
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X			
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
C.	Rate Change Request Summary	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	N		N/A
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N		N/A
D.1.C.	Average Rate Change	X	N		N/A
D.1.D.	Membership Count	X	N		N/A
	PA Act. Exhibits Table 1	X	N		N/A
D.1.E.	Benefit Changes	X	N		N/A
D.1.F.	Experience Period Claims & Premium	X	N		N/A
	PA Act. Exhibits Table 2	X	N		N/A
D.1.G.	Credibility of Data	X	N		N/A
	PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)	X	N		N/A
D.1.H.	Trend Identification	X	N		N/A
	PA Act. Exhibits Table 3	X	N		N/A
D.1.I.	Historical Experience	X	N		N/A
	PA Act. Exhibits Table 4	X	N		N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N		N/A
	PA Act. Exhibits Table 5	X	N		N/A
D.2.B.	Retention Items	X	N		N/A
	PA Act. Exhibits Table 6	X	N		N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N		N/A
	PA Act. Exhibits Table 7	X	N		N/A
D.2.D.	Components of Rate Change	X	N		N/A
	PA Act. Exhibits Table 8	X	N		N/A
	PA Act. Exhibits Table 9	X	N		N/A
D.3.	Plan Rate Development	X	N		N/A
	PA Act. Exhibits Table 10	X	N		N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N		N/A
	PA Act. Exhibits Table 11	X	N		N/A
D.5.A.	Age and Tobacco Factors	X	N		N/A
	PA Act. Exhibits Table 12	X	N		N/A
D.5.B.	Geographic Factors	X	N		N/A
	PA Act. Exhibits Table 13	X	N		N/A
D.5.C.	Network Factors	X	N		N/A
	PA Act. Exhibits Table 14	X	N		N/A
D.5.D.	Service Area Composition	X	N		N/A
D.5.E.	Composite Rating	X	N		N/A
D.6.	Actuarial Certifications	X	Y		Y
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N		N/A
	Service Area Map	X	N		N/A
Redaction Justification (must be submitted if any information is redacted)					Y

1. GENERAL INFORMATION

Insurance Company Name	CHLIC
NAIC Company Code	67369
HIOS Issuer ID	13401
State	Pennsylvania
Market Type	Individual
Proposed Effective Date	01/01/2022
Primary Contact Person and Title	[REDACTED] FSA, MAAA, Actuarial Director
Primary Contact Telephone Number	860.226.1278
Primary Contact Email	[REDACTED]

Scope and Purpose of Filing: CHLIC is filing rates for comprehensive major medical product 13401PA001 for individuals & families, to be effective January 1, 2022. The plans represented in this filing will be Guaranteed Issue & Guaranteed Renewable and are to be marketed through pennie.com, brokers, general agents, and directly to consumers as described in the policy form. These plans are attached to product that has been submitted under policy form filing CCGH-132800296. This policy form is not subject to medical underwriting. Please note that the content of this filing is intended to be reviewed by an actuary.

2. PROPOSED RATE CHANGES

Product 13401PA001 is new in 2022. There was no existing membership from 2021 plans mapped to this product, so the rate increase is not applicable. The Unified Rate Review Template (URRT) Rate Change Percent and Cumulative Rate Change Percent for this product have been populated with 0%.

3. EXPERIENCE AND CURRENT PERIOD PREMIUM, CLAIMS, AND ENROLLMENT

The URRT specifies that the experience period is defined as “the most recently completed calendar year” which would indicate that calendar year 2020 data is expected to be entered. 2022 is the first year that individual coverage was offered by Cigna Health & Life Insurance Company in Pennsylvania and therefore there is no experience to report in Sections I or II, Worksheet 1 of the URRT.

- a. Paid Through Date: N/A
- b. Premiums (Net of MLR): N/A
- c. Allowed & Incurred Claims: N/A

4. BENEFIT CATEGORIES

To determine benefit categories, CHLIC uses a combination of Procedure Code and Place of Service to categorize each claim under an appropriate Major Service Category. These categories are defined as follows:

- **Inpatient Hospital:** Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- **Outpatient Hospital:** Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
- **Professional:** Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, & other professional services, except hospital based professionals whose payments are included in facility fees.
- **Other Medical:** Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services.
- **Prescription Drug:** Includes drugs dispensed by a pharmacy, net of rebates received from drug manufacturers

5. TREND FACTORS

As mentioned in the previous section, there is no credible experience data or projection factors shown for the experience period in Section II, Worksheet 1 of the URRT.

6. ADJUSTMENTS TO TREND EHB ALLOWED CLAIMS PMPM

As mentioned in the previous section, there is no credible experience data or projection factors shown for the experience period in Section II, Worksheet 1 of the URRT.

7. MANUAL RATE ADJUSTMENTS

a. Source & Appropriateness of Experience Data used in Developing the Manual Rate

The source data used to generate the Manual Rate is trended national individual experience adjusted for state- and market-specific differences. The adjustments to the baseline data are addressed below.

b. Adjustments made to the Data

The following adjustments were made during the development of the Manual Rate to account for differences between the source data and characteristics of the anticipated population in the Individual Market for the proposed period:

- **Morbidity Load** – A -5.0% load was added to the manual rate to account for the difference in morbidity risk of the population underlying the manual rate and the anticipated population in Cigna Health & Life Insurance Company in 2022. Cigna Health & Life Insurance Company relied on full-year 2020 allowed claims and enrollment data for the Individual market. The morbidity load comprehends the following components:
 - **Overall health status in the Individual market** – The average morbidity in the Individual market is driven by external factors such as the elimination of the individual mandate, continued uncertainty in the individual market, and the presence or absence of transitional policies. All such factors are included in the morbidity load.
 - **Membership distribution by metal tier and CSR plan** – In the Individual market, individuals tend to select plans that best meet their health needs. Riskier individuals tend to choose plans with lower member cost-share. Additionally, individuals receiving CSR subsidies exhibit different utilization patterns due to differences in income and cost-share. The expected membership distribution by metal tier and CSR plan therefore impacts the overall expected morbidity in the single risk pool. This adjustment is applied to the index rate only and no plan-specific adjustments are made to account for anticipated differences in health status of enrollees across plans.
- **Demographic Adjustment** – The experience underlying the Manual Rate development does not conform to the 3:1 age slope as prescribed by the ACA. Hence, an adjustment was made to reflect the impact of compression of age slopes as well as to account for the different distribution by age in the 2022 individual market than the distribution by age reflected in the data underlying the Manual Rate.
- **Portfolio Adjustment** – The experience underlying the Manual Rate development represents a different distribution amongst metal tiers and CSR variants than is projected for Cigna Health & Life Insurance Company in 2022. Utilization patterns differ between plan designs due to the differences in induced demand, which is an allowable rating factor under the ACA. Therefore, an adjustment is made to account for the induced demand differences between the underlying and the projected populations.
- **Network Savings** – Cigna Health & Life Insurance Company's underlying network for its proposed plans in this filing is different from the network underlying the experience used in deriving the Manual Rate. The estimated unit cost of the provider network varies by geographic region, but are incorporated into the Manual Rate based on assumed enrollment by region as an average 0.2% increment for 2022. The level of network savings is driven by the contractual arrangement between the health care providers and Cigna Health & Life Insurance Company, and assumes certain capacity limitations for the providers; as such, significantly higher than expected volumes, carrier exits, etc. may require network reconstruction that may lead to a significant impairment in the adequacy of the rates developed herein.
- **Pharmacy Formulary Savings** – Pharmacy claim cost experience used in the development of the Manual Rate is based on national individual experience. This experience is representative of several formularies, including the formulary associated with Cigna Health & Life Insurance Company's Individual product in Pennsylvania. An adjustment to reflect the associated formulary, was applied on pharmacy claim costs compared to the Manual Rate.

c. Inclusion of Capitation Payments

There are no services provided under a capitation arrangement for plans included in this filing.

8. CREDIBILITY OF EXPERIENCE

Since there is no experience data in Worksheet 1 of the URRT, 100% credibility is assigned to the Manual Rate. We believe that the Manual Rate is appropriate for developing rates for the plans in this filing, as explained in Section 8 of this document.

9. ESTABLISHING THE INDEX RATE

The Index Rate for the Projection Period for this filing is \$526.41 and was developed in accordance with 45 CFR Part 156.80(d). The Index Rate for the Projection Period identified in Section II, Worksheet 1 of the URRT is a representation of the Expected Allowed Claims for 2022 attributable to Essential Health Benefits, and incorporates the impact of trend, benefit, morbidity, and demographic adjustments as outlined in Sections 5, 6 and 8 of this document. Refer to Section 8 of this document for additional information regarding the credibility attributed to single risk pool experience in the development of the Index Rate for the Projection Period. There are no benefits in addition to EHBs that are being covered under the proposed plans in 2022. No consideration is granted to the expected impact of specific eligibility categories for catastrophic plans because these plans are not being proposed in this filing.

10. DEVELOPMENT OF THE MARKET-WIDE ADJUSTED INDEX RATE

The Market-wide Adjusted Index Rate for this filing is \$561.96. The Market-wide 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). The following market-wide adjustments have been made to the Index Rate, as allowed under these rules:

a. Reinsurance

The reinsurance program ended with the 2016 benefit year. However, Pennsylvania created a reinsurance program in 2021 for the 2021 through 2025 benefit years. Consequently, reinsurance recoveries have been applied to the Index Rate in the development of the Market-wide Adjusted Index Rate and the Plan Adjusted Index Rate.

b. Risk Adjustment Payment/Charge

A 2022 risk transfer payable of █████ PMPM on an allowed basis is assumed. Equivalently, the projected risk transfer on a paid basis is █████ PMPM payable.

The risk transfer formula was used for the calculation of Cigna Health & Life Insurance Company's 2022 risk transfer. Components of the transfer formula were estimated at the product level, providing an estimate of the paid risk transfer PMPM at the product level.

The components of the transfer formula are outlined below with a description of the methodology used to estimate each component

Market-Average Risk Transfer Components

- Market average factor including risk (MAF including risk) – The CMS 2019 MAF including risk was used as the jump-off for the projection of the 2022 MAF including risk.
- Market average factor excluding risk (MAF excluding risk) – The CMS 2019 MAF excluding risk was used as the jump-off for the projection of the 2022 MAF excluding risk.
- Statewide average premium (SAP) – The 2019 CMS released SAP was used as the jump-off for the projection of the 2022 SAP. The 2019 SAP was adjusted for the following factors: (1) claim cost trend, (2) anticipated market-level pricing corrections.

Cigna Health & Life Insurance Company Risk Transfer Components

- Induced Demand Factor (IDF) – Weighted average of HHS Risk Adjustment Model IDFs based on projected 2022 Cigna Health & Life Insurance Company membership by metal tier
- Geographic Cost Factor (GCF) – Weighted average of 2019 actual GCFs as released by CMS based on projected 2022 Cigna Health & Life Insurance Company membership by rating area
- Actuarial Value (AV) – Weighted average of HHS Risk Adjustment Model AV factors based on projected 2022 Cigna Health & Life Insurance Company membership by metal tier
- Allowable Rating Factor (ARF) – Weighted average of HHS Risk Adjustment Model ARFs based on projected 2022 Cigna Health & Life Insurance Company membership by age

- Plan Liability Risk Score (PLRS) – The projected change in morbidity of Cigna Health & Life Insurance Company’s single risk pool from 2020 to 2022 was estimated as outlined in Section 7 of this document. The projected change in morbidity was used to estimate a projected change in PLRS for Cigna Health & Life Insurance Company’s single risk pool from 2020 to 2022. The PLRS was also adjusted for expected changes as a result of moving to the proposed 2022 risk adjustment model.

The projected 2022 net allowed risk transfer payable of \$■■■■ PMPM was applied to the Index Rate in the development of the Market-wide Adjusted Index Rate. The impact of net risk adjustment is an increase of 9.4% of Cigna Health & Life Insurance Company’s 2022 premiums.

Cigna Health & Life Insurance Company does not anticipate any fees or receipts from the risk corridor program in 2022 and has not included any pricing adjustments for risk corridor payments in rate development.

c. Exchange User Fees

Exchange User Fees are applied as an adjustment to the index rate at the market level. The 3.00% Exchange User Fee is blended based on expected member distribution on and off exchange, resulting in an expected fee of 2.89%.

The Market-wide Adjusted Index Rate reflects the average demographic characteristics of the single risk pool and is not calibrated.

11. PLAN ADJUSTED INDEX RATE

Only the following allowable modifiers (as specified in 45 CFR 156.80(d)) have been used to adjust the Market-Wide Adjusted Index Rate to arrive at the Plan Adjusted Index Rates:

- Plan-specific actuarial value and cost sharing adjustments
- Administrative costs, excluding the Risk Adjustment User Fee, and Exchange user fees

The adjustment Impact of specific eligibility categories for the catastrophic plan is not applicable since Cigna Health & Life Insurance Company does not plan to offer catastrophic plans in 2022.

Note that the AV and cost-sharing adjustment encompasses expected cost-sharing differences and utilization differences due to differences in cost-sharing.

The expected cost-sharing ratio for each benefit plan is calculated by using 2019 claims and enrollment data from the Individual market (trended to the proposed filing period) to develop a claims probability distribution (CPD). This CPD is then used to estimate member cost-share vs. issuer cost-share for each benefit category and benefit plan. Note that for each Silver HIOS Component ID the expected cost-sharing ratio was calculated separately for the Base benefit plan as well as the benefit plans for each of the three CSR variant levels. A weighted average of the respective four different plan variant levels was calculated for each Silver HIOS Component ID according to the projected membership distribution outlined in Section 17.

In addition to cost sharing differences, this adjustment also includes utilization differences due to differences in cost sharing. In evaluating adjustment for utilization changes, Cigna Health & Life Insurance Company has used the mandated HHS Induced Demand formula. This adjustment is consistent with the description on page 41 of the 2022 Unified Rate Review Instructions. There are no explicit and/or additional adjustments used in our rate development process that reflect expected differences in utilization due to health status.

12. CALIBRATION

Cigna Health & Life Insurance Company calibrates the Plan Adjusted Index Rates to apply the allowable rating factors (age, geography, and tobacco) in order to calculate Consumer Adjusted Premium Rates. The calibration for each allowable rating factor is described below.

a. Age Curve Calibration

The weighted average age factor for the projected membership was calculated using the updated Default Federal Standard Age Curve defined in the addendum to 45 CFR 147.102(d). The average age associated with this projected membership (rounded to the nearest

whole number) is 48. This single risk pool average age was determined using the 2021 Cigna Health & Life Insurance Company Individual block of business age distribution. The Plan Adjusted Index Rate was divided by the weighted average age factor mentioned above, to arrive at the calibrated Plan Adjusted Index Rate for a 21 year old. A demonstration of how the Plan Adjusted Index Rate and the age curve were used to generate the calibrated Plan Adjusted Index Rate for each plan is provided below.

b. Geographic Factor Calibration

Rate variations among geographical areas vary only by the geographic rating regions defined by the federal government. Area factors reflect only differences in the cost of the delivery of medical services among rating areas for a standard population and fixed market basket of covered services. The following table shows the geographic factors for each defined area in Pennsylvania:

Area	8
Area Factor	1.00
Membership	100 %

An average geographic factor is developed based on the projected distribution of membership across all areas. Then the calibrated Plan Adjusted Index Rate is calculated as Plan Adjusted Index Rate divided by this weighted average geographic factor.

c. Tobacco Use Rating Factor Calibration

Premium rates do not differ based on tobacco usage. A calibration factor of 1.00 is used for all plans.

A demonstration of calibration for the Plan Adjusted Index Rate is provided in the table below.

Plan Name	HIOS Plan ID	PAIR	Geographic Calibration	Demographic Calibration	Tobacco Calibration	Calibrated PAIR
Cigna Connect 8700	13401PA0010001	\$420.81	1.00	0.59	1.00	\$248.74
Cigna Connect 7800	13401PA0010002	\$420.94	1.00	0.59	1.00	\$248.82
Cigna Connect 7800A	13401PA0010003	\$443.93	1.00	0.59	1.00	\$262.41
Cigna Connect 6800 Enhanced Diabetes Care	13401PA0010004	\$445.91	1.00	0.59	1.00	\$263.58
Cigna Connect HSA 6000	13401PA0010005	\$445.12	1.00	0.59	1.00	\$263.11
Cigna Connect 5500	13401PA0010006	\$585.28	1.00	0.59	1.00	\$345.96
Cigna Connect 7300	13401PA0010007	\$609.19	1.00	0.59	1.00	\$360.09
Cigna Connect 3600	13401PA0010008	\$617.07	1.00	0.59	1.00	\$364.75
Cigna Connect 2900	13401PA0010009	\$619.66	1.00	0.59	1.00	\$366.28
Cigna Connect 3500 Enhanced Diabetes Care	13401PA0010010	\$617.34	1.00	0.59	1.00	\$364.91
Cigna Connect 4200 Enhanced Asthma COPD Care	13401PA0010011	\$600.25	1.00	0.59	1.00	\$354.81
Cigna Connect 5800	13401PA0010012	\$447.84	1.00	0.59	1.00	\$264.72
Cigna Connect 2000	13401PA0010013	\$468.90	1.00	0.59	1.00	\$277.17
Cigna Connect 1000	13401PA0010014	\$559.05	1.00	0.59	1.00	\$330.45
Cigna Connect 2500	13401PA0010015	\$554.15	1.00	0.59	1.00	\$327.56
Cigna Connect 750	13401PA0010016	\$610.52	1.00	0.59	1.00	\$360.88

Cigna Connect 1250 Enhanced Diabetes Care	13401PA0010017	\$591.11	1.00	0.59	1.00	\$349.40
Cigna Connect 900	13401PA0010018	\$601.18	1.00	0.59	1.00	\$355.36

* The Plan Adjusted Index Rate represents average premium for the projected single risk pool at the unrounded average age, weighted using the best-estimate Default Federal Standard Age Curve factors. Linear interpolation between integer Default Federal Standard Age Curve factors was used in the development of the Demographic Calibration factor.

13. CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT

Consumer Adjusted Premium Rate is developed by applying the following allowable adjustments to the calibrated Plan Adjusted Index Rate.

- Individual and family tier – applied by summing the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account
- Rating area factor – applied by multiplying the area factors to the calibrated Plan Adjusted Index Rate
- Age factor – applied by multiplying the age factor to the calibrated Plan Adjusted Index Rate
- Tobacco status – applied by multiplying the tobacco factor to the calibrated Plan Adjusted Index Rate

14. PROJECTED LOSS RATIO

The projected 2022 PPACA MLR, without adjustment for credibility, for Cigna Health & Life Insurance Company's individual products is 87%.

A demonstration of the projected MLR calculation is illustrated below:

PPACA 2021 MLR		
1	Member Months	14135
2	Incurred Claims	\$ 5,735,358
3	Claims Adjustment*	\$ 562,595
4	Numerator (2 + 3)	\$ 6,297,953
5	Earned Premium	\$ 7,511,305
6	Premium Adjustment**	\$ -280,200
7	Denominator (5 + 6)	\$ 7,231,105
8	Credibility Factor	7.93%
9	Average Deductible Factor	1.37
10	Credibility Adjustment (8 x 9)	10.83%
11	PPACA MLR w/o Credibility (4 ÷ 7)	87.10%
12	PPACA MLR w/ Credibility (10 + 11)	97.93%

* Quality Improvement Activities & Risk Adjustment

** Premium/State Taxes/Federal Income Tax and ACA Fee Adjustments

Figures in the PPACA MLR exhibit have been calculated as follows:

- Member Months – projections for member months are developed internally as best estimates generated by applying current market share percentages and additional adjustments to take into account the addressable market opportunity. This figure ties to Cell F48 in Worksheet 1 URRT.
- Incurred Claims – projections for incurred claims are consistent with Cell D70 in Worksheet 2 of the URRT.
- Claims Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2022 (Final Rule)
- Earned Premium – projections for earned premium are consistent with Cell D72 in Worksheet 2 of the URRT.
- Premium Adjustment – defined as specified by HHS Notice of Benefit & Payment Parameters for 2022 (Final Rule)

- Credibility Adjustment – The credibility adjustment is calculated using the methodology specified in 45 CFR 158.232. This adjustment incorporates the impact of the base credibility factor and the average deductible factor.

15. AV METAL VALUES

The AV Metal Values shown in Worksheet 2 of the URRT for the plans listed below were based on the AV Calculator, with the exception of the following unique benefits:

- Cost Sharing for Pharmacy Generic Drugs
- Copays for Inpatient Services (for copay-based benefit plan designs)
- Cost Sharing for Mental Health/Substance Abuse Outpatient Office Visit vs. Facility Visit Services
- Copays for Urgent Care Services
- Cost Sharing for certain medical services for the treatment of diabetes, COPD, or asthma.

These benefits were outside the scope of the AV Calculator and hence an alternate methodology was deemed necessary as per 45 CFR 156.135(b). The impacted plans, alternate methodologies, and the reason for their use is explained in the accompanying actuarial certification titled “13401_pa_UniquePlanDesign_5_27_2021”.

HIOS Plan ID	
13401PA0010001	13401PA0010010
13401PA0010002	13401PA0010011
13401PA0010003	13401PA0010012
13401PA0010004	13401PA0010013
13401PA0010005	13401PA0010014
13401PA0010006	13401PA0010015
13401PA0010007	13401PA0010016
13401PA0010008	13401PA0010017
13401PA0010009	13401PA0010018

16. MEMBERSHIP PROJECTIONS

The membership projections for Cigna Health & Life Insurance Company’s benefit plans are developed internally as best estimates. They are based on 2020 enrollment data released by CMS and expected market share in Pennsylvania. Active membership splits for the Cigna Health & Life Insurance Company Individual block of business and the market were used to develop projections by exchange indicator and metal tiers, together with growth assumptions by channel. The projected distribution of member months represents our expectation of the industry average distribution of enrollment by age for the Individual Market for 2022. For Silver metal plans, the projected enrollment subject to cost-sharing reduction subsidies at each level is developed based on the 2020 industry-wide enrollment data in Pennsylvania released by CMS.

Distribution by Plan by CSR-Level				
Plan ID	100%-150% FPL	150%-200% FPL	200%-250% FPL	>250% FPL
13401PA0010006	29%	37%	14%	20%
13401PA0010007	29%	37%	14%	20%
13401PA0010008	29%	37%	14%	20%
13401PA0010009	29%	37%	14%	20%
13401PA0010010	29%	37%	14%	20%
13401PA0010011	29%	37%	14%	20%
13401PA0010012				100%
13401PA0010013				100%

17. TERMINATED PLANS AND PRODUCTS

No plans have been terminated or will be unmapped in 2022

18. PLAN TYPE

The plan types as inputted in Section I, Worksheet 2 of the URRT accurately describe the plans in this filing.

19. EFFECTIVE RATE REVIEW INFORMATION

a. Financial Information

CHLIC (Cigna Health & Life Insurance Company)					
(\$ Millions)	2017	2018	2019	2020	2021 (Proj)
Stat Capital & Surplus	3,681	4,801	5,207	5,955	6,139
Authorized Control Level RBC	724	876	1,004	1,106	1,250

Cigna Health & Life Insurance Company is in strong financial condition. The YE 2020 ACL RBC ratio was 579%. In prior years when the company was significantly smaller, the RBC ratio was much higher. For the next few years, Cigna Health & Life Insurance Company is expected to maintain an ACL RBC ratio around 550%. The proposed plans and rates will have an immaterial impact on the company's financial condition, even with significant membership growth.

b. Rating Information

To see the proposed rate manual by age, area and smoking status please reference the accompanying QHP Rates Table Template. For additional rating rules used in deriving the premium please refer to the accompanying Business Rules Template.

A description of the benefits for all plans proposed in this filing is shown in the accompanying Plans Benefits Template.

Please note that Cigna Health & Life Insurance Company shall satisfy the requirement to offer coverage for all essential health benefits off-exchange by providing all applicants both a medical policy that does not include a pediatric dental benefit, and a standalone exchange-certified pediatric dental policy.

c. Other

Cigna Health & Life Insurance Company's anticipated loss ratio (without ACA adjustments) for the proposed plans in this filing is 83.0%.

20. RELIANCE

I have relied on data and analysis provided by [REDACTED] ASA, Lead Actuarial Analyst, in developing the proposed premium rates and in preparing the Part 1 Unified Rate Review Template submission. I have also relied on claim, premium, enrollment, and risk score data supplied by Kimberly Barbier, Informatics Senior Specialist, and Julie Hu, ASA, Actuarial Senior Analyst. The data have been reviewed for reasonableness but have not been audited. In addition, I have relied on other internal and external sources, including data provided by Wakely Consulting, to develop the underlying assumptions used in the pricing methodology.

21. ACTUARIAL CERTIFICATION

I, [REDACTED] am an Associate of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify, to the best of my knowledge and judgment, that:

- a) The rates proposed in the above noted rate filing are
 - In compliance with all applicable State & Federal Statutes & Regulations (45 CFR 156.80(d)(1))
 - Developed in compliance with applicable Actuarial Standards of Practice, including but not limited to the following:
 - ASOP #5, Incurred Health & Disability Claims
 - ASOP #8, Regulatory Filings for Health Plan Entities
 - ASOP #12, Risk Classification
 - ASOP #23, Data Quality
 - ASOP #25, Credibility Procedures Applicable to Accident & Health, Group Term Life, and Property & Casualty Coverages
 - ASOP #26, Compliance with Statutory & Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans

- ASOP #41, Actuarial Communications
 - ASOP #50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
- b) The Projected Index Rate presented in this filing is:
- a. In compliance with all applicable state and Federal statutes and regulations in 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
- c) Plan level rates were generated using only the index rate and allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2)
- d) The geographic rating factors reflect only differences in the costs of delivery, including unit cost and provider practice pattern differences, and do not include differences for population morbidity by geographic area.
- e) The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans, save the exceptions shown in Section 16, which are further explained in the accompanying actuarial certification “13401_pa_UniquePlanDesign_5_27_2021”.

The URRT does not demonstrate the process used to develop the rates presented in this filing. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

[REDACTED]
[REDACTED] FSA, MAAA
Actuarial Director
CHLIC
[REDACTED]

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Unified Rate Review v5.3

Company Legal Name:

Cigna Health and Life Insurance Company

HIOS Issuer ID:

13401

Effective Date of Rate Change(s):

1/1/2022

State:

PA

Market:

Individual

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.

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

\$0.00

#DIV/0!

Reinsurance

\$0.00

#DIV/0!

Incurred Claims in Experience Period

\$0.00

#DIV/0!

Risk Adjustment

\$0.00

#DIV/0!

Experience Period Premium

\$0.00

#DIV/0!

Experience Period Member Months

0

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	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Outpatient Hospital	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Professional	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Other Medical	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Capitation	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Prescription Drug	\$0.00	0.000	0.000	0.000	0.000	\$0.00
Total	\$0.00					\$0.00

Morbidity Adjustment

1.000

Demographic Shift

1.000

Plan Design Changes

1.000

Other

1.000

Adjusted Trended EHB Allowed Claims PMPM for

1/1/2022

\$0.00

Manual EHB Allowed Claims PMPM

\$526.41

Applied Credibility %

0.00%

Projected Period Totals

Projected Index Rate for

1/1/2022

\$526.41

\$7,440,805.35

Reinsurance

\$22.29

\$315,069.15

Risk Adjustment Payment/Charge

-\$46.33

-\$654,874.55

Exchange User Fees

3.37%

\$271,351.11

Market Adjusted Index Rate

\$569.65

\$8,051,961.86

Projected Member Months

14,135

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

1 of 4

Product-Plan Data Collection

Company Legal Name: Cigna Health and Life Insurance Company
HIOS Issuer ID: 13401
Effective Date of Rate Change(s): 1/1/2022

State: PA
Market: Individual

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 + V.

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 + R.

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

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name	Connect															
1.2 Product ID	13401PA001															
1.3 Plan Name	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect	Cigna Connect
1.4 Plan ID (Standard Component ID)	13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010014	13401PA0010015	13401PA0010016
1.5 Metal	Bronze	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold	Gold	Gold
1.6 AV Metal Value	0.641	0.612	0.649	0.664	0.645	0.648	0.660	0.696	0.704	0.689	0.683	0.666	0.674	0.763	0.764	0.819
1.7 Plan Category	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New
1.8 Plan Type	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
1.10 Effective Date of Proposed Rates	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
1.11 Cumulative Rate Change % (over 12 mos prior)	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
1.12 Product Rate Increase %																
1.13 Submission Level Rate Increase %																

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010014	13401PA0010015	13401PA0010016	13401PA0010017	13401PA0010018
2.2 Allowed Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.7 Risk Adjustment Transfer Amount	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.8 Premium	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.9 Experience Period Member Months	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Current Enrollment	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2.11 Current Premium PMPM	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.12 Loss Ratio	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.13 Allowed Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.14 Reinsurance	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.16 Cost Sharing Reduction	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.17 Incurred Claims	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.19 Premium	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010014	13401PA0010015	13401PA0010016	13401PA0010017	13401PA0010018
3.2 Market Adjusted Index Rate										\$569.65									
3.3 AV and Cost Sharing Design of Plan		0.6353	0.6355	0.6702	0.6732	0.6720	0.8836	0.9197	0.9316	0.9355	0.9320	0.9062	0.6761	0.7079	0.8440	0.8366	0.9217	0.8924	0.9076
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.6 Administrative Expense		9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%	9.54%
3.7 Taxes and Fees		2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%	2.46%
3.8 Profit & Risk Load		2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%
3.9 Catastrophe Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$420.81	\$420.94	\$443.93	\$445.31	\$445.12	\$585.28	\$609.19	\$617.07	\$619.66	\$617.34	\$600.25	\$447.84	\$468.90	\$559.05	\$554.15	\$610.52	\$591.11	\$601.18
3.11 Age Calibration Factor	0.5911																		
3.12 Geographic Calibration Factor	1.0000																		
3.13 Tobacco Calibration Factor	1.0000																		
3.14 Calibrated Plan Adjusted Index Rate		\$248.74	\$248.82	\$262.41	\$263.58	\$263.11	\$345.96	\$360.09	\$364.75	\$366.28	\$364.91	\$354.81	\$264.72	\$277.17	\$330.45	\$327.56	\$360.88	\$349.40	\$355.36

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	13401PA0010001	13401PA0010002	13401PA0010003	13401PA0010004	13401PA0010005	13401PA0010006	13401PA0010007	13401PA0010008	13401PA0010009	13401PA0010010	13401PA0010011	13401PA0010012	13401PA0010013	13401PA0010014	13401PA0010015	13401PA0010016	13401PA0010017	13401PA0010018
4.2 Allowed Claims	\$7,440,805	\$307,016	\$307,140	\$322,363	\$323,644	\$323,104	\$581,484	\$598,193	\$603,560	\$605,315	\$603,734	\$592,092	\$469,973	\$489,054	\$254,984	\$253,311	\$271,638	\$265,531	\$268,716
4.3 Reinsurance	\$315,136	\$9,986	\$9,993	\$11,061	\$11,155	\$11,116	\$26,305	\$28,167	\$28,787	\$28,992	\$28,808	\$27,468	\$16,268	\$17,725	\$10,850	\$12,818	\$12,132	\$12,487	\$12,487
4.4 Member Cost Sharing	\$1,285,550	\$111,971	\$111,955	\$106,317	\$105,767	\$105,980	\$67,685	\$48,035	\$41,284	\$39,043	\$41,054	\$55,535	\$152,227	\$142,854	\$39,778	\$41,392	\$21,270	\$28,572	\$24,830
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$5,840,128	\$185,059	\$185,192	\$204,963	\$205,718	\$206,008	\$487,494	\$521,998	\$533,489	\$537,280	\$533,872	\$509,047	\$301,480	\$328,475	\$204,188	\$201,069	\$237,551	\$224,818	\$231,399
4.7 Risk Adjustment Transfer Amount	-\$482,994	-\$63,795	-\$63,740	-\$57,332	-\$56,972	-\$57,212	-\$13,113	\$941	\$5,701	\$7,284	\$5,858	-\$4,358	-\$81,626	-\$72,638	-\$12,616	-\$13,835	\$798	-\$4,003	-\$1,734
4.8 Premium	\$7,614,080	\$299,617	\$299,711	\$316,076	\$317,491	\$316,925	\$602,838	\$627,467	\$635,586	\$638,247	\$635,859	\$618,257	\$461,270	\$482,968	\$261,076	\$258,787	\$285,111	\$276,048	\$280,749
4.9 Projected Member Months	14,135	712	712	712	712	712	1,030	1,030	1,030	1,030	1,030	1,030	1,030	1,030	467	467	467	467	467
4.10 Loss Ratio	81.90%	78.47%	78.48%	79.28%	79.35%	79.32%	82.66%	83.07%	83.19%	83.23%	83.19%	82.92%	79.41%	80.05%	82.18%	82.09%	83.09%	82.77%	82.93%
4.11 Allowed Claims	\$526.41	\$431.20	\$431.38	\$452.75	\$454.55	\$453.80	\$564.55	\$580.77	\$585.98	\$587.68	\$586.15	\$574.81	\$456.29	\$474.81	\$546.00	\$542.42	\$581.67	\$568.59	\$575.41
4.12 Reinsurance	\$22.29	\$14.03	\$14.04	\$15.54	\$15.67	\$15.61	\$25.54	\$27.35	\$27.95	\$28.15	\$27.97	\$26.67	\$15.79	\$17.21	\$23.59	\$23.23	\$27.45	\$25.98	\$26.74
4.13 Member Cost Sharing	\$157.26	\$157.24	\$157.24	\$149.32	\$148.55	\$148.85	\$65.71	\$40.08	\$46.64	\$37.91	\$39.86	\$53.92	\$147.79	\$138.69	\$85.18	\$88.61	\$45.55	\$61.18	\$53.17
4.14 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.15 Incurred Claims	\$413.17	\$259.91	\$260.10	\$287.90	\$290.33	\$289.34	\$473.29	\$506.79	\$517.95	\$521.63	\$518.32	\$494.22	\$292.70	\$318.91	\$437.23	\$430.55	\$508.67	\$481.43	\$495.50
4.16 Risk Adjustment Transfer Amount	-\$34.17	-\$89.60	-\$89.52	-\$80.80	-\$80.02	-\$80.35	-\$12.73	\$0.91	\$5.53	\$7.07	\$5.69	-\$4.23	-\$79.25	-\$70.52	-\$27.02	-\$29.63	\$1.71	-\$9.43	-\$3.71
4.17 Premium	\$538.67	\$420.81	\$420.94	\$443.93	\$445.31	\$445.12	\$585.28	\$609.19	\$617.07	\$619.66	\$617.34	\$600.25	\$447.84	\$468.90	\$559.05	\$554.15	\$610.52	\$591.11	\$601.18

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas link. 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 8	1.0000

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*		13401		
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*				
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		
13401PA0010001		Rating Area 8	No Preference	0-14
13401PA0010001		Rating Area 8	No Preference	15
13401PA0010001		Rating Area 8	No Preference	16
13401PA0010001		Rating Area 8	No Preference	17
13401PA0010001		Rating Area 8	No Preference	18
13401PA0010001		Rating Area 8	No Preference	19
13401PA0010001		Rating Area 8	No Preference	20
13401PA0010001		Rating Area 8	No Preference	21
13401PA0010001		Rating Area 8	No Preference	22
13401PA0010001		Rating Area 8	No Preference	23
13401PA0010001		Rating Area 8	No Preference	24
13401PA0010001		Rating Area 8	No Preference	25
13401PA0010001		Rating Area 8	No Preference	26
13401PA0010001		Rating Area 8	No Preference	27
13401PA0010001		Rating Area 8	No Preference	28
13401PA0010001		Rating Area 8	No Preference	29
13401PA0010001		Rating Area 8	No Preference	30
13401PA0010001		Rating Area 8	No Preference	31
13401PA0010001		Rating Area 8	No Preference	32
13401PA0010001		Rating Area 8	No Preference	33
13401PA0010001		Rating Area 8	No Preference	34
13401PA0010001		Rating Area 8	No Preference	35
13401PA0010001		Rating Area 8	No Preference	36
13401PA0010001		Rating Area 8	No Preference	37
13401PA0010001		Rating Area 8	No Preference	38
13401PA0010001		Rating Area 8	No Preference	39
13401PA0010001		Rating Area 8	No Preference	40
13401PA0010001		Rating Area 8	No Preference	41
13401PA0010001		Rating Area 8	No Preference	42
13401PA0010001		Rating Area 8	No Preference	43

13401PA0010001	Rating Area 8	No Preference	44	347.49
	Rating Area 8	No Preference	45	359.18
	Rating Area 8	No Preference	46	373.11
	Rating Area 8	No Preference	47	388.78
	Rating Area 8	No Preference	48	406.69
	Rating Area 8	No Preference	49	424.35
	Rating Area 8	No Preference	50	444.25
	Rating Area 8	No Preference	51	463.90
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	Rating Area 8	No Preference	53	507.43
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	Rating Area 8	No Preference	55	554.69
	Rating Area 8	No Preference	56	580.31
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	Rating Area 8	No Preference	58	633.79
	Rating Area 8	No Preference	59	647.47
	Rating Area 8	No Preference	60	675.08
	Rating Area 8	No Preference	61	698.96
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	Rating Area 8	No Preference	18	227.17
	Rating Area 8	No Preference	19	234.14
	Rating Area 8	No Preference	20	241.35
	Rating Area 8	No Preference	21	248.82
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	Rating Area 8	No Preference	26	254.79
	Rating Area 8	No Preference	27	260.76
	Rating Area 8	No Preference	28	270.47
	Rating Area 8	No Preference	29	278.43
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	Rating Area 8	No Preference	32	294.35
	Rating Area 8	No Preference	33	298.09
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	Rating Area 8	No Preference	37	308.04
	Rating Area 8	No Preference	38	310.03
	Rating Area 8	No Preference	39	314.01
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	Rating Area 8	No Preference	49	424.49
	Rating Area 8	No Preference	50	444.39
	Rating Area 8	No Preference	51	464.05
	Rating Area 8	No Preference	52	485.70
	Rating Area 8	No Preference	53	507.59
	Rating Area 8	No Preference	54	531.23
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	Rating Area 8	No Preference	57	606.37
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	Rating Area 8	No Preference	60	675.30
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	Rating Area 8	No Preference	17	232.23
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	Rating Area 8	No Preference	17	233.27
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	Rating Area 8	No Preference	57	843.10
	Rating Area 8	No Preference	58	881.50
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	Rating Area 8	No Preference	62	993.94
	Rating Area 8	No Preference	63	1021.27
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	Rating Area 8	No Preference	25	361.53
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13401PA0010007	Rating Area 8	No Preference	56	840.10
13401PA0010007	Rating Area 8	No Preference	57	877.55
13401PA0010007	Rating Area 8	No Preference	58	917.52
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13401PA0010007	Rating Area 8	No Preference	60	977.29
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13401PA0010008	Rating Area 8	No Preference	26	373.51
13401PA0010008	Rating Area 8	No Preference	27	382.26
13401PA0010008	Rating Area 8	No Preference	28	396.49
13401PA0010008	Rating Area 8	No Preference	29	408.16

13401PA0010008	Rating Area 8	No Preference	30	413.99
	Rating Area 8	No Preference	31	422.75
	Rating Area 8	No Preference	32	431.50
	Rating Area 8	No Preference	33	436.97
	Rating Area 8	No Preference	34	442.81
	Rating Area 8	No Preference	35	445.73
	Rating Area 8	No Preference	36	448.65
	Rating Area 8	No Preference	37	451.56
	Rating Area 8	No Preference	38	454.48
	Rating Area 8	No Preference	39	460.32
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	Rating Area 8	No Preference	41	474.91
	Rating Area 8	No Preference	42	483.30
	Rating Area 8	No Preference	43	494.97
	Rating Area 8	No Preference	44	509.56
	Rating Area 8	No Preference	45	526.70
	Rating Area 8	No Preference	46	547.13
	Rating Area 8	No Preference	47	570.11
	Rating Area 8	No Preference	48	596.37
	Rating Area 8	No Preference	49	622.27
	Rating Area 8	No Preference	50	651.45
	Rating Area 8	No Preference	51	680.26
	Rating Area 8	No Preference	52	712.00
	Rating Area 8	No Preference	53	744.09
	Rating Area 8	No Preference	54	778.75
	Rating Area 8	No Preference	55	813.40
	Rating Area 8	No Preference	56	850.97
	Rating Area 8	No Preference	57	888.90
	Rating Area 8	No Preference	58	929.39
	Rating Area 8	No Preference	59	949.45
	Rating Area 8	No Preference	60	989.94
	Rating Area 8	No Preference	61	1024.95
	Rating Area 8	No Preference	62	1047.93
	Rating Area 8	No Preference	63	1076.75
	Rating Area 8	No Preference	64 and over	1094.25
13401PA0010009	Rating Area 8	No Preference	0-14	280.20
13401PA0010009	Rating Area 8	No Preference	15	305.11
	Rating Area 8	No Preference	16	314.63
	Rating Area 8	No Preference	17	324.16
	Rating Area 8	No Preference	18	334.41
	Rating Area 8	No Preference	19	344.67
	Rating Area 8	No Preference	20	355.29
	Rating Area 8	No Preference	21	366.28
	Rating Area 8	No Preference	22	366.28
	Rating Area 8	No Preference	23	366.28
	Rating Area 8	No Preference	24	366.28
	Rating Area 8	No Preference	25	367.74
	Rating Area 8	No Preference	26	375.07
13401PA0010009	Rating Area 8	No Preference	27	383.86

13401PA0010009	Rating Area 8	No Preference	28	398.15
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13401PA0010009	Rating Area 8	No Preference	30	415.73
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13401PA0010009	Rating Area 8	No Preference	32	433.31
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13401PA0010009	Rating Area 8	No Preference	38	456.38
13401PA0010009	Rating Area 8	No Preference	39	462.24
13401PA0010009	Rating Area 8	No Preference	40	468.10
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13401PA0010009	Rating Area 8	No Preference	55	816.80
13401PA0010009	Rating Area 8	No Preference	56	854.53
13401PA0010009	Rating Area 8	No Preference	57	892.62
13401PA0010009	Rating Area 8	No Preference	58	933.28
13401PA0010009	Rating Area 8	No Preference	59	953.42
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13401PA0010009	Rating Area 8	No Preference	61	1029.24
13401PA0010009	Rating Area 8	No Preference	62	1052.32
13401PA0010009	Rating Area 8	No Preference	63	1081.26
13401PA0010009	Rating Area 8	No Preference	64 and over	1098.84
13401PA0010010	Rating Area 8	No Preference	0-14	279.16
13401PA0010010	Rating Area 8	No Preference	15	303.97
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13401PA0010010	Rating Area 8	No Preference	17	322.94
13401PA0010010	Rating Area 8	No Preference	18	333.16
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13401PA0010010	Rating Area 8	No Preference	20	353.96
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13401PA0010010	Rating Area 8	No Preference	23	364.91
13401PA0010010	Rating Area 8	No Preference	24	364.91
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	13401PA0010010	Rating Area 8	No Preference	31	422.93
	13401PA0010010	Rating Area 8	No Preference	32	431.69
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	13401PA0010010	Rating Area 8	No Preference	38	454.68
	13401PA0010010	Rating Area 8	No Preference	39	460.51
	13401PA0010010	Rating Area 8	No Preference	40	466.35
	13401PA0010010	Rating Area 8	No Preference	41	475.11
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	13401PA0010010	Rating Area 8	No Preference	43	495.18
	13401PA0010010	Rating Area 8	No Preference	44	509.78
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	13401PA0010010	Rating Area 8	No Preference	49	622.53
	13401PA0010010	Rating Area 8	No Preference	50	651.73
	13401PA0010010	Rating Area 8	No Preference	51	680.55
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	13401PA0010010	Rating Area 8	No Preference	53	744.41
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	13401PA0010010	Rating Area 8	No Preference	55	813.75
	13401PA0010010	Rating Area 8	No Preference	56	851.33
	13401PA0010010	Rating Area 8	No Preference	57	889.28
	13401PA0010010	Rating Area 8	No Preference	58	929.79
	13401PA0010010	Rating Area 8	No Preference	59	949.86
	13401PA0010010	Rating Area 8	No Preference	60	990.36
	13401PA0010010	Rating Area 8	No Preference	61	1025.39
	13401PA0010010	Rating Area 8	No Preference	62	1048.38
	13401PA0010010	Rating Area 8	No Preference	63	1077.21
	13401PA0010010	Rating Area 8	No Preference	64 and over	1094.73
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	13401PA0010011	Rating Area 8	No Preference	15	295.55
	13401PA0010011	Rating Area 8	No Preference	16	304.78
	13401PA0010011	Rating Area 8	No Preference	17	314.00
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	13401PA0010011	Rating Area 8	No Preference	21	354.81
	13401PA0010011	Rating Area 8	No Preference	22	354.81
	13401PA0010011	Rating Area 8	No Preference	23	354.81

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	Rating Area 8	No Preference	25	356.23
	Rating Area 8	No Preference	26	363.32
	Rating Area 8	No Preference	27	371.84
	Rating Area 8	No Preference	28	385.68
	Rating Area 8	No Preference	29	397.03
	Rating Area 8	No Preference	30	402.71
	Rating Area 8	No Preference	31	411.22
	Rating Area 8	No Preference	32	419.74
	Rating Area 8	No Preference	33	425.06
	Rating Area 8	No Preference	34	430.74
	Rating Area 8	No Preference	35	433.57
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	Rating Area 8	No Preference	37	439.25
	Rating Area 8	No Preference	38	442.09
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	Rating Area 8	No Preference	41	461.96
	Rating Area 8	No Preference	42	470.12
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	Rating Area 8	No Preference	45	512.34
	Rating Area 8	No Preference	46	532.21
	Rating Area 8	No Preference	47	554.56
	Rating Area 8	No Preference	48	580.11
	Rating Area 8	No Preference	49	605.30
	Rating Area 8	No Preference	50	633.69
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	Rating Area 8	No Preference	52	692.58
	Rating Area 8	No Preference	53	723.81
	Rating Area 8	No Preference	54	757.51
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	Rating Area 8	No Preference	60	962.95
	Rating Area 8	No Preference	61	997.01
	Rating Area 8	No Preference	62	1019.36
	Rating Area 8	No Preference	63	1047.39
	Rating Area 8	No Preference	64 and over	1064.42
13401PA0010012	Rating Area 8	No Preference	0-14	202.51
13401PA0010012	Rating Area 8	No Preference	15	220.51
	Rating Area 8	No Preference	16	227.39
	Rating Area 8	No Preference	17	234.27
	Rating Area 8	No Preference	18	241.69
	Rating Area 8	No Preference	19	249.10
	Rating Area 8	No Preference	20	256.77
	Rating Area 8	No Preference	21	264.72

13401PA0010012	Rating Area 8	No Preference	22	264.72
	Rating Area 8	No Preference	23	264.72
	Rating Area 8	No Preference	24	264.72
	Rating Area 8	No Preference	25	265.77
	Rating Area 8	No Preference	26	271.07
	Rating Area 8	No Preference	27	277.42
	Rating Area 8	No Preference	28	287.75
	Rating Area 8	No Preference	29	296.22
	Rating Area 8	No Preference	30	300.45
	Rating Area 8	No Preference	31	306.81
	Rating Area 8	No Preference	32	313.16
	Rating Area 8	No Preference	33	317.13
	Rating Area 8	No Preference	34	321.36
	Rating Area 8	No Preference	35	323.48
	Rating Area 8	No Preference	36	325.60
	Rating Area 8	No Preference	37	327.72
	Rating Area 8	No Preference	38	329.84
	Rating Area 8	No Preference	39	334.07
	Rating Area 8	No Preference	40	338.31
	Rating Area 8	No Preference	41	344.66
	Rating Area 8	No Preference	42	350.75
	Rating Area 8	No Preference	43	359.22
	Rating Area 8	No Preference	44	369.81
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	Rating Area 8	No Preference	47	413.75
	Rating Area 8	No Preference	48	432.81
	Rating Area 8	No Preference	49	451.60
	Rating Area 8	No Preference	50	472.78
	Rating Area 8	No Preference	51	493.69
	Rating Area 8	No Preference	52	516.72
	Rating Area 8	No Preference	53	540.02
	Rating Area 8	No Preference	54	565.17
	Rating Area 8	No Preference	55	590.32
	Rating Area 8	No Preference	56	617.58
	Rating Area 8	No Preference	57	645.11
	Rating Area 8	No Preference	58	674.50
	Rating Area 8	No Preference	59	689.05
	Rating Area 8	No Preference	60	718.44
	Rating Area 8	No Preference	61	743.85
	Rating Area 8	No Preference	62	760.53
	Rating Area 8	No Preference	63	781.44
	Rating Area 8	No Preference	64 and over	794.15
13401PA0010013	Rating Area 8	No Preference	0-14	212.03
13401PA0010013	Rating Area 8	No Preference	15	230.88
	Rating Area 8	No Preference	16	238.09
	Rating Area 8	No Preference	17	245.29
	Rating Area 8	No Preference	18	253.05
	Rating Area 8	No Preference	19	260.81

13401PA0010013	Rating Area 8	No Preference	20	268.85
13401PA0010013	Rating Area 8	No Preference	21	277.17
13401PA0010013	Rating Area 8	No Preference	22	277.17
13401PA0010013	Rating Area 8	No Preference	23	277.17
13401PA0010013	Rating Area 8	No Preference	24	277.17
13401PA0010013	Rating Area 8	No Preference	25	278.27
13401PA0010013	Rating Area 8	No Preference	26	283.82
13401PA0010013	Rating Area 8	No Preference	27	290.47
13401PA0010013	Rating Area 8	No Preference	28	301.28
13401PA0010013	Rating Area 8	No Preference	29	310.15
13401PA0010013	Rating Area 8	No Preference	30	314.58
13401PA0010013	Rating Area 8	No Preference	31	321.24
13401PA0010013	Rating Area 8	No Preference	32	327.89
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13401PA0010013	Rating Area 8	No Preference	34	336.48
13401PA0010013	Rating Area 8	No Preference	35	338.70
13401PA0010013	Rating Area 8	No Preference	36	340.91
13401PA0010013	Rating Area 8	No Preference	37	343.13
13401PA0010013	Rating Area 8	No Preference	38	345.35
13401PA0010013	Rating Area 8	No Preference	39	349.78
13401PA0010013	Rating Area 8	No Preference	40	354.22
13401PA0010013	Rating Area 8	No Preference	41	360.87
13401PA0010013	Rating Area 8	No Preference	42	367.25
13401PA0010013	Rating Area 8	No Preference	43	376.11
13401PA0010013	Rating Area 8	No Preference	44	387.20
13401PA0010013	Rating Area 8	No Preference	45	400.23
13401PA0010013	Rating Area 8	No Preference	46	415.75
13401PA0010013	Rating Area 8	No Preference	47	433.21
13401PA0010013	Rating Area 8	No Preference	48	453.17
13401PA0010013	Rating Area 8	No Preference	49	472.85
13401PA0010013	Rating Area 8	No Preference	50	495.02
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13401PA0010013	Rating Area 8	No Preference	52	541.03
13401PA0010013	Rating Area 8	No Preference	53	565.42
13401PA0010013	Rating Area 8	No Preference	54	591.75
13401PA0010013	Rating Area 8	No Preference	55	618.08
13401PA0010013	Rating Area 8	No Preference	56	646.63
13401PA0010013	Rating Area 8	No Preference	57	675.45
13401PA0010013	Rating Area 8	No Preference	58	706.22
13401PA0010013	Rating Area 8	No Preference	59	721.46
13401PA0010013	Rating Area 8	No Preference	60	752.23
13401PA0010013	Rating Area 8	No Preference	61	778.84
13401PA0010013	Rating Area 8	No Preference	62	796.30
13401PA0010013	Rating Area 8	No Preference	63	818.19
13401PA0010013	Rating Area 8	No Preference	64 and over	831.50
13401PA0010014	Rating Area 8	No Preference	0-14	252.80
13401PA0010014	Rating Area 8	No Preference	15	275.27
13401PA0010014	Rating Area 8	No Preference	16	283.86
13401PA0010014	Rating Area 8	No Preference	17	292.45

13401PA0010014	Rating Area 8	No Preference	18	301.70
13401PA0010014	Rating Area 8	No Preference	19	310.96
13401PA0010014	Rating Area 8	No Preference	20	320.54
13401PA0010014	Rating Area 8	No Preference	21	330.45
13401PA0010014	Rating Area 8	No Preference	22	330.45
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13401PA0010014	Rating Area 8	No Preference	26	338.38
13401PA0010014	Rating Area 8	No Preference	27	346.32
13401PA0010014	Rating Area 8	No Preference	28	359.20
13401PA0010014	Rating Area 8	No Preference	29	369.78
13401PA0010014	Rating Area 8	No Preference	30	375.07
13401PA0010014	Rating Area 8	No Preference	31	383.00
13401PA0010014	Rating Area 8	No Preference	32	390.93
13401PA0010014	Rating Area 8	No Preference	33	395.88
13401PA0010014	Rating Area 8	No Preference	34	401.17
13401PA0010014	Rating Area 8	No Preference	35	403.81
13401PA0010014	Rating Area 8	No Preference	36	406.46
13401PA0010014	Rating Area 8	No Preference	37	409.10
13401PA0010014	Rating Area 8	No Preference	38	411.75
13401PA0010014	Rating Area 8	No Preference	39	417.03
13401PA0010014	Rating Area 8	No Preference	40	422.32
13401PA0010014	Rating Area 8	No Preference	41	430.25
13401PA0010014	Rating Area 8	No Preference	42	437.85
13401PA0010014	Rating Area 8	No Preference	43	448.43
13401PA0010014	Rating Area 8	No Preference	44	461.64
13401PA0010014	Rating Area 8	No Preference	45	477.18
13401PA0010014	Rating Area 8	No Preference	46	495.68
13401PA0010014	Rating Area 8	No Preference	47	516.50
13401PA0010014	Rating Area 8	No Preference	48	540.29
13401PA0010014	Rating Area 8	No Preference	49	563.75
13401PA0010014	Rating Area 8	No Preference	50	590.19
13401PA0010014	Rating Area 8	No Preference	51	616.30
13401PA0010014	Rating Area 8	No Preference	52	645.05
13401PA0010014	Rating Area 8	No Preference	53	674.13
13401PA0010014	Rating Area 8	No Preference	54	705.52
13401PA0010014	Rating Area 8	No Preference	55	736.91
13401PA0010014	Rating Area 8	No Preference	56	770.95
13401PA0010014	Rating Area 8	No Preference	57	805.32
13401PA0010014	Rating Area 8	No Preference	58	842.00
13401PA0010014	Rating Area 8	No Preference	59	860.17
13401PA0010014	Rating Area 8	No Preference	60	896.85
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13401PA0010014	Rating Area 8	No Preference	63	975.50
13401PA0010014	Rating Area 8	No Preference	64 and over	991.35
13401PA0010015	Rating Area 8	No Preference	0-14	250.58
13401PA0010015	Rating Area 8	No Preference	15	272.85

13401PA0010015	Rating Area 8	No Preference	16	281.37
13401PA0010015	Rating Area 8	No Preference	17	289.89
13401PA0010015	Rating Area 8	No Preference	18	299.06
13401PA0010015	Rating Area 8	No Preference	19	308.23
13401PA0010015	Rating Area 8	No Preference	20	317.73
13401PA0010015	Rating Area 8	No Preference	21	327.56
13401PA0010015	Rating Area 8	No Preference	22	327.56
13401PA0010015	Rating Area 8	No Preference	23	327.56
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13401PA0010015	Rating Area 8	No Preference	25	328.87
13401PA0010015	Rating Area 8	No Preference	26	335.42
13401PA0010015	Rating Area 8	No Preference	27	343.28
13401PA0010015	Rating Area 8	No Preference	28	356.05
13401PA0010015	Rating Area 8	No Preference	29	366.54
13401PA0010015	Rating Area 8	No Preference	30	371.78
13401PA0010015	Rating Area 8	No Preference	31	379.64
13401PA0010015	Rating Area 8	No Preference	32	387.50
13401PA0010015	Rating Area 8	No Preference	33	392.41
13401PA0010015	Rating Area 8	No Preference	34	397.65
13401PA0010015	Rating Area 8	No Preference	35	400.27
13401PA0010015	Rating Area 8	No Preference	36	402.89
13401PA0010015	Rating Area 8	No Preference	37	405.51
13401PA0010015	Rating Area 8	No Preference	38	408.14
13401PA0010015	Rating Area 8	No Preference	39	413.38
13401PA0010015	Rating Area 8	No Preference	40	418.62
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13401PA0010015	Rating Area 8	No Preference	42	434.01
13401PA0010015	Rating Area 8	No Preference	43	444.49
13401PA0010015	Rating Area 8	No Preference	44	457.60
13401PA0010015	Rating Area 8	No Preference	45	472.99
13401PA0010015	Rating Area 8	No Preference	46	491.33
13401PA0010015	Rating Area 8	No Preference	47	511.97
13401PA0010015	Rating Area 8	No Preference	48	535.55
13401PA0010015	Rating Area 8	No Preference	49	558.81
13401PA0010015	Rating Area 8	No Preference	50	585.02
13401PA0010015	Rating Area 8	No Preference	51	610.89
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13401PA0010015	Rating Area 8	No Preference	53	668.22
13401PA0010015	Rating Area 8	No Preference	54	699.33
13401PA0010015	Rating Area 8	No Preference	55	730.45
13401PA0010015	Rating Area 8	No Preference	56	764.19
13401PA0010015	Rating Area 8	No Preference	57	798.26
13401PA0010015	Rating Area 8	No Preference	58	834.61
13401PA0010015	Rating Area 8	No Preference	59	852.63
13401PA0010015	Rating Area 8	No Preference	60	888.99
13401PA0010015	Rating Area 8	No Preference	61	920.43
13401PA0010015	Rating Area 8	No Preference	62	941.07
13401PA0010015	Rating Area 8	No Preference	63	966.95
13401PA0010015	Rating Area 8	No Preference	64 and over	982.67

13401PA0010016	Rating Area 8	No Preference	0-14	276.07
13401PA0010016	Rating Area 8	No Preference	15	300.61
13401PA0010016	Rating Area 8	No Preference	16	309.99
13401PA0010016	Rating Area 8	No Preference	17	319.38
13401PA0010016	Rating Area 8	No Preference	18	329.48
13401PA0010016	Rating Area 8	No Preference	19	339.58
13401PA0010016	Rating Area 8	No Preference	20	350.05
13401PA0010016	Rating Area 8	No Preference	21	360.88
13401PA0010016	Rating Area 8	No Preference	22	360.88
13401PA0010016	Rating Area 8	No Preference	23	360.88
13401PA0010016	Rating Area 8	No Preference	24	360.88
13401PA0010016	Rating Area 8	No Preference	25	362.32
13401PA0010016	Rating Area 8	No Preference	26	369.54
13401PA0010016	Rating Area 8	No Preference	27	378.20
13401PA0010016	Rating Area 8	No Preference	28	392.27
13401PA0010016	Rating Area 8	No Preference	29	403.82
13401PA0010016	Rating Area 8	No Preference	30	409.59
13401PA0010016	Rating Area 8	No Preference	31	418.26
13401PA0010016	Rating Area 8	No Preference	32	426.92
13401PA0010016	Rating Area 8	No Preference	33	432.33
13401PA0010016	Rating Area 8	No Preference	34	438.10
13401PA0010016	Rating Area 8	No Preference	35	440.99
13401PA0010016	Rating Area 8	No Preference	36	443.88
13401PA0010016	Rating Area 8	No Preference	37	446.76
13401PA0010016	Rating Area 8	No Preference	38	449.65
13401PA0010016	Rating Area 8	No Preference	39	455.43
13401PA0010016	Rating Area 8	No Preference	40	461.20
13401PA0010016	Rating Area 8	No Preference	41	469.86
13401PA0010016	Rating Area 8	No Preference	42	478.16
13401PA0010016	Rating Area 8	No Preference	43	489.71
13401PA0010016	Rating Area 8	No Preference	44	504.14
13401PA0010016	Rating Area 8	No Preference	45	521.10
13401PA0010016	Rating Area 8	No Preference	46	541.31
13401PA0010016	Rating Area 8	No Preference	47	564.05
13401PA0010016	Rating Area 8	No Preference	48	590.03
13401PA0010016	Rating Area 8	No Preference	49	615.65
13401PA0010016	Rating Area 8	No Preference	50	644.52
13401PA0010016	Rating Area 8	No Preference	51	673.03
13401PA0010016	Rating Area 8	No Preference	52	704.43
13401PA0010016	Rating Area 8	No Preference	53	736.19
13401PA0010016	Rating Area 8	No Preference	54	770.47
13401PA0010016	Rating Area 8	No Preference	55	804.75
13401PA0010016	Rating Area 8	No Preference	56	841.92
13401PA0010016	Rating Area 8	No Preference	57	879.45
13401PA0010016	Rating Area 8	No Preference	58	919.51
13401PA0010016	Rating Area 8	No Preference	59	939.36
13401PA0010016	Rating Area 8	No Preference	60	979.42
13401PA0010016	Rating Area 8	No Preference	61	1014.06
13401PA0010016	Rating Area 8	No Preference	62	1036.80

13401PA0010016	Rating Area 8	No Preference	63	1065.31
13401PA0010016	Rating Area 8	No Preference	64 and over	1082.63
13401PA0010017	Rating Area 8	No Preference	0-14	267.29
13401PA0010017	Rating Area 8	No Preference	15	291.05
13401PA0010017	Rating Area 8	No Preference	16	300.14
13401PA0010017	Rating Area 8	No Preference	17	309.22
13401PA0010017	Rating Area 8	No Preference	18	319.01
13401PA0010017	Rating Area 8	No Preference	19	328.79
13401PA0010017	Rating Area 8	No Preference	20	338.92
13401PA0010017	Rating Area 8	No Preference	21	349.40
13401PA0010017	Rating Area 8	No Preference	22	349.40
13401PA0010017	Rating Area 8	No Preference	23	349.40
13401PA0010017	Rating Area 8	No Preference	24	349.40
13401PA0010017	Rating Area 8	No Preference	25	350.80
13401PA0010017	Rating Area 8	No Preference	26	357.79
13401PA0010017	Rating Area 8	No Preference	27	366.18
13401PA0010017	Rating Area 8	No Preference	28	379.80
13401PA0010017	Rating Area 8	No Preference	29	390.98
13401PA0010017	Rating Area 8	No Preference	30	396.57
13401PA0010017	Rating Area 8	No Preference	31	404.96
13401PA0010017	Rating Area 8	No Preference	32	413.35
13401PA0010017	Rating Area 8	No Preference	33	418.59
13401PA0010017	Rating Area 8	No Preference	34	424.18
13401PA0010017	Rating Area 8	No Preference	35	426.97
13401PA0010017	Rating Area 8	No Preference	36	429.77
13401PA0010017	Rating Area 8	No Preference	37	432.56
13401PA0010017	Rating Area 8	No Preference	38	435.36
13401PA0010017	Rating Area 8	No Preference	39	440.95
13401PA0010017	Rating Area 8	No Preference	40	446.54
13401PA0010017	Rating Area 8	No Preference	41	454.92
13401PA0010017	Rating Area 8	No Preference	42	462.96
13401PA0010017	Rating Area 8	No Preference	43	474.14
13401PA0010017	Rating Area 8	No Preference	44	488.12
13401PA0010017	Rating Area 8	No Preference	45	504.54
13401PA0010017	Rating Area 8	No Preference	46	524.11
13401PA0010017	Rating Area 8	No Preference	47	546.12
13401PA0010017	Rating Area 8	No Preference	48	571.28
13401PA0010017	Rating Area 8	No Preference	49	596.08
13401PA0010017	Rating Area 8	No Preference	50	624.04
13401PA0010017	Rating Area 8	No Preference	51	651.64
13401PA0010017	Rating Area 8	No Preference	52	682.04
13401PA0010017	Rating Area 8	No Preference	53	712.78
13401PA0010017	Rating Area 8	No Preference	54	745.98
13401PA0010017	Rating Area 8	No Preference	55	779.17
13401PA0010017	Rating Area 8	No Preference	56	815.16
13401PA0010017	Rating Area 8	No Preference	57	851.50
13401PA0010017	Rating Area 8	No Preference	58	890.28
13401PA0010017	Rating Area 8	No Preference	59	909.50
13401PA0010017	Rating Area 8	No Preference	60	948.28

13401PA0010017	Rating Area 8	No Preference	61	981.83
13401PA0010017	Rating Area 8	No Preference	62	1003.84
13401PA0010017	Rating Area 8	No Preference	63	1031.44
13401PA0010017	Rating Area 8	No Preference	64 and over	1048.20
13401PA0010018	Rating Area 8	No Preference	0-14	271.85
13401PA0010018	Rating Area 8	No Preference	15	296.01
13401PA0010018	Rating Area 8	No Preference	16	305.25
13401PA0010018	Rating Area 8	No Preference	17	314.49
13401PA0010018	Rating Area 8	No Preference	18	324.44
13401PA0010018	Rating Area 8	No Preference	19	334.39
13401PA0010018	Rating Area 8	No Preference	20	344.69
13401PA0010018	Rating Area 8	No Preference	21	355.36
13401PA0010018	Rating Area 8	No Preference	22	355.36
13401PA0010018	Rating Area 8	No Preference	23	355.36
13401PA0010018	Rating Area 8	No Preference	24	355.36
13401PA0010018	Rating Area 8	No Preference	25	356.78
13401PA0010018	Rating Area 8	No Preference	26	363.88
13401PA0010018	Rating Area 8	No Preference	27	372.41
13401PA0010018	Rating Area 8	No Preference	28	386.27
13401PA0010018	Rating Area 8	No Preference	29	397.64
13401PA0010018	Rating Area 8	No Preference	30	403.33
13401PA0010018	Rating Area 8	No Preference	31	411.86
13401PA0010018	Rating Area 8	No Preference	32	420.39
13401PA0010018	Rating Area 8	No Preference	33	425.72
13401PA0010018	Rating Area 8	No Preference	34	431.40
13401PA0010018	Rating Area 8	No Preference	35	434.24
13401PA0010018	Rating Area 8	No Preference	36	437.09
13401PA0010018	Rating Area 8	No Preference	37	439.93
13401PA0010018	Rating Area 8	No Preference	38	442.77
13401PA0010018	Rating Area 8	No Preference	39	448.46
13401PA0010018	Rating Area 8	No Preference	40	454.14
13401PA0010018	Rating Area 8	No Preference	41	462.67
13401PA0010018	Rating Area 8	No Preference	42	470.85
13401PA0010018	Rating Area 8	No Preference	43	482.22
13401PA0010018	Rating Area 8	No Preference	44	496.43
13401PA0010018	Rating Area 8	No Preference	45	513.13
13401PA0010018	Rating Area 8	No Preference	46	533.03
13401PA0010018	Rating Area 8	No Preference	47	555.42
13401PA0010018	Rating Area 8	No Preference	48	581.01
13401PA0010018	Rating Area 8	No Preference	49	606.24
13401PA0010018	Rating Area 8	No Preference	50	634.66
13401PA0010018	Rating Area 8	No Preference	51	662.74
13401PA0010018	Rating Area 8	No Preference	52	693.65
13401PA0010018	Rating Area 8	No Preference	53	724.92
13401PA0010018	Rating Area 8	No Preference	54	758.68
13401PA0010018	Rating Area 8	No Preference	55	792.44
13401PA0010018	Rating Area 8	No Preference	56	829.04
13401PA0010018	Rating Area 8	No Preference	57	866.00
13401PA0010018	Rating Area 8	No Preference	58	905.45

	13401PA0010018 Rating Area 8	No Preference	59	924.99
	13401PA0010018 Rating Area 8	No Preference	60	964.43
	13401PA0010018 Rating Area 8	No Preference	61	998.55
	13401PA0010018 Rating Area 8	No Preference	62	1020.94
	13401PA0010018 Rating Area 8	No Preference	63	1049.01
	13401PA0010018 Rating Area 8	No Preference	64 and over	1066.07

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Cigna Health and Life Insurance		
Product(s):	EPG		
Market Segment:	Individual	to	12/31/2022
Rate Effective Date:	1/1/2022	to	12/31/2020
Base Period Start Date:	1/1/2020		
Date of Most Recent Membership:	2/1/2021		

Table 1. Number of Members

	Member months	Members	Member months
	Experience Period	Current Period (as of 12-31-2021)	Projected Rating Period
Average Age			48.8
Total	0	0	14,135
<18			1,470
18-24			876
25-29			1,917
30-34			1,485
35-39			1,130
40-44			1,281
45-49			1,118
50-54			1,760
55-59			1,481
60-63			1,521
64+			382

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-EBB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											3
Loss Ratio											0.00%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand**	Composite Trend	Weight*
Inpatient Hospital				0.00%	
Outpatient Hospital				0.00%	
Professional				0.00%	
Other Medical				0.00%	
Capitation					
Prescription Drugs				0.00%	
Total Annual Trend				0.00%	0.00%
Months of Trend				34	
Rate Applied Trend Projection Factor				1.000	

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

** should equal 0.00% 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				EBV/01		EBV/01				EBV/01
Feb-17				EBV/01		EBV/01				EBV/01
Mar-17				EBV/01		EBV/01				EBV/01
Apr-17				EBV/01		EBV/01				EBV/01
May-17				EBV/01		EBV/01				EBV/01
Jun-17				EBV/01		EBV/01				EBV/01
Jul-17				EBV/01		EBV/01				EBV/01
Aug-17				EBV/01		EBV/01				EBV/01
Sep-17				EBV/01		EBV/01				EBV/01
Oct-17				EBV/01		EBV/01				EBV/01
Nov-17				EBV/01		EBV/01				EBV/01
Dec-17				EBV/01		EBV/01				EBV/01
Jan-18				EBV/01		EBV/01				EBV/01
Feb-18				EBV/01		EBV/01				EBV/01
Mar-18				EBV/01		EBV/01				EBV/01
Apr-18				EBV/01		EBV/01				EBV/01
May-18				EBV/01		EBV/01				EBV/01
Jun-18				EBV/01		EBV/01				EBV/01
Jul-18				EBV/01		EBV/01				EBV/01
Aug-18				EBV/01		EBV/01				EBV/01
Sep-18				EBV/01		EBV/01				EBV/01
Oct-18				EBV/01		EBV/01				EBV/01
Nov-18				EBV/01		EBV/01				EBV/01
Dec-18				EBV/01		EBV/01				EBV/01
Jan-19				EBV/01		EBV/01				EBV/01
Feb-19				EBV/01		EBV/01				EBV/01
Mar-19				EBV/01		EBV/01				EBV/01
Apr-19				EBV/01		EBV/01				EBV/01
May-19				EBV/01		EBV/01				EBV/01
Jun-19				EBV/01		EBV/01				EBV/01
Jul-19				EBV/01		EBV/01				EBV/01
Aug-19				EBV/01		EBV/01				EBV/01
Sep-19				EBV/01		EBV/01				EBV/01
Oct-19				EBV/01		EBV/01				EBV/01
Nov-19				EBV/01		EBV/01				EBV/01
Dec-19				EBV/01		EBV/01				EBV/01
Jan-20				EBV/01		EBV/01				EBV/01
Feb-20				EBV/01		EBV/01				EBV/01
Mar-20				EBV/01		EBV/01				EBV/01
Apr-20				EBV/01		EBV/01				EBV/01
May-20				EBV/01		EBV/01				EBV/01
Jun-20				EBV/01		EBV/01				EBV/01
Jul-20				EBV/01		EBV/01				EBV/01
Aug-20				EBV/01		EBV/01				EBV/01
Sep-20				EBV/01		EBV/01				EBV/01
Oct-20				EBV/01		EBV/01				EBV/01
Nov-20				EBV/01		EBV/01				EBV/01
Dec-20				EBV/01		EBV/01				EBV/01

* Express Completion Factor as a percentage

** Express Prescription Drug Rebates as a negative number

Carrier Name: Cigna Health and Life Insurance
Product(s): EPO
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-ERB portion of Allowed Claims	Total Prescription Drug Rebates*	Total ERB Capitation	Total Non-ERB Capitation	Estimated Risk Adjustment	Estimated Reimburse Recoveries
\$67,438,364	\$ 135,747,452.5	\$ 125,114.5	2,809,138	247,130,838	1,306,255,944		(77,841,623.0)			\$ (80,143,147.4)	\$
Experience Period Total Allowed ERB Claims + ERB Capitation PMFM (net of prescription drug rebates)											\$ 495.97
Loss Ratio											\$ 78.37%

* Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	2.40%	1.00%	0.00%	1.47%	16.81%
Outpatient Hospital	2.40%	3.00%	0.00%	2.47%	24.48%
Professional	2.40%	1.00%	0.00%	1.47%	27.48%
Other Medical	2.40%	3.00%	0.00%	2.47%	1.99%
Chiropractor				0.00%	1.00%
Prescription Drugs	-1.80%	0.70%	0.00%	0.50%	11.26%
Total Annual Trend				0.86%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.113	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factor*	Ultimate Incurred Claims	Members	Ultimate Incurred PMFM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMFM
Jan-17	\$	\$6,489,226.9	1.0000	\$6,489,226.9	256,21	\$		\$ (252,291.4)	\$ (252,291.4)	\$ 402
Feb-17	\$	\$6,595,982.9	1.0000	\$6,595,982.9	272,68	\$		\$ (2,397,121.9)	\$ (2,397,121.9)	\$ 232
Mar-17	\$	\$10,224,972.0	1.0000	\$10,224,972.0	256,33	\$		\$ (2,871,461.4)	\$ (2,871,461.4)	\$ 394
Apr-17	\$	\$3,633,179.8	1.0000	\$3,633,179.8	251,85	\$		\$ (2,536,346.2)	\$ (2,536,346.2)	\$ 250
May-17	\$	\$3,796,622.0	1.0000	\$3,796,622.0	254,83	\$		\$ (1,633,113.3)	\$ (1,633,113.3)	\$ 233
Jun-17	\$	\$4,819,791.9	1.0000	\$4,819,791.9	279,53	\$		\$ (1,406,853.7)	\$ (1,406,853.7)	\$ 272
Jul-17	\$	\$7,388,817.4	1.0000	\$7,388,817.4	274,36	\$		\$ (1,398,368.7)	\$ (1,398,368.7)	\$ 282
Aug-17	\$	\$1,750,871.3	1.0000	\$1,750,871.3	218,83	\$		\$ (2,438,429.0)	\$ (2,438,429.0)	\$ 31.9
Sep-17	\$	\$9,737,217.5	1.0000	\$9,737,217.5	264,25	\$		\$ (1,856,907.3)	\$ (1,856,907.3)	\$ 345
Oct-17	\$	\$10,296,718.6	1.0000	\$10,296,718.6	270,34	\$		\$ (1,719,124.6)	\$ (1,719,124.6)	\$ 400
Nov-17	\$	\$107,803,183.0	1.0000	\$107,803,183.0	254,74	\$		\$ (2,514,849.1)	\$ (2,514,849.1)	\$ 496
Dec-17	\$	\$7,455,142.28	1.0000	\$7,455,142.28	257,78	\$		\$ (1,570,117.8)	\$ (1,570,117.8)	\$ 315
Jan-18	\$	\$6,772,289.3	1.0000	\$6,772,289.3	251,47	\$		\$ (4,693,831.5)	\$ (4,693,831.5)	\$ 319
Feb-18	\$	\$3,729,232.4	1.0000	\$3,729,232.4	316,41	\$		\$ (1,939,249.6)	\$ (1,939,249.6)	\$ 303
Mar-18	\$	\$106,364,733.6	1.0000	\$106,364,733.6	309,63	\$		\$ (4,507,624.6)	\$ (4,507,624.6)	\$ 350
Apr-18	\$	\$108,830,044.1	1.0000	\$108,830,044.1	342,79	\$		\$ (3,038,429.7)	\$ (3,038,429.7)	\$ 365
May-18	\$	\$126,114,054.4	1.0000	\$126,114,054.4	334,53	\$		\$ (2,847,475.8)	\$ (2,847,475.8)	\$ 424
Jun-18	\$	\$125,785,548.6	1.0000	\$125,785,548.6	331,65	\$		\$ (2,434,366.6)	\$ (2,434,366.6)	\$ 445
Jul-18	\$	\$121,867,000.0	1.0000	\$121,867,000.0	324,72	\$		\$ (6,669,721.3)	\$ (6,669,721.3)	\$ 408
Aug-18	\$	\$116,438,301.7	1.0000	\$116,438,301.7	330,54	\$		\$ (4,507,693.0)	\$ (4,507,693.0)	\$ 403
Sep-18	\$	\$9,992,417.9	1.0000	\$9,992,417.9	316,3	\$		\$ (5,133,622.3)	\$ (5,133,622.3)	\$ 372
Oct-18	\$	\$17,221,779.8	1.0000	\$17,221,779.8	314,72	\$		\$ (4,454,052.0)	\$ (4,454,052.0)	\$ 456
Nov-18	\$	\$119,533,611.8	1.0000	\$119,533,611.8	356,75	\$		\$ (5,364,265.3)	\$ (5,364,265.3)	\$ 405
Dec-18	\$	\$116,529,519.7	1.0000	\$116,529,519.7	389,839	\$		\$ (5,289,207.4)	\$ (5,289,207.4)	\$ 448
Jan-19	\$	\$3,124,332.1	1.0000	\$3,124,332.1	252,03	\$		\$ (5,114,600.0)	\$ (5,114,600.0)	\$ 273
Feb-19	\$	\$3,653,336.4	1.0000	\$3,653,336.4	276,21	\$		\$ (4,477,866.3)	\$ (4,477,866.3)	\$ 366
Mar-19	\$	\$4,024,779.3	1.0000	\$4,024,779.3	269,99	\$		\$ (5,171,221.0)	\$ (5,171,221.0)	\$ 311
Apr-19	\$	\$10,438,641.5	1.0000	\$10,438,641.5	310,11	\$		\$ (4,867,461.6)	\$ (4,867,461.6)	\$ 405
May-19	\$	\$8,774,332.7	1.0000	\$8,774,332.7	218,93	\$		\$ (3,235,542.3)	\$ (3,235,542.3)	\$ 406
Jun-19	\$	\$5,439,641.8	1.0000	\$5,439,641.8	213,33	\$		\$ (2,735,366.3)	\$ (2,735,366.3)	\$ 393
Jul-19	\$	\$10,852,453.3	1.0000	\$10,852,453.3	248,11	\$		\$ (7,138,239.3)	\$ (7,138,239.3)	\$ 400
Aug-19	\$	\$5,713,586.7	1.0000	\$5,713,586.7	264,44	\$		\$ (5,132,896.1)	\$ (5,132,896.1)	\$ 417
Sep-19	\$	\$4,884,309.6	1.0000	\$4,884,309.6	250,51	\$		\$ (7,388,366.3)	\$ (7,388,366.3)	\$ 400
Oct-19	\$	\$109,846,575.0	1.0000	\$109,846,575.0	237,03	\$		\$ (8,148,567.7)	\$ (8,148,567.7)	\$ 538
Nov-19	\$	\$101,506,396.4	1.0000	\$101,506,396.4	233,46	\$		\$ (4,593,171.7)	\$ (4,593,171.7)	\$ 490
Dec-19	\$	\$104,673,142.3	1.0000	\$104,673,142.3	228,356	\$		\$ (5,980,126.38)	\$ (5,980,126.38)	\$ 522
Jan-20	\$	\$8,933,816.3	0.9999	\$8,933,816.3	247,31	\$		\$ (8,172,059.8)	\$ (8,172,059.8)	\$ 378
Feb-20	\$	\$7,594,262.5	0.9998	\$7,594,262.5	246,71	\$		\$ (5,865,571.4)	\$ (5,865,571.4)	\$ 408
Mar-20	\$	\$3,187,441.7	0.9999	\$3,187,441.7	244,63	\$		\$ (7,875,116.0)	\$ (7,875,116.0)	\$ 425
Apr-20	\$	\$8,094,078.2	0.9992	\$8,094,078.2	243,23	\$		\$ (7,475,264.5)	\$ (7,475,264.5)	\$ 438
May-20	\$	\$3,464,182.3	0.9981	\$3,464,182.3	241,83	\$		\$ (4,232,889.5)	\$ (4,232,889.5)	\$ 441
Jun-20	\$	\$108,351,443.4	0.9973	\$108,351,443.4	244,13	\$		\$ (1,188,861.2)	\$ (1,188,861.2)	\$ 517
Jul-20	\$	\$116,320,606.8	0.9963	\$116,320,606.8	243,83	\$		\$ (6,161,613.1)	\$ (6,161,613.1)	\$ 507
Aug-20	\$	\$114,872,984.4	0.9783	\$117,376,633.4	247,83	\$		\$ (6,730,862.0)	\$ (13,683,763.3)	\$ 503
Sep-20	\$	\$117,118,971.1	0.9711	\$117,877,669.3	243,48	\$		\$ (9,211,402.0)	\$ (11,402,469.0)	\$ 513
Oct-20	\$	\$107,523,384.4	0.8001	\$130,802,506.1	239,43	\$		\$ (8,187,099.0)	\$ (1,384,405,040.7)	\$ 589
Nov-20	\$	\$8,114,324.6	0.7003	\$14,740,248.6	238,93	\$		\$ (8,117,395.7)	\$ (8,117,395.7)	\$ 533
Dec-20	\$	\$3,133,139.3	0.4449	\$3,987,444.3	234,49	\$		\$ (7,633,636.98)	\$ (4,364,449.18)	\$ 519

* 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:	Cigna Health and Life Insurance	Attachment Point:	\$60,000
Product(s):	EPO	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:	-4.0%

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 with Reinsurance
\$0	\$29,999			\$493,158,898
\$30,000	\$34,999			\$52,756,103
\$35,000	\$39,999			\$47,558,482
\$40,000	\$44,999			\$38,913,307
\$45,000	\$49,999			\$31,905,426
\$50,000	\$54,999			\$30,681,229
\$55,000	\$59,999			\$28,773,260
\$60,000	\$64,999			\$27,848,259
\$65,000	\$69,999			\$27,591,244
\$70,000	\$74,999			\$22,855,525
\$75,000	\$79,999			\$18,007,509
\$80,000	\$84,999			\$15,633,989
\$85,000	\$89,999			\$16,517,617
\$90,000	\$94,999			\$14,787,575
\$95,000	\$99,999			\$12,728,935
\$100,000	\$109,999			\$23,528,052
\$110,000	\$119,999			\$20,537,729
\$120,000	\$129,999			\$17,600,928
\$130,000	\$139,999			\$17,749,043
\$140,000	\$149,999			\$17,485,656
\$150,000	\$159,999			\$15,702,170
\$160,000	\$169,999			\$13,069,544
\$170,000	\$179,999			\$13,975,815
\$180,000	\$189,999			\$12,845,851
\$190,000	\$199,999			\$11,172,896
\$200,000	\$209,999			\$8,749,073
\$210,000	\$219,999			\$9,078,207
\$220,000	\$229,999			\$8,495,439
\$230,000	\$239,999			\$6,956,472
\$240,000	\$249,999			\$4,096,609
\$250,000	\$259,999			\$8,062,977
\$260,000	\$269,999			\$3,705,406
\$270,000	\$279,999			\$3,596,926
\$280,000	\$289,999			\$5,860,601
\$290,000	\$299,999			\$2,219,259
\$300,000	\$324,999			\$11,715,120
\$325,000	\$349,999			\$12,836,798
\$350,000	\$374,999			\$4,459,490
\$375,000	\$399,999			\$5,214,721
\$400,000	\$424,999			\$7,450,316
\$425,000	\$449,999			\$5,037,219
\$450,000	\$474,999			\$1,788,255
\$475,000	\$499,999			\$6,994,231
\$500,000	\$599,999			\$16,356,685
\$600,000	\$699,999			\$9,768,436
\$700,000	\$799,999			\$2,955,761
\$800,000	\$899,999			\$4,206,879
\$900,000	\$999,999			\$2,699,406
\$1,000,000+				\$3,295,333
Total				\$1,198,984,660

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

Carrier Name:	Cigna Health and Life Insurance	Attachment Point:	\$60,000
Product(s):	EPO	Reinsurance Cap:	\$100,000
Market Segment:	Individual	Coinsurance Rate:	45%
Rate Effective Date:	1/1/2022	Proj. Incurred Claim Impact:	-4.2%
		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				\$515,094,466
\$30,000	\$34,999				\$51,501,076
\$35,000	\$39,999				\$53,014,777
\$40,000	\$44,999				\$47,624,830
\$45,000	\$49,999				\$39,366,549
\$50,000	\$54,999				\$31,620,433
\$55,000	\$59,999				\$31,324,794
\$60,000	\$64,999				\$29,509,537
\$65,000	\$69,999				\$27,193,710
\$70,000	\$74,999				\$27,453,242
\$75,000	\$79,999				\$23,366,058
\$80,000	\$84,999				\$21,400,789
\$85,000	\$89,999				\$16,726,497
\$90,000	\$94,999				\$15,343,441
\$95,000	\$99,999				\$15,554,444
\$100,000	\$109,999				\$28,426,711
\$110,000	\$119,999				\$24,288,830
\$120,000	\$129,999				\$22,539,309
\$130,000	\$139,999				\$19,857,503
\$140,000	\$149,999				\$17,438,124
\$150,000	\$159,999				\$17,939,854
\$160,000	\$169,999				\$17,326,664
\$170,000	\$179,999				\$16,137,212
\$180,000	\$189,999				\$13,557,620
\$190,000	\$199,999				\$14,040,992
\$200,000	\$209,999				\$12,147,508
\$210,000	\$219,999				\$10,999,728
\$220,000	\$229,999				\$12,396,966
\$230,000	\$239,999				\$7,383,628
\$240,000	\$249,999				\$8,388,946
\$250,000	\$259,999				\$9,226,005
\$260,000	\$269,999				\$6,676,838
\$270,000	\$279,999				\$3,853,088
\$280,000	\$289,999				\$8,824,057
\$290,000	\$299,999				\$4,436,533
\$300,000	\$324,999				\$10,936,467
\$325,000	\$349,999				\$10,275,304
\$350,000	\$374,999				\$9,634,887
\$375,000	\$399,999				\$12,472,986
\$400,000	\$424,999				\$3,931,084
\$425,000	\$449,999				\$5,915,167
\$450,000	\$474,999				\$7,977,209
\$475,000	\$499,999				\$5,197,237
\$500,000	\$599,999				\$17,150,401
\$600,000	\$699,999				\$17,700,038
\$700,000	\$799,999				\$4,983,055
\$800,000	\$899,999				\$3,328,175
\$900,000	\$999,999				\$3,744,251
\$1,000,000+					\$7,734,306
Total					\$1,342,961,327

PA Rate Template Part II
Rate Development and Change

Carrier Name:
Product(s):
Market Segment:
Rate Effective Date:

Cigna Health and Life Insurance
EPO
Individual
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	\$ 490.97	\$ 1,123
Two year trend projection factor	1.000	1.123
Unadjusted Projected Allowed EHB Claims PMPM	\$ 490.97	\$ 551.22
Single Risk Pool Adjustment Factors		
Change in Morbidity - Impact of Reinsurance Program	0.999	0.999
Change in Morbidity - All Other	0.952	0.952
Total Non-Morbidity Changes	0.000	1.004
Change in Demographics	1.000	1.000
Change in Network	1.000	1.000
Change in Benefits	1.000	1.000
Change in Other	1.000	1.000
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 526.41	\$ 526.41
Credibility Factors	0%	100%
Blended Projected EHB Claims PMPM	\$ 526.41	\$ 526.41
Development of the Market-Adjusted Index Rate and Total Allowed Claims		
Adjusted Projected Allowed EHB Claims PMPM	\$ 526.41	Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.807	
Projected Incurred EHB Claims PMPM	\$ 425.02	
Market-wide Adjustments		
Projected Incurred Risk Adjustment PMPM	\$ 537.41	
Projected Incurred Exchange User Fee PMPM	\$ 518.00	
Projected Incurred Reinsurance Recoveries PMPM	\$ 459.33	
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 569.65	Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM		
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 459.93	
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 569.65	

Table 6. Retention

RETENTION ITEMS - Express in percentages	Percentage	PMPM Amounts
Administrative Expenses	9.54%	\$51.02
General and Claims	7.43%	\$39.75
Agent/Broker Fees and Commissions	1.31%	\$7.02
Quality Improvement Initiatives	0.80%	\$4.28
Taxes and Fees	2.40%	\$13.36
Risk Adjustment User Fee	0.35%	\$0.25
FCR/ Fee	0.00%	\$0.00
PA Premium & Other Taxes (if applicable)	2.40%	\$10.75
Federal Income Tax	0.41%	\$2.19
Health Insurance Providers Fee (Projected for Small Groups only)		\$0.05
Profit/Contingency (after tax)	2.00%	\$10.75
Total Retention	14.00%	\$14.87
Projected Required Revenue PMPM		\$ 534.81

Table 8. Components of Rate Change

Rate Components	2021	2022	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	RDV/0	RDV/0	RDV/0	RDV/0
B. Base period allowed claims before normalization	\$ 490.97	\$ 490.97	\$ 0.00	0.00%
C. Normalization factor component of change	\$ (200.86)	\$ (200.86)	\$ 0.00	0.00%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	RDV/0	\$ 290.17	RDV/0	RDV/0
D2. URRT Trend	RDV/0	\$ 35.61	RDV/0	RDV/0
D3. URRT Morbidity	RDV/0	\$ (15.96)	RDV/0	RDV/0
D4. URRT Other	RDV/0	\$ 1.33	RDV/0	RDV/0
D5. Normalized URRT Risk Adjustment on an allowed basis	RDV/0	\$ 27.38	RDV/0	RDV/0
D6. Normalized Exchange User Fee on an allowed basis	RDV/0	\$ 11.35	RDV/0	RDV/0
D7. Normalized Reinsurance Recoveries on an allowed basis	RDV/0	\$ (13.17)	RDV/0	RDV/0
D8. Subtotal - Sum(D1-D7)	RDV/0	\$ 336.65	RDV/0	RDV/0
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	RDV/0	\$ -	RDV/0	RDV/0
E2. Pricing AV	RDV/0	\$ (64.84)	RDV/0	RDV/0
E3. Benefit Richness	RDV/0	\$ (0.35)	RDV/0	RDV/0
E4. Catastrophic Eligibility	RDV/0	\$ -	RDV/0	RDV/0
E5. Subtotal - Sum(E1-E4)	RDV/0	\$ (65.19)	RDV/0	RDV/0
F. Change in Retention Components				
F1. Administrative Expenses	RDV/0	RDV/0	RDV/0	RDV/0
F2. Taxes and Fees	RDV/0	RDV/0	RDV/0	RDV/0
F3. Profit and/or Contingency	RDV/0	RDV/0	RDV/0	RDV/0
F4. Subtotal - Sum(F1-F3)	RDV/0	RDV/0	RDV/0	RDV/0
G. Change in Miscellaneous Items			\$ -	RDV/0
H. Sum of Components of Rate Change (should approximate the change shown in line A)	RDV/0	RDV/0	RDV/0	RDV/0

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 490.97	Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 1,567,458,386.68	
Blended Loss Ratio	78.37%	

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	\$ 526.41	\$ 526.41	\$ 526.41	\$ 526.41	\$ 526.41
Months of Trend	3	6	9		
Annual Trend	\$ 5,908	\$ 5,908	\$ 5,908		
Single Risk Pool Projected Allowed Claims	\$ 526.41	\$ 534.08	\$ 541.86	\$ 549.76	\$ -
Quarterly Trend Factor	1.000	1.025	1.025	1.044	0.000

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2021	2022
Average Age Factor		1.037
Average Geographic Factor		1.000
Average Tobacco Factor		1.000
Average Benefit Richness (induced demand)		1.000
Average Network Factor		1.000
Market-Adjusted Projected Allowed Total Claims PMPM		\$ 569.65
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	RDV/0	\$ 336.67

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

	2021	2022
Paid-to-Allowed		0.807
URRT Trend (Total Applied Trend Factor)		1.123
URRT Morbidity		0.999
URRT "Other"		1.004
Risk Adjustment		0.999
Exchange User Fee		1.000
Reinsurance Recoveries		1.000
Capitation		1.000
Network		1.000
Pricing AV		0.807
Benefit Richness		0.999
Catastrophic Eligibility		1.000
Administrative Expenses		9.54%
Taxes and Fees		2.40%
Profit and/or Contingency		2.00%

Carrier Name:	Cigna Health and Life Insurance
Product(s):	EPO
Market Segment:	Individual
Rate Effective Date:	1/1/2022

[illegible]

PA Rate Quarterly Template Part V Consumer Factors

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

*PA follows the federal default age curve.

Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1			
Rating Area 2			
Rating Area 3			
Rating Area 4			
Rating Area 5			
Rating Area 6			
Rating Area 7			
Rating Area 8	Bucks, Chester, Delaware, Montgomery, Philadelphia	1.000	1.000
Rating Area 9			

Table 14. Network Factors

[illegible]

**Cigna Health and Life Insurance
Individual
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
13401PA0010001	Cigna Connect 8700	EPO	Bronze	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010002	Cigna Connect 7800	EPO	Bronze	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010003	Cigna Connect 7800A	EPO	Bronze	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010004	Cigna Connect 6800 Enhanced Diabetes Care	EPO	Bronze	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010005	Cigna Connect HSA 6000	EPO	Bronze	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010006	Cigna Connect 5500	EPO	Silver	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010007	Cigna Connect 7300	EPO	Silver	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010008	Cigna Connect 3600	EPO	Silver	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010009	Cigna Connect 2900	EPO	Silver	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010010	Cigna Connect 3500 Enhanced Diabetes Care	EPO	Silver	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010011	Cigna Connect 4200 Enhanced Asthma COPD Care	EPO	Silver	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010012	Cigna Connect 5800	EPO	Silver	Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010013	Cigna Connect 2000	EPO	Silver	Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010014	Cigna Connect 1000	EPO	Gold	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010015	Cigna Connect 2500	EPO	Gold	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010016	Cigna Connect 750	EPO	Gold	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010017	Cigna Connect 1250 Enhanced Diabetes Care	EPO	Gold	On/Off	Connect	8	hester, Delaware, Montgomery, Philadelphia
13401PA0010018	Cigna Connect 900	EPO	Gold	Off	Connect	8	hester, Delaware, Montgomery, Philadelphia

Company Name Cigna Health and Life Insurance
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

[illegible]

1. HIOS Issuer ID:

13401

2. HIOS Product ID(s):

13401PA001

3. Applicable HIOS Plan ID(s) (Standard Component):

13401PA0010001, 13401PA0010002, 13401PA0010003, 13401PA0010004, 13401PA0010005, 13401PA0010006, 13401PA0010007, 13401PA0010008, 13401PA0010009, 13401PA0010010, 13401PA0010011, 13401PA0010012, 13401PA0010013, 13401PA0010014, 13401PA0010015, 13401PA0010016, 13401PA0010017, 13401PA0010018

4. Reasons the plan design is unique (benefits that are not compatible with the parameters of the AV calculator, and the materiality of those benefits):

In this section we have provided a description of the features of the plan designs that are considered unique and not compatible with the AV Calculator parameters along with a table that outlines which plans have these features.

The following features of the plan design(s) are considered unique and not compatible with AV Calculator parameters:

- Pharmacy Generic Drugs – The plans proposed in this filing have a five-tier pharmacy benefit design as opposed to the four-tier design that the AV Calculator can accept. Tiers 1 and 2 on the CHLIC plans divide the generic tier into two buckets and then tiers 3, 4 and 5 correspond to tiers 2, 3 and 4 in the calculator. Since the AV Calculator only allows for four tiers on the pharmacy benefit design, an alternative methodology was deemed necessary.
- Outpatient Mental Health and Substance Abuse Services – The proposed plans in this filing offer coverage for outpatient mental health and substance abuse services in both an office visit setting and a facility visit setting. Since the AV Calculator does not allow for separate cost share inputs for outpatient mental health and substance abuse office and facility visits, the cost share for these benefits was not compatible with the parameters of the AV Calculator.
- Diabetic Services – The plans proposed in this filing cover certain diabetic services at 100% and have a cap on the copay amount for insulin drugs. Since the AV calculator does not support that level of granularity, the cost share for the benefit was not compatible with the existing parameters of the AV calculator.
- Diabetic Specific Benefit – The plan “Cigna Connect 3500 Diabetes Care” proposed in this filing covers additional diabetic services at 100%. Since the AV calculator does not support that level of granularity, the cost share for the benefit was not compatible with the existing parameters of the AV Calculator
- Telehealth – The proposed plans in this filing offer a different cost structure for a Primary Care Visit in a traditional setting versus a Telehealth setting. Since the AV Calculator does not allow for separate cost share inputs for a Telehealth setting, the cost share for the Primary Care Visit benefit was not compatible with the parameters of the AV Calculator.
- Asthma/COPD Specific Benefit – The plan “Cigna Connect 4200 Enhanced Asthma COPD Care” proposed in this filing covers pulmonary rehab, supplemental oxygen and pulmonary function testing at

Unique Plan Design Supporting Documentation & Justification



100% and certain asthma/COPD related medication at lower copays. Since the AV Calculator does not support that level of granularity, the cost share for the benefit was not compatible with the existing parameters of the AV Calculator.

- Copays for All Inpatient Hospital Services – The proposed plans in this filing have a separate cost structure for the inpatient facility services versus physician services. Since the AV Calculator does not allow for separate cost share inputs, the parameters for the inpatient cost structure were not compatible with the existing parameters in the AV Calculator.
- Copays for Urgent Care Services – The AV Calculator does not currently provide an input for copays for Urgent Care Services because the National Claims Database that the Calculator is based on does not maintain data on Urgent Care Services. Some of the plans proposed in this filing include benefit designs that have copays for Urgent Care Services which are not compatible with the AV Calculator.

The following table illustrates which benefit plans contain these unique plan design features:

Plan Name	Plan ID	Unique Plan Feature				
		Generic Rx	Outpatient MHSA	Telehealth	Inpatient Hospital Copays	Urgent Care Copays
Cigna Connect 8700	13401PA0010001			✓		
Cigna Connect 7800	13401PA0010002			✓		
Cigna Connect 7800A	13401PA0010003	✓	✓	✓		
Cigna Connect 6800 Enhanced Diabetes Care	13401PA0010004	✓	✓	✓		✓
Cigna Connect HSA 6000	13401PA0010005	✓		✓		
Cigna Connect 5500	13401PA0010006	✓	✓	✓		✓
Cigna Connect 7300	13401PA0010007	✓	✓	✓		✓
Cigna Connect 3600	13401PA0010008	✓	✓	✓	✓	✓
Cigna Connect 2900	13401PA0010009	✓	✓	✓		✓
Cigna Connect 3500 Enhanced Diabetes Care	13401PA0010010	✓	✓	✓		✓
Cigna Connect 4200 Enhanced Asthma COPD Care	13401PA0010011	✓	✓	✓		✓
Cigna Connect 5800	13401PA0010012	✓	✓	✓		✓
Cigna Connect 2000	13401PA0010013	✓	✓	✓		✓
Cigna Connect 1000	13401PA0010014	✓	✓	✓		✓
Cigna Connect 2500	13401PA0010015	✓	✓	✓		✓
Cigna Connect 750	13401PA0010016	✓	✓	✓		✓
Cigna Connect 1250 Enhanced Diabetes Care	13401PA0010017	✓	✓	✓		✓
Cigna Connect 900	13401PA0010018	✓	✓	✓		✓

Please note that for any Silver plan with Cost Sharing Reduction variants, the variant plans are unique in the same manner as the base plan is outlined in the table above.

5. Acceptable alternate method used per 156.135(b)(2) or 156.135(b)(3):

In order to quantify the Actuarial Value of each unique plan feature, an alternate method per 156.135(b)(2) was used. In line with the proposed methodology of 156.135(b)(2), an estimate of the plan design feature was fitted

into the AV Calculator to align with the Calculator's existing input parameters. Alternate methods per 156.135(b)(3) were not utilized.

6. Confirmation that only in-network cost-sharing, including multitier networks, was considered:

For the purpose of quantifying the Actuarial Value of each unique plan design, only In-Network cost sharing was brought into consideration. CHLIC did not account for Out-Of-Network cost sharing during this process.

7. Description of standardized plan population data used:

The standardized plan population data used for calculating the AV of plans with the Generic Rx, Outpatient Mental Health and Substance Abuse, Copays for All Inpatient Hospital, and Urgent Care Copay unique plan features is the default standard population developed by HHS for AV calculation and provided as an underlying assumption to the Continuance Tables in the AV Calculator. In addition, for the pharmacy unique plan design features, as discussed in Section 8, internal national individual experience was used in order to develop the inputs entered into the AV Calculator.

8. If the method described in 156.135(b)(2) was used, a description of how the benefits were modified to fit the parameters of the AV calculator:

Pharmacy Generic Drugs – In order to use the AV calculator, we have blended the cost-sharing for tiers 1 & 2 outside of the tool based on actual national individual utilization patterns and average costs per prescription for these tiers to calculate a single copay or coinsurance percentage that can be entered into the AV calculator for Tier-1.

Outpatient Mental Health and Substance Abuse Services – A study was conducted to determine how to fit this unique plan design feature into the AV calculator. Based on the analyses performed, it was determined that the impact to the AV is not material. The definition of materiality used is consistent with the *Practice Note on Minimum Value and Actuarial Value Determinations Under the Affordable Care Act* issued by the American Academy of Actuaries in April 2014. In summary, the magnitude of the impact is minimal and no plans fell out of metal tier range. Given the study indicated that the majority of Outpatient Mental Health and Substance Abuse services are performed in an Office Visit Setting, the cost sharing amount applicable to Outpatient Mental Health and Substance Abuse services performed in an Office Visit setting was entered into the AV Calculator.

Telehealth – We used our national group experience to analyze utilization patterns for Primary Care Visit in a traditional versus Telehealth setting to test the impact within the AV Calculator of having a different cost share between the two settings. Based on the analysis, it was determined that the impact to the AV is not material. The definition of materiality used is consistent with the *Practice Note on Minimum Value and Actuarial Value Determinations Under the Affordable Care Act* issued by the American Academy of Actuaries in April 2014. In summary, the magnitude of the impact is minimal and no plans fell out of metal tier range. Given the analysis indicated that the majority of the utilization is expected to come from the traditional setting, the cost sharing amount applicable to a Primary Care Visit in a traditional setting was entered into the AV Calculator.

Copays for All Inpatient Hospital Services – We used a claim probability distribution that is derived from our internal national group experience to estimate the utilization split for inpatient facility services and inpatient physician services. Based on the analyses performed, it was determined that the impact to the AV is not material. The definition of materiality used is consistent with the *Practice Note on Minimum Value and Actuarial Value Determinations Under the Affordable Care Act* issued by the American Academy of Actuaries in April 2014. In summary, the magnitude of the impact is minimal and no plans fell out of metal tier range. Given the analyses indicated that the majority of the utilization is expected to come from inpatient facility services, the benefit structure for inpatient facility services was applied to All Inpatient Hospital Services in the AV Calculator.

Copays for Urgent Care Services – We used a claim probability distribution that is derived from our internal national group experience to estimate the overall utilization of urgent care services and the coinsurance percentage that would result in an equivalent paid-to-allowed ratio as the urgent care copay as defined in our benefit plans. A study was conducted to determine how to fit this unique plan design feature into the AV calculator. Based on the analyses performed, it was determined that the impact to the AV is not material. The definition of materiality used is consistent with the *Practice Note on Minimum Value and Actuarial Value Determinations Under the Affordable Care Act* issued by the American Academy of Actuaries in April 2014. In summary, the magnitude of the impact is minimal and no plans fell out of metal tier range.

9. If the method described in 156.135(b)(3) was used, a description of the data and method used to develop the adjustments:

The method described in 156.135(b)(3) was not used.

10. Certification Language:

I, [REDACTED] am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify, to the best of my knowledge and judgment, that:

- a) The development of the actuarial value is based on one of the acceptable alternative methods outlined in 45 CFR 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.
- b) All analysis in the development of the actuarial value was performed in accordance with generally accept actuarial principles & methodologies and in accordance with the ASOPs established by the ASB and all applicable laws and regulations.
- c) The metal levels were appropriately assigned in accordance with 45 CFR 156.135 and 156.140.

This certification applies explicitly to the 2022 plan year for the Individual market for the plans denoted above.

[REDACTED]

[REDACTED], FSA, MAAA
Actuarial Director
Cigna Health & Life Insurance Company

05/27/2021
Date

Issuer: Cigna Health and Life Insurance

Market: Individual



Key:



: 2022 On-exchange and Off-exchange service area