



July 13, 2021

Ms. Tracie Gray, Director  
Bureau of Life, Accident & Health Insurance  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

Re: Highmark Benefits Group 2022ACA Rate Filing (Individual Market)  
Filing # 1A-DP-21-HBG (SERFF# HGHM-132820371)

**This constitutes Notice pursuant to Section 707 of the Pennsylvania Right-to-Know Law that the attached Highmark Benefits Group (HBG) 2022 Individual Market Rate Filing contains Trade Secret and Confidential Proprietary Information. Therefore, HBG must, prior to the release of any portion of this Filing, be notified of any request by a third party for access to this Filing, and the Trade Secret and/or Confidential Proprietary Information identified by HBG should be redacted before release.**

Dear Ms. Gray:

This Filing includes the Highmark Benefits Group (“HBG”, “Company”) Individual Market rates and the supporting rate development for policies with effective dates on or after January 1, 2022.

As a result of the Department’s review of this filing thus far, the following changes have been made to the initial version of the filing:

- Pursuant to the Department’s July 6, 2021 guidance, the impact of the state 1332 Reinsurance program is captured using the prescribed parameters of \$60,000 attachment point, 45% coinsurance rate, and \$100,000 reinsurance cap.
- At the Department’s request, the Company added the prescribed formula for “Change in Morbidity – All Other” factor found in Table 5 of the PAAM Exhibits file.

The remainder of this cover letter and all of the supporting filing documents have been revised to reflect the changes described above.

**In the event the Department decides to publish this Filing in the PA Bulletin, the company information requested in the Department’s 2022 ACA-Compliant Health Insurance Rate Filing Guidance, Section B, is provided below:**

**Requested Company Information**

1. Company Name & NAIC #: **Highmark Benefits Group, NAIC # 15508**
2. Market: **Individual**
3. On or Off Exchange: **The Company anticipates selling plans on and off of the exchange.**
4. Effective date of coverage: **January 1, 2022**
5. Average rate change requested: **4.0% increase**
6. Range of rate change requested: **(1.5)% to 12.4%**
7. Total additional annual revenue generated from the proposed rate change: **\$5,461,013**
8. Product(s): **EPO**
9. Rating Areas and the change from 2021: **Rating Area 3**

There are no changes in our covered Rating Areas from the 2021 rate filing.

10. Metal Levels and Catastrophic Plans: This filing reflects that the Company anticipates selling the following Metal Levels in the indicated market: **Gold, Silver, Bronze, and Catastrophic**
11. Current number of covered lives as of February 1, 2021: **17,374 covered lives**
12. Number of plans offered in 2022 and the change this represents from 2021: **14**

The Company offered 13 plans in 2021. For 2022, the Company is offering 4 new plans in the Market and removing 3 plans from the Market.

Please note that inclusion of premium rates in this filing for a given offering should not be construed to mean that the offering will ultimately be made available for sale in the Market. Final offering decisions will be made consistent with and within the timelines set forth in CMS rules and/or ACA regulations.

13. Corresponding contract form #, SERFF and Binder ID#s: **The corresponding SERFF binder number is HGHM-PA22-125107732 affecting the following Company products and forms:**

<b>Product Name / Type</b>	<b>Contract Form &amp; SERFF#</b>
my Priority Blue EPO	EPO/HBG/DP-2 HGHM-132793879
my Priority Blue EPO Premier	EPO/Premier/HBG/DP HGHM-132793882
my Priority Blue Flex EPO HDHP	EPO/HDHP/HBG/DP-2 HGHM-132793908
my Priority Blue Major Events EPO	CAT/EPO/HBG/DP-2 HGHM-132793911
my Priority Blue EPO Adult Dental and Vision	EPO/ADV/HBG/DP-1 HGHM-132793876
my Priority Blue EPO Premier Adult Dental and Vision	EPO/Premier/ADV/HBG/DP HGHM-132793890

14. HIOS Issuer ID # and submission tracking number: **HIOS Issuer ID #79962, Company Filing #1A-DP-21-HBG (SERFF Filing # HGHM-132820371)**

#### **Additional Filing Disclosures**

The Company has submitted all Required Documents stipulated by the Department, including the federal documents related to this filing, in its SERFF submission. In addition to the Required Documents, the Company has submitted a Supplemental Exhibits file containing additional detailed exhibits on items referenced in the PA Actuarial Memorandum. All tables, exhibits, and detail in support of this filing and the PA Actuarial Memorandum have been included in Excel format. To assist in the Department's review, the Excel files have retained their formulas to the extent possible.

#### **Potential Changes to Federal Regulations**

Per the Department's guidance, the impact of the state 1332 Reinsurance program is captured using the prescribed parameters. If the final parameters should change from those described in this filing, a revised submission would be required.

This rate filing also includes a COVID-19 adjustment and the impact of the American Rescue Plan Act (ARPA) was considered in the rate development and no adjustment was included at this time. This is due to several unknown factors such as competitor entry into market, morbidity of uninsured enrollment, pent-up demand for new entrants, and any potential group conversion to individual.

Other assumptions in the filing account for the elimination of the Individual Mandate penalty and the lack of CSR funding in 2022 by using the factors prescribed in the Department's guidance. Additional assumptions include that advance payment of premium tax credits (APTCs) will continue until the end of 2022, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and that there are no significant changes in the participation of QHP issuers that would materially change risk adjustment transfer amounts. Finally, modifications to the rate development may be necessary if significant unforeseen events occur. Examples include, but are not limited to, repeal or

invalidation of the ACA or material developments in the course of the COVID-19 pandemic. As a result, HBG reserves the right to submit a revised filing.


### **Request for Confidentiality**

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

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

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

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

  
RTKL Representative  
Director Privacy & Data Ethics  
Highmark Health  
120 Fifth Avenue, Suite 2114  
Pittsburgh, PA 15222

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

Ms. Tracie Gray, Director  
HBG 2022 Individual Market Rates  
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Should you have any questions regarding the attached Filing, please feel free to contact me at [REDACTED] or via e-mail at: [REDACTED]

Sincerely,

[REDACTED]

[REDACTED]

Vice President, Actuarial Services  
Highmark Inc.

cc:

[REDACTED]  
[REDACTED]

# Rate Change Summary

## Highmark Benefits Group – Individual Plans

Rate request filing ID # 1A-DP-21-HBG (SERFF # HGHM-132820371) - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at

<https://www.insurance.pa.gov/Consumers/Pages/ACA-Rate-Filings.aspx>

### Overview

Initial requested average rate change:	4.0%
Revised requested average rate change:	N/A <sup>1</sup>
Range of requested rate change:	-1.5% to 12.4%
Effective date:	January 1, 2022
People impacted:	17,374
Available in:	Rating Area 3

### Key information

#### Jan. 2020-Dec. 2020 financial experience

Premiums	\$120,899,097
Claims	\$87,199,137
Administrative expenses	\$10,954,535
Taxes & fees	\$3,498,236
Company made (after taxes)	<b>\$19,247,188</b>

#### How it plans to spend your premium

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

Claims:	89%
Administrative:	8%
Taxes & fees:	3%
Profit:	0%

The company expects its annual medical costs to increase **8.9%**.

### Explanation of requested rate change

The proposed average rate change is being driven by changes in the base claims experience, trend, retention, and the ongoing anticipated impact of Covid-19.

<sup>1</sup> Rates revised to correct any inadvertent errors and/or Department recommended changes.

# Actuarial Memorandum

## 1. Basic Information and Data

### A. Company Information

The appropriate company information has been provided in Table 0. General information pertaining to this rate filing is summarized below:

- Company Name: Highmark Benefits Group (“HBG”, “Company”)
- NAIC #: 15508
- HIOS Issuer ID: 79962
- State: Pennsylvania
- Market: Individual
- Effective Date: 1/1/2022
- SERFF Rate Filing #: HGHM-132820371

In accordance with the Department’s July 6, 2021 guidance, the impact of the state 1332 Reinsurance program is captured using the prescribed parameters of \$60,000 attachment point, 45% coinsurance rate, and \$100,000 reinsurance cap. If the final parameters should change from those described in this filing, a revised submission would be required.

This rate filing also includes a COVID-19 adjustment and the impact of the American Rescue Plan Act (ARPA) was considered in the rate development and no adjustment was included at this time. This is due to several unknown factors such as competitor entry into market, morbidity of uninsured enrollment, pent-up demand for new entrants, and any potential group conversion to individual.

Other assumptions in the filing account for the elimination of the Individual Mandate penalty and the lack of CSR funding in 2022 by using the factors prescribed in the Department’s guidance. Additional assumptions include that advance payment of premium tax credits (APTCs) will continue until the end of 2022, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and that there are no significant changes in the participation of QHP issuers that would materially change risk adjustment transfer amounts. Finally, modifications to the rate development may be necessary if significant unforeseen events occur. Examples include, but are not limited to, repeal or invalidation of the ACA or material developments in the course of the COVID-19 pandemic. As a result, HBG reserves the right to submit a revised filing.

### B. Rate History and Proposed Variations in Rate Changes

The three most recent rate changes in Pennsylvania for HBG are as follows:

Year	Avg. Increase	SERFF ID#
2021	-4.0%	HGHM-132324173
2020	Initial Filing	HGHM-131904542

Historical rate changes varied by plan due to updated cost sharing levels to meet federal AV requirements as well as updates to AV and other pricing factors.

The proposed 2022 rate changes vary by plan. This is primarily due to updates in the pricing AV factors and benefit richness factors. The plan level rate changes can be found in Table 10.

Please note that the historical MLR Exhibit requested by the Department is not applicable because the Company did not offer Individual market coverage from 2017-2019.

### **C. Average Rate Change**

The average rate changes as presented in the filing are:

- Table 10: 4.0%
- Table 11: 3.9%

Table 10 calculates the percentage change in the member weighted average rate for 2021 and the member weighted average rate for 2022. Table 11 calculates the percentage increase for each plan and then member weights the percentage increases.

Worksheet 2 of the URRT also shows a submission level rate change. This value is used in the development of the average rate change shown in the Federal Part II justification. A demonstration of this calculation is included in Attachment F.

### **D. Membership Count**

Please see Table 1 for the average age, age breakdown, and total membership for the periods shown.

### **E. Benefit/Cost Sharing Changes**

The majority of Highmark Benefits Group's renewing 2022 plans contain cost sharing that differs from the 2021 offering.

The screenshots from the HHS AV calculator, showing the plan benefits and the resulting actuarial values, can be found as a separate attachment within the *Supporting Documentation* section in SERFF. Also, the PA Plan Design Summary and Rate Tables along with the HIOS Plan IDs can be found within the *Rate/Rule Schedule* section in SERFF.

### **F. Experience Period Claims and Premium**

Please see Table 2 for the experience period data for the most recent calendar year. The experience period paid claims data represents the 2020 calendar year results for all policies in the single risk pool, with run out through February 2021. This data is consistent with the data reported in Section I of Worksheet I of the URRT.

Table 2 is populated with the experience period data as follows:

- The Earned Premium represents actual revenues earned in the experience period.
- Incurred Claims represent claims paid by HBG. Note that the URRT includes capitated services and is net of Rx Rebates. Those values are not included here as they are listed as separate items.



- The Allowed Claims represent our best estimate of the total claims prior to member cost sharing incurred during the experience period. The Allowed Claims include:
  - Two months of run out from the end of the experience period,
  - Claims processed outside of the Company's claims system (e.g., claim settlement costs), and
  - Our best estimate of claims incurred but not paid as of the end of the run out period.
 Note that allowed claims in the URRT include capitation and are net of drug rebates. They are not included here as they are called out separately in the exhibit.
- Allowed Charges for non EHB services are included in column G. The amount of non EHB included is shown in column H.
- Prescription Drug Rebates are used to reduce the level of Incurred Claims in the experience period.
- Total EHB capitation includes \$0.20 PMPM for the pediatric vision benefit.
- Estimated Risk Adjustment includes the transfer dollars and an estimate for the High Cost Risk Pool for the experience period. The Risk Adjustment transfer portion of the total is consistent with the results of the Department's RATEE analysis using the files dated May 3, 2021.

## **G. Credibility of Data**

The experience period data for HBG is large enough to be fully credible. The results are based 100% on the experience period data.

## **H. Trend Identification**

Table 3 identifies the annual medical and prescription drug allowed claims cost and utilization trends. The underlying total annual trend is 8.00%. Additionally, there is an induced utilization adjustment of 0.81% per year applied to reach the overall trend of 8.86% shown in Table 3 column G. The definitions of service categories, cost, and utilization in Table 3 are consistent with the URRT instructions. The numbers entered in the Cost and Utilization columns are consistent with those entered in Worksheet I, Section 2 of the URRT, except as noted below.

The cost trends presented in Table 3 reflect the Company's expectations regarding increases in in-network contractual reimbursement, as well as projected out-of-network costs. The significant changes observed in the volume, demographics and morbidity of the ACA population from 2017 to 2020 yield component trends that are generally not directly applicable for trend analysis. The trend components in Table 3 therefore represent the same blended average for all types of service and are applied to the aggregate experience for pricing.

A multi-year regression analysis was developed by the Company's valuation team to analyze the ACA individual population trend levels. The analysis was completed at the medical and pharmacy level, then combined to develop a total trend assumption. The regression tool removes components of trend that are more explainable from the observed trend rates and then uses regression analysis to isolate the underlying trend rate. Some of the more explainable variables include high dollar claims, workdays, provider contracting, demographics, and seasonality. The total trend is the sum of the explainable

components and the estimated underlying trend rate. The valuation regression tool primarily informed the trend selection with the final requested trend also based on actuarial judgment.

## **I. Historical Experience**

Table 4 presents the most recent 48 months (4 calendar years) of HBG data with run-out through February 2021. This data was not used to develop the trend in Table 3. Please see Section H for further details.

## **2. Rate Development & Change**

### **A. Development of Projected Index Rate, Market-Adjusted Index Rate, & Total Allowed Claims**

The development of the Projected Index Rate, Projected Market-Adjusted Index Rate, and Projected Total Allowed Claims, shown in Table 5, closely follows the methodologies discussed in the Part III Actuarial Memorandum submitted in the Rate Filing Justification. Please refer to the Part III Memorandum for further details.

Some of the items separately identified in Table 5 include:

- The Change in Morbidity adjustment of 1.111 is comprised of the following: the morbidity impact from claims experience, a state mandated morbidity adjustment for the Reinsurance program, the impact of health insurance coverage mandate elimination, and Covid-19 impact. Each of the components is described in more detail below.

#### **The Morbidity Impact from Claims Experience**

This adjustment reflects the change in the population mix/claim levels from the experience period to the projection period. We continue to observe a high degree of membership churn from year-to-year, which impacts the morbidity. This factor also takes into consideration the effects of adverse selection inherent to guaranteed issue markets. The Individual ACA risk pool continues to have a significantly higher proportion of older members with a high prevalence of chronic conditions compared to group business, which adds to the uncertainty of any future claim projections.

#### **State Mandated Morbidity Adjustment for the Reinsurance Program**

In accordance with the Department's guidance, there is an adjustment of -0.1% to reflect the impact of morbidity improvement due to the Reinsurance program.

#### **Impact of Health Insurance Coverage Mandate Elimination**

In accordance with the Department's guidance, the morbidity factor was increased by 1.0% to reflect the market uncertainty from the elimination of the health insurance coverage mandate.

### **Covid-19 Impact**

In order to account for the impact of COVID-19 on projected claim costs, the Company took the following steps:

1. Adjusted the claims in the base experience period to a non-COVID-19 baseline environment. This was done to provide a more stable base from which to project future claims. Claims in the base experience period were increased by 6.0%, representing the expected degree of claims suppression experienced.
2. Projected claims to the projection period using trends with the impact of COVID-19 excluded. Again, this provides for a more stable projection of future claims, before applying the anticipated impact of COVID-19 in the projection period. This was accomplished by applying a trend of 8.0% (which excludes any impact from COVID-19) to our adjusted BEP claims.
3. The projected claims were then further adjusted by applying the anticipated impacts of COVID costs expected in the projection period. There are four components of this adjustment determined by the Company:
  - a. Treatment costs (\$0.11 PMPM) – COVID treatment utilization in 2022 are expected to follow a similar utilization pattern as flu treatment from 2018 and 2019, with COVID specific admission costs based on recent admission costs for COVID.
  - b. COVID Testing (\$0.73 PMPM) – COVID testing utilization in 2022 are expected to follow a similar utilization pattern as flu testing from 2018 and 2019, with COVID specific testing costs based on recent testing costs for COVID.
  - c. COVID Vaccine (\$2.05 PMPM) – The Company is assuming that 43% of the population will be receiving vaccine boosters at a frequency of once every two years. This impact represents the expected cost that the Company will incur.
  - d. Additional morbidity (0.50% claims impact) – Due to insureds missing preventative care (maintenance care and testing services) and quarantine rules leading to a more sedentary lifestyle, the Company expects a general trend towards worsening member morbidity.

The application of the above COVID claim adjustments to the rating period results in a COVID adjustment factor of 1.07. Please see Attachment G for a more detailed calculation of the of these factors.

- The Change in Demographics adjustment of 1.029 reflects the change in age and geography factors we expect from the experience period to the projection period.
- There is no Change in Network adjustment.
- There is no Change in Benefits adjustment.
- The Change in Other adjustment of 1.011 reflects changes in pharmacy rebates and expected changes in hospital/physician settlements.

Please see Attachments A and E for a more detailed calculation of these factors. These factors can also be found in the accompanying spreadsheet.

The projected paid-to-allowed ratio is 0.847. The formula found in Table 5 cell C28 was overwritten because, unlike the average factors found in Table 10 cells K15 and K16, the Company's paid-to-allowed factor is weighted on projected allowed charges and is also dampened by items such as capitation.

The quantitative development of the projected risk adjustment transfer amount for the Company is shown in Attachment B and included in the accompanying spreadsheet. The transfer amount is developed based on an analysis of the claims data underlying the manual rate development for this filing (risk scores as defined in the HHS Notice of Benefit and Payment Parameters, as well as other risk transfer formula components) and an estimate as to the market-wide risk profile. This market-wide risk profile is developed from available market data, including prior years' risk adjustment transfer results, publicly available data (such as MLR reports), and outside expertise from actuarial consultants. Applying the federally prescribed transfer formula at the level of granularity available in Attachment B yields a projected gross risk adjustment transfer of (\$10.43) PMPM on a *billable* member month basis. This amount is then converted to a *total* member month basis of (\$10.40) PMPM in order to be used in the rate development. The expected risk adjustment payable reflects that the Company anticipates its average risk score (net of allowable rating factors) to be lower than the statewide average.

The (\$12.27) PMPM value in cell C31 of Table 5 equals the (\$10.40) PMPM value from Attachment B, a charge of (\$1.96) PMPM for the projected net impact of the High Cost Risk Pool program, and a further adjustment for the composite effect of catastrophic eligibility and benefits in addition to EHB. Please note that the risk adjustment user fee is captured in the taxes and fees portion of administrative costs.

The exchange user fee in cell C32 of Table 5 is developed by taking the required user fee percentage of 3.0% and multiplying by the percentage of total members expected to be on exchange of 91%. This results in a percentage of 2.7%. The PMPM of \$17.69 is calculated as 2.7% of the total required premium adjusted further for the composite effect of catastrophic eligibility and benefits in addition to EHB.

The projected incurred reinsurance recoveries of \$28.52 PMPM is found in cell C33 of Table 5. The reinsurance recoveries PMPM was developed by trending Highmark PA individual ACA CY2019 incurred claims by member to the CY2022 rating period, applying the parameters defined in Tab II.b, and calculating the amount of incurred claims expected to be reimbursed by the program. Highmark PA individual ACA business was considered due to its level of credibility. The modeling produced an estimated incurred claims savings of 4.8%. This percentage was converted to a PMPM and adjusted further for the composite effect of catastrophic eligibility and benefits in addition to EHB. The formula found in Table 5 cell C33 was overwritten to round the estimate calculated in Tab II.b to exactly 4.80%.

The Company intends to offer several plans that include benefits in addition to EHB. Five plans have an adult dental and vision benefit, and two plans have a hearing and personal assistance (i.e. Papa Pals) benefit. The Company relied on cost estimates from other departments for the following non-EHB benefits:

- **Adult dental benefit** – United Concordia Dental (UCD) estimated this benefit to be worth \$39.97 PMPM on a paid basis.
- **Adult vision benefit** – Davis Vision estimated this benefit to be worth \$2.18 PMPM on a paid basis.
- **Hearing benefit** – TruHearing estimated this benefit to be worth \$0.03 PMPM on a paid basis.
- **Personal assistance (i.e. Papa Pals) benefit** – Papa (the external vendor) estimated this benefit to be worth \$2.65 PMPM on a paid basis.

## **B. Retention Items**

Table 6 has been completed with the requested retention elements for the proposed rates for the rating period. The amounts presented separately sum to the total administrative expenses and taxes and fees presented in the rate development.

Administrative costs reflect internal costs that the Company is projected to incur in the rating period and are developed from standard expense allocation methods. Administrative expenses do not vary by plan.

The proposed rate development assumes an average broker commission of \$3.88 PMPM for 2022. The assumed broker commission schedule and the development of the average value are included in Attachment D.

Expenses for Quality Improvement initiatives are assumed to be 0.78%.

The following is a summary of the Taxes and Fees included in the rate development:

- Pennsylvania Premium Tax is not applicable to this issuer and thus is set to 0.0%.
- Federal Income Tax is set to 0.0%.
- Health Insurance Provider Fee is set to 0.0%.
- Risk Adjustment User Fee is set to \$0.25 PMPM consistent with Federal regulations.
- Patient-Centered Outcomes Research Institute (PCORI) fee is set to \$0.24 PMPM.

The Profit/Contingency for all plans is set to 0%. HBG has voluntarily refrained from adding a risk and contingency factor in this filing. By this voluntary action, HBG is not waving any right to include a risk and contingency factor which HBG believes is consistent with historical and legal interpretations of HBG and the Pennsylvania Insurance Department.

## **C. Normalized Market-Adjusted Projected Allowed Total Claims**

The normalization factors presented in Table 7 are each determined from the underlying membership demographics expected in the projected rating period. The 2021 values are pulled from the prior year's filing, while the 2022 values represent our projection for 2022 assumed in the 2022 rate development.

## **D. Components of Rate Change**

Table 8 presents the components of change in the proposed 2022 Calibrated Plan Adjusted Index Rate (PMPM). Cell C73 is populated with the base period allowed charges found in the 2021 plan year rate filing (\$510.59).

Table 9 presents the data elements supporting the calculations in Table 8. The 2021 values are populated using the 2021 filed factors adjusted for the membership mix as of February 1, 2021.

### 3. Plan Rate Development

Table 10 shows the plan rate development for 2022. This table shows the plans that the Company intends to offer in 2022, as well as all plans offered in the 2021 portfolio. The calibrated plan adjusted index rates for 2021 are calculated according to the instructions. The 2022 rating factors are consistent with the factors found on Worksheet 2 of the URRT. The pricing effect on Table 10 is further broken out into Pricing AV, Benefit Richness, and Non-Funding of CSR Adjustment. Similar to the URRT, the admin effect on Table 10 is broken out into Admin Costs, Taxes and Fees, and Profit or Contingency.

The benefit richness factors in column L are populated with the factors found in Attachment C and the corresponding supporting spreadsheet included with this rate filing. The derivation of the AV and Cost Sharing factors can also be found in Attachment C. The values in column 8 of the attachment represent the pure induced utilization for each plan. The Company's induced utilization factors are based on the following state-defined formula:  $(\text{Plan AV})^2 - (\text{Plan AV}) + 1.24$ . The "Plan AV" is the product of the "Pricing AV" and "Non-Funding of CSR Adjustment." Each plan's factor was then normalized by the average utilization factor. The average is a weighted average using projected membership as the weight. After normalization the average factor as shown in Attachment C is 1.000.

Note that the HHS Actuarial Value Calculator was unable to accommodate all of the Company's benefit designs. Plans needing certification are marked in column I of Table 10. Screen shots of all of the AV calculations and the appropriate certifications are included as a separate attachment within the *Supporting Documentation* section in SERFF.

For discontinuing plans where members are being mapped into a new plan, an effective rate increase is calculated by comparing the 2021 rate of the discontinuing plan to the 2022 rate of the plan to which the member is being mapped.

Columns AG through AP are populated with the February 1, 2021 enrollment by 2022 plan and rating area.

#### **Impact of Non-Payment of Cost Sharing Reduction Subsidies**

In accordance with the Department's guidance, we have applied an additional adjustment to our AV pricing values for those Silver plans not offered exclusively off-exchange. This adjustment factor was 1.22 and represents the non-payment of Cost Sharing Reduction subsidies. Consistent with the Department's guidance, this adjustment was reflected in Table 10 in Column P.

### 4. Plan Premium Development for 21-Year-Old Non-Tobacco User

Table 11 presents the Company's 21-year-old non-tobacco premium in the Individual Market. As mentioned in Section 1.C above, the change in 21-year-old non-tobacco premium PMPM calculated in this table is 3.9%.

## **5. Plan Factors**

### **A. Age and Tobacco Factors**

Please see Table 12 for the Company's age and tobacco factors.

### **B. Geographic Factors**

Please see Table 13 for the Company's geographic factors. The Company's factors for the rating period are unchanged from the currently approved factors.

### **C. Network Factors**

Please see Table 14 for a summary of the Company's network rating factors. The factors presented here represent the medical network factors from the prior approved rate filing (if applicable) and the projected medical network factors for the rating period.

### **D. Service Area Composition**

The Plan Design Summary exhibit uploaded as a separate document contains the service areas related to this filing. As requested, service area maps are included.

## **6. Actuarial Certifications**

I, [REDACTED], am a member of the American Academy of Actuaries and meet its qualification standards for actuaries issuing statements of actuarial opinions in the United States. This filing is prepared on behalf of HBG to accompany its rate filing (for calendar year 2022) for the Individual Market on and off the Pennsylvania Exchange.

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

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80(d)(1) and 147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient.

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

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

I certify that all factors, benefit and other changes from the prior approved filing have been disclosed in the 2022 PA Actuarial Memorandum Rate Exhibits.

I certify that new plans are not considered modifications of existing plans (per the uniform modification standards in 45 CFR 147.106).

I certify that the AV Metal Values included in Table 10 were based entirely on the Federal AV Calculator or one of the approved alternative approaches.

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

I certify that the information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2022 Rate Filing Justification.

[REDACTED]

[REDACTED]

[REDACTED]

Date: 07/13/2021



**Highmark Benefits Group**  
**Individual Market Product Portfolio**  
**Supplemental Exhibits**

Attachment A	Change in Morbidity and Change in Other Calculations
Attachment B	Risk Adjustment Calculation
Attachment C	Induced Demand Calculation
Attachment D	Broker Commission Calculation
Attachment E	Demographics Calculation
Attachment F	URRT Average Increase
Attachment G	COVID Adjustment Calculation
Attachment H	Milliman Certification

# Highmark Benefits Group

## Individual Market

### Attachment A - 'Change in Morbidity' & 'Change in Other' Calculations

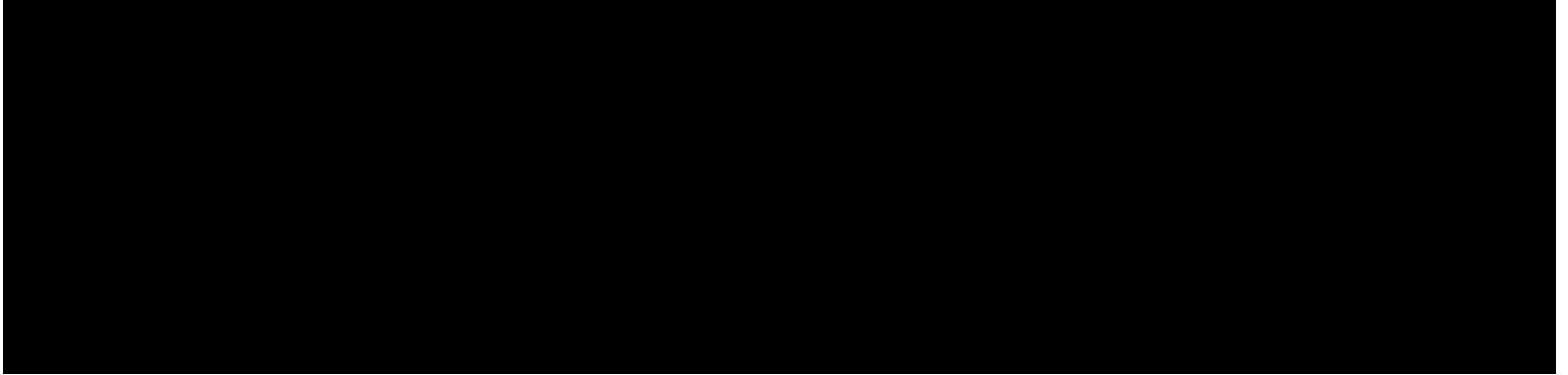
Components of 'Change in Morbidity'	2020 Member Distribution	2020 Normalized Allowed PMPM	2022 Member Distribution	2020 Normalized Allowed PMPM	Morbidity Change Relative to Total
<u>Population Source</u>					
HBG ACA	100.0%	\$265.12	78.5%	\$267.43	1.009
Other Highmark			2.5%	\$477.99	1.803
Prior ACA			1.0%	\$284.81	1.074
New-to-Blue			18.0%	\$267.43	1.009
Morbidity Factor	100.0%	\$265.12	100.0%	\$272.87	1.029
Capitation and Dental Dampening Factor					1.000
Dampened Morbidity Factor					1.029
Individual Mandate Load					1.010
COVID-19 Adjustment Factor					1.070
Table 5 'Change in Morbidity' Factor					1.112

Components of 'Change in Other'	Factor
CY2020 Demographic Factor	1.919
<u>CY2022 Demographic Factor</u>	<u>1.975</u>
Change in Demographics	1.029
CY2020 Network Factor	0.973
<u>CY2022 Network Factor</u>	<u>0.973</u>
Change in Network	1.000
Change in Benefits	1.000
Change in Other	1.011
Table 5 'Change in Other' Factor	1.040

Highmark Benefits Group

Individual Market

Attachment B - Risk Adjustment Calculation



# Highmark Benefits Group

## Individual Market

### Attachment C - Induced Demand Calculations

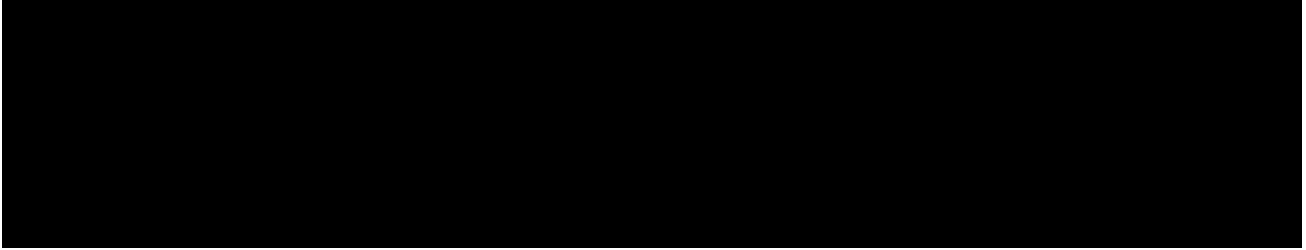
Induced Utilization Exhibit							
Plan ID (1)	Metal Level (2)	Projected Membership (3)	Projected Allowed Claims (4)	Projected Paid Claims (5)	Paid to Allowed Factor (6)	AV & Cost Sharing Factor (7)	(7)/(6) (8)
79962PA0190007	Gold	37,476	\$26,560,884	\$23,080,813	0.869	0.878	1.010
79962PA0220005	Gold	7,128	\$5,397,672	\$4,690,456	0.869	0.878	1.010
79962PA0230001	Gold	33,864	\$24,653,794	\$22,251,725	0.903	0.933	1.034
79962PA0240001	Gold	8,220	\$6,368,229	\$5,747,760	0.903	0.933	1.034
79962PA0200004	Gold	1,296	\$899,521	\$751,919	0.836	0.827	0.989
79962PA0190009	Silver	1,968	\$1,325,940	\$1,039,270	0.784	0.753	0.960
79962PA0220003	Silver	588	\$427,786	\$335,298	0.784	0.753	0.960
79962PA0190005	Silver	7,596	\$5,694,161	\$5,400,607	0.948	1.013	1.069
79962PA0220002	Silver	552	\$438,325	\$415,728	0.948	1.013	1.069
79962PA0200002	Silver	60,192	\$43,623,909	\$39,346,969	0.902	0.932	1.033
79962PA0190001	Bronze	40,764	\$26,590,672	\$19,027,520	0.716	0.665	0.930
79962PA0220001	Bronze	4,632	\$3,294,333	\$2,357,330	0.716	0.665	0.930
79962PA0200001	Bronze	12,840	\$8,360,832	\$5,946,900	0.711	0.660	0.928
79962PA0210001	Catastrophic	1,920	\$1,112,125	\$669,421	0.602	0.540	0.897
Total		219,036	\$154,748,183	\$131,061,715	0.847	0.847	1.000

Components of AV & Cost Sharing Factor					
HIOS Plan ID	Metal Level	Paid-to- Allowed Ratio	Induced Utilization Factor	Avg. Benefit Richness	AV & Cost Sharing Factor
79962PA0190007	Gold	0.869	1.126	1.115	0.878
79962PA0220005	Gold	0.869	1.126	1.115	0.878
79962PA0230001	Gold	0.903	1.152	1.115	0.933
79962PA0240001	Gold	0.903	1.152	1.115	0.933
79962PA0200004	Gold	0.836	1.103	1.115	0.827
79962PA0190009	Silver	0.784	1.071	1.115	0.753
79962PA0220003	Silver	0.784	1.071	1.115	0.753
79962PA0190005	Silver	0.948	1.191	1.115	1.013
79962PA0220002	Silver	0.948	1.191	1.115	1.013
79962PA0200002	Silver	0.902	1.152	1.115	0.932
79962PA0190001	Bronze	0.716	1.036	1.115	0.665
79962PA0220001	Bronze	0.716	1.036	1.115	0.665
79962PA0200001	Bronze	0.711	1.035	1.115	0.660
79962PA0210001	Catastrophic	0.602	1.000	1.115	0.540

**Highmark Benefits Group**

**Individual Market**

**Attachment D - Broker Commission Schedule**



Highmark Benefits Group

Individual Market

Attachment E - 'Change in Demographics' Calculation

Table E.1 - Age & Tobacco Factors

Age Band	HHS Age Factor	Tobacco Factor
0	0.765	1.000
1	0.765	1.000
2	0.765	1.000
3	0.765	1.000
4	0.765	1.000
5	0.765	1.000
6	0.765	1.000
7	0.765	1.000
8	0.765	1.000
9	0.765	1.000
10	0.765	1.000
11	0.765	1.000
12	0.765	1.000
13	0.765	1.000
14	0.765	1.000
15	0.833	1.000
16	0.859	1.000
17	0.885	1.000
18	0.913	1.000
19	0.941	1.000
20	0.970	1.000
21	1.000	1.025
22	1.000	1.025
23	1.000	1.025
24	1.000	1.025
25	1.004	1.025
26	1.024	1.025
27	1.048	1.025
28	1.087	1.025
29	1.119	1.025
30	1.135	1.025
31	1.159	1.025
32	1.183	1.025
33	1.198	1.025
34	1.214	1.025
35	1.222	1.025
36	1.230	1.025
37	1.238	1.025
38	1.246	1.025
39	1.262	1.025
40	1.278	1.100
41	1.302	1.105
42	1.325	1.112
43	1.357	1.121
44	1.397	1.132
45	1.444	1.145
46	1.500	1.160
47	1.563	1.177
48	1.635	1.196
49	1.706	1.217
50	1.786	1.225
51	1.865	1.225
52	1.952	1.225
53	2.040	1.225
54	2.135	1.225
55	2.230	1.225
56	2.333	1.225
57	2.437	1.225
58	2.548	1.225
59	2.603	1.225
60	2.714	1.225
61	2.810	1.225
62	2.873	1.225
63	2.952	1.225
64	3.000	1.225

Table E.2 - Experience Period Membership

Membership Mix		
Non-Tobacco	Tobacco	Total
0.31%	0.00%	0.31%
0.23%	0.00%	0.23%
0.15%	0.00%	0.15%
0.20%	0.00%	0.20%
0.32%	0.00%	0.32%
0.28%	0.00%	0.28%
0.26%	0.00%	0.26%
0.28%	0.00%	0.28%
0.27%	0.00%	0.27%
0.26%	0.00%	0.26%
0.28%	0.00%	0.28%
0.25%	0.00%	0.25%
0.39%	0.00%	0.39%
0.38%	0.00%	0.38%
0.40%	0.00%	0.40%
0.50%	0.00%	0.50%
0.46%	0.00%	0.46%
0.49%	0.00%	0.49%
0.51%	0.00%	0.51%
0.85%	0.00%	0.85%
0.95%	0.00%	0.95%
1.03%	0.02%	1.05%
0.98%	0.03%	1.01%
0.85%	0.04%	0.89%
0.77%	0.03%	0.80%
0.72%	0.04%	0.76%
1.52%	0.12%	1.65%
1.20%	0.10%	1.30%
1.16%	0.09%	1.25%
1.33%	0.12%	1.45%
1.40%	0.15%	1.55%
1.16%	0.14%	1.30%
1.15%	0.11%	1.25%
1.21%	0.15%	1.35%
1.06%	0.12%	1.19%
1.05%	0.12%	1.17%
1.04%	0.12%	1.16%
1.14%	0.11%	1.25%
1.07%	0.17%	1.24%
1.27%	0.15%	1.42%
1.31%	0.09%	1.40%
1.21%	0.13%	1.34%
1.29%	0.14%	1.43%
1.25%	0.14%	1.39%
1.27%	0.15%	1.42%
1.39%	0.09%	1.49%
1.54%	0.11%	1.65%
1.61%	0.13%	1.74%
1.76%	0.15%	1.91%
1.98%	0.15%	2.13%
2.07%	0.19%	2.26%
2.15%	0.13%	2.27%
2.19%	0.21%	2.40%
2.41%	0.22%	2.63%
2.39%	0.16%	2.55%
2.82%	0.21%	3.04%
3.09%	0.19%	3.28%
3.24%	0.20%	3.43%
3.19%	0.21%	3.40%
3.93%	0.18%	4.11%
3.87%	0.32%	4.19%
4.40%	0.32%	4.73%
4.89%	0.29%	5.18%
5.56%	0.32%	5.88%
3.50%	0.21%	3.71%
93.44%	6.56%	100.00%

Table E.3 - Projection Period Membership

Membership Mix		
Non-Tobacco	Tobacco	Total
0.14%	0.00%	0.14%
0.20%	0.00%	0.20%
0.16%	0.00%	0.16%
0.16%	0.00%	0.16%
0.17%	0.00%	0.17%
0.26%	0.00%	0.26%
0.26%	0.00%	0.26%
0.23%	0.00%	0.23%
0.24%	0.00%	0.24%
0.24%	0.00%	0.24%
0.23%	0.00%	0.23%
0.33%	0.00%	0.33%
0.28%	0.00%	0.28%
0.39%	0.00%	0.39%
0.32%	0.00%	0.32%
0.42%	0.00%	0.42%
0.57%	0.00%	0.57%
0.53%	0.00%	0.53%
0.48%	0.00%	0.48%
0.77%	0.00%	0.77%
0.90%	0.00%	0.90%
1.01%	0.01%	1.02%
0.90%	0.01%	0.91%
0.94%	0.02%	0.96%
0.78%	0.02%	0.80%
0.76%	0.05%	0.82%
1.22%	0.07%	1.29%
1.34%	0.09%	1.43%
1.11%	0.08%	1.19%
1.16%	0.09%	1.24%
1.25%	0.09%	1.34%
1.28%	0.09%	1.37%
1.07%	0.12%	1.19%
1.22%	0.09%	1.31%
1.13%	0.09%	1.22%
0.93%	0.09%	1.01%
1.12%	0.09%	1.21%
1.07%	0.11%	1.18%
1.07%	0.07%	1.14%
1.07%	0.14%	1.21%
1.17%	0.11%	1.28%
1.19%	0.11%	1.30%
1.26%	0.09%	1.36%
1.17%	0.13%	1.29%
1.22%	0.12%	1.34%
1.26%	0.10%	1.36%
1.49%	0.11%	1.60%
1.50%	0.12%	1.62%
1.59%	0.08%	1.67%
1.83%	0.13%	1.96%
2.01%	0.14%	2.15%
2.09%	0.17%	2.26%
2.24%	0.10%	2.34%
2.40%	0.20%	2.60%
2.58%	0.27%	2.85%
2.53%	0.15%	2.68%
3.06%	0.18%	3.24%
3.26%	0.12%	3.38%
3.53%	0.20%	3.73%
3.33%	0.20%	3.53%
4.27%	0.23%	4.50%
4.35%	0.29%	4.65%
5.20%	0.31%	5.51%
5.70%	0.20%	5.90%
6.48%	0.28%	6.76%
94.45%	5.55%	100.00%

Table E.4 - Area Factors

Rating Area	Experience Period		Projection Period	
	Enrollment	Area Factor	Enrollment	Area Factor
3	100.0%	1.000	100.0%	1.000
Total	100.0%	1.000	100.0%	1.000

Table E.5 - 'Change in Demographics' Calculation

	Experience Period	Projection Period	Change in Demographics
Average Age Factor	1.901	1.958	
Average Tobacco Factor	1.010	1.009	
Average Area Factor	1.000	1.000	
Average Demographic Factor	1.920	1.976	
Capitation Dampening	1.000	1.000	
Final Demographic Factor	1.919	1.975	1.029

# Highmark Benefits Group

## Individual Market

### Attachment F - URRT Average Increase

HIOS Plan ID	URRT Plan Category	URRT Current Enrollment	Current Enrollment in Renewing Plans	Current Avg Rate	Projected Avg Rate	Cumulative Rate Change %
79962PA0190001	Renewing	4,634	4,634	\$ 491.97	\$ 509.24	3.51%
79962PA0190002	Terminated	0	0	\$ -	\$ -	0.00%
79962PA0190003	Terminated	0	0	\$ -	\$ -	0.00%
79962PA0190004	Terminated	0	0	\$ -	\$ -	0.00%
79962PA0190005	Renewing	920	920	\$ 748.39	\$ 775.63	3.64%
79962PA0190006	Terminated	2,952	0	\$ 683.86	\$ -	0.00%
79962PA0190007	Renewing	2,814	2,814	\$ 663.52	\$ 671.88	1.26%
79962PA0190009	Renewing	86	86	\$ 576.23	\$ 576.11	-0.02%
79962PA0200001	Renewing	636	636	\$ 495.20	\$ 505.25	2.03%
79962PA0200002	Renewing	4,322	4,322	\$ 674.83	\$ 713.16	5.68%
79962PA0200003	Terminated	278	0	\$ 563.32	\$ -	0.00%
79962PA0200004	New	0	0	\$ -	\$ -	0.00%
79962PA0210001	Renewing	121	121	\$ 382.71	\$ 380.38	-0.61%
79962PA0220001	Renewing	193	193	\$ 547.33	\$ 555.21	1.44%
79962PA0220002	Renewing	31	31	\$ 803.75	\$ 821.59	2.22%
79962PA0220003	Renewing	28	28	\$ 631.59	\$ 622.12	-1.50%
79962PA0220005	New	0	0	\$ -	\$ -	0.00%
79962PA0230001	New	0	0	\$ -	\$ -	0.00%
79962PA0240001	New	0	0	\$ -	\$ -	0.00%
Total		17,015	13,785	\$ 602.91	\$ 624.83	3.64%

# Highmark Benefits Group

## Individual Market

### Attachment G - COVID Adjustment Calculation

	COVID-19 Impact
<b><u>CY2020 Adjustment</u></b>	
<u>Category</u>	
Testing	0.8%
COVID Treatment/Care	0.5%
<u>Deferred/Rescheduled/Induced Care</u>	<u>(7.0%)</u>
Total	(5.7%)
<b>CY2020 Adjustment Factor</b>	<b>1.060</b>
<b><u>CY2022 Adjustment</u></b>	
<u>Category</u>	
Vaccine PMPM	\$2.05
Testing PMPM	\$0.73
<u>COVID Treatment/Care PMPM</u>	<u>\$0.11</u>
Subtotal	\$2.89
<u>Total Adjusted Projected Allowed EHB Claims PMPM (Table 5)</u>	<u>\$701.53</u>
Subtotal (as a factor)	1.004
Morbidity	1.005
<b>CY2022 Adjustment Factor</b>	<b>1.009</b>
<b>Total COVID-19 Adjustment Factor</b>	<b>1.070</b>





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## ACTUARIAL MEMORANDUM

### Highmark Benefits Group

#### Revised Individual Rate Filing - January 1, 2022

I, [REDACTED], am a member of the American Academy of Actuaries and meet its qualification standards for preparing individual rate filings. As a consulting actuary, I was requested by Highmark Benefits Group ("HBG") to review the development of the market-wide base rate for the individual market on and off the Pennsylvania Exchange. The confidential material presented in this revised filing was prepared for the specific purpose of submitting the rating formula for the Pennsylvania Insurance Department and may not be appropriate for other purposes. This filing represents premium rates for individuals sold or renewed effective January 1, 2022. The rates are guaranteed until December 31, 2022.

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

1. Premium rates are established in accordance with generally accepted actuarial principles and the applicable Actuarial Standards of Practice. They are not excessive, inadequate, or unfairly discriminatory. Rates are reasonable in relationship to the benefits provided. However, it is certain that actual experience will not conform exactly to the assumptions used in this analysis. To the extent that actual experience is different from the assumptions used in developing the rates, the actual results will also deviate from the projected amounts.
2. In compliance with all applicable Pennsylvania and Federal Statutes and Regulations (45 CFR 156.80 and 147.102).
3. The rating factors and rating methodology are reasonable and consistent with HBG's business plan at the time of the filing.

[REDACTED]  
[REDACTED]  
Fellow, Society of Actuaries  
Member, American Academy of Actuaries  
July 12, 2021

PA Rate Template Part I  
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	HBG		
Product(s):	EPO		
Market Segment:	Individual	to	12/31/2022
Rate Effective Date:	01/01/2022		
Base Period Start Date:	01/01/2020	to	12/31/2020
Date of Most Recent Membership:	02/01/2021		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2021)	Projected Rating Period
Average Age	46.0	46.9	47.0
Total	207,400	17,374	219,036
<18	11,853	907	11,283
18-24	12,555	1,018	12,780
25-29	13,282	1,082	13,062
30-34	13,777	1,133	14,068
35-39	12,932	998	12,620
40-44	14,484	1,130	14,413
45-49	18,491	1,419	17,990
50-54	25,118	2,111	26,723
55-59	35,781	2,866	36,268
60-63	41,428	3,551	45,024
64+	7,699	1,159	14,806

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 127,283,631.50	\$ 91,825,114.39	\$ 94,850,107.67	207,400	\$ 19,002,419.20	\$ 113,852,526.88	\$ -	\$ (7,692,450.93)	\$ 41,480.00	\$ -	\$ (6,384,534.00)	\$ -
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 512.06
Loss Ratio											72.13%

\*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	4.00%	3.85%	0.81%	8.87%	21.93%
Outpatient Hospital	4.00%	3.85%	0.81%	8.87%	36.10%
Professional	4.00%	3.85%	0.81%	8.87%	22.48%
Other Medical	4.00%	3.85%	0.81%	8.87%	2.39%
Capitation				-16.49%	0.04%
Prescription Drugs	4.00%	3.85%	0.81%	8.87%	17.06%
Total Annual Trend				8.86%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.185	

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

\*\* Should equal URRT Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-17				#DIV/0!		#DIV/0!				#DIV/0!
Feb-17				#DIV/0!		#DIV/0!				#DIV/0!
Mar-17				#DIV/0!		#DIV/0!				#DIV/0!
Apr-17				#DIV/0!		#DIV/0!				#DIV/0!
May-17				#DIV/0!		#DIV/0!				#DIV/0!
Jun-17				#DIV/0!		#DIV/0!				#DIV/0!
Jul-17				#DIV/0!		#DIV/0!				#DIV/0!
Aug-17				#DIV/0!		#DIV/0!				#DIV/0!
Sep-17				#DIV/0!		#DIV/0!				#DIV/0!
Oct-17				#DIV/0!		#DIV/0!				#DIV/0!
Nov-17				#DIV/0!		#DIV/0!				#DIV/0!
Dec-17				#DIV/0!		#DIV/0!				#DIV/0!
Jan-18				#DIV/0!		#DIV/0!				#DIV/0!
Feb-18				#DIV/0!		#DIV/0!				#DIV/0!
Mar-18				#DIV/0!		#DIV/0!				#DIV/0!
Apr-18				#DIV/0!		#DIV/0!				#DIV/0!
May-18				#DIV/0!		#DIV/0!				#DIV/0!
Jun-18				#DIV/0!		#DIV/0!				#DIV/0!
Jul-18				#DIV/0!		#DIV/0!				#DIV/0!
Aug-18				#DIV/0!		#DIV/0!				#DIV/0!
Sep-18				#DIV/0!		#DIV/0!				#DIV/0!
Oct-18				#DIV/0!		#DIV/0!				#DIV/0!
Nov-18				#DIV/0!		#DIV/0!				#DIV/0!
Dec-18				#DIV/0!		#DIV/0!				#DIV/0!
Jan-19				#DIV/0!		#DIV/0!				#DIV/0!
Feb-19				#DIV/0!		#DIV/0!				#DIV/0!
Mar-19				#DIV/0!		#DIV/0!				#DIV/0!
Apr-19				#DIV/0!		#DIV/0!				#DIV/0!
May-19				#DIV/0!		#DIV/0!				#DIV/0!
Jun-19				#DIV/0!		#DIV/0!				#DIV/0!
Jul-19				#DIV/0!		#DIV/0!				#DIV/0!
Aug-19				#DIV/0!		#DIV/0!				#DIV/0!
Sep-19				#DIV/0!		#DIV/0!				#DIV/0!
Oct-19				#DIV/0!		#DIV/0!				#DIV/0!
Nov-19				#DIV/0!		#DIV/0!				#DIV/0!
Dec-19		\$ 35,362.34	1.0000	\$ 35,362.34		#DIV/0!	\$ 11,732.88			#DIV/0!
Jan-20		\$ 6,840,632.23	0.9981	\$ 6,853,701.82	17,143	\$ 399.80		\$ (493,317.33)	\$ 8,783,651.83	\$ 512.38
Feb-20		\$ 7,340,852.03	0.9980	\$ 7,355,419.90	17,299	\$ 425.19		\$ (529,488.95)	\$ 9,007,092.44	\$ 520.67
Mar-20		\$ 6,644,113.51	0.9949	\$ 6,676,005.53	17,454	\$ 382.61		\$ (675,308.98)	\$ 7,644,399.59	\$ 437.97
Apr-20		\$ 5,905,468.28	0.9945	\$ 5,927,927.00	17,586	\$ 337.65		\$ (594,420.13)	\$ 6,549,313.98	\$ 372.42
May-20		\$ 6,841,702.68	0.9899	\$ 6,911,560.23	17,643	\$ 391.75		\$ (637,960.99)	\$ 7,514,368.82	\$ 425.91
Jun-20		\$ 8,126,830.10	0.9849	\$ 8,251,445.44	17,670	\$ 466.97		\$ (600,229.17)	\$ 9,206,634.03	\$ 521.03
Jul-20		\$ 8,053,811.76	0.9820	\$ 8,201,122.12	17,530	\$ 467.83		\$ (627,137.37)	\$ 9,168,625.54	\$ 523.02
Aug-20		\$ 7,937,702.63	0.9742	\$ 8,147,704.24	17,151	\$ 475.06		\$ (660,084.17)	\$ 8,956,592.68	\$ 522.22
Sep-20		\$ 7,571,543.94	0.9665	\$ 7,834,144.92	17,156	\$ 456.64		\$ (714,000.36)	\$ 8,525,807.94	\$ 496.96
Oct-20		\$ 9,505,618.84	0.9554	\$ 9,949,285.81	17,054	\$ 583.40		\$ (713,863.58)	\$ 10,721,351.52	\$ 628.67
Nov-20		\$ 8,063,586.93	0.9186	\$ 8,778,457.37	16,955	\$ 517.75		\$ (704,327.92)	\$ 9,450,261.25	\$ 557.37
Dec-20	\$ 127,283,631.50	\$ 8,993,251.46	0.9005	\$ 9,987,310.78	16,759	\$ 595.94	\$ 18,875,713.00	\$ (742,311.97)	\$ 10,541,257.61	\$ 628.99

\* Express Completion Factor as a percentage

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

Carrier Name:

Product(s):

Market Segment:

Rate Effective Date:

HBG

EPO

Individual

01/01/2022

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ -
Loss Ratio											0.00%

\*Express Prescription Drug Rebates as a negative number

Table 3b. Manual 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				24	
Total Applied Trend Projection Factor				1.000	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-17				#DIV/0!		#DIV/0!				#DIV/0!
Feb-17				#DIV/0!		#DIV/0!				#DIV/0!
Mar-17				#DIV/0!		#DIV/0!				#DIV/0!
Apr-17				#DIV/0!		#DIV/0!				#DIV/0!
May-17				#DIV/0!		#DIV/0!				#DIV/0!
Jun-17				#DIV/0!		#DIV/0!				#DIV/0!
Jul-17				#DIV/0!		#DIV/0!				#DIV/0!
Aug-17				#DIV/0!		#DIV/0!				#DIV/0!
Sep-17				#DIV/0!		#DIV/0!				#DIV/0!
Oct-17				#DIV/0!		#DIV/0!				#DIV/0!
Nov-17				#DIV/0!		#DIV/0!				#DIV/0!
Dec-17				#DIV/0!		#DIV/0!				#DIV/0!
Jan-18				#DIV/0!		#DIV/0!				#DIV/0!
Feb-18				#DIV/0!		#DIV/0!				#DIV/0!
Mar-18				#DIV/0!		#DIV/0!				#DIV/0!
Apr-18				#DIV/0!		#DIV/0!				#DIV/0!
May-18				#DIV/0!		#DIV/0!				#DIV/0!
Jun-18				#DIV/0!		#DIV/0!				#DIV/0!
Jul-18				#DIV/0!		#DIV/0!				#DIV/0!
Aug-18				#DIV/0!		#DIV/0!				#DIV/0!
Sep-18				#DIV/0!		#DIV/0!				#DIV/0!
Oct-18				#DIV/0!		#DIV/0!				#DIV/0!
Nov-18				#DIV/0!		#DIV/0!				#DIV/0!
Dec-18				#DIV/0!		#DIV/0!				#DIV/0!
Jan-19				#DIV/0!		#DIV/0!				#DIV/0!
Feb-19				#DIV/0!		#DIV/0!				#DIV/0!
Mar-19				#DIV/0!		#DIV/0!				#DIV/0!
Apr-19				#DIV/0!		#DIV/0!				#DIV/0!
May-19				#DIV/0!		#DIV/0!				#DIV/0!
Jun-19				#DIV/0!		#DIV/0!				#DIV/0!
Jul-19				#DIV/0!		#DIV/0!				#DIV/0!
Aug-19				#DIV/0!		#DIV/0!				#DIV/0!
Sep-19				#DIV/0!		#DIV/0!				#DIV/0!
Oct-19				#DIV/0!		#DIV/0!				#DIV/0!
Nov-19				#DIV/0!		#DIV/0!				#DIV/0!
Dec-19				#DIV/0!		#DIV/0!				#DIV/0!
Jan-20				#DIV/0!		#DIV/0!				#DIV/0!
Feb-20				#DIV/0!		#DIV/0!				#DIV/0!
Mar-20				#DIV/0!		#DIV/0!				#DIV/0!
Apr-20				#DIV/0!		#DIV/0!				#DIV/0!
May-20				#DIV/0!		#DIV/0!				#DIV/0!
Jun-20				#DIV/0!		#DIV/0!				#DIV/0!
Jul-20				#DIV/0!		#DIV/0!				#DIV/0!
Aug-20				#DIV/0!		#DIV/0!				#DIV/0!
Sep-20				#DIV/0!		#DIV/0!				#DIV/0!
Oct-20				#DIV/0!		#DIV/0!				#DIV/0!
Nov-20				#DIV/0!		#DIV/0!				#DIV/0!
Dec-20				#DIV/0!		#DIV/0!				#DIV/0!

\* 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:	HBG	Attachment Point:	\$60,000
Product(s):	EPO	Reinsurance Cap:	\$100,000
Market Segment:	Individual	Coinsurance Rate:	45%
Rate Effective Date:	01/01/2022		
Incurred Dates:	1/1/2020 to 12/31/2020	Proj. Incurred Claim Impact:	-3.9%

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2020 to 12/31/2020					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999				\$38,563,968
\$30,000	\$34,999				\$2,907,644
\$35,000	\$39,999				\$2,254,335
\$40,000	\$44,999				\$2,108,413
\$45,000	\$49,999				\$3,131,119
\$50,000	\$54,999				\$1,804,662
\$55,000	\$59,999				\$1,827,344
\$60,000	\$64,999				\$2,387,815
\$65,000	\$69,999				\$1,216,106
\$70,000	\$74,999				\$1,809,066
\$75,000	\$79,999				\$1,536,019
\$80,000	\$84,999				\$1,157,454
\$85,000	\$89,999				\$1,198,736
\$90,000	\$94,999				\$860,125
\$95,000	\$99,999				\$892,631
\$100,000	\$109,999				\$1,640,226
\$110,000	\$119,999				\$1,261,104
\$120,000	\$129,999				\$1,400,553
\$130,000	\$139,999				\$1,393,295
\$140,000	\$149,999				\$1,134,047
\$150,000	\$159,999				\$969,737
\$160,000	\$169,999				\$1,172,417
\$170,000	\$179,999				\$785,782
\$180,000	\$189,999				\$830,100
\$190,000	\$199,999				\$523,499
\$200,000	\$209,999				\$374,540
\$210,000	\$219,999				\$992,183
\$220,000	\$229,999				\$618,213
\$230,000	\$239,999				\$862,752
\$240,000	\$249,999				\$913,941
\$250,000	\$259,999				\$472,045
\$260,000	\$269,999				\$1,236,304
\$270,000	\$279,999				\$254,237
\$280,000	\$289,999				\$533,333
\$290,000	\$299,999				\$550,342
\$300,000	\$324,999				\$865,617
\$325,000	\$349,999				\$0
\$350,000	\$374,999				\$1,400,889
\$375,000	\$399,999				\$362,636
\$400,000	\$424,999				\$401,556
\$425,000	\$449,999				\$840,371
\$450,000	\$474,999				\$455,838
\$475,000	\$499,999				\$465,264
\$500,000	\$599,999				\$1,062,365
\$600,000	\$699,999				\$639,963
\$700,000	\$799,999				\$0
\$800,000	\$899,999				\$0
\$900,000	\$999,999				\$0
\$1,000,000+					\$2,180,998
Total		21,249	207,393	\$93,931,362	\$90,249,584

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

Carrier Name:	HBG	Attachment Point:	\$60,000
Product(s):	EPO	Reinsurance Cap:	\$100,000
Market Segment:	Individual	Coinsurance Rate:	45%
Rate Effective Date:	01/01/2022		
		Proj. Incurred Claim Impact:	-4.8%
		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				\$64,453,198
\$30,000	\$34,999				\$6,068,256
\$35,000	\$39,999				\$5,825,552
\$40,000	\$44,999				\$6,046,058
\$45,000	\$49,999				\$5,101,107
\$50,000	\$54,999				\$3,407,178
\$55,000	\$59,999				\$3,754,074
\$60,000	\$64,999				\$3,676,514
\$65,000	\$69,999				\$3,592,213
\$70,000	\$74,999				\$4,077,661
\$75,000	\$79,999				\$3,265,912
\$80,000	\$84,999				\$3,189,522
\$85,000	\$89,999				\$2,250,884
\$90,000	\$94,999				\$1,944,631
\$95,000	\$99,999				\$4,277,527
\$100,000	\$109,999				\$3,548,675
\$110,000	\$119,999				\$4,935,241
\$120,000	\$129,999				\$3,627,397
\$130,000	\$139,999				\$3,279,942
\$140,000	\$149,999				\$2,023,081
\$150,000	\$159,999				\$3,284,023
\$160,000	\$169,999				\$1,612,612
\$170,000	\$179,999				\$1,731,201
\$180,000	\$189,999				\$2,341,422
\$190,000	\$199,999				\$2,667,577
\$200,000	\$209,999				\$1,108,907
\$210,000	\$219,999				\$3,370,526
\$220,000	\$229,999				\$836,821
\$230,000	\$239,999				\$872,108
\$240,000	\$249,999				\$1,147,055
\$250,000	\$259,999				\$946,213
\$260,000	\$269,999				\$2,465,487
\$270,000	\$279,999				\$773,989
\$280,000	\$289,999				\$1,342,477
\$290,000	\$299,999				\$1,656,731
\$300,000	\$324,999				\$3,854,404
\$325,000	\$349,999				\$2,558,100
\$350,000	\$374,999				\$3,434,389
\$375,000	\$399,999				\$4,843,749
\$400,000	\$424,999				\$2,721,322
\$425,000	\$449,999				\$1,257,352
\$450,000	\$474,999				\$1,342,613
\$475,000	\$499,999				\$948,732
\$500,000	\$599,999				\$3,678,005
\$600,000	\$699,999				\$1,879,113
\$700,000	\$799,999				\$1,455,852
\$800,000	\$899,999				\$839,819
\$900,000	\$999,999				\$929,030
\$1,000,000+					\$4,237,890
Total		34,887	325,937	\$208,469,580	\$198,482,144

## PA Rate Template Part II

### Rate Development and Change

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

HBG  
EPO  
Individual  
01/01/2022

**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	\$ 512.06	\$ -	<- Actual Experience PMPM should be consistent with the Index Rate for Experien
Two year trend projection Factor	1.185	1.000	
Unadjusted Projected Allowed EHB Claims PMPM	\$ 606.84	\$ -	
<u>Single Risk Pool Adjustment Factors</u>			
Change in Morbidity - Impact of Reinsurance Program	0.999	0.999	
Change in Morbidity - All Other	1.112		<- See URRT Instructions
Total Non-Morbidity Changes	1.040	0.000	
Change in Demographics	1.029		<- See URRT Instructions
Change in Network	1.000		
Change in Benefits	1.000		<- See URRT Instructions
Change in Other	1.011		
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 701.53	\$ -	
Credibility Factors	100%	0%	<- See Instructions
Blended Projected EHB Claims PMPM		\$ 701.53	
<b>Development of the Market-Adjusted Index Rate and Total Allowed Claims</b>			<- Projected Index Rate
Adjusted Projected Allowed EHB Claims PMPM	\$ 701.53		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.847		
Projected Incurred EHB Claims PMPM	\$ 594.15		
<u>Market-wide Adjustments</u>			
Projected Incurred Risk Adjustment PMPM	-\$12.27		
Projected Incurred Exchange User Fees PMPM	\$17.69		
Projected Incurred Reinsurance Recoveries PMPM	\$28.52		
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 595.60		
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 703.24		<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	\$ 5.42		
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 600.19		
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 708.66		

**Table 6. Retention**

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	8.00%	\$52.26
General and Claims	6.63%	\$43.29
Agent/Broker Fees and Commissions	0.59%	\$3.88
Quality Improvement Initiatives	0.78%	\$5.09
Taxes and Fees	0.08%	\$0.49
Risk Adjustment User Fee	0.04%	\$0.25
PCORI Fee	0.04%	\$0.24
PA Premium & Other Taxes (if applicable)	0.00%	\$0.00
Federal Income Tax	0.00%	\$0.00
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	0.00%	\$0.00
Total Retention	8.08%	\$52.76
Projected Required Revenue PMPM	\$ 652.94	

**Table 8. Components of Rate Change**

Rate Components	2021	2022	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 312.90	\$ 325.33	\$ 12.43	4.0%
B. Base period allowed claims before normalization	\$ 510.59	\$ 512.06	\$ 1.47	0.5%
C. Normalization factor component of change	\$ (263.03)	\$ (273.42)	\$ (10.39)	-3.3%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 247.56	\$ 238.64	\$ (8.92)	-2.9%
D2. URRT Trend	\$ 50.38	\$ 44.17	\$ (6.20)	-2.0%
D3. URRT Morbidity	\$ 10.19	\$ 31.48	\$ 21.29	6.8%
D4. URRT Other	\$ (4.59)	\$ 12.65	\$ 17.24	5.5%
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ 42.06	\$ 6.75	\$ (35.30)	-11.3%
D6. Normalized Exchange User Fee on an allowed basis	\$ 10.37	\$ 9.73	\$ (0.64)	-0.2%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ (18.52)	\$ (15.69)	\$ 2.82	0.9%
D8. Subtotal - Sum(D1:D7)	\$ 337.45	\$ 327.73	\$ (9.72)	-3.1%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ (8.59)	\$ (8.64)	\$ (0.05)	0.0%
E2. Pricing AV	\$ (80.14)	\$ (52.14)	\$ 28.00	8.9%
E3. Benefit Richness	\$ 21.95	\$ 29.66	\$ 7.70	2.5%
E4. Catastrophic Eligibility	\$ (0.15)	\$ (0.17)	\$ (0.01)	0.0%
E5. Subtotal - Sum(E1:E4)	\$ (66.93)	\$ (31.29)	\$ 35.64	11.4%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 26.35	\$ 26.04	\$ (0.31)	-0.1%
F2. Taxes and Fees	\$ 0.25	\$ 0.25	\$ 0.00	0.0%
F3. Profit and/or Contingency	\$ -	\$ -	\$ -	0.0%
F4. Subtotal - Sum(F1:F3)	\$ 26.59	\$ 26.29	\$ (0.31)	-0.1%
G. Change in Miscellaneous Items	\$ 15.78	\$ 2.60	\$ (13.18)	-4.2%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 312.90	\$ 325.33	\$ 12.43	4.0%

perience Period or

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 512.06	<- Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 127,283,631.50	
Blended Loss Ratio	72.13%	

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

Effective Date	01/01/2022	04/01/2022	07/01/2022	10/01/2022	Total Single Risk Pool
# of Member Months Renewing in Quarter					
Adjusted Projected Allowed EHB Claims PMPM	\$ 701.53	\$ 701.53	\$ 701.53	\$ 701.53	\$ 701.53
Months of Trend	-	3	6	9	
Annual Trend	8.86%	8.86%	8.86%	8.86%	
Single Risk Pool Projected Allowed Claims	\$ 701.53	\$ 716.59	\$ 731.96	\$ 747.66	\$ -
Quarterly Trend Factor	1.000	1.021	1.043	1.066	0.000

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2021	2022
Average Age Factor	1.926	1.960
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.010	1.009
Average Benefit Richness (induced demand)	1.088	1.115
Average Network Factor	0.975	0.974
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 701.96	\$ 708.66
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 340.34	\$ 330.26

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

	2021	2022	
Paid-to-Allowed	0.804	0.847	
URRT Trend (Total Applied Trend Factor)	1.203	1.185	<- URRT W1, S2
URRT Morbidity	1.034	1.111	<- URRT W1, S2
URRT "Other"	0.985	1.040	<- URRT W1, S2
Risk Adjustment	\$ 69.73	\$ 12.27	<- URRT W1, S3
Exchange User Fee	\$ 17.20	\$ 17.69	<- URRT W1, S3
Reinsurance Recoveries	\$ 30.70	\$ 28.52	<- URRT W1, S3
Capitation	\$ 0.20	\$ 0.15	<- URRT W1, S2
Network	0.975	0.974	
Pricing AV	0.756	0.837	<- For 2021 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	1.088	1.111	
Catastrophic Eligibility	0.999	0.999	
Administrative Expenses	8.42%	8.00%	
Taxes and Fees	0.08%	0.08%	
Profit and/or Contingency	0.00%	0.00%	



PA Rate Template Part III  
Table 10. Plan Rates

Carrier Name:	HBG
Product(s):	EPO
Market Segment:	Individual
Rate Effective Date:	01/01/2022
Base Period Start Date	01/01/2020
Date of Most Recent Membership:	02/01/2021
Market Adjusted Index Rate:	\$ 703.24

Market of Most Recent Membership:										02/01/2021		45 CFR Part 156.8 (d) (2) Allowable Factors								
Market Adjusted Index Rate:										\$		703.24								
Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2021 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2022	1/1/2022 HIOS Plan ID (If 1/1/2021 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium				
Totals - Current Membership							0.712			0.837	0.997	1.003	1.000	0.999	1.067	\$ 591.23				
Total - Projected Membership							0.716			0.843	1.000	1.008	1.000	0.999	1.069	\$ 599.81				
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A				
Plan 1	79962PA0190001	EPO	my Priority Blue Flex EPO Bronze 3800	M		Bronze	0.649	Standard AV	On/Off	0.716	0.930	1.000	1.000	1.000	1.000	\$467.91				
Plan 2	79962PA0190005	EPO	my Priority Blue Flex EPO Silver 2900	M		Silver	0.715	Approach (1)	On/Off	0.777	1.069	1.000	1.000	1.000	1.220	\$712.71				
Plan 3	79962PA0190006	EPO		DM	79962PA0230001	Gold	0.814	Approach (1)	On/Off	0.903	1.034	1.004	1.000	1.000	1.000	\$658.69				
Plan 4	79962PA0190007	EPO	my Priority Blue Flex EPO Gold 0	M		Gold	0.789	Approach (1)	On/Off	0.869	1.010	1.000	1.000	1.000	1.000	\$617.38				
Plan 5	79962PA0190009	EPO	my Priority Blue Flex EPO Silver 2600	M		Silver	0.717	Approach (1)	Off	0.784	0.960	1.000	1.000	1.000	1.000	\$529.37				
Plan 6	79962PA0200001	EPO	my Priority Blue Flex EPO Bronze 6900 HSA	M		Bronze	0.648	Standard AV	On/Off	0.711	0.928	1.000	1.000	1.000	1.000	\$464.28				
Plan 7	79962PA0200002	EPO	my Priority Blue Flex EPO Silver 3250 HSA	M		Silver	0.661	Approach (1)	On/Off	0.739	1.033	1.000	1.000	1.000	1.220	\$655.28				
Plan 8	79962PA0200003	EPO		DM	79962PA0200004	Gold	0.795	Standard AV	Off	0.836	0.989	1.000	1.000	1.000	1.000	\$581.59				
Plan 9	79962PA0210001	EPO	my Priority Blue Major Events EPO 8700 - 3 Free PCP Visits	M		Catastrophic	0.575	Standard AV	On/Off	0.602	0.897	1.000	1.000	0.920	1.000	\$349.50				
Plan 10	79962PA0220001	EPO	my Priority Blue Flex EPO Bronze 3800 + Adult Dental and Vision	M		Bronze	0.649	Standard AV	On/Off	0.716	0.930	1.090	1.000	1.000	1.000	\$510.16				
Plan 11	79962PA0220002	EPO	my Priority Blue Flex EPO Silver 2900 + Adult Dental and Vision	M		Silver	0.715	Approach (1)	On/Off	0.777	1.069	1.059	1.000	1.000	1.220	\$754.96				
Plan 12	79962PA0220003	EPO	my Priority Blue Flex EPO Silver 2600 + Adult Dental and Vision	M		Silver	0.717	Approach (1)	Off	0.784	0.960	1.080	1.000	1.000	1.000	\$571.62				
Plan 13	79962PA0220004	EPO		DM	79962PA0240001	Gold	0.814	Approach (1)	On/Off	0.903	1.034	1.069	1.000	1.000	1.000	\$700.94				
Plan 14	79962PA0220005	EPO	my Priority Blue Flex EPO Gold 0 + Adult Dental and Vision	N		Gold	0.789	Approach (1)	On/Off	0.869	1.010	1.068	1.000	1.000	1.000	\$659.63				

Calibration	
Age Calibration Factor	1.960
Geographic Calibration Factor	1.000
Tobacco Calibration Factor	1.009
Aggregate Calibration Factor	1.977

<b>Total Covered Lives @ 02-01-2021</b>
17,374

Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency

<p><b>Total Covered Lives Mapped into 2022 Plans @ 02-01- 2021</b></p>	<p><b>Total Projected Lives</b></p>
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2021 Calibrated Plan Adjusted Index Rate PMPM	2022 Calibrated Plan Adjusted Index Rate PMPM
--	--

**Proposed Rate  
Change  
Compared to  
Prior 12  
months**

**% of Total Covered Lives**

[illegible]

17,374	18,253
-	
4,634	3,397
920	633
2,952	2,822
2,814	3,123
86	164
636	1,070
4,322	5,016
278	108
121	160
193	386
31	46
28	49
359	685
-	594

	\$ 312.90	\$ 325.33
N/A		N/A
\$ 248.75	\$ 257.47	
\$ 378.39	\$ 392.17	
\$ 345.77	\$ 362.44	
\$ 335.49	\$ 339.71	
\$ 291.35	\$ 291.28	
\$ 250.38	\$ 255.47	
\$ 341.20	\$ 360.57	
\$ 284.82	\$ 320.02	
\$ 193.50	\$ 192.31	
\$ 276.74	\$ 280.72	
\$ 406.38	\$ 415.42	
\$ 319.34	\$ 314.53	
\$ 373.76	\$ 385.69	
\$ -	\$ 362.96	

4.0%
N/A
3.5%
3.6%
4.8%
1.3%
0.0%
2.0%
5.7%
12.4%
-0.6%
1.4%
2.2%
-1.5%
3.2%
0.0%

N/A
26.7%
5.3%
17.0%
16.2%
0.5%
3.7%
24.9%
1.6%
0.7%
1.1%
0.2%
0.2%
2.1%
0.0%

[illegible]

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

HBG  
EPO  
Individual  
01/01/2022

Plan 1	79962PA0190001	Priority Blue Flex EPO Bronze	M		Bronze	On/Off
Plan 2	79962PA0190005	Priority Blue Flex EPO Silver	M		Silver	On/Off
Plan 3	79962PA0190006		DM	79962PA0230001	Gold	On/Off
Plan 4	79962PA0190007	Priority Blue Flex EPO Gold	M		Gold	On/Off
Plan 5	79962PA0190009	Priority Blue Flex EPO Silver	M		Silver	Off
Plan 6	79962PA0200001	Priority Blue Flex EPO Bronze	M		Bronze	On/Off
Plan 7	79962PA0200002	Priority Blue Flex EPO Silver	M		Silver	On/Off
Plan 8	79962PA0200003		DM	79962PA0200004	Gold	Off
Plan 9	79962PA0210001	Major Events EPO 8700 -	M		Catastrophic	On/Off
Plan 10	79962PA0220001	Ex EPO Bronze 3800 + Adult	M		Bronze	On/Off
Plan 11	79962PA0220002	Ex EPO Silver 2900 + Adult	M		Silver	On/Off
Plan 12	79962PA0220003	Ex EPO Silver 2600 + Adult	M		Silver	Off
Plan 13	79962PA0220004		DM	79962PA0240001	Gold	On/Off
Plan 14	79962PA0220005	Flex EPO Gold 0 + Adult	N		Gold	On/Off

[illegible]

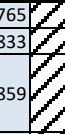
[illegible]

		3.5%						3.5%
		3.6%						3.6%
		4.8%						4.8%
		1.3%						1.3%
		0.0%						0.0%
		2.0%						2.0%
		5.7%						5.7%
		12.4%						12.4%
		-0.6%						-0.6%
		1.4%						1.4%
		2.2%						2.2%
		-1.5%						-1.5%
		3.2%						3.2%

## PA Rate Quarterly Template Part V Consumer Factors

Carrier Name:	HBG
Product(s):	EPO
Market Segment:	Individual
Rate Effective Date:	01/01/2022

### 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	1.100
15	0.833			41	1.302	1.105
16	0.859			42	1.325	1.112
17	0.885			43	1.357	1.121
18	0.913	1.000		44	1.397	1.132
19	0.941	1.000		45	1.444	1.145
20	0.970	1.000		46	1.500	1.160
21	1.000	1.025		47	1.563	1.177
22	1.000	1.025		48	1.635	1.196
23	1.000	1.025		49	1.706	1.217
24	1.000	1.025		50	1.786	1.225
25	1.004	1.025		51	1.865	1.225
26	1.024	1.025		52	1.952	1.225
27	1.048	1.025		53	2.040	1.225
28	1.087	1.025		54	2.135	1.225
29	1.119	1.025		55	2.230	1.225
30	1.135	1.025		56	2.333	1.225
31	1.159	1.025		57	2.437	1.225
32	1.183	1.025		58	2.548	1.225
33	1.198	1.025		59	2.603	1.225
34	1.214	1.025		60	2.714	1.225
35	1.222	1.025		61	2.810	1.225
36	1.230	1.025		62	2.873	1.225
37	1.238	1.025		63	2.952	1.225
38	1.246	1.025		64+	3.000	1.225
39	1.262	1.025				

\*PA follows the federal default age curve.

### Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1			
Rating Area 2			
Rating Area 3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming	1.000	1.000
Rating Area 4			
Rating Area 5			
Rating Area 6			
Rating Area 7			
Rating Area 8			
Rating Area 9			

### Table 14. Network Factors

[illegible]

Company Name: Highmark Benefits Group  
 Market: Individual  
 Product: EPO  
 Effective Date of Rates: January 1, 2022

Ending date of Rates: December 31, 2022

HIOS Plan ID (On Exchange)=>	79962PA0190007	79962PA0220005	79962PA0230001	79962PA0240001				
HIOS Plan ID (Off Exchange)=>	79962PA0190007	79962PA0220005	79962PA0230001	79962PA0240001				
Plan Marketing Name =>	my Priority Blue Flex EPO Gold 0	my Priority Blue Flex EPO Gold 0 + Adult Dental and	my Priority Blue Flex EPO Premier Gold 0	my Priority Blue Flex EPO Premier Gold 0 + Adult Dental				
Form # =>	EPO/HBG/DP-2	EPO/ADV/HBG/DP-1	EPO/Premier/HBG/DP	EPO/Premier/ADV/HBG/DP				
Rating Area =>	Area 3	Area 3	Area 3	Area 3				
Network =>	U	U	U	U				
Metal =>	Gold	Gold	Gold	Gold				
Deductible =>	0	0	0	0				
Coinurance =>	0.7	0.7	0.8	0.8				
Copays =>	\$20 PCP	\$20 PCP	\$15 PCP	\$15 PCP				
OOP Maximum =>	7500	7500	6500	6500				
Pediatric Dental (Yes/No) =>	Yes	Yes	Yes	Yes				
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$259.88	\$259.88	\$277.66	\$277.66	\$277.27	\$277.27	\$295.05	\$295.05
15	\$282.98	\$282.98	\$302.35	\$302.35	\$301.91	\$301.91	\$321.28	\$321.28
16	\$291.81	\$291.81	\$311.78	\$311.78	\$311.34	\$311.34	\$331.31	\$331.31
17	\$300.64	\$300.64	\$321.22	\$321.22	\$320.76	\$320.76	\$341.34	\$341.34
18	\$310.16	\$310.16	\$331.38	\$331.38	\$330.91	\$330.91	\$352.13	\$352.13
19	\$319.67	\$319.67	\$341.55	\$341.55	\$341.06	\$341.06	\$362.93	\$362.93
20	\$329.52	\$329.52	\$352.07	\$352.07	\$351.57	\$351.57	\$374.12	\$374.12
21	\$339.71	\$348.20	\$362.96	\$372.03	\$362.44	\$371.50	\$385.69	\$395.33
22	\$339.71	\$348.20	\$362.96	\$372.03	\$362.44	\$371.50	\$385.69	\$395.33
23	\$339.71	\$348.20	\$362.96	\$372.03	\$362.44	\$371.50	\$385.69	\$395.33
24	\$339.71	\$348.20	\$362.96	\$372.03	\$362.44	\$371.50	\$385.69	\$395.33
25	\$341.07	\$349.60	\$364.41	\$373.52	\$363.89	\$372.99	\$387.23	\$396.91
26	\$347.86	\$356.56	\$371.67	\$380.96	\$371.14	\$380.42	\$394.95	\$404.82
27	\$356.02	\$364.92	\$380.38	\$389.89	\$379.84	\$389.34	\$404.20	\$414.31
28	\$369.26	\$378.49	\$394.54	\$404.40	\$393.97	\$403.82	\$419.25	\$429.73
29	\$380.14	\$389.64	\$406.15	\$416.30	\$405.57	\$415.71	\$431.59	\$442.38
30	\$385.57	\$395.21	\$411.96	\$422.26	\$411.37	\$421.65	\$437.76	\$448.70
31	\$393.72	\$403.56	\$420.67	\$431.19	\$420.07	\$430.57	\$447.01	\$458.19
32	\$401.88	\$411.93	\$429.38	\$440.11	\$428.77	\$439.49	\$456.27	\$467.68
33	\$406.97	\$417.14	\$434.83	\$445.70	\$434.20	\$445.06	\$462.06	\$473.61
34	\$412.41	\$422.72	\$440.63	\$451.65	\$440.00	\$451.00	\$468.23	\$479.94
35	\$415.13	\$425.51	\$443.54	\$454.63	\$442.90	\$453.97	\$471.31	\$483.09
36	\$417.84	\$428.29	\$446.44	\$457.60	\$445.80	\$456.95	\$474.40	\$486.26
37	\$420.56	\$431.07	\$449.34	\$460.57	\$448.70	\$459.92	\$477.48	\$489.42
38	\$423.28	\$433.86	\$452.25	\$463.56	\$451.60	\$462.89	\$480.57	\$492.58
39	\$428.71	\$439.43	\$458.06	\$469.51	\$457.40	\$468.84	\$486.74	\$498.91
40	\$434.15	\$477.57	\$463.86	\$510.25	\$463.20	\$509.52	\$492.91	\$542.20
41	\$442.30	\$488.74	\$472.57	\$522.19	\$471.90	\$521.45	\$502.17	\$554.90
42	\$450.12	\$500.53	\$480.92	\$534.78	\$480.23	\$534.02	\$511.04	\$568.28
43	\$460.99	\$516.77	\$492.54	\$552.14	\$491.83	\$551.34	\$523.38	\$586.71
44	\$474.57	\$537.21	\$507.06	\$573.99	\$506.33	\$573.17	\$538.81	\$609.93
45	\$490.54	\$561.67	\$524.11	\$600.11	\$523.36	\$599.25	\$556.94	\$637.70
46	\$509.57	\$591.10	\$544.44	\$631.55	\$543.66	\$630.65	\$578.54	\$671.11
47	\$530.97	\$624.95	\$567.31	\$667.72	\$566.49	\$666.76	\$602.83	\$709.53
48	\$555.43	\$664.29	\$593.44	\$709.75	\$592.59	\$708.74	\$630.60	\$754.20
49	\$579.55	\$705.31	\$619.21	\$753.58	\$618.32	\$752.50	\$657.99	\$800.77
50	\$606.72	\$743.23	\$648.25	\$794.11	\$647.32	\$792.97	\$688.84	\$843.83
51	\$633.56	\$776.11	\$676.92	\$829.23	\$675.95	\$828.04	\$719.31	\$881.15
52	\$663.11	\$812.31	\$708.50	\$867.91	\$707.48	\$866.66	\$752.87	\$922.27
53	\$693.01	\$848.94	\$740.44	\$907.04	\$739.38	\$905.74	\$786.81	\$963.84
54	\$725.28	\$888.47	\$774.92	\$949.28	\$773.81	\$947.92	\$823.45	\$1,008.73
55	\$757.55	\$928.00	\$809.40	\$991.52	\$808.24	\$990.09	\$860.09	\$1,053.61
56	\$792.54	\$970.86	\$846.79	\$1,037.32	\$845.57	\$1,035.82	\$899.81	\$1,102.27
57	\$827.87	\$1,014.14	\$884.53	\$1,083.55	\$883.27	\$1,082.01	\$939.93	\$1,151.41
58	\$865.58	\$1,060.34	\$924.82	\$1,132.90	\$923.50	\$1,131.29	\$982.74	\$1,203.86
59	\$884.27	\$1,083.23	\$944.78	\$1,157.36	\$943.43	\$1,155.70	\$1,003.95	\$1,229.84
60	\$921.97	\$1,129.41	\$985.07	\$1,206.71	\$983.66	\$1,204.98	\$1,046.76	\$1,282.28
61	\$954.59	\$1,169.37	\$1,019.92	\$1,249.40	\$1,018.46	\$1,247.61	\$1,083.79	\$1,327.64
62	\$975.99	\$1,195.59	\$1,042.78	\$1,277.41	\$1,041.29	\$1,275.58	\$1,108.09	\$1,357.41
63	\$1,002.82	\$1,228.45	\$1,071.46	\$1,312.54	\$1,069.92	\$1,310.65	\$1,138.56	\$1,394.74
64+	\$1,019.13	\$1,248.43	\$1,088.88	\$1,333.88	\$1,087.32	\$1,331.97	\$1,157.07	\$1,417.41

HIOS Plan ID (On Exchange)=>	N/A		N/A		N/A		79962PA0190005		79962PA0220002	
HIOS Plan ID (Off Exchange)=>	79962PA0200004		79962PA0190009		79962PA0220003		79962PA0190005		79962PA0220002	
Plan Marketing Name =>	my Priority Blue Flex EPO Gold 1400 HSA		my Priority Blue Flex EPO Silver 2600		my Priority Blue Flex EPO Silver 2600 + Adult Dental and		my Priority Blue Flex EPO Silver 2900		my Priority Blue Flex EPO Silver 2900 + Adult Dental and	
Form # =>	EPO/HDHP/HBG/DP-2		EPO/HBG/DP-2		EPO/ADV/HBG/DP-1		EPO/HBG/DP-2		EPO/ADV/HBG/DP-1	
Rating Area =>	Area 3		Area 3		Area 3		Area 3		Area 3	
Network =>	U		U		U		U		U	
Metal =>	Gold		Silver		Silver		Silver		Silver	
Deductible =>	1400		2600		2600		2900		2900	
Coinsurance =>	0.8		0.7		0.7		0.7		0.7	
Copays =>	N/A		\$40 PCP		\$40 PCP		\$50 PCP		\$50 PCP	
OOP Maximum =>	5000		8500		8500		7800		7800	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$244.82	\$244.82	\$222.83	\$222.83	\$240.62	\$240.62	\$300.01	\$300.01	\$317.80	\$317.80
15	\$266.58	\$266.58	\$242.64	\$242.64	\$262.00	\$262.00	\$326.68	\$326.68	\$346.04	\$346.04
16	\$274.90	\$274.90	\$250.21	\$250.21	\$270.18	\$270.18	\$336.87	\$336.87	\$356.85	\$356.85
17	\$283.22	\$283.22	\$257.78	\$257.78	\$278.36	\$278.36	\$347.07	\$347.07	\$367.65	\$367.65
18	\$292.18	\$292.18	\$265.94	\$265.94	\$287.17	\$287.17	\$358.05	\$358.05	\$379.28	\$379.28
19	\$301.14	\$301.14	\$274.09	\$274.09	\$295.97	\$295.97	\$369.03	\$369.03	\$390.91	\$390.91
20	\$310.42	\$310.42	\$282.54	\$282.54	\$305.09	\$305.09	\$380.40	\$380.40	\$402.96	\$402.96
21	\$320.02	\$320.02	\$291.28	\$291.28	\$314.53	\$314.53	\$392.17	\$392.17	\$415.42	\$415.42
22	\$320.02	\$320.02	\$291.28	\$291.28	\$314.53	\$314.53	\$392.17	\$392.17	\$415.42	\$415.42
23	\$320.02	\$320.02	\$291.28	\$291.28	\$314.53	\$314.53	\$392.17	\$392.17	\$415.42	\$415.42
24	\$320.02	\$320.02	\$291.28	\$291.28	\$314.53	\$314.53	\$392.17	\$392.17	\$415.42	\$415.42
25	\$321.30	\$329.33	\$292.45	\$299.76	\$315.79	\$323.68	\$393.74	\$403.58	\$417.08	\$427.51
26	\$327.70	\$335.89	\$298.27	\$305.73	\$322.08	\$330.13	\$401.58	\$411.62	\$425.39	\$436.02
27	\$335.38	\$343.76	\$305.26	\$312.89	\$329.63	\$337.87	\$410.99	\$421.26	\$435.36	\$446.24
28	\$347.86	\$356.56	\$316.62	\$324.54	\$341.89	\$350.44	\$426.29	\$436.95	\$451.56	\$462.85
29	\$358.10	\$367.05	\$325.94	\$334.09	\$351.96	\$360.76	\$438.84	\$449.81	\$464.85	\$476.47
30	\$363.22	\$372.30	\$330.60	\$338.87	\$356.99	\$365.91	\$445.11	\$456.24	\$471.50	\$483.29
31	\$370.90	\$380.17	\$337.59	\$346.03	\$364.54	\$373.65	\$454.53	\$465.89	\$481.47	\$493.51
32	\$378.58	\$388.04	\$344.58	\$353.19	\$372.09	\$381.39	\$463.94	\$475.54	\$491.44	\$503.73
33	\$383.38	\$392.96	\$348.95	\$357.67	\$376.81	\$386.23	\$469.82	\$481.57	\$497.67	\$510.11
34	\$388.50	\$398.21	\$353.61	\$362.45	\$381.84	\$391.39	\$476.09	\$487.99	\$504.32	\$516.93
35	\$391.06	\$400.84	\$355.94	\$364.84	\$384.36	\$393.97	\$479.23	\$491.21	\$507.64	\$520.33
36	\$393.62	\$403.46	\$358.27	\$367.23	\$386.87	\$396.54	\$482.37	\$494.43	\$510.97	\$523.74
37	\$396.18	\$406.08	\$360.60	\$369.62	\$389.39	\$399.12	\$485.51	\$497.65	\$514.29	\$527.15
38	\$398.74	\$408.71	\$362.93	\$372.00	\$391.90	\$401.70	\$488.64	\$500.86	\$517.61	\$530.55
39	\$403.87	\$413.97	\$367.60	\$376.79	\$396.94	\$406.86	\$494.92	\$507.29	\$524.26	\$537.37
40	\$408.99	\$449.89	\$372.26	\$409.49	\$401.97	\$442.17	\$501.19	\$551.31	\$530.91	\$584.00
41	\$416.67	\$460.42	\$379.25	\$419.07	\$409.52	\$452.52	\$510.61	\$564.22	\$540.88	\$597.67
42	\$424.03	\$471.52	\$385.95	\$429.18	\$416.75	\$463.43	\$519.63	\$577.83	\$550.43	\$612.08
43	\$434.27	\$486.82	\$395.27	\$443.10	\$426.82	\$478.47	\$532.17	\$596.56	\$563.72	\$631.93
44	\$447.07	\$506.08	\$406.92	\$460.63	\$439.40	\$497.40	\$547.86	\$620.18	\$580.34	\$656.94
45	\$462.11	\$529.12	\$420.61	\$481.60	\$454.18	\$520.04	\$566.29	\$648.40	\$599.87	\$686.85
46	\$480.03	\$556.83	\$436.92	\$506.83	\$471.80	\$547.29	\$588.26	\$682.38	\$623.13	\$722.83
47	\$500.19	\$588.72	\$455.27	\$535.85	\$491.61	\$578.62	\$612.96	\$721.45	\$649.30	\$764.23
48	\$523.23	\$625.78	\$476.24	\$569.58	\$514.26	\$615.05	\$641.20	\$766.88	\$679.21	\$812.34
49	\$545.95	\$664.42	\$496.92	\$604.75	\$536.59	\$653.03	\$669.04	\$814.22	\$708.71	\$862.50
50	\$571.56	\$700.16	\$520.23	\$637.28	\$561.75	\$688.14	\$700.42	\$858.01	\$741.94	\$908.88
51	\$596.84	\$731.13	\$543.24	\$665.47	\$586.60	\$718.59	\$731.40	\$895.97	\$774.76	\$949.08
52	\$624.68	\$765.23	\$568.58	\$696.51	\$613.96	\$752.10	\$765.52	\$937.76	\$810.90	\$993.35
53	\$652.84	\$799.73	\$594.21	\$727.91	\$641.64	\$786.01	\$800.03	\$980.04	\$847.46	\$1,038.14
54	\$683.24	\$836.97	\$621.88	\$761.80	\$671.52	\$822.61	\$837.28	\$1,025.67	\$886.92	\$1,086.48
55	\$713.64	\$874.21	\$649.55	\$795.70	\$701.40	\$859.22	\$874.54	\$1,071.31	\$926.39	\$1,134.83
56	\$746.61	\$914.60	\$679.56	\$832.46	\$733.80	\$898.91	\$914.93	\$1,120.79	\$969.17	\$1,187.23
57	\$779.89	\$955.37	\$709.85	\$869.57	\$766.51	\$938.97	\$955.72	\$1,170.76	\$1,012.38	\$1,240.17
58	\$815.41	\$998.88	\$742.18	\$909.17	\$801.42	\$981.74	\$999.25	\$1,224.08	\$1,058.49	\$1,296.65
59	\$833.01	\$1,020.44	\$758.20	\$928.80	\$818.72	\$1,002.93	\$1,020.82	\$1,250.50	\$1,081.34	\$1,324.64
60	\$868.53	\$1,063.95	\$790.53	\$968.40	\$853.63	\$1,045.70	\$1,064.35	\$1,303.83	\$1,127.45	\$1,381.13
61	\$899.26	\$1,101.59	\$818.50	\$1,002.66	\$883.83	\$1,082.69	\$1,102.00	\$1,349.95	\$1,167.33	\$1,429.98
62	\$919.42	\$1,126.29	\$836.85	\$1,025.14	\$903.64	\$1,106.96	\$1,126.70	\$1,380.21	\$1,193.50	\$1,462.04
63	\$944.70	\$1,157.26	\$859.86	\$1,053.33	\$928.49	\$1,137.40	\$1,157.69	\$1,418.17	\$1,226.32	\$1,502.24
64+	\$960.06	\$1,176.07	\$873.84	\$1,070.45	\$943.59	\$1,155.90	\$1,176.51	\$1,441.22	\$1,246.26	\$1,526.67

HIOS Plan ID (On Exchange)=>	79962PA0200002	79962PA0190001	79962PA0220001	79962PA0200001	79962PA0210001					
HIOS Plan ID (Off Exchange)=>	79962PA0200002	79962PA0190001	79962PA0220001	79962PA0200001	79962PA0210001					
Plan Marketing Name =>	my Priority Blue Flex EPO Silver 3250 HSA	my Priority Blue Flex EPO Bronze 3800	my Priority Blue Flex EPO Bronze 3800 + Adult Dental	my Priority Blue Flex EPO Bronze 6900 HSA	my Priority Blue Major Events EPO 8700 - 3 Free PCP Visits					
Form # =>	EPO/HDHP/HBG/DP-2	EPO/HBG/DP-2	EPO/ADV/HBG/DP-1	EPO/HDHP/HBG/DP-2	CAT/EPO/HBG/DP-2					
Rating Area =>	Area 3	Area 3	Area 3	Area 3	Area 3					
Network =>	U	U	U	U	U					
Metal =>	Silver	Bronze	Bronze	Bronze	Catastrophic					
Deductible =>	3250	3800	3800	6900	8700					
Coinsurance =>	0.9	0.5	0.5	1	1					
Copays =>	\$570 A/D PCP	\$80 PCP	\$80 PCP	N/A	\$0 (Visits 1-3); then subject to deductible PCP					
OOP Maximum =>	6900	8700	8700	6900	8700					
Pediatric Dental (Yes/No) =>	Yes	Yes	Yes	Yes	Yes					
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco				
0 - 14	\$275.84	\$275.84	\$196.96	\$196.96	\$214.75	\$214.75	\$195.43	\$195.43	\$147.12	\$147.12
15	\$300.35	\$300.35	\$214.47	\$214.47	\$233.84	\$233.84	\$212.81	\$212.81	\$160.19	\$160.19
16	\$309.73	\$309.73	\$221.17	\$221.17	\$241.14	\$241.14	\$219.45	\$219.45	\$165.19	\$165.19
17	\$319.10	\$319.10	\$227.86	\$227.86	\$248.44	\$248.44	\$226.09	\$226.09	\$170.19	\$170.19
18	\$329.20	\$329.20	\$235.07	\$235.07	\$256.30	\$256.30	\$233.24	\$233.24	\$175.58	\$175.58
19	\$339.30	\$339.30	\$242.28	\$242.28	\$264.16	\$264.16	\$240.40	\$240.40	\$180.96	\$180.96
20	\$349.75	\$349.75	\$249.75	\$249.75	\$272.30	\$272.30	\$247.81	\$247.81	\$186.54	\$186.54
21	\$360.57	\$369.58	\$257.47	\$263.91	\$280.72	\$287.74	\$255.47	\$261.86	\$192.31	\$197.12
22	\$360.57	\$369.58	\$257.47	\$263.91	\$280.72	\$287.74	\$255.47	\$261.86	\$192.31	\$197.12
23	\$360.57	\$369.58	\$257.47	\$263.91	\$280.72	\$287.74	\$255.47	\$261.86	\$192.31	\$197.12
24	\$360.57	\$369.58	\$257.47	\$263.91	\$280.72	\$287.74	\$255.47	\$261.86	\$192.31	\$197.12
25	\$362.01	\$371.06	\$258.50	\$264.96	\$281.84	\$288.89	\$256.49	\$262.90	\$193.08	\$197.91
26	\$369.22	\$378.45	\$263.65	\$270.24	\$287.46	\$294.65	\$261.60	\$268.14	\$196.93	\$201.85
27	\$377.88	\$387.33	\$269.83	\$276.58	\$294.19	\$301.54	\$267.73	\$274.42	\$201.54	\$206.58
28	\$391.94	\$401.74	\$279.87	\$286.87	\$305.14	\$312.77	\$277.70	\$284.64	\$209.04	\$214.27
29	\$403.48	\$413.57	\$288.11	\$295.31	\$314.13	\$321.98	\$285.87	\$293.02	\$215.19	\$220.57
30	\$409.25	\$419.48	\$292.23	\$299.54	\$318.62	\$326.59	\$289.96	\$297.21	\$218.27	\$223.73
31	\$417.90	\$428.35	\$298.41	\$305.87	\$325.35	\$333.48	\$296.09	\$303.49	\$222.89	\$228.46
32	\$426.55	\$437.21	\$304.59	\$312.20	\$332.09	\$340.39	\$302.22	\$309.78	\$227.50	\$233.19
33	\$431.96	\$442.76	\$308.45	\$316.16	\$336.30	\$344.71	\$306.05	\$313.70	\$230.39	\$236.15
34	\$437.73	\$448.67	\$312.57	\$320.38	\$340.79	\$349.31	\$310.14	\$317.89	\$233.46	\$239.30
35	\$440.62	\$451.64	\$314.63	\$322.50	\$343.04	\$351.62	\$312.18	\$319.98	\$235.00	\$240.88
36	\$443.50	\$454.59	\$316.69	\$324.61	\$345.29	\$353.92	\$314.23	\$322.09	\$236.54	\$242.45
37	\$446.39	\$457.55	\$318.75	\$326.72	\$347.53	\$356.22	\$316.27	\$324.18	\$238.08	\$244.03
38	\$449.27	\$460.50	\$320.81	\$328.83	\$349.78	\$358.52	\$318.32	\$326.28	\$239.62	\$245.61
39	\$455.04	\$466.42	\$324.93	\$333.05	\$354.27	\$363.13	\$322.40	\$330.46	\$242.70	\$248.77
40	\$460.81	\$506.89	\$329.05	\$361.96	\$358.76	\$394.64	\$326.49	\$359.14	\$245.77	\$270.35
41	\$469.46	\$518.75	\$335.23	\$370.43	\$365.50	\$403.88	\$332.62	\$367.55	\$250.39	\$276.68
42	\$477.76	\$531.27	\$341.15	\$379.36	\$371.95	\$413.61	\$338.50	\$376.41	\$254.81	\$283.35
43	\$489.29	\$548.49	\$349.39	\$391.67	\$380.94	\$427.03	\$346.67	\$388.62	\$260.96	\$292.54
44	\$503.72	\$570.21	\$359.69	\$407.17	\$392.17	\$443.94	\$356.89	\$404.00	\$268.66	\$304.12
45	\$520.66	\$596.16	\$371.79	\$425.70	\$405.36	\$464.14	\$368.90	\$422.39	\$277.70	\$317.97
46	\$540.86	\$627.40	\$386.21	\$448.00	\$421.08	\$488.45	\$383.21	\$444.52	\$288.47	\$334.63
47	\$563.57	\$663.32	\$402.43	\$473.66	\$438.77	\$516.43	\$399.30	\$469.98	\$300.58	\$353.78
48	\$589.53	\$705.08	\$420.96	\$503.47	\$458.98	\$548.94	\$417.69	\$499.56	\$314.43	\$376.06
49	\$615.13	\$748.61	\$439.24	\$534.56	\$478.91	\$582.83	\$435.83	\$530.41	\$328.08	\$399.27
50	\$643.98	\$788.88	\$459.84	\$563.30	\$501.37	\$614.18	\$456.27	\$558.93	\$343.47	\$420.75
51	\$672.46	\$823.76	\$480.18	\$588.22	\$523.54	\$641.34	\$476.45	\$583.65	\$358.66	\$439.36
52	\$703.83	\$862.19	\$502.58	\$615.66	\$547.97	\$671.26	\$498.68	\$610.88	\$375.39	\$459.85
53	\$735.56	\$901.06	\$525.24	\$643.42	\$572.67	\$701.52	\$521.16	\$638.42	\$392.31	\$480.58
54	\$769.82	\$943.03	\$549.70	\$673.38	\$599.34	\$734.19	\$545.43	\$668.15	\$410.58	\$502.96
55	\$804.07	\$984.99	\$574.16	\$703.35	\$626.01	\$766.86	\$569.70	\$697.88	\$428.85	\$525.34
56	\$841.21	\$1,030.48	\$600.68	\$735.83	\$654.92	\$802.28	\$596.01	\$730.11	\$448.66	\$549.61
57	\$878.71	\$1,076.42	\$627.45	\$768.63	\$684.11	\$838.03	\$622.58	\$762.66	\$468.66	\$574.11
58	\$918.73	\$1,125.44	\$656.03	\$803.64	\$715.27	\$876.21	\$650.94	\$797.40	\$490.01	\$600.26
59	\$938.56	\$1,149.74	\$670.19	\$820.98	\$730.71	\$895.12	\$664.99	\$814.61	\$500.58	\$613.21
60	\$978.59	\$1,198.77	\$698.77	\$855.99	\$761.87	\$933.29	\$693.35	\$849.35	\$521.93	\$639.36
61	\$1,013.20	\$1,241.17	\$723.49	\$886.28	\$788.82	\$966.30	\$717.87	\$879.39	\$540.39	\$661.98
62	\$1,035.92	\$1,269.00	\$739.71	\$906.14	\$806.51	\$987.97	\$733.97	\$899.11	\$552.51	\$676.82
63	\$1,064.40	\$1,303.89	\$760.05	\$931.06	\$828.69	\$1,015.15	\$754.15	\$923.83	\$567.70	\$695.43
64+	\$1,081.71	\$1,325.09	\$772.41	\$946.20	\$842.16	\$1,031.65	\$766.41	\$938.85	\$576.93	\$706.74



**Highmark Benefits Group  
Individual  
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0220005	my Priority Blue Flex EPO Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0230001	my Priority Blue Flex EPO Premier Gold 0	EPO	Gold	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0240001	my Priority Blue Flex EPO Premier Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0200004	my Priority Blue Flex EPO Gold 1400 HSA	EPO	Gold	Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0220003	my Priority Blue Flex EPO Silver 2600 + Adult Dental and Vision	EPO	Silver	Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0220002	my Priority Blue Flex EPO Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0200002	my Priority Blue Flex EPO Silver 3250 HSA	EPO	Silver	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0220001	my Priority Blue Flex EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming
79962PA0210001	my Priority Blue Major Events EPO 8700 - 3 Free PCP Visits	EPO	Catastrophic	On/Off	U	3	Bradford, Carbon, Clinton, Lackawanna, Luzerne, Lycoming, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming

Company Name Highmark Benefits Group

Market Individual

RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2021 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0220005	Priority Blue Flex EPO Gold 0 + Adult Dental and Vis	EPO	Gold	On/Off
79962PA0230001	my Priority Blue Flex EPO Premier Gold 0	EPO	Gold	On/Off
79962PA0240001	my Priority Blue Flex EPO Premier Gold 0 + Adult Dental and	EPO	Gold	On/Off
79962PA0200004	my Priority Blue Flex EPO Gold 1400 HSA	EPO	Gold	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	my Priority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	my Priority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3250 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	my Priority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	Priority Blue Major Events EPO 8700 - 3 Free PCP V	EPO	Catastrophic	On/Off

RATING AREA 1

0	0	0	0	0	0	0	0
Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren

RATING AREA 2

0	0	0
Elk	Cameron	Potter

Company Name Highmark Benefits Group  
Market Individual  
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2021 Number of Covered Lives by Rating County					RATING AREA 3												
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	1,419	1,387	218	3,127	3,818	302	2,709	1,474	128	851	478	1,004	459
					Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off	\$339.71	\$339.71	\$339.71	\$339.71	\$339.71	\$339.71	\$339.71	\$339.71	\$339.71	\$339.71	\$339.71	\$339.71	\$339.71
79962PA0220005	Priority Blue Flex EPO Gold 0 + Adult Dental and Vis	EPO	Gold	On/Off	\$362.96	\$362.96	\$362.96	\$362.96	\$362.96	\$362.96	\$362.96	\$362.96	\$362.96	\$362.96	\$362.96	\$362.96	\$362.96
79962PA0230001	my Priority Blue Flex EPO Premier Gold 0	EPO	Gold	On/Off	\$362.44	\$362.44	\$362.44	\$362.44	\$362.44	\$362.44	\$362.44	\$362.44	\$362.44	\$362.44	\$362.44	\$362.44	\$362.44
79962PA0240001	my Priority Blue Flex EPO Premier Gold 0 + Adult Dental an	EPO	Gold	On/Off	\$385.69	\$385.69	\$385.69	\$385.69	\$385.69	\$385.69	\$385.69	\$385.69	\$385.69	\$385.69	\$385.69	\$385.69	\$385.69
79962PA0200004	my Priority Blue Flex EPO Gold 1400 HSA	EPO	Gold	Off	\$320.02	\$320.02	\$320.02	\$320.02	\$320.02	\$320.02	\$320.02	\$320.02	\$320.02	\$320.02	\$320.02	\$320.02	\$320.02
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off	\$291.28	\$291.28	\$291.28	\$291.28	\$291.28	\$291.28	\$291.28	\$291.28	\$291.28	\$291.28	\$291.28	\$291.28	\$291.28
79962PA0220003	my Priority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off	\$314.53	\$314.53	\$314.53	\$314.53	\$314.53	\$314.53	\$314.53	\$314.53	\$314.53	\$314.53	\$314.53	\$314.53	\$314.53
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off	\$392.17	\$392.17	\$392.17	\$392.17	\$392.17	\$392.17	\$392.17	\$392.17	\$392.17	\$392.17	\$392.17	\$392.17	\$392.17
79962PA0220002	my Priority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off	\$415.42	\$415.42	\$415.42	\$415.42	\$415.42	\$415.42	\$415.42	\$415.42	\$415.42	\$415.42	\$415.42	\$415.42	\$415.42
79962PA0200002	my Priority Blue Flex EPO Silver 3250 HSA	EPO	Silver	On/Off	\$360.57	\$360.57	\$360.57	\$360.57	\$360.57	\$360.57	\$360.57	\$360.57	\$360.57	\$360.57	\$360.57	\$360.57	\$360.57
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off	\$257.47	\$257.47	\$257.47	\$257.47	\$257.47	\$257.47	\$257.47	\$257.47	\$257.47	\$257.47	\$257.47	\$257.47	\$257.47
79962PA0220001	my Priority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off	\$280.72	\$280.72	\$280.72	\$280.72	\$280.72	\$280.72	\$280.72	\$280.72	\$280.72	\$280.72	\$280.72	\$280.72	\$280.72
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off	\$255.47	\$255.47	\$255.47	\$255.47	\$255.47	\$255.47	\$255.47	\$255.47	\$255.47	\$255.47	\$255.47	\$255.47	\$255.47
79962PA0210001	Priority Blue Major Events EPO 8700 - 3 Free PCP V	EPO	Catastrophic	On/Off	\$192.31	\$192.31	\$192.31	\$192.31	\$192.31	\$192.31	\$192.31	\$192.31	\$192.31	\$192.31	\$192.31	\$192.31	\$192.31

Company Name Highmark Benefits Group  
Market Individual  
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2021 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0220005	Priority Blue Flex EPO Gold 0 + Adult Dental and Vis	EPO	Gold	On/Off
79962PA0230001	my Priority Blue Flex EPO Premier Gold 0	EPO	Gold	On/Off
79962PA0240001	my Priority Blue Flex EPO Premier Gold 0 + Adult Dental and	EPO	Gold	On/Off
79962PA0200004	my Priority Blue Flex EPO Gold 1400 HSA	EPO	Gold	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	Priority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	Priority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3250 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	Priority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	Priority Blue Major Events EPO 8700 - 3 Free PCP V	EPO	Catastrophic	On/Off

RATING AREA 4

0	0	0	0	0	0	0	0	0	0
Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland

Company Name Highmark Benefits Group

Market Individual

RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2021 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0220005	Priority Blue Flex EPO Gold 0 + Adult Dental and Vis	EPO	Gold	On/Off
79962PA0230001	my Priority Blue Flex EPO Premier Gold 0	EPO	Gold	On/Off
79962PA0240001	riority Blue Flex EPO Premier Gold 0 + Adult Dental an	EPO	Gold	On/Off
79962PA0200004	my Priority Blue Flex EPO Gold 1400 HSA	EPO	Gold	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	riority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	riority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3250 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	ority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	Priority Blue Major Events EPO 8700 - 3 Free PCP V	EPO	Catastrophic	On/Off

RATING AREA 5

0	0	0	0	0	0	0
Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset

Company Name Highmark Benefits Group  
Market Individual  
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2021 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0220005	Priority Blue Flex EPO Gold 0 + Adult Dental and Vis	EPO	Gold	On/Off
79962PA0230001	my Priority Blue Flex EPO Premier Gold 0	EPO	Gold	On/Off
79962PA0240001	my Priority Blue Flex EPO Premier Gold 0 + Adult Dental and	EPO	Gold	On/Off
79962PA0200004	my Priority Blue Flex EPO Gold 1400 HSA	EPO	Gold	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	my Priority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	my Priority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3250 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	my Priority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	Priority Blue Major Events EPO 8700 - 3 Free PCP V	EPO	Catastrophic	On/Off

RATING AREA 6

0	0	0	0	0	0	0	0	0	0
Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union

Company Name Highmark Benefits Group

Market Individual

RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2021 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0220005	Priority Blue Flex EPO Gold 0 + Adult Dental and Vis	EPO	Gold	On/Off
79962PA0230001	my Priority Blue Flex EPO Premier Gold 0	EPO	Gold	On/Off
79962PA0240001	my Priority Blue Flex EPO Premier Gold 0 + Adult Dental and	EPO	Gold	On/Off
79962PA0200004	my Priority Blue Flex EPO Gold 1400 HSA	EPO	Gold	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	Priority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	Priority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3250 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	Priority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	Priority Blue Major Events EPO 8700 - 3 Free PCP V	EPO	Catastrophic	On/Off

RATING AREA 7

0	0	0	0
Adams	Berks	Lancaster	York

RATING AREA 8

0	0	0	0	0
Bucks	Chester	Delaware	Montgomery	Philadelphia

Company Name Highmark Benefits Group

Market Individual

RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2021 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
79962PA0190007	my Priority Blue Flex EPO Gold 0	EPO	Gold	On/Off
79962PA0220005	Priority Blue Flex EPO Gold 0 + Adult Dental and Vis	EPO	Gold	On/Off
79962PA0230001	my Priority Blue Flex EPO Premier Gold 0	EPO	Gold	On/Off
79962PA0240001	my Priority Blue Flex EPO Premier Gold 0 + Adult Dental and	EPO	Gold	On/Off
79962PA0200004	my Priority Blue Flex EPO Gold 1400 HSA	EPO	Gold	Off
79962PA0190009	my Priority Blue Flex EPO Silver 2600	EPO	Silver	Off
79962PA0220003	my Priority Blue Flex EPO Silver 2600 + Adult Dental and	EPO	Silver	Off
79962PA0190005	my Priority Blue Flex EPO Silver 2900	EPO	Silver	On/Off
79962PA0220002	my Priority Blue Flex EPO Silver 2900 + Adult Dental and	EPO	Silver	On/Off
79962PA0200002	my Priority Blue Flex EPO Silver 3250 HSA	EPO	Silver	On/Off
79962PA0190001	my Priority Blue Flex EPO Bronze 3800	EPO	Bronze	On/Off
79962PA0220001	my Priority Blue Flex EPO Bronze 3800 + Adult Dental and	EPO	Bronze	On/Off
79962PA0200001	my Priority Blue Flex EPO Bronze 6900 HSA	EPO	Bronze	On/Off
79962PA0210001	Priority Blue Major Events EPO 8700 - 3 Free PCP V	EPO	Catastrophic	On/Off

RATING AREA 9

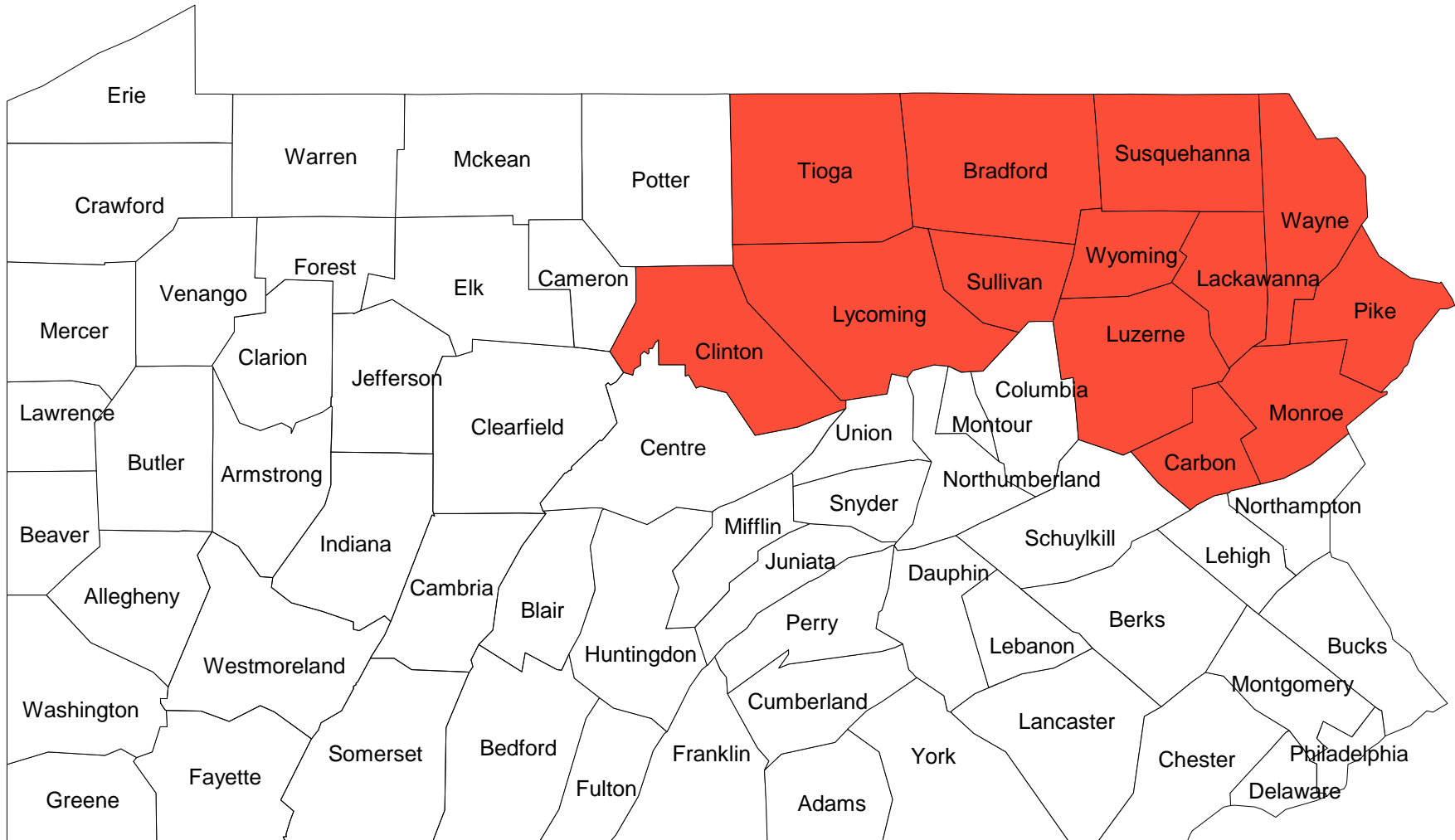
0	0	0	0	0	0	0
Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry



# **2021 Service Area**


**Issuer: Highmark Benefits Group (HBG)**

**Market: Individual**



**Key** *(modify as needed)*

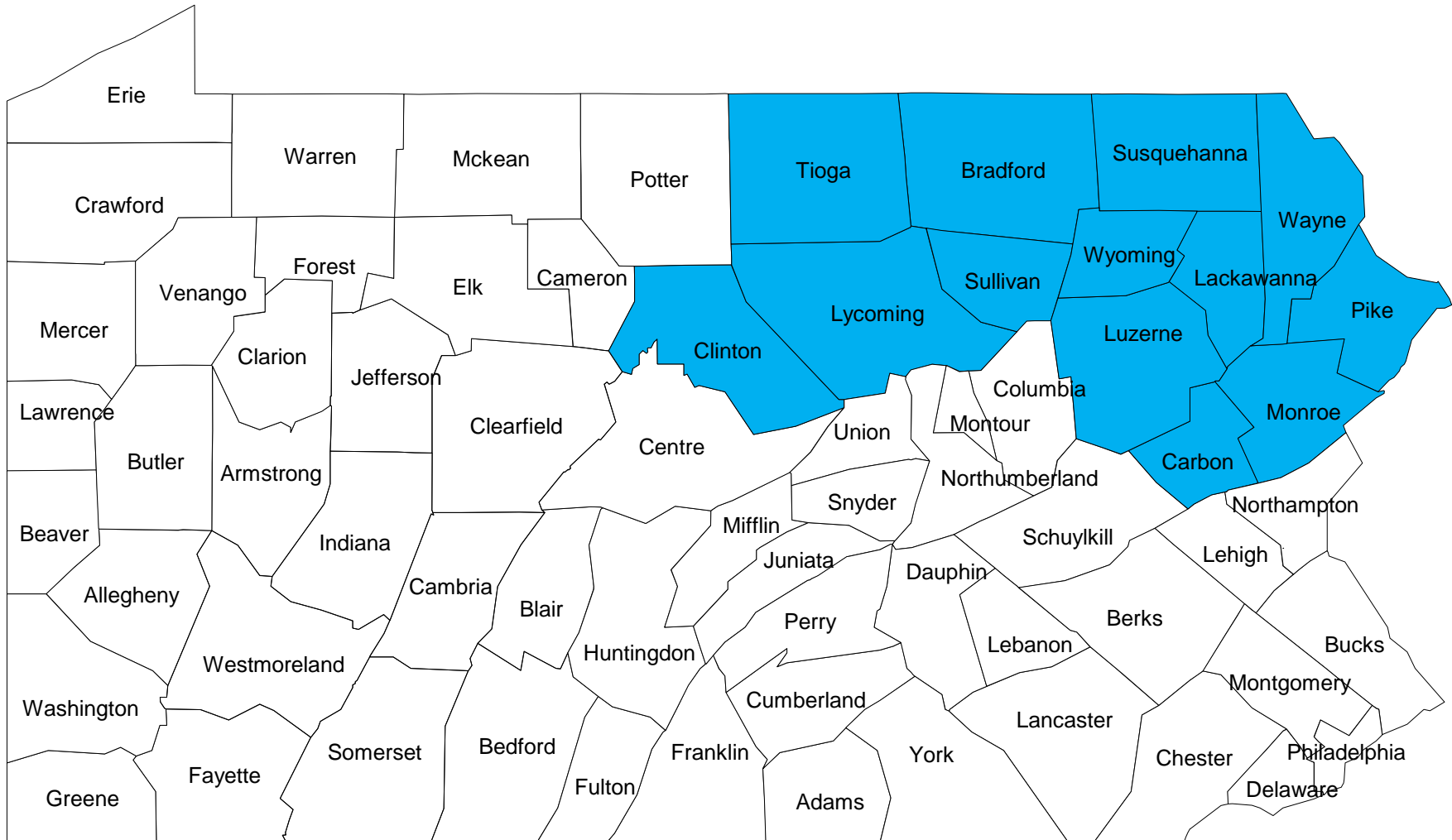
 : 2021 on-exchange service area

 : 2021 off-exchange only service area


# **2022 Service Area**


**Issuer: Highmark Benefits Group (HBG)**

**Market: Individual**



**Key** (*modify as needed*)

 : 2022 on-exchange service area

 : 2022 off-exchange only service area



June 22, 2021

Mr. James Lavery, Actuary  
Bureau of Life, Accident & Health Insurance  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

Re: Highmark Benefits Group 2022 ACA Rate Filing (Individual Market)  
Highmark Filing # 1A-DP-21-HBG (SERFF Filing # HGHM- 132820371)

Dear Mr. Lavery:

Enclosed are responses to your June 10, 2021 questions regarding SERFF Filing # HGHM-132820371. We have included your questions along with our responses for your convenience.

Should you have any further questions regarding this Filing, please feel free to contact me at [REDACTED] or via e-mail at: [REDACTED]

Sincerely,

[REDACTED]  
[REDACTED]  
[REDACTED]

Highmark Inc.

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

- 1. The following questions relate to the trend assumption:**
- a. Please provide additional detail related to the population of Individual ACA members that were included in the Company's regression analysis. Specifically, did the regression analysis include all Individual ACA members who were enrolled with the Highmark's various legal entities during the time period of 2017 to 2020? Also, was the population analyzed limited to a subset of Individual ACA members enrolled through Highmark (e.g., members continuously enrolled through the time period analyzed)? Related to the latter, if not, please clarify.**
  - b. Section 1H of the PA Actuarial Memorandum indicates that the regression analysis primarily informed the trend selection with the final requested trend also based on actuarial judgement. Please provide a detailed exhibit displaying the quantitative development of the trend estimates produced by the regression analysis and the results produced by the regression analysis performed, separately for medical and pharmacy services. Additionally, please explain why the particular trend assumption was chosen over another. For example, if the regression analysis suggested that the annual trend assumption should equal 7%, but the Company ultimately selected 8%, please explain how it was determined that the 8% assumption is more appropriate than 7%.**
  - c. Please provide an exhibit displaying what explicit adjustments, if any, were made to the results of the regression analysis to arrive at the final proposed trend assumptions (e.g., an adjustment was applied to the results of the regression analysis to capture anticipated changes in the pharmacy formulary).**
  - d. Section 1H of the PA Actuarial Memorandum states that the regression analysis was completed at the medical and pharmacy level, then combined to develop a total trend assumption. Please provide a detailed quantitative exhibit displaying how the medical and pharmacy results of the regression analysis were combined. Additionally, please provide support for the approach of assuming that the medical and pharmacy trends should be equal to one another (i.e., instead of assuming separate medical and pharmacy trends).**
  - e. Please explain what adjustments, if any, were made to account for the impact of COVID-19 when developing the annual trend assumption utilized in the rate development.**
  - f. Please provide a detailed quantitative exhibit displaying the development of the induced utilization assumption that is included in the trend assumptions and shown in Table 3 of the PA Rate Template file. In providing your response, please provide an exhibit displaying the development of the average induced demand factors underlying the 2020 experience and projected 2022 populations.**

Response:

- a. The ACA Individual population used in the regression analysis was based on the NEPA members enrolled in each applicable month. Please see the attached exhibit labeled Q1a Response which highlights the months used in the regression for both medical and drug. Months after February 2020 were not considered in the results due to the volatility associated with Covid-19.
- b. Please see exhibit labeled Q1b Response for the development of the trend estimates produced by the regression analysis.
- c. The only adjustment made to the regression trend output was the actuarial judgment described in the exhibit labeled Q1b Response.

- d. Please see the attached exhibit labeled Q1b Response. The medical and pharmacy trends were set equal in the filing submission because the final trend developed was a total trend.
- e. The trend in the filing submission was developed excluding Covid-19. Please see the response to Question 3 for more details on what level of Covid-19 factors were excluded.
- f. Please see the attached exhibit labeled Q1f Response for the development of the induced utilization assumption that is included in Table 3 of the PA Rate Template file.

**2. The following questions relate to the morbidity adjustment:**

- a. **Please provide a quantitative exhibit displaying the development of the 2020 Normalized Allowed PMPM shown in column D in Attachment A. Please demonstrate all calculations.**
- b. **Please provide support for and include a quantitative exhibit displaying the development of the assumed 2022 Member Distribution shown in Attachment A.**
- c. **Please provide a detailed quantitative exhibit displaying the development of the 2020 Normalized Allowed PMPM shown in column F in Attachment A. Please demonstrate all calculations. Additionally, please explain why the HBG ACA normalized allowed cost PMPM shown in columns D and F are different if they both represent 2020 cost levels.**

**Response:**

- a. Please see the attached exhibit labeled Q2a Response for the development of the 2020 normalized allowed PMPM (column D) in Attachment A.
- b. Please see the attached exhibit labeled Q2b Response for the development of the assumed 2022 member distribution shown in Attachment A. A definition of each category is described in the response to Question 2c. The development starts with the actual member distribution by region and population source as of the 2021 snapshot date. The assumed values that were incorporated into Attachment A reflect very minor adjustments in order to use more rounded assumptions.
- c. Please see the attached exhibit labeled Q2c Response for the development of the 2020 normalized allowed PMPMs (column F) in Attachment A. The composite PMPM is derived using the 2/1/2021 enrollment profile which is categorized into the following sources:

Renewal

- This represents our 2020 ACA members that re-enrolled in HBG. The normalized allowed PMPM was calculated by normalizing the allowed PMPM for demographic, network, and benefit richness factors.

Other Highmark

- This represents the 2020 members from other Highmark markets such as group markets that enrolled in HBG. The normalized PMPM was calculated by reviewing its allowed claims, adjusted for benefit differential if needed and then normalized for demographic, network, and benefit richness factors.

Prior ACA

- This represents our 2019 ACA members that lapsed in 2020 and now reenrolled in HBG. We reviewed its 2019 ACA claims, trended to 2020, and used this as starting point to approximate the 2020 allowed claims. The normalized allowed PMPM was

then calculated by normalizing the allowed PMPM for demographic, network, and benefit richness factors.

New

- This represents the catch-all category of the remaining members that enrolled in HBG. The adjusted allowed claims PMPM for the “New” segment is set such that its normalized allowed PMPM was set equal to the “Renewal” segment.

Since the underlying claims only reflected the claims experience of the 2/1/2021 active enrollment, we added a death load adjustment in the adjusted allowed PMPMs to capture the incremental claims of terminated members due to death as developed from historical experience. In conjunction with the claim adjustment, we also adjusted the risk scores as discussed further in the response to Question 5c below. These adjustments are necessary to account for the fact that the underlying claim projection is based on the active enrollment snapshot as of 2/1/2021. Absent this adjustment, the claim projection and risk scores would be artificially low because they would exclude the experience associated with members who lapse due to death each year.

Additionally, the ACA normalized allowed cost PMPM shown in columns D and F are different because they represent different populations. Column D represents the entire enrollment population; whereas, Column F is limited to the active enrollment as of 2/1/2021 snapshot date.

**3. The following questions pertain to the COVID-19 adjustment factor:**

- Please provide a detailed quantitative exhibit displaying the development of the Company’s 7.0% adjustment to reflect the degree of claims suppression that was experienced in 2020 due to Deferred/Rescheduled/Induced Care. In providing your response, please include the actual 2020 monthly claims experience that was considered, the estimated claims experience that was developed to estimate a non-COVID-19 2020 baseline, and the detailed figures/adjustments that were utilized to develop the estimated claims experience for the 2020 non-COVID-19 baseline.**
- Please provide support for the assumption that 43% of the population will be receiving vaccine boosters once every two years, as discussed in Section 2A of the PA Actuarial Memorandum. In addition, please provide the assumed cost per person that was assumed for those receiving the vaccine booster and provide support for how that assumed cost was developed.**
- Please provide a detailed quantitative exhibit displaying the development of the 1.005 additional morbidity adjustment, as discussed in Section 2A of the PA Actuarial Memorandum. If a quantitative exhibit cannot be provided, please provide any other support (e.g., external study) that was utilized in developing the assumption.**

**Response:**

- Please see the attached exhibit labeled Q3a Response for the development of the Deferred/Rescheduled/Induced Care adjustments on the 2020 claims. The table shows the development of the (7.0%) impact. It starts with the actual member months and medical allowed claim PMPMs by month for 2020. We then removed the impact of Deferred/Rescheduled/Induced Care by month to derive estimated 2020 PMPMs without these effects. The weighted average PMPMs with and without the impacts were compared to derive a composite annual impact to medical claims. This impact was then multiplied by the estimated medical claims as a % of total to convert it to a total impact basis.

The COVID impact of Deferred/Rescheduled/Induced Care was provided by the Company's Actuarial Modeling & Factor Development team. Their process for estimating these factors involved the following steps:

- Normalize 2019 allowed medical claims for known factors
- Trend normalized 2019 allowed medical claims to 2020 to derive a 2020 non-COVID baseline
- Adjust 2020 actual allowed medical claims to remove the impact of COVID costs (i.e. Testing, Treatment, etc.)
- Subtract the 2020 non-COVID baseline from the 2020 actuals to estimate the Deferred/Rescheduled Care impact

Although we relied on the Actuarial Modeling & Factor Development team's inputs for this assumption, we did review the values for reasonableness. The direction and magnitude of the monthly factors seemed reasonable given the progression of the pandemic in 2020. Specifically, there was no impact in January/February, but there was a significant impact in March/April/May when healthcare providers & facilities were closing for all non-COVID related care. Then, the impact subsided over the summer & early fall before spiking again at the end of the year when COVID cases escalated.

- b. The 43% vaccine utilization assumption is based on population surveys, consulting firm publications, clinical feedback, CDC reported flu vaccination rates, and the directional relationship with emerging age 65+ COVID vaccination rates reported by the CDC. A reporting adjustment is included to convert utilization measures to Highmark's population and account for vaccines that were provided without a corresponding bill.

Please see the attached exhibit labeled Q3b Response for the development of the assumed cost per person of the vaccine. The vaccine cost is based on other vaccine costs in the CDC Vaccine Price List, federally contracted purchase prices for the COVID vaccine, CMS COVID vaccine assumptions for Medicare Advantage, clinical feedback, and public interviews with manufacturer CEOs.

- c. Please see the attached exhibit labeled Q3c Response for the development of the 0.5% morbidity adjustment. Listed below are numerous articles that indicate that population health has deteriorated during the pandemic, which will impact future cost of care. Using the references below, the Company determined specific categories of care which would be most impacted by the behavior changes brought about by the pandemic. The Company utilized prior analyses and actuarial judgement in determining the anticipated impact to claims.

*Reference List:*

- <https://www.pwc.com/us/medicalcosttrends> (overall cost trends, including commentary on increased utilization from COVID)
- <https://www.nytimes.com/2021/03/22/health/virus-weight-gain.html> (weight gain)
- <https://time.com/5936029/covid-19-heart-disease-rise/> (cardiovascular risk)
- <https://www.sciencedirect.com/science/article/abs/pii/S0939475320302131> (cardiovascular risk)
- <https://www.nature.com/articles/s41430-020-0646-z> (cardiovascular risk)
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7194897/> (lifestyle changes)
- <https://journals.sagepub.com/doi/full/10.1177/1559827620918808> (cardiovascular risk)
- <https://www.mdpi.com/2072-6643/12/8/2324> (dietary and lifestyle changes)
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7665774/> (mental health impact)

4. Please provide a detailed quantitative exhibit displaying the 1.011 “Change in Other” Index Rate adjustment shown in Table 5 of the PA Rate Template file. In providing your response, please break out the estimated impact due to changes in pharmacy rebates and expected changes in hospital/physician settlements separately. Additionally, please clarify what the adjustment for changes in hospital/physician settlements is intended to reflect.

Response:

Please see the attached exhibit labeled Q4 Response for the development of the “Change in Other” factor. The change in hospital/physician settlements is intended to reflect changes in non-claim system programs such as value-based reimbursement programs from the base period to the projection period.

5. The following questions relate to the risk transfer assumption:

- a. Please provide a detailed quantitative exhibit displaying the development of the Company-specific average PLRS, ARF, GCF, ID, AV, and premium PMPM assumptions underlying the projected 2022 risk adjustment transfer, as shown in Attachment B. In providing your response, please include the average PLRS, ARF, GCF, ID, AV, and premium PMPM underlying the RATEE file that will be used by CMS to calculate risk transfers for 2020. Additionally, please provide a comparison of the 2022 factors being projected vs. the 2020 factors underlying the RATEE file and provide justification to the extent any the projected 2022 factors are different than the 2020 factors.
- b. Please provide a detailed quantitative exhibit displaying the development of the market wide average PLRS, ARF, GCF, ID, AV, and premium PMPM assumptions underlying the projected 2022 risk adjustment transfer, as shown in Attachment B. Additionally, please provide a comparison of the 2022 factors being projected vs. the 2020 factors shown in the Interim 2020 risk adjustment transfer report and provide justification to the extent the projected 2022 factors are different than the 2020 interim factors.
- c. To the extent that a portion of the Company’s morbidity adjustment reflects anticipated changes in morbidity specific to the Company’s internal book of business (i.e., in addition to, or rather than, any changes in the morbidity of the overall PA Individual ACA market), please explain how the morbidity adjustment was considered in the development of the Company’s risk adjustment transfer assumption.
- d. Please reconcile the difference between the Company-specific projected 2022 ARF shown in Attachment B and the average projection period age factor shown in Attachment E.
- e. Please provide a detailed quantitative exhibit displaying the anticipated receipt and assessment associated with the high cost risk pool component of the projected risk transfer results.

Response:

- a. Please see the attached exhibit labeled Q5a Response for the development of the Company-specific assumptions underlying the projected 2022 risk transfer. The Company-specific PLRS, ARF, GCF, IDF, and AV assumptions shown in Attachment B and used to develop the projected 2022 risk transfer were developed for the population of members that comprised the normalized allowed PMPM development discussed in the response to Question 2c above.

The exhibit labeled Q5a Response also includes the relevant factors underlying the RATEE file that CMS will use to calculate risk transfers for 2020. Please note that the GCF value is listed as “unknown” because this factor cannot be derived without access to all of the other



issuer RATEE files in the market. The 2022 factors are slightly different from the 2020 factors because the 2022 population is anticipated to be different than the 2020 population. The 2022 population was developed using the 2/1/2021 enrollment profile as discussed in the response to Question 2c above. Each of the components of the risk transfer calculation were developed based on this population rather than the 2020 experience period population. This ensures that the risk scores are aligned to the claims for each of the four sources shown in the development of the morbidity adjustment.

- b. The statewide factors included in rows 13 and 18 of Attachment B for the 2022 projection were developed by starting with information from the following sources: (1) the PID's 2020 RATEE study released on May 9, 2021, (2) the PID's 1Q2021 Enrollment Survey released on April 28, 2021, and (3) the CMS Interim Summary Report for 2020 released on March 31, 2021. The attached exhibit labeled Q5b Response demonstrates how we used the information from these sources in order to derive the 2022 statewide average estimates shown in Attachment B. Most of the assumed 2022 statewide factors are identical to our best estimates of the 2020 or 2021 statewide factors. The only exception is the statewide average risk score where we assumed a slight reduction of 1%. Table 3 shows a comparison of the 2022 factors being projected vs. the 2020 factors shown in the CMS Interim Report. In general, the factors being used for 2022 are very similar to the factors from the Interim Report. Where differences exist, it's because we are using more accurate and/or more recent data to develop our estimates. For example, using results from the PID RATEE analysis is preferable to the CMS Interim Report because they are based on actual EDGE Server submissions by all plans with run-out through the April 2021 deadline.
- c. The Company-specific PLRS factors shown in the attached exhibit labeled Q5a Response were developed using the 2020 HHS-HCC risk adjustment model. The risk scores were increased by 4.5% in conjunction with the death load claim adjustment discussed in the response to Question 2c above. We selected a 4.5% risk score load based on a review of the data.
- d. The projected 2022 average age factor shown in Attachment E is based on members' ages as of 2021. The 2022 allowable rating factor (ARF) shown in Attachment B and used in the risk adjustment development is based on members' ages as of 2020 in order to ensure consistency with the ages used in the Company-specific risk scores and the statewide average ARF.
- e. Please see the attached exhibit labeled Q5e Response for the development of the high cost risk pool component of the projected risk transfer results. We relied upon estimates from an external actuarial consulting company's study to inform our selection of an appropriate percentage of premium charge for 2022. The external study was based upon data collected by issuers across the country and included over 135 million submitted member months. Given the extremely volatile and unpredictable nature of claims in excess of the \$1 million attachment point, as a simplifying assumption we assumed there would be no anticipated reimbursements in 2022. Instead, we selected a percentage of premium charge that was lower than what could have been reasonably supported by the external study. As a point of reference, we have only had three members reach the attachment point from 2018-2020 in all our Pennsylvania entities combined.

## Additional Carrier Enrollment Questions

1. 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.

Response:

Please see the table below for the requested monthly membership information:

Month Year	OFF -Exchange & No APTC	ON - Exchange & No APTC	ON - Exchange with APTC	Grand Total
21-Jan	2,413	2,121	13,182	17,716
21-Feb	2,478	2,198	13,233	17,909
21-Mar	2,460	2,212	13,262	17,934
21-Apr	2,458	2,283	13,409	18,150
21-May	2,470	2,304	13,719	18,493

2. 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.

Response:

We estimate that approximately 10-15% of the currently enrolled On-Exchange No-APTC members as of May 2021 will enroll through the Exchange and take advantage of the enhanced and expanded subsidies resulting from ARPA. In fact, we understand that Pennie already performed a subsidy redetermination in early June 2021, and so we expect most of the transition will be realized in the June 2021 enrollment figures once they are available. As a result, we anticipate minimal additional movement between these two buckets in 2022.

3. 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.

Response:

We estimate that approximately 10-20% of the currently enrolled Off-Exchange members will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies resulting from ARPA.

The following are additional questions or comments from the PID:

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

Response:

We have tested and confirmed that the rates in Table 11 of the Actuarial Memorandum Exhibits, the PA Plan Design Summary and Rate Tables, the Federal Rates Template, and in the binder are identical.

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

Response:

Please see the attached exhibit labeled PID Q2 Response for a comparison of the actual to projected claim cost PMPMs from calendar years 2017-2020 where applicable. Please note that the actual paid claim PMPM for 2020 is low due to the COVID pandemic.

**3. The requested rate increase for this filing was above average among PA individual-market issuers. Please provide a shortlist of bullet points that explain the main issues causing this higher-than-average requested increase.**

Response:

Since we do not know what specific assumptions or adjustments were made by the other individual market issuers in their rate filings, it is difficult to assess what may be causing our rate change to vary from the average. However, it is important to note that per the Department's published rate filing instructions, we did not include the impact of the state 1332 Reinsurance program in our initial submission. Once the reinsurance parameters are finalized and/or the Department instructs us to incorporate the impact of the program, the average rate change will decrease and will ultimately be significantly less than the annual trend.

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

Response:

The Prescription Drug Benefit Plan provides three major services of coverage (as defined on page 94142 of the 2018 Notice of Benefit and Payment Parameters) that are less than or equal to 50% coinsurance and available prior to any deductible. These services include: generic drugs, specialty drugs, and preferred brand drugs. The coinsurance percentages and certifications of the values corresponding to these categories can be found in the AV screenshots and Certifications document provided as a separate attachment with the initial SERFF submission.

**5. Per Pennsylvania Final Rate Filing Guidance, Table 5, the "Change in Morbidity – All Other" in individual filings should be formula based and listed as  $1.01 \times \text{Issuer Assumption}$ . Please update the equation to comply with the Pennsylvania Final Rate Filing Guidance.**

Response:

We intend to make this update to Table 5 later in the review process since, at a minimum, we know that we will also need to incorporate the impact of the reinsurance program into the rate development. By making both changes at the same time, we can minimize the number of versions of this document that are produced.



## Highmark Benefits Group

## Individual Market

## Response to Objection 1 - Question 1b

Description	Medical	Rx	Total	Notes
2020 Allowed 12-Month PMPM With Covid	\$ 391.36	\$ 156.24	\$ 547.60	Source is supporting monthly PMPMs streams with Covid included.
2022 Allowed 12-Month PMPM With Covid	\$ 492.35	\$ 192.54	\$ 684.90	Source is supporting monthly PMPMs streams with Covid included.
2020 Covid Adjustment			1.060	Please see Attachment G from filing submission
2022 Covid Adjustment			1.009	Please see Attachment G from filing submission
2020 Allowed 12-Month PMPM Without Covid			\$ 580.46	Increase Claims to Remove Covid in 2020
2022 Allowed 12-Month PMPM Without Covid			\$ 678.79	Decrease Claims to Remove Covid in 2022
<b>Allowed Annual Trend 2020 to 2022</b>			<b>8.1%</b>	
Actuarial Judgment / Rounding			-0.1%	Rounded to 8%, reasonable range around deterministic estimate applied.
<b>Required Annual Trend Before Induced Demand Factor</b>			<b>8.0%</b>	Required trend level considers factors such as Individual market volatility, trend surveys, other segment trends
Induced Demand Factor	0.81%	0.81%	0.81%	Difference in average metal AV from current benefits to 2022 benefits.
<b>Required Annual Trend w/Induced Demand*</b>			<b>8.87%</b>	

\* Trends are then applied to the relevant mix for the entity and adjusted for Capitation to produce the resulting 8.86% as shown in Table 3.

## Highmark Benefits Group

## Individual Market

## Response to Objection 1 - Question 1f

Table 1 - 2020 Development

HIOS Plan ID	2020 Induced Utilization Factor	2020 Member Months
79962PA0190001	1.028	42,002
79962PA0190002	1.017	18,803
79962PA0190003	1.031	691
79962PA0190004	1.031	6,624
79962PA0190005	1.176	22,149
79962PA0190006	1.123	29,429
79962PA0190007	1.101	21,970
79962PA0200001	1.028	649
79962PA0200002	1.139	60,271
79962PA0200003	1.063	3,756
79962PA0210001	1.000	1,056
<b>Total</b>	<b>1.097</b>	<b>207,400</b>

Table 2 - 2022 Development

HIOS Plan ID	2022 Induced Utilization Factor	2022 Projected Member Months
79962PA0190007	1.126	37,476
79962PA0220005	1.126	7,128
79962PA0230001	1.152	33,864
79962PA0240001	1.152	8,220
79962PA0200004	1.103	1,296
79962PA0190009	1.071	1,968
79962PA0220003	1.071	588
79962PA0190005	1.191	7,596
79962PA0220002	1.191	552
79962PA0200002	1.152	60,192
79962PA0190001	1.036	40,764
79962PA0220001	1.036	4,632
79962PA0200001	1.035	12,840
79962PA0210001	1.000	1,920
<b>Total</b>	<b>1.115</b>	<b>219,036</b>

Table 3 - Development of Change in Induced Utilization

2020 Induced Utilization	1.0969
<u>2022 Induced Utilization</u>	<u>1.1147</u>
Change in Induced Utilization	1.0162
Annual Change	1.0081
<b>Table 3 Value</b>	<b>0.81%</b>

**Highmark Benefits Group****Individual Market****Response to Objection 1 - Question 2a**

	HBG
<b>2020 Allowed PMPM</b>	\$544.45
<b>Demographic Factor</b>	1.920
<b>Network Factor</b>	0.975
<b>Benefit Richness Factor</b>	1.097
<b>Normalized Allowed PMPM</b>	<b>\$265.12</b>

## Highmark Benefits Group

## Individual Market

## Response to Objection 1 - Question 2b

Population Source	2022 Member Distribution	
	Actual	Assumed
HBG ACA	78.7%	78.5%
Other Highmark	2.6%	2.5%
Prior ACA	0.8%	1.0%
<u>New-to-Blue</u>	<u>17.9%</u>	<u>18.0%</u>
Total	100.0%	100.0%



## Highmark Benefits Group

## Individual Market

## Response to Objection 1 - Question 2c

	HBG				Combined
	Renewal	Other Highmark	Prior ACA	New	Total
<b>2022 Member Months</b>	171,943	5,476	2,190	39,426	219,036
<b>2022 Member Months %</b>	78.5%	2.5%	1.0%	18.0%	100.0%
<b>2020 or 2019 Allowed PMPM*</b>	\$542.19	\$970.17	\$472.02	N/A	
<b>Trend from 2019 to 2020</b>	N/A	N/A	1.105	N/A	
<b>Death Load Adjustment</b>	1.055	1.055	1.055	N/A	
<b>Adjusted AC PMPMs</b>	\$572.01	\$1,023.53	\$550.27	\$546.49	<b>\$578.49</b>
<b>Demographic Factor</b>	1.997	1.983	1.789	1.892	1.976
<b>Network</b>	0.976	1.000	1.000	1.000	0.981
<b>Benefit Richness Factor</b>	1.098	1.080	1.080	1.080	1.094
<b>Normalized AC PMPMs</b>	<b>\$267.43</b>	<b>\$477.99</b>	<b>\$284.81</b>	<b>\$267.43</b>	<b>\$272.87</b>

\*The 'Renewal' & 'Other Highmark' sources start with 2020 experience. The 'Prior ACA' source starts with 2019 experience.

## Highmark Benefits Group

## Individual Market

## Response to Objection 1 - Question 3a

Month	Actual 2020 Member Months	Actual 2020 Medical Allowed PMPM	COVID-19 Impact of Deferred/Rescheduled/Induced Care	Estimated 2020 Medical Allowed PMPM without COVID-19 Impact of Deferred/Rescheduled/Induced Care
202001	17,143	\$442.64	0.0%	\$442.64
202002	17,299	\$446.55	0.0%	\$446.55
202003	17,454	\$346.61	(16.8%)	\$416.55
202004	17,586	\$292.63	(37.9%)	\$471.13
202005	17,643	\$339.84	(22.5%)	\$438.49
202006	17,670	\$438.22	(1.1%)	\$443.01
202007	17,530	\$435.55	(3.2%)	\$449.75
202008	17,151	\$427.65	0.1%	\$427.10
202009	17,156	\$394.54	(8.4%)	\$430.74
202010	17,054	\$522.37	(1.0%)	\$527.70
202011	16,955	\$447.68	(6.4%)	\$478.51
<u>202012</u>	<u>16,759</u>	<u>\$508.45</u>	<u>(8.2%)</u>	<u>\$553.96</u>
Total Medical	207,400	\$419.51	(8.8%)	\$460.12
Estimated Medical as a % of Total:			79%	
COVID-19 Impact on Total:			(7.0%)	

## Highmark Benefits Group

## Individual Market

## Response to Objection 1 - Question 3b

COVID Vaccine Cost Development	Amount
Percent of Population Receiving Vaccine	42.8%
Vaccine Cost	\$75.00
<u>Administrative Cost</u>	<u>\$40.00</u>
Total Unit Cost	\$115.00
Expected Annual Dose	0.5
Cost per Person	\$57.50
<b>Vaccine Cost PMPM</b>	<b>\$2.05</b>

# Highmark Benefits Group

## Individual Market

### Response to Objection 1 - Question 3c

ETG Category	Sub-Category	% of Claims
Cardiology	Total	11.4%
Orthopedics & Rheumatology	Joint Degeneration	6.6%
Endocrinology	Diabetes	4.5%
Psychiatry	Mood disorder, depressed	1.4%
<u>Chemical Dependency</u>	<u>Alcohol Treatment</u>	<u>0.6%</u>
<b>Total Impacted Claims</b>		<b>24.4%</b>
Minimum expected % claims increase in these categories		1.0%
Minimum % Impact to Claims		0.2%
Maximum expected % claims increase in these categories		5.0%
Maximum % Impact to Claims		1.2%
<b>Assumed COVID Induced Morbidity Change</b>		<b>0.5%</b>

**Highmark Benefits Group****Individual Market****Response to Objection 1 - Question 4**

Description	Factor
Change in Rx Rebates	1.012
<u>Change in Hospital/Physician Settlements</u>	<u>0.999</u>
Change in Other	1.011

## Highmark Benefits Group

## Individual Market

## Response to Objection 1 - Question 5a

	HBG				Combined
	Renewal	Other Highmark	Prior ACA	New	Total
<b>2022 Member Months</b>	171,943	5,476	2,190	39,426	219,036
<b>2022 Member Months %</b>	78.5%	2.5%	1.0%	18.0%	100.0%
<b>2022 Company-specific Factors</b>					
PLRS					
ARF					
GCF					
IDF					
AV					
<b>2020 RATEE Factors</b>					
PLRS					
ARF					
GCF					
IDF					
AV					

## Highmark Benefits Group

## Individual Market

## Response to Objection 1 - Question 5b

Table 1

Statewide Assumptions	Starting Value for 2022 Projection	Source of Starting Value	Adjustment for 2022	2022 Factor on Attachment B
<b>Non-Catastrophic Pool</b>				
Average Premium		2020 Estimate based on PID RATEE Analysis		
HHS Risk Score		2020 Estimate based on PID RATEE Analysis		
Allowable Rating Factor		2020 Estimate based on PID RATEE Analysis		
Geographic Cost Factor		2020 Estimate based on CMS Interim Report		
Induced Demand Factor		1Q 2021 PID Enrollment Survey ( <i>see Table 2 below</i> )		
Actuarial Value		1Q 2021 PID Enrollment Survey ( <i>see Table 2 below</i> )		
<b>Catastrophic Pool</b>				
State Avg Premium		2020 Estimate based on PID RATEE Analysis		
HHS Risk Score		2020 Estimate based on PID RATEE Analysis		
Allowable Rating Factor		2020 Estimate based on PID RATEE Analysis		
Geographic Cost Factor		2020 Estimate based on CMS Interim Report		
Induced Demand Factor		1Q 2021 PID Enrollment Survey ( <i>see Table 2 below</i> )		
Actuarial Value		1Q 2021 PID Enrollment Survey ( <i>see Table 2 below</i> )		

Table 2

Metal	1Q 2021 Enrollment*		AV Factors	ID Factors
	Member Mths	%		
Gold				
Silver				
Bronze				
Catastrophic				
Total				

\*Source: April 28, 2021 email from PID

Table 3

Statewide Assumptions	2022 Factor on Attachment B	2020 Factor from CMS Interim Report
<b>Non-Catastrophic Pool</b>		
Average Premium		
HHS Risk Score		
Allowable Rating Factor		
Geographic Cost Factor		
Induced Demand Factor		
Actuarial Value		
<b>Catastrophic Pool</b>		
State Avg Premium		
HHS Risk Score		
Allowable Rating Factor		
Geographic Cost Factor		
Induced Demand Factor		
Actuarial Value		

**Highmark Benefits Group****Individual Market****Response to Objection 1 - Question 5e**

Description	Value
Assumed HCRP % of Premium Charge	0.30%
Projected Required Revenue PMPM	\$682.76
<b>Projected HCRP Charge PMPM</b>	<b>(\$2.05)</b>



**Highmark Benefits Group****Individual Market****Response to Objection 1 - PID Question 2**

<b>Year</b>	<b>Projected Paid Claim PMPM*</b>	<b>Actual Paid Claim PMPM**</b>
2017	N/A	N/A
2018	N/A	N/A
2019	N/A	N/A
2020	\$496.22	\$420.41

\*Projected Claims are the incurred claims from Table 5

\*\*Actual Claims are calculated as ultimate Incurred Claims + Prescription Drug Rebates in Table 4 from the 2022 filing



July 13, 2021

Mr. James Lavery, Actuary  
Bureau of Life, Accident & Health Insurance  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

Re: Highmark Benefits Group 2022 ACA Rate Filing (Individual Market)  
Highmark Filing # 1A-DP-21-HBG (SERFF Filing # HGHM- 132820371)

Dear Mr. Lavery:

Enclosed are responses to your July 06, 2021 questions regarding SERFF Filing # HGHM-132820371. We have included your questions along with our responses for your convenience. In conjunction with these responses, we are also submitting revisions to relevant filing documents to reflect the following changes:

- In response to PID question 5 of the Department's objection letter dated June 10, 2021, the Company is adding the requested formula in Table 5, cell C16 of the PAAM Exhibits.
- Pursuant to the Department's July 6, 2021 guidance, the Company is adding the impact of the state 1332 Reinsurance program using the prescribed parameters of a \$60,000 attachment point, a 45% coinsurance rate, and a \$100,000 reinsurance cap.

Should you have any further questions regarding this Filing, please feel free to contact me at [REDACTED] or via e-mail at: [REDACTED]

Sincerely,

[REDACTED]

[REDACTED]

Highmark Inc.

cc:

[REDACTED]

1. The following questions relate to the response to question 2 from the objection responses dated 6/22/2021:
  - a. Please provide an exhibit displaying the development of the average network factor used in the calculation of 2020 HBG normalized allowed PMPM shown in the response to question 2a (i.e., 0.975). Additionally, please explain why the network factor does not equal 0.968 (i.e., the network factor shown in Table 14 of the PA Rate Template file).
  - b. Please provide an exhibit displaying the development of the average network factor used in the calculation of HBG renewal normalized allowed PMPM shown in the response to question 2c (i.e., 0.976). Additionally, please explain why the network factor does not equal 0.968 (i.e., the network factor shown in Table 14 of the PA Rate Template file).
  - c. Please provide an exhibit displaying quantitative support for, and the development of, the death load adjustment (i.e., 1.055).
  - d. Please provide quantitative support for the assumption that “New-to-Blue” members will have an average normalized allowed claims PMPM amount equal to that of the persisting HBG ACA members. In providing your response, using claims experience from the Company’s other Individual market legal entities as necessary, please include a comparison of the average normalized allowed claims PMPM for those members who would be considered “New-to-Blue” in each of 2019 and 2020 relative to the average normalized allowed claims PMPM for persisting “Blue” members in those respective years.

Response:

- a. Please see the attached exhibit labeled 1a Response for the development of the average network factor. The network factor of 0.968 shown in Table 14 of the PA Rate Template is a medical only network factor as explained in the actuarial memorandum.
  - b. Please see the attached exhibit labeled 1b Response for the development of the average network factor. The network factor of 0.968 shown in Table 14 of the PA Rate Template is a medical only network factor as explained in the actuarial memorandum.
  - c. Please see the attached exhibit labeled 1c Response for the development of the death load adjustment. This exhibit shows the additional claim expense and risk score associated with members who lapsed due to death.
  - d. Given the high degree of churn in the Individual ACA market as well as the inherent degree of uncertainty surrounding new business, the Company has been tracking the relative performance of “New” members for several years. Our previous experience with this cohort supported a claim load for these members, but changes in current marketplace dynamics led us to the conclusion that the emerging new population will be more closely aligned with the persisting population. This conclusion is supported by a review of our 2020 statewide actual experience, which showed that risk adjusted MLRs between the two populations were equivalent. The Company intends to continue to monitor emerging relativities going forward since adjustments may be warranted in future years.
2. Please provide a detailed quantitative exhibit displaying the development of the COVID-19 Impact of Deferred/Rescheduled/Induced Care assumptions, as shown in column E of the Excel response to question 3a from the objection responses dated 6/22/2021. In particular, please provide the following information discussed in the response to question 3a:
    - a. Actual calendar year 2019 allowed PMPM for each month and all normalization adjustments applied to calculate normalized 2019 allowed medical claims.

- b. **The trend assumption utilized to trend the normalized 2019 allowed medical claims to derive 2020 allowed claims absent the impact of COVID-19.**
- c. **The adjustments applied to the actual 2020 allowed medical claims for each month to remove the impact of COVID-19 costs. Additionally, please indicate whether a similar analysis was performed to estimate the impact of COVID-19 on pharmacy claims in the 2020 plan year. If so, please provide the results of that analysis and provide support for not making any adjustment to the pharmacy costs as well. If a similar analysis was not performed on pharmacy claims, please provide support for not doing so and provide a comparison of the normalized pharmacy claims PMPM for 2019 relative to the normalized pharmacy claims PMPM for 2020.**

Response:

- a. Please see the attached exhibit labeled Q2 Response for additional detail regarding the development of the COVID-19 impact of the Deferred/Rescheduled/Induced Care assumptions. After further consultation with the Company's COVID-19 actuarial subject matter experts, we learned that the modeling was performed on a paid claim basis. Thus, the PMPM values shown in the attached exhibit reflect paid claims (not allowed charges). Due to the model complexity and to aid in the presentation, the additional detail is being provided on an annual basis rather than by month. However, it is important to note that the monthly pattern was aligned with the average results from a BCBSA survey performed to assess the impact of COVID-19.
  - b. Please see the attached exhibit labeled Q2 Response for the trend assumption used in the COVID-19 modeling. Please note that these are historical modeling trends developed for the specific purpose used in the internal COVID-19 model. Thus, they differ from the assumed future pricing trends contained in this rate filing.
  - c. The Company's internal monitoring of the COVID-19 impacts for 2020 resulted in the conclusion that Rx claims were minimally affected, and no adjustment was warranted. The trend data submitted previously in the responses to Question 1a from the objection responses dated 6/22/2021 show a 2020 normalized Rx trend of 12.9% across our Pennsylvania regions. This is within 3% of the 2016-2019 average.
- 3. The following Please provide an exhibit displaying the development of the Company-specific average 2022 PLRS factor for each population shown in the exhibit provided in response to question 5a from the objection responses dated 6/22/2021 (i.e., renewal, other Highmark, prior ACA, and new). In providing your response, please provide the following information:**
- a. **Please demonstrate how the death load factor is considered in the calculations, and please explain why a death load adjustment equal to 4.5% was applied as opposed to the 5.5% adjustment applied in the response to question 2c.**
  - b. **Please provide a narrative explaining how the average PLRS factor was calculated for the other Highmark, prior ACA, and new cohorts. In providing your response please comment on the data and any assumptions used in the calculations, and any explicit adjustments applied.**
  - c. **The response to question 2c indicates the Company has assumed that the other Highmark, prior ACA, and new cohorts will all be enrolled in a gold plan (i.e., the benefit richness factor is 1.08). However, the average IDF and AV for these populations shown in the response to question 5a indicates that the Company believes these**

**members will not all enroll in gold plans. Please explain how the two approaches reconcile with one another.**

- d. Using the ACA segment as the 1.0 index, please provide an exhibit comparing the assumed morbidity relativities as provided in Attachment A from the “2022\_Indiv\_HBG\_PAAM\_Attachments\_AtoG\_051821.xlsx” file to the normalized PLRS (i.e., PLRS divided by the ARF and AV factors) factors provided in the response to question 5a from the objection responses dated 6/22/2021. For each segment, please address and reconcile any differences that exist between the assumed morbidity and normalized PLRS relativities and provided detailed quantitative support for why it is appropriate to assume that the relativities should not be the same.**

Response:

The Company-specific PLRS factors were developed using actual claims experience for each population shown (where available) and the 2020 HHS-HCC risk adjustment model. An explicit adjustment was applied for the death load impact. Please see the attached exhibit labeled Q3 Response for a demonstration of the calculation. Further detail surrounding the development can be found in the responses below:

- a. As discussed in the response to Question 1c above, the attached exhibit labeled Q1c Response shows the development of the death load adjustment. This exhibit shows the additional claim expense and risk score associated with members who lapsed due to death. We selected a 4.5% risk score load based on a review of the data which produced a 4.2% load.
- b. The average PLRS factors for the Other Highmark cohorts were derived by running actual 2020 claims experience for members in this cohort through the 2020 HHS-HCC risk adjustment model. Similarly, the average PLRS factors for the Prior ACA cohorts were derived by running actual 2019 claims experience for members in this cohort through the 2020 HHS-HCC risk adjustment model. The average PLRS factors for the New cohorts were set equal to each region’s average PLRS factor for the Renewal cohort multiplied by the ARF relationship between the New and Renewal cohort. The resulting average risk scores for all of these cohorts were increased by 4.5% to reflect the death load adjustment as discussed in the response to Question 3a above.
- c. The 1.08 benefit richness factor shown in the response to Question 2c from the objection responses dated 6/22/2021 is used to normalize the underlying allowed charges. It is intended to mirror the benefit richness formula prescribed by the Department, which is now a function of the pricing AV’s rather than simply the standard factors used by CMS in the risk adjustment transfer formula.
- d. Please see the attached exhibit labeled Q3d Response for the requested comparison. The indexed normalized PLRS and Allowed PMPM values are directionally aligned for most of the segments. The Other Highmark and Prior ACA segments have the largest variances, but this could be attributable to the significantly smaller sample sizes of these segments. The Company is using actual claims experience and actual risk scores generated by the claims experience to develop the values shown. The ACA risk adjustment program does not produce perfect relativities as evidenced by the published HHS-HCC risk adjustment model R-squared values that generally range from 0.3 to 0.4.

### **Additional Carrier Enrollment Questions**

- 1. 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.**

Response:

The Company does not have any updated information readily available to provide at this time.

- 2. 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.**

Response:

The Company does not have any updated information readily available to provide at this time.

- 3. 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.**

Response:

The Company does not have any updated information readily available to provide at this time.

### **The following are additional questions or comments from the PID:**

- 1. Please provide an exhibit showing the actual experience for calendar years 2016-2020 and the projection experience for 2021 and 2022 for the following categories: Member Months, Total Administrative Expenses, Total Incurred Claims, Total Premium, Total Actual Paid Taxes and Fees, Profit, Total Underwriting Gain/Loss and Underwriting Gain/Loss PMPM**

Response:

Please see the attached exhibit labeled PID Q1 Response for the requested information.

- 2. Does this company have any transitional membership? If so, has there recently been a significant drop in transitional membership? Do you anticipate a drop in 2022?**

Response:

This company does not have any transitional membership.

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

Response:

In accordance with the Department's subsequent guidance from July 6, 2021, the PAAM Exhibits have been updated to reflect a coinsurance rate of 45% (rather than 40%).

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

Response:

The Company is not changing any assumptions as a result of the change in the coinsurance rate.

- 5. 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.**

Response:

If the Department selects a final coinsurance parameter other than 45%, the Company would appreciate if the decision could be communicated as soon as practically possible given this would require updating all of the filing documents in a short amount of time.

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

Response:

The Company does not intend to modify its projected 2022 risk adjustment transfer amounts based on the 2020 results.

- 7. 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.**

Response:

We have tested and confirmed that the rates in Table 11 of the Actuarial Memorandum Exhibits, the PA Plan Design Summary and Rate Tables, and the Federal Rates Template are identical.

- 8. Please ensure that the 7/13/21 versions of the following items are posted in SERFF with your July 13th response to this data call.**
- a. Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.**
  - b. PA Actuarial Memorandum**
  - c. PA Actuarial Memorandum Exhibits**
  - d. Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values – no "NA")**
  - e. URRT**
  - f. Federal Rate Template**
  - g. Part III: Actuarial Memorandum**
  - h. Updated Rate Change Request Summary (Attachment I)**
  - i. Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).**

Response:

All of the relevant rate filing documents are being updated and submitted in SERFF in conjunction with these responses.

**Highmark Benefits Group****Individual Market****Response to Objection 2 - Question 1a**

	<b>Network Factor</b>	<b>2020 Allowed PMPM</b>
<b>Description</b>		
Medical	0.968	\$419.99
Rx	1.000	\$124.46
Average/Total	<b>0.975</b>	\$544.45



**Highmark Benefits Group****Individual Market****Response to Objection 2 - Question 1b**

		<b>2020</b>
<b>Description</b>	<b>Network Factor</b>	<b>Allowed PMPM</b>
Medical	0.968	\$407.01
Rx	1.000	\$135.18
Average/Total	<b>0.976</b>	\$542.19

# Highmark Benefits Group

## Individual Market

### Response to Objection 2 - Question 1c

Description	2021 Renewal Only	Lapse Due to Death	Total
Member Months	492,922	774	493,696
Paid Claims	\$214,756,238	\$12,112,392	226,868,630
Paid PMPM	\$435.68	\$15,649.09	\$459.53
Death Load Adjustment - Claims			1.055
PLRS	████	████	████
Death Load Adjustment - PLRS			1.042

## Highmark Benefits Group

## Individual Market

## Response to Objection 2 - Question 2

Description	Medical Value
Actual 2019 Paid PMPM	\$366.65
<u>Normalization Factor</u>	<u>0.632</u>
Normalized 2019 Paid PMPM	\$231.60
<u>Trend</u>	<u>13.6%</u>
Normalized 2020 Paid PMPM w/o COVID-19	\$263.10
<u>Normalization Factor</u>	<u>0.707</u>
2020 Paid PMPM w/o COVID-19	\$371.89
<u>Actual 2020 Paid PMPM</u>	<u>\$345.14</u>
COVID-19 Impact	(7.2%)
COVID-19 Impact of Testing/ Treatment	<u>1.6%</u>
COVID-19 Impact of Deferred/Rescheduled/Induced Care	(8.8%)

## Highmark Benefits Group

## Individual Market

## Response to Objection 2 - Question 3

2022 Company-specific PLRS Adjustment	HBG			
	Renewal	Other Highmark	Prior ACA	New
PLRS - before adjustment				
PLRS Death Load Adjustment	1.045	1.045	1.045	1.045
PLRS - after adjustment				

## Highmark Benefits Group

## Individual Market

## Response to Objection 2 - Question 3d

	HBG				Total
	Renewal	Other Highmark	Prior ACA	New	
<b>2022 Member Months</b>	171,943	5,476	2,190	39,426	219,036
<b>2022 Member Months %</b>	78.5%	2.5%	1.0%	18.0%	100.0%
<b>2022 Company-specific Factors</b>					
PLRS					
ARF					
AV					
<b>Normalized PLRS</b>					
<b>Normalized PLRS - Regionally Indexed</b>					
<b>Normalized Allowed PMPM (Attachment A)</b>	\$267.43	\$477.99	\$284.81	\$267.43	
<b>Normalized Allowed PMPM - Regionally Indexed</b>	1.000	1.787	1.065	1.000	

## Highmark Benefits Group

## Individual Market

## Response to Objection 2 - PID Question 1

Description	Financial Reporting Year						
	2016	2017	2018	2019	2020	Proj. 2021	Proj. 2022
Member Months	N/A	N/A	N/A	N/A	207,400	229,524	219,036
Premium	N/A	N/A	N/A	N/A	\$120,899,097	\$125,710,149	\$140,220,954
Incurred Claims	N/A	N/A	N/A	N/A	\$87,199,137	\$109,351,366	\$124,770,752
Administrative Expenses	N/A	N/A	N/A	N/A	\$10,954,535	\$11,914,591	\$11,011,427
Taxes and Fees	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>\$3,498,236</u>	<u>\$4,444,192</u>	<u>\$4,438,775</u>
Gain/(Loss)	N/A	N/A	N/A	N/A	\$19,247,188	\$0	\$0
Gain/(Loss) PMPM	N/A	N/A	N/A	N/A	\$92.80	\$0.00	\$0.00

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T										
1	<b>Unified Rate Review v5.3</b>																			To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.									
2																				To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.									
3	Company Legal Name: Highmark Benefits Group																			State: PA									
4	HIOS Issuer ID: 79962																			Market: Individual									
5	Effective Date of Rate Change(s): 01/01/2022																			To validate, select the Validate button or Ctrl + Shift + I.									
6																				To finalize, select the Finalize button or Ctrl + Shift + F.									
7																													
8																													
9																													
10																													
11	<b>Section I: Experience Period Data</b>																												
12	Experience Period: 01/01/2020 to 12/31/2020																												
13																													
14	Allowed Claims \$106,201,555.94 PMPM \$512.06																												
15	Reinsurance \$0.00																												
16	Incurred Claims in Experience Period \$87,199,136.74 \$420.44																												
17	Risk Adjustment -\$6,384,534.00 -\$30.78																												
18	Experience Period Premium \$127,283,631.50 \$613.71																												
19	Experience Period Member Months 207,400																												
20																													
21	<b>Section II: Projections</b>																												
22																													
23																													
24	Benefit Category Experience Period Index Rate PMPM																			Trended EHB Allowed Claims PMPM									
25	Inpatient Hospital \$112.27 1.040 1.038 1.040 1.038 \$130.84																												
26	Outpatient Hospital \$184.86 1.040 1.038 1.040 1.038 \$215.43																												
27	Professional \$115.12 1.040 1.038 1.040 1.038 \$134.16																												
28	Other Medical \$12.23 1.040 1.038 1.040 1.038 \$14.25																												
29	Capitation \$0.20 0.929 1.000 0.750 1.000 \$0.14																												
30	Prescription Drug \$87.37 1.040 1.038 1.040 1.038 \$101.82																												
31	Total \$512.05																			\$596.63									
32	Morbidity Adjustment 1.111																												
33	Demographic Shift 1.029																												
34	Plan Design Changes 1.000																												
35	Other 1.027																												
36	Adjusted Trended EHB Allowed Claims PMPM for 01/01/2022 \$700.50																												
37																													
38	Manual EHB Allowed Claims PMPM \$0.00																												
39	Applied Credibility % 100.00%																												
40																													
41																													
42	Projected Index Rate for 01/01/2022 \$700.50 \$153,434,718.00																												
43	Reinsurance \$33.67 \$7,374,942.12																												
44	Risk Adjustment Payment/Charge -\$14.49 -\$3,173,831.64																												
45	Exchange User Fees 2.97% \$4,567,904.92																												
46	Market Adjusted Index Rate \$702.17 \$153,801,512.44																												
47																													
48	Projected Member Months 219,036																												
49																													
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly 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.																												
51																													

Product-Plan Data Collection

Company Legal Name: Highmark Benefits Group  
HIOS Issuer ID: 79962  
Effective Date of Rate Change(s): 01/01/2022

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.

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

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

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name		my Priority Blue EPO										my Priority Blue Flex EPO HSA										my Priority Blue Major EPO		my Priority Blue EPO Adult Vision and Dental										my Priority Blue EPO Flex EPO Premier Adult Vision and Dental	
1.2 Product ID		79962PA0190001										79962PA0200001										79962PA0210001		79962PA0220001										79962PA0230001	
1.3 Plan Name		my Priority Blue		my Priority Blue		my Priority Blue		my Priority Blue		my Priority Blue		my Priority Blue		my Priority Blue		my Priority Blue		my Priority Blue		my Priority Blue		my Priority Blue													
1.4 Plan ID (Standard Component ID)		79962PA0190001		79962PA0190001		79962PA0190001		79962PA0190001		79962PA0190001		79962PA0190001		79962PA0200001		79962PA0200001		79962PA0200001		79962PA0210001		79962PA0220001													
1.5 Metal		Bronze		Bronze		Bronze		Bronze		Bronze		Bronze		Bronze		Bronze		Catastrophic		Bronze		Gold													
1.6 AV Metal Value		0.649		0.599		0.648		0.648		0.715		0.816		0.789		0.717		0.661		0.716		0.795													
1.7 Plan Category		Renewing		Terminated		Terminated		Terminated		Renewing		Terminated		Renewing		Renewing		Terminated		New		Renewing													
1.8 Plan Type		EPO		EPO		EPO		EPO		EPO		EPO		EPO		EPO		EPO		EPO		EPO													
1.9 Exchange Plan?		Yes		No		No		No		Yes		No		Yes		No		Yes		No		Yes													
1.10 Effective Date of Proposed Rates		01/01/2022		01/01/2022		01/01/2022		01/01/2022		01/01/2022		01/01/2022		01/01/2022		01/01/2022		01/01/2022		01/01/2022		01/01/2022													
1.11 Cumulative Rate Change % (over 12 mos prior)		3.51%		0.00%		0.00%		0.00%		2.63%		3.64%		0.00%		1.26%		-0.02%		0.03%		5.68%													
1.12 Product Rate Increase %																																			
1.13 Submission Level Rate Increase %																																			

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information		Total	79962PA0190001	79962PA0190002	79962PA0190003	79962PA0190004	79962PA0190005	79962PA0190006	79962PA0190007	79962PA0190009	79962PA0200001	79962PA0200002	79962PA0200003	79962PA0200004	79962PA0210001	79962PA0220001	79962PA0220002	79962PA0220003	79962PA0220005	79962PA0230001	79962PA0240001
2.1 Plan ID (Standard Component ID)		\$106,201,556	\$13,085,187	\$6,962,073	\$180,157	\$2,395,660	\$12,945,353	\$22,690,596	\$10,851,460	\$0	\$184,791	\$35,021,220	\$1,730,226	\$0	\$154,834	\$0	\$0	\$0	\$0	\$0	\$0
2.2 Allowed Claims		\$0	\$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	\$0
2.4 Member Cost Sharing		\$19,002,419	\$4,964,528	\$1,856,828	\$84,603	\$744,816	\$1,582,872	\$2,993,457	\$2,063,852	\$0	\$92,591	\$3,975,672	\$553,456	\$0	\$89,744	\$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	\$0
2.6 Incurred Claims		\$87,199,137	\$8,120,659	\$5,105,244	\$95,554	\$1,650,844	\$11,362,481	\$19,697,138	\$8,787,607	\$0	\$92,200	\$3,045,548	\$1,176,770	\$0	\$65,089	\$0	\$0	\$0	\$0	\$0	\$0
2.7 Risk Adjustment Transfer Amount		-\$6,384,534	-\$6,495,348	-\$2,833,431	-\$207,091	-\$924,190	\$1,530,898	\$1,912,144	-\$2,028,135	\$0	-\$919	\$2,876,142	-\$220,978	\$0	\$6,374	\$0	\$0	\$0	\$0	\$0	\$0
2.8 Premium		\$127,283,632	\$21,019,577	\$8,431,969	\$320,852	\$3,417,370	\$15,908,735	\$21,496,185	\$15,129,217	\$0	\$317,388	\$38,807,440	\$2,204,374	\$0	\$230,527	\$0	\$0	\$0	\$0	\$0	\$0
2.9 Experience Period Member Months		207,400	42,003	18,803	693	6,624	22,149	29,429	21,970	0	649	60,273	3,794	0	1,056	0	0	0	0	0	0
2.10 Current Enrollment		17,015	4,614	0	0	920	2,952	2,814	86	0	636	4,392	278	0	393	0	0	0	0	0	0
2.11 Current Premium PMPM		\$616.31	\$491.97	\$0.00	\$0.00	\$0.00	\$748.39	\$683.86	\$663.52	\$576.23	\$495.20	\$674.83	\$563.32	\$0.00	\$382.71	\$547.33	\$803.75	\$633.59	\$0.00	\$0.00	\$0.00
2.12 Loss Ratio		72.13%	55.91%	91.19%	84.00%	66.21%	65.15%	84.15%	67.08%	#DIV/0!	29.13%	74.48%	59.33%	#DIV/0!	27.48%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month																					
2.13 Allowed Claims		\$512.06	\$311.54	\$370.26	\$260.72	\$361.66	\$584.47	\$771.03	\$493.92	#DIV/0!	\$284.73	\$581.06	\$460.66	#DIV/0!	\$146.62	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.14 Reinsurance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing		\$91.62	\$118.20	\$98.75	\$122.44	\$112.44	\$112.44	\$101.73	\$93.94	#DIV/0!	\$142.67	\$65.96	\$147.35	#DIV/0!	\$84.99	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.16 Cost Sharing Reduction		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.17 Incurred Claims		\$420.44	\$193.34	\$271.51	\$138.28	\$249.22	\$513.00	\$669.31	\$399.98	#DIV/0!	\$142.07	\$515.10	\$313.30	#DIV/0!	\$61.64	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount		-\$30.78	-\$154.64	-\$150.69	-\$299.70	-\$139.52	\$69.12	\$64.97	-\$92.31	#DIV/0!	-\$1.42	\$47.72	-\$58.83	#DIV/0!	\$6.04	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.19 Premium		\$613.71	\$500.44	\$448.44	\$464.33	\$515.91	\$718.26	\$730.44	\$688.63	#DIV/0!	\$489.04	\$643.88	\$586.89	#DIV/0!	\$218.30	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		79962PA0190001	79962PA0190002	79962PA0190003	79962PA0190004	79962PA0190005	79962PA0190006	79962PA0190007	79962PA0190009	79962PA0200001	79962PA0200002	79962PA0200003	79962PA0200004	79962PA0210001	79962PA0220001	79962PA0220002	79962PA0220003	79962PA0220005	79962PA0230001	79962PA0240001
3.2 Market Adjusted Index Rate											\$702.17									
3.3 AV and Cost Sharing Design of Plan		0.6654	0.0000	0.0000	0.0000	1.0135	0.0000	0.8779	0.7528	0.6602	0.9318	0.0000	0.8270	0.5402	0.6654	1.0135	0.7528	0.8779	0.9328	0.9328
3.4 Provider Network Adjustment		1.0000	0.0000	0.0000	0.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	0.0000	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	0.0000	0.0000	0.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Administrative Costs																				
3.6 Administrative Expense		8.00%	0.00%	0.00%	0.00%	8.00%	0.00%	8.00%	8.00%	8.00%	8.00%	0.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%
3.7 Taxes and Fees		0.08%	0.00%	0.00%	0.00%	0.08%	0.00%	0.08%	0.08%	0.08%	0.08%	0.00%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%
3.8 Profit & Risk Load		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%	0.00%
3.9 Catastrophic Adjustment		1.0000	0.0000	0.0000	0.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$508.30	\$0.00	\$0.00	\$0.00	\$774.21	\$0.00	\$670.63	\$575.06	\$504.33	\$711.80	\$0.00	\$633.74	\$379.64	\$554.20	\$820.12	\$620.95	\$716.50	\$715.49	\$761.37

3.11 Age Calibration Factor		0.5102								0.5102										
3.12 Geographic Calibration Factor		1.0000								1.0000										
3.13 Tobacco Calibration Factor		0.9933								0.9913										
3.14 Calibrated Plan Adjusted Index Rate			\$257.08	\$0.00	\$0.00	\$0.00	\$391.57	\$0.00	\$339.18	\$290.84	\$255.07	\$360.00	\$0.00	\$319.51	\$192.01	\$280.29	\$414.79	\$314.05	\$362.38	\$361



Rating Area Data Collection

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

Rating Area	Rating Factor
Rating Area 3	1.0000

## **Part II of the Preliminary Justification**

### **Highmark Benefits Group – Individual Market**

#### **Scope and Range:**

Highmark Benefits Group is requesting an average ACA individual market rate change of 3.6%, ranging from -1.5% to 5.7%. Products submitted with this filing will have effective dates from January 1, 2022 to December 31, 2022. This rate change is projected to affect 13,785 members.

#### **Historical Financial Experience:**

Highmark Benefits Group incurred an underwriting gain in its ACA individual market programs in 2020.

#### **Change in Medical Service Costs:**

The projected average cost of medical care for the projected population is expected to increase. The increase will emerge in utilization and average cost per service, and is spread across all types of services.

#### **Change in Benefits and Cost Sharing:**

Some cost sharing parameters were changed in order to maintain compliance with Federal AV requirements. Additionally, some out of pocket maximum parameters were changed to keep up with the rising cost of health care. These out of pocket maximum changes also aided in mitigating the rate increase.

#### **Administrative Costs and Anticipated Operating Results:**

The anticipated administrative costs and operating results are not excessive or unreasonable. In accordance with regulations, the projected medical loss ratio is over 80%.

**Part III Actuarial Memorandum**

**Highmark Benefits Group**

**Individual Rate Filing**

**Effective January 1, 2022**

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## **I. General Information**

### **Document Overview**

This document contains the Part III Actuarial Memorandum for Highmark Benefits Group's (HBG) individual block of business rate filing, for products with an effective date of January 1, 2022. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

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

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

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

### **I.1 Company Identifying Information:**

- Company Legal Name: Highmark Benefits Group
- State: The Commonwealth of Pennsylvania has regulatory authority over these policies.
- HIOS Issuer ID: 79962
- Market: Individual
- Effective Date: January 1, 2022

### **I.2 Company Contact Information:**

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

## **II. Proposed Rate Changes**

For all rate increases by plan, see the 'Cumulative Rate Change % (over 12 mos prior)' found in Worksheet 2, line 1.11 of the URRT. The rate increase varies by plan due to an update in several of our pricing factors and changes in cost sharing required to meet Actuarial Value and other cost sharing restrictions under the Affordable Care Act.

The primary drivers of the rate increase are increasing cost and utilization of medical and pharmacy services in the Individual market.

In accordance with the Department's July 6, 2021 guidance, the impact of the state 1332 Reinsurance program is captured using the prescribed parameters of \$60,000 attachment point, 45% coinsurance rate, and \$100,000 reinsurance cap. If the final parameters should change from those described in this filing, a revised submission would be required.

This rate filing also includes a COVID-19 adjustment and the impact of the American Rescue Plan Act (ARPA) was considered in the rate development and no adjustment was included at this time. This is due to several unknown factors such as competitor entry into market, morbidity of uninsured enrollment, pent-up demand for new entrants, and any potential group conversion to individual.

Other assumptions in the filing account for the elimination of the Individual Mandate penalty and the lack of CSR funding in 2022 by using the factors prescribed in the Department's guidance. Additional assumptions include that advance payment of premium tax credits (APTCs) will continue until the end of 2022, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and that there are no significant changes in the participation of QHP issuers that would materially change risk adjustment transfer amounts. Finally, modifications to the rate development may be necessary if significant unforeseen events occur. Examples include, but are not limited to, repeal or invalidation of the ACA or material developments in the course of the COVID-19 pandemic. As a result, HBG reserves the right to submit a revised filing.

## **III. Experience and Current Period Premium, Claims, and Enrollment**

### **III.1 Paid through Date:**

Experience Period claims were based on incurred calendar year 2020, paid through February 2021. This includes 2020 experience in Affordable Care Act compliant plans. HBG did not offer any transitional plans in 2020.

### **III.2 Current Date:**

The current date shown represents a snapshot of February 1, 2021.

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

- Historical Experience: We chose HBG's current experience for the individual block of business for the period January 1, 2020 through December 31, 2020, with claims

paid through February, 2021 as the basis for the 2022 projected individual market pricing.

- **Claims Incurred During the 12-month Experience Period:** Worksheet 1, Section I shows our best estimate of the amount of claims that were incurred during the 12-month experience period for HBG's individual book-of-business. This section includes:
  - The amount of claims which were processed through Company's claims system,
  - Claims processed outside of the Company's claims system, and
  - Our best estimate of claims incurred but not paid as of the paid through date stated above.
- **Method for Determining Allowed Claims:** For non-capitated claims, the allowed charges are summarized from The Company's detailed claim-level historical data. This experience includes 2020 claims for Affordable Care Act compliant business. For capitated and other off-system claims, historical capitations and experience were tabulated and added to the claims.
- **Paid Claims:** We also summarized the paid claims from detailed member records. The paid-to-allowed ratio for the experience period reflects the 2020 plan designs chosen by each member.
- **Incurred but Not Paid (IBNR) Claims Estimate:** The Company is using a completion factor of 0.9678 to include IBNR claims in allowed charges. The IBNR completion factor was developed using our corporate reserving system for The Company's individual business. We applied it equally to both paid and allowed total claims (as a change to utilization) to complete the experience.

#### **IV. Benefit Categories**

The index rate of the experience period was summarized at the defined benefit categories included in Worksheet 1, Section II of the URRT.

The data provided in this section closely adheres to the preferred definitions of the Benefit Categories included in the URRT instructions, including the "Other Medical" category. The "Other Medical" category units reflect visits for PDN/home health, trips for ambulance and procedures for DME/prosthetics. Prescription drugs utilization were converted to a "per 30-day" script count.

## **V. Projection Factors**

### **V.1 Trend Factors**

This development of the CY2022 rates reflects an annual trend rate of 8.0% (4.0% cost, 3.8% utilization). These trends reflect HBG's expectations regarding increases in in-network contractual reimbursement and out-of-network costs. These estimates measure and normalize for benefit leverage, population aging, and historical changes for fee schedules, as well as company-wide utilization management programs, and external trend drivers.

The trend represents a blended average for all types of service and is applied to the aggregate experience for pricing. These trends represent assumed community-wide expectations. Claim variations due to the specific projected enrolled population in this single risk pool are reflected in the morbidity adjustment.

### **V.2 Changes in the Morbidity of the Population Insured**

The Change in Morbidity adjustment of 1.111 is comprised of the following: the morbidity impact from claims experience, a state mandated morbidity adjustment for the Reinsurance program, the impact of health insurance coverage mandate elimination, and Covid-19 impact. Each of the components is described in more detail below.

#### *The Morbidity Impact from Claims Experience*

This adjustment reflects the change in the population mix/claim levels from the experience period to the projection period. We continue to observe a high degree of membership churn from year-to-year, which impacts the morbidity. This factor also takes into consideration the effects of adverse selection inherent to guaranteed issue markets. The Individual ACA risk pool continues to have a significantly higher proportion of older members with a high prevalence of chronic conditions compared to group business, which adds to the uncertainty of any future claim projections.

#### *State Mandated Morbidity Adjustment for the Reinsurance Program*

In accordance with the Department's guidance, there is an adjustment of -0.1% to reflect the impact of morbidity improvement due to the Reinsurance program.

#### *Impact of Health Insurance Coverage Mandate Elimination*

In accordance with the Department's guidance, the morbidity was increased by 1.0% to reflect the market uncertainty from the elimination of the health insurance coverage mandate.

#### *Covid-19 Impact*

In order to account for the impact of COVID-19 on projected claim costs, the Company took the following steps:



1. Adjusted the claims in the base experience period to a non-COVID-19 baseline environment. This was done to provide a more stable base from which to project future claims. Claims in the base experience period were increased by 6.0%, representing the expected degree of claims suppression experienced.
2. Projected claims to the projection period using trends with the impact of COVID-19 excluded. Again, this provides for a more stable projection of future claims, before applying the anticipated impact of COVID-19 in the projection period. This was accomplished by applying a trend of 8.0% (which excludes any impact from COVID-19) to our adjusted BEP claims.
3. The projected claims were then further adjusted by applying the anticipated impacts of COVID costs expected in the projection period. There are four components of this adjustment determined by the Company:
  - a. Treatment costs (\$0.11 PMPM) – COVID treatment utilization in 2022 are expected to follow a similar utilization pattern as flu treatment from 2018 and 2019, with COVID specific admission costs based on recent admission costs for COVID.
  - b. COVID Testing (\$0.73 PMPM) – COVID testing utilization in 2022 are expected to follow a similar utilization pattern as flu testing from 2018 and 2019, with COVID specific testing costs based on recent testing costs for COVID.
  - c. COVID Vaccine (\$2.05 PMPM) – The Company is assuming that 43% of the population will be receiving vaccine boosters at a frequency of once every two years. This impact represents the expected cost that the Company will incur.
  - d. Additional morbidity (0.50% claims impact) – Due to insureds missing preventative care (maintenance care and testing services) and quarantine rules leading to a more sedentary lifestyle, the Company expects a general trend towards worsening member morbidity.

The application of the above COVID claim adjustments to the rating period results in a COVID adjustment factor of 1.07.

### **V.3 Changes in Demographics**

We project that the average rating factor (age, tobacco load and area combined) will increase by about 2.9% due to the change in the population. This is primarily due to the expectation that the new members from the group and/or uninsured populations to be slightly older than the population in the underlying experience. This increases the projected allowed claims (utilization) by the same amount.

### **V.4 Changes in Benefits**

There is no change in benefits related to the essential health benefit (EHB) categories so the factor is set to 1.0. The cost sharing changes for the EHBs are captured in the paid to allowed ratio factors discussed in the AV and Cost Sharing Design of Plan section X.1.

## **V.5 Changes in Other**

The 1.027 factor represents the changes in utilization due to changes in pharmacy rebates, and hospital/physician settlements.

## **VI. Manual Rate Adjustments**

HBG's individual experience is fully credible. No manual rate is developed or used in this projection.

## **VII. Credibility of Experience**

The experience is from HBG's individual book of business in 2020. It is large enough to be fully credible. Our results are based 100% on the experience rate, as adjusted.

## **VIII. Index Rate**

The index rates as shown on Worksheet 1 of the URRT are simply the single risk pool average allowed claims for the Essential Health Benefits for the experience and projected populations, respectively, for HBG. For the experience period, only non-grandfathered plans are included. The projection period Index Rate is not adjusted for reinsurance or risk adjustment programs or any other fee.

## **IX. Market Adjusted Index Rate [MAIR]**

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

### **IX.1 Projected Reinsurance PMPM**

As outlined in the waiver application, the State is anticipating the Reinsurance Program will have the following parameters for 2022: an attachment point of \$60,000, a coinsurance rate of 45%, and a cap of \$100,000. HBG estimated the impact of the reinsurance program under these tentative parameters by trending Highmark PA individual ACA CY2019 incurred claims by member to the CY2022 rating period, applying the parameters, and calculating the amount of incurred claims expected to be reimbursed by the program. The modeling produced an estimated incurred claims savings of 4.8%. This percentage was converted to a PMPM and adjusted to an equivalent allowed claim basis by dividing the PMPM by the paid-to-allowed factor and the composite effect of catastrophic eligibility. This amount is reflected in worksheet 1 of the URRT.

### **IX.2 Projected Risk Adjustment PMPM:**

The estimated average risk score for HBG's projected 2022 population was developed by using HBG's 2020 claim diagnoses and the risk adjustment coefficients as finalized in the Notice of Benefit and Payment Parameters. Similarly, actuarial value factors and induced demand factors were estimated for HBG based upon its projected 2022 population.

We estimated the statewide average risk transfer factors based on current market assumptions. We estimated the statewide average premium using current market premium assumptions with adjustments for anticipated rate changes for 2022.

The actual calculation of the risk transfer followed the risk transfer methodology as prescribed.

The analysis resulted in HBG paying to the risk adjustment pool. The (\$14.49) PMPM value shown in worksheet 1 of the URRT is developed by taking the expected risk transfer amount plus the projected High Cost Risk Pool charge and adjusting it to an equivalent allowed claims basis by dividing it by the paid-to-allowed factor and the composite effect of catastrophic eligibility and benefits in addition to EHB.

For the purposes of this rate filing, HBG has assumed no adjustment to the projected risk adjustment transfer for the Risk Adjustment Data Validation (RADV) program.

### **IX.3 Exchange User Fee %**

The 2.97% value shown in worksheet 1 of the URRT is developed by multiplying the 3% exchange user fee by the assumed percentage of on exchange membership. This calculated amount is then divided by the paid-to-allowed factor to bring it to an equivalent allowed claims basis and adjusted further for the composite effect of catastrophic eligibility and benefits in addition to EHB.

## **X. Plan Adjusted Index Rates [PAIR]**

The Plan Adjusted Index Rates can be found on line 3.10, Worksheet 2 of the URRT. The PAIR rates are calculated by applying the allowable rating factors as described below to the Market Adjusted Index Rate.

### **X.1 AV and Cost Sharing Design of Plan**

The AV and Cost Sharing allowable rating factor is comprised of the following components:

- The utilization due to differences in cost sharing is based on the factors calculated using a methodology prescribed in the Department's guidance relative to the weighted average. No differences due to health status are in these adjustments.
- The pricing AV for the benefits and cost sharing of the plan and a CSR load for the on exchange silver plans.

#### **Impact of Non-Payment of Cost Sharing Reduction Subsidies**

In accordance with the Department's guidance, we have applied an additional adjustment to our AV pricing values for those Silver plans not offered exclusively off-exchange. This adjustment factor was 1.22 and represents the non-payment of Cost Sharing Reduction subsidies.

## **X.2 Provider Network Adjustment**

The provider network adjustments are developed by dividing the plan level network factors by the overall weighted average from all plans.

## **X.3 Benefits in Addition to EHB**

Non-EHB benefits have been added to several plans. Five plans have an adult dental and vision benefit and two plans have a hearing and personal assistance (i.e. Papa Pals) benefit.

## **X.4 Administrative Expense**

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

## **X.5 Taxes and Fees:**

The following fees were added:

- \$0.25 PMPM for Risk Transfer User Fee
- \$0.24 PMPM for Patient Centered Outcomes Research Institute (PCORI) Fee
- 0.0% for the Health Insurance Provider Fee
- 0.0% for the PA Premium Tax

## **X.6 Profit (or Contribution to Surplus) & Risk Margin:**

HBG has voluntarily refrained from including a risk and contingency factor in this filing. By this voluntary restraint, HBG is not waiving any right to include a risk and contingency factor which HBG believes is consistent with historical and legal interpretations of HBG and the Pennsylvania Insurance Department.

## **X.7 Catastrophic Adjustment**

For catastrophic plans, we use a 0.92 factor for the specific eligibility adjustment.

# **XI. Calibration**

## **XI.1 Age Curve Calibration:**

The projected weighted average age factor for billable members is 1.960. This factor is calculated by dividing the all members age factor of 1.958 by the ratio of billable members to total members 0.9992. The age curve calibration factor is  $1/1.960 = 0.5102$ .

### **XI.2 Geographic Calibration Factor:**

The projected weighted average geographic factor is 1.000. Each Plan Adjusted Index Rate represents the rate for an average member with a geographic factor of 1.000. The geographic calibration factor is  $1/1.000 = 1.000$ .

### **XI.3 Tobacco Calibration Factor:**

The projected weighted average tobacco factor is 1.009. Each Plan Adjusted Index Rate represents the rate for an average member with a tobacco factor of 1.009. The tobacco calibration factor is  $1/1.009 = 0.9913$ .

### **XI.4 Consumer Adjusted Premium Rate Development:**

The calibrated plan adjusted index rate represents the base rate for an age factor of 1.0, geographic rating factor of 1.0 and tobacco rating factor of 1.0. Thus, the approximate premium for a specific member can be derived by multiplying this rate by the HHS age curve factor, the rating area factor on Worksheet 3 of the URRT, and the appropriate tobacco factor. Please note that this method will only produce approximate rates due to URRT rounding constraints.

## **XII. Projected Loss Ratio**

The projected loss ratio for 2022 using the federally-prescribed MLR methodology is 92.6%.

## **XIII. AV Metal Values**

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were based the Federal AV Calculator. Some plans did require an adjustment to the inputs entered into the AV calculator. Screen shots and certifications for these plans were submitted as part of HBG's QHP application.

## **XIV. Membership Projections**

Membership projections reflect HBG's expectations for 2022. These projections reflect expected changes in market share due to market competition, relative price levels, and changes in plan offerings (where applicable).

HBG expects membership in 2022 to follow a similar metal level distribution as the Individual ACA experience period in the markets where plans will continue to be offered.

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

CSR Silver Plan Membership Distribution			
FPL	Subsidy Level	% of Silver Membership	% of Total Membership
<150%	94%	32.8%	10.6%
150%-200%	87%	52.2%	16.9%
200%-250%	73%	6.5%	2.1%
<u>&gt;250%</u>	<u>70%</u>	<u>8.5%</u>	<u>2.7%</u>
Total		100.0%	32.4%

## **XV. Terminated Plans and Products**

Plans in the 2020 experience period that will no longer be available in 2022 can be found in Exhibit I.

HBG had one plan that was offered only in 2021 (not offered in the experience period or in the projection period). This plan is shown in Exhibit I.

## **XVI. Plan Type**

The Plan types listed in Worksheet 2, Section I of the Part I Unified Rate Review Template describe HBG's plans adequately.

## **XVII. Actuarial Certification**

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

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

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient.

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

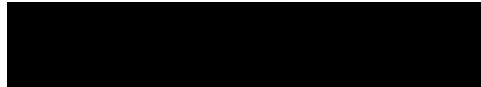
I certify that the AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans. The AV Metal Values

included in Worksheet 2 of the Part I Unified Rate Review Template were based on the Federal AV Calculator. If any adjustments were required outside of the AV Calculator, appropriate certification has been provided to CMS through the QHP application process.

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

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

Signed:

A black rectangular redaction box covering the signature.

Title:

A black rectangular redaction box covering the title.

Date: July 13, 2021

**XVIII.****Exhibit I****Highmark Benefits Group****Terminated Experience Period Plans**

<b>HIOS ID</b>	<b>Metal</b>	<b>Plan Name</b>	<b>2022 Mapping</b>
79962PA0190002	Bronze	my Priority Blue Flex EPO Bronze 7900	N/A
79962PA0190003	Bronze	my Priority Blue Flex EPO Bronze 7800 - 1 Free PCP Visit	N/A
79962PA0190004	Bronze	my Priority Blue Flex EPO Bronze 7800 - 1 Free PCP Visit	N/A
79962PA0190006	Gold	my Priority Blue Flex EPO Gold 800 - 2 Free PCP Visits	79962PA0230001
79962PA0200003	Silver	my Priority Blue Flex EPO Silver 1750 HSA	79962PA0200004

**Terminated Plans Offered in 2021 Only**

<b>HIOS ID</b>	<b>Metal</b>	<b>Plan Name</b>	<b>2022 Mapping</b>
79962PA0220004	Gold	my Priority Blue Flex EPO Gold 800 + Adult Dental and Vision	79962PA0240001



## **ACTUARIAL MEMORANDUM**

### **Highmark Benefits Group**

#### **Revised Individual Rate Filing - January 1, 2022**

I, [REDACTED], am a member of the American Academy of Actuaries and meet its qualification standards for preparing individual rate filings. As a consulting actuary, I was requested by Highmark Benefits Group (“HBG”) to review the development of the market-wide base rate for the individual market on and off the Pennsylvania Exchange. The confidential material presented in this revised filing was prepared for the specific purpose of submitting the rating formula for the Pennsylvania Insurance Department and may not be appropriate for other purposes. This filing represents premium rates for individuals sold or renewed effective January 1, 2022. The rates are guaranteed until December 31, 2022.

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

1. Premium rates are established in accordance with generally accepted actuarial principles and the applicable Actuarial Standards of Practice. They are not excessive, inadequate, or unfairly discriminatory. Rates are reasonable in relationship to the benefits provided. However, it is certain that actual experience will not conform exactly to the assumptions used in this analysis. To the extent that actual experience is different from the assumptions used in developing the rates, the actual results will also deviate from the projected amounts.
2. In compliance with all applicable Pennsylvania and Federal Statutes and Regulations (45 CFR 156.80 and 147.102).
3. The rating factors and rating methodology are reasonable and consistent with HBG’s business plan at the time of the filing.

[REDACTED]  
[REDACTED]  
Fellow, Society of Actuaries  
Member, American Academy of Actuaries  
July 12, 2021

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*	79962				
	Rate Effective Date*	01/01/2022			
	Rate Expiration Date*	12/31/2022			
	Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
	79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	259.88
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	79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	17	300.64
	79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	18	310.16
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	79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	63	690.96
	79962PA0190007	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	699.32
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	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	19	341.06
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	20	351.57
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	21	362.44
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	22	371.50
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	23	380.56
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	24	389.62

	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	25	363.89	372.99
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	26	371.14	380.42
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	27	379.84	389.34
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	28	393.97	403.82
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	29	405.57	415.71
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	30	411.37	421.65
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	31	420.07	430.57
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	32	428.77	439.49
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	33	434.20	445.06
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	34	440.00	451.00
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	35	442.90	453.97
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	36	445.80	456.95
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	37	448.70	459.92
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	38	451.60	462.89
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	39	457.40	468.84
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	40	463.20	509.52
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	41	471.90	521.45
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	42	480.23	534.02
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	43	491.83	551.34
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	44	506.33	573.17
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	45	523.36	599.25
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	46	543.66	630.65
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	47	566.49	666.76
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	48	592.59	708.74
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	49	618.32	752.50
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	50	647.32	792.97
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	51	675.95	828.04
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	52	707.48	866.66
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	53	739.38	905.74
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	54	773.81	947.92
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	55	808.24	990.09
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	56	845.57	1035.82
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	57	883.27	1082.01
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	58	923.50	1131.29
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	59	943.43	1155.70
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	60	983.66	1204.98
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	61	1018.46	1247.61
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	62	1041.29	1275.58
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	63	1069.92	1310.65
	79962PA0230001	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	1087.32	1331.97
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	295.05	295.05
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	15	321.28	321.28
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	16	331.31	331.31
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	17	341.34	341.34
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	18	352.13	352.13
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	19	362.93	362.93
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	20	374.12	374.12
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	21	385.69	395.33
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	22	385.69	395.33
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	23	385.69	395.33
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	24	385.69	395.33
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	25	387.23	396.91
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	26	394.95	404.82
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	27	404.20	414.31
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	28	419.25	429.73
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	29	431.59	442.38
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	30	437.76	448.70
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	31	447.01	458.19
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	32	456.27	467.68
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	33	462.06	473.61
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	34	468.23	479.94
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	35	471.31	483.09
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	36	474.40	486.26
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	37	477.48	489.42
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	38	480.57	492.58
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	39	486.74	498.91
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	40	492.91	542.20
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	41	502.17	554.90
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	42	511.04	568.28
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	43	523.38	586.71
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	44	538.81	609.93
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	45	556.94	637.70
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	46	578.54	671.11
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	47	602.83	709.53
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	48	630.60	754.20
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	49	657.99	800.77
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	50	688.84	843.83
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	51	719.31	881.15
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	52	752.87	922.27
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	53	786.81	963.84
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	54	823.45	1008.73
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	55	860.09	1053.61
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	56	899.81	1102.27
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	57	939.93	1151.41
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	58	982.74	1203.86
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	59	1003.95	1229.84
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	60	1046.76	1282.28
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	61	1083.79	1327.64
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	62	1108.09	1357.41
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	63	1138.56	1394.74
	79962PA0240001	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	1157.07	1417.41
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	244.82	244.82
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	15	266.58	266.58
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	16	274.90	274.90
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	17	283.22	283.22
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	18	292.18	292.18
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	19	301.14	301.14
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	20	310.42	310.42
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	21	320.02	328.02
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	22	320.02	328.02
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	23	320.02	328.02
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	24	320.02	328.02
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	25	321.30	329.33
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	26	327.70	335.89
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	27	335.38	343.76
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	28	347.86	356.56
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	29	358.10	367.05
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	30	363.22	372.30
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	31	370.90	380.17
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	32	378.58	388.04
	79962PA0200004	Rating Area 3	Tobacco User/Non-Tobacco User	33	383.38	392.96

	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	34	388.50	398.21
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	35	391.06	400.84
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	36	393.62	403.46
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	37	396.18	406.08
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	38	398.74	408.71
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	39	403.87	413.97
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	40	408.99	449.89
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	41	416.67	460.42
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	42	424.03	471.52
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	43	434.27	486.82
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	44	447.07	506.08
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	45	462.11	529.12
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	46	480.03	556.83
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	47	500.19	588.72
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	48	523.23	625.78
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	49	545.95	664.42
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	50	571.56	700.16
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	51	596.84	731.13
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	52	624.68	765.23
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	53	652.84	799.73
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	54	683.24	836.97
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	55	713.64	874.21
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	56	746.61	914.60
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	57	779.89	955.37
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	58	815.41	998.88
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	59	833.01	1020.44
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	60	868.53	1063.95
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	61	899.26	1101.59
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	62	919.42	1126.29
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	63	944.70	1157.26
	79962PA0200004 Rating Area 3		Tobacco User/Non-Tobacco User	64 and over	960.06	1176.07
	79962PA0190009	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	222.83	222.83
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	15	242.64	242.64
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	16	250.21	250.21
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	17	257.78	257.78
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	18	265.94	265.94
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	19	274.09	274.09
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	20	282.54	282.54
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	21	291.28	298.56
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	22	291.28	298.56
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	23	291.28	298.56
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	24	291.28	298.56
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	25	292.45	299.76
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	26	298.27	305.73
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	27	305.26	312.89
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	28	316.62	324.54
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	29	325.94	334.09
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	30	330.60	338.87
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	31	337.59	346.03
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	32	344.58	353.19
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	33	348.95	357.67
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	34	353.61	362.45
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	35	355.94	364.84
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	36	358.27	367.23
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	37	360.60	369.62
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	38	362.93	372.00
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	39	367.60	376.79
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	40	372.26	409.49
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	41	379.25	419.07
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	42	385.95	429.18
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	43	395.27	443.10
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	44	406.92	460.63
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	45	420.61	481.60
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	46	436.92	506.83
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	47	455.27	535.85
	79962PA0190009 Rating Area 3		Tobacco User/Non-Tobacco User	48	476.24	569.58

79962PA0190009 Rating Area 3	Tobacco User/Non-Tobacco User		49	496.92	604.75
	Tobacco User/Non-Tobacco User		50	520.23	637.28
	Tobacco User/Non-Tobacco User		51	543.24	665.47
	Tobacco User/Non-Tobacco User		52	568.58	696.51
	Tobacco User/Non-Tobacco User		53	594.21	727.91
	Tobacco User/Non-Tobacco User		54	621.88	761.80
	Tobacco User/Non-Tobacco User		55	649.55	795.70
	Tobacco User/Non-Tobacco User		56	679.56	832.46
	Tobacco User/Non-Tobacco User		57	709.85	869.57
	Tobacco User/Non-Tobacco User		58	742.18	909.17
	Tobacco User/Non-Tobacco User		59	758.20	928.80
	Tobacco User/Non-Tobacco User		60	790.53	968.40
	Tobacco User/Non-Tobacco User		61	818.50	1002.66
	Tobacco User/Non-Tobacco User		62	836.85	1025.14
	Tobacco User/Non-Tobacco User		63	859.86	1053.33
	Tobacco User/Non-Tobacco User		64 and over	873.84	1070.45
79962PA0220003	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	240.62	240.62
79962PA0220003 Rating Area 3	Tobacco User/Non-Tobacco User		15	262.00	262.00
	Tobacco User/Non-Tobacco User		16	270.18	270.18
	Tobacco User/Non-Tobacco User		17	278.36	278.36
	Tobacco User/Non-Tobacco User		18	287.17	287.17
	Tobacco User/Non-Tobacco User		19	295.97	295.97
	Tobacco User/Non-Tobacco User		20	305.09	305.09
	Tobacco User/Non-Tobacco User		21	314.53	322.39
	Tobacco User/Non-Tobacco User		22	314.53	322.39
	Tobacco User/Non-Tobacco User		23	314.53	322.39
	Tobacco User/Non-Tobacco User		24	314.53	322.39
	Tobacco User/Non-Tobacco User		25	315.79	323.68
	Tobacco User/Non-Tobacco User		26	322.08	330.13
	Tobacco User/Non-Tobacco User		27	329.63	337.87
	Tobacco User/Non-Tobacco User		28	341.89	350.44
	Tobacco User/Non-Tobacco User		29	351.96	360.76
	Tobacco User/Non-Tobacco User		30	356.99	365.91
	Tobacco User/Non-Tobacco User		31	364.54	373.65
	Tobacco User/Non-Tobacco User		32	372.09	381.39
	Tobacco User/Non-Tobacco User		33	376.81	386.23
	Tobacco User/Non-Tobacco User		34	381.84	391.39
	Tobacco User/Non-Tobacco User		35	384.36	393.97
	Tobacco User/Non-Tobacco User		36	386.87	396.54
	Tobacco User/Non-Tobacco User		37	389.39	399.12
	Tobacco User/Non-Tobacco User		38	391.90	401.70
	Tobacco User/Non-Tobacco User		39	396.94	406.86
	Tobacco User/Non-Tobacco User		40	401.97	442.17
	Tobacco User/Non-Tobacco User		41	409.52	452.52
	Tobacco User/Non-Tobacco User		42	416.75	463.43
	Tobacco User/Non-Tobacco User		43	426.82	478.47
	Tobacco User/Non-Tobacco User		44	439.40	497.40
	Tobacco User/Non-Tobacco User		45	454.18	520.04
	Tobacco User/Non-Tobacco User		46	471.80	547.29
	Tobacco User/Non-Tobacco User		47	491.61	578.62
	Tobacco User/Non-Tobacco User		48	514.26	615.05
	Tobacco User/Non-Tobacco User		49	536.59	653.03
	Tobacco User/Non-Tobacco User		50	561.75	688.14
	Tobacco User/Non-Tobacco User		51	586.60	718.59
	Tobacco User/Non-Tobacco User		52	613.96	752.10
	Tobacco User/Non-Tobacco User		53	641.64	786.01
	Tobacco User/Non-Tobacco User		54	671.52	822.61
	Tobacco User/Non-Tobacco User		55	701.40	859.22
	Tobacco User/Non-Tobacco User		56	733.80	898.91
	Tobacco User/Non-Tobacco User		57	766.51	938.97
	Tobacco User/Non-Tobacco User		58	801.42	981.74
	Tobacco User/Non-Tobacco User		59	818.72	1002.93
	Tobacco User/Non-Tobacco User		60	853.63	1045.70
	Tobacco User/Non-Tobacco User		61	883.83	1082.69
	Tobacco User/Non-Tobacco User		62	903.64	1106.96
	Tobacco User/Non-Tobacco User		63	928.49	1137.40

79962PA0220003 Rating Area 3		Tobacco User/Non-Tobacco User	64 and over	943.59	1155.90
79962PA0190005	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	300.01	300.01
79962PA0190005 Rating Area 3	79962PA0190005 Rating Area 3	Tobacco User/Non-Tobacco User	15	326.68	326.68
			16	336.87	336.87
			17	347.07	347.07
			18	358.05	358.05
			19	369.03	369.03
			20	380.40	380.40
			21	392.17	401.97
			22	392.17	401.97
			23	392.17	401.97
			24	392.17	401.97
			25	393.74	403.58
			26	401.58	411.62
			27	410.99	421.26
			28	426.29	436.95
			29	438.84	449.81
			30	445.11	456.24
			31	454.53	465.89
			32	463.94	475.54
			33	469.82	481.57
			34	476.09	487.99
			35	479.23	491.21
			36	482.37	494.43
			37	485.51	497.65
			38	488.64	500.86
			39	494.92	507.29
			40	501.19	551.31
			41	510.61	564.22
			42	519.63	577.83
			43	532.17	596.56
			44	547.86	620.18
			45	566.29	648.40
			46	588.26	682.38
			47	612.96	721.45
			48	641.20	766.88
			49	669.04	814.22
			50	700.42	858.01
			51	731.40	895.97
			52	765.52	937.76
			53	800.03	980.04
			54	837.28	1025.67
			55	874.54	1071.31
			56	914.93	1120.79
			57	955.72	1170.76
			58	999.25	1224.08
			59	1020.82	1250.50
			60	1064.35	1303.83
			61	1102.00	1349.95
			62	1126.70	1380.21
			63	1157.69	1418.17
			64 and over	1176.51	1441.22
79962PA0220002	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	317.80	317.80
79962PA0220002 Rating Area 3	79962PA0220002 Rating Area 3	Tobacco User/Non-Tobacco User	15	346.04	346.04
			16	356.85	356.85
			17	367.65	367.65
			18	379.28	379.28
			19	390.91	390.91
			20	402.96	402.96
			21	415.42	425.81
			22	415.42	425.81
			23	415.42	425.81
			24	415.42	425.81
			25	417.08	427.51
			26	425.39	436.02
			27	435.36	446.24

79962PA0220002	Rating Area 3	Tobacco User/Non-Tobacco User	28	451.56	462.85
	Rating Area 3	Tobacco User/Non-Tobacco User	29	464.85	476.47
	Rating Area 3	Tobacco User/Non-Tobacco User	30	471.50	483.29
	Rating Area 3	Tobacco User/Non-Tobacco User	31	481.47	493.51
	Rating Area 3	Tobacco User/Non-Tobacco User	32	491.44	503.73
	Rating Area 3	Tobacco User/Non-Tobacco User	33	497.67	510.11
	Rating Area 3	Tobacco User/Non-Tobacco User	34	504.32	516.93
	Rating Area 3	Tobacco User/Non-Tobacco User	35	507.64	520.33
	Rating Area 3	Tobacco User/Non-Tobacco User	36	510.97	523.74
	Rating Area 3	Tobacco User/Non-Tobacco User	37	514.29	527.15
	Rating Area 3	Tobacco User/Non-Tobacco User	38	517.61	530.55
	Rating Area 3	Tobacco User/Non-Tobacco User	39	524.26	537.37
	Rating Area 3	Tobacco User/Non-Tobacco User	40	530.91	584.00
	Rating Area 3	Tobacco User/Non-Tobacco User	41	540.88	597.67
	Rating Area 3	Tobacco User/Non-Tobacco User	42	550.43	612.08
	Rating Area 3	Tobacco User/Non-Tobacco User	43	563.72	631.93
	Rating Area 3	Tobacco User/Non-Tobacco User	44	580.34	656.94
	Rating Area 3	Tobacco User/Non-Tobacco User	45	599.87	686.85
	Rating Area 3	Tobacco User/Non-Tobacco User	46	623.13	722.83
	Rating Area 3	Tobacco User/Non-Tobacco User	47	649.30	764.23
	Rating Area 3	Tobacco User/Non-Tobacco User	48	679.21	812.34
	Rating Area 3	Tobacco User/Non-Tobacco User	49	708.71	862.50
	Rating Area 3	Tobacco User/Non-Tobacco User	50	741.94	908.88
	Rating Area 3	Tobacco User/Non-Tobacco User	51	774.76	949.08
	Rating Area 3	Tobacco User/Non-Tobacco User	52	810.90	993.35
	Rating Area 3	Tobacco User/Non-Tobacco User	53	847.46	1038.14
	Rating Area 3	Tobacco User/Non-Tobacco User	54	886.92	1086.48
	Rating Area 3	Tobacco User/Non-Tobacco User	55	926.39	1134.83
	Rating Area 3	Tobacco User/Non-Tobacco User	56	969.17	1187.23
	Rating Area 3	Tobacco User/Non-Tobacco User	57	1012.38	1240.17
	Rating Area 3	Tobacco User/Non-Tobacco User	58	1058.49	1296.65
	Rating Area 3	Tobacco User/Non-Tobacco User	59	1081.34	1324.64
	Rating Area 3	Tobacco User/Non-Tobacco User	60	1127.45	1381.13
	Rating Area 3	Tobacco User/Non-Tobacco User	61	1167.33	1429.98
	Rating Area 3	Tobacco User/Non-Tobacco User	62	1193.50	1462.04
	Rating Area 3	Tobacco User/Non-Tobacco User	63	1226.32	1502.24
	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	1246.26	1526.67
79962PA0200002	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	275.84	275.84
79962PA0200002	Rating Area 3	Tobacco User/Non-Tobacco User	15	300.35	300.35
	Rating Area 3	Tobacco User/Non-Tobacco User	16	309.73	309.73
	Rating Area 3	Tobacco User/Non-Tobacco User	17	319.10	319.10
	Rating Area 3	Tobacco User/Non-Tobacco User	18	329.20	329.20
	Rating Area 3	Tobacco User/Non-Tobacco User	19	339.30	339.30
	Rating Area 3	Tobacco User/Non-Tobacco User	20	349.75	349.75
	Rating Area 3	Tobacco User/Non-Tobacco User	21	360.57	369.58
	Rating Area 3	Tobacco User/Non-Tobacco User	22	360.57	369.58
	Rating Area 3	Tobacco User/Non-Tobacco User	23	360.57	369.58
	Rating Area 3	Tobacco User/Non-Tobacco User	24	360.57	369.58
	Rating Area 3	Tobacco User/Non-Tobacco User	25	362.01	371.06
	Rating Area 3	Tobacco User/Non-Tobacco User	26	369.22	378.45
	Rating Area 3	Tobacco User/Non-Tobacco User	27	377.88	387.33
	Rating Area 3	Tobacco User/Non-Tobacco User	28	391.94	401.74
	Rating Area 3	Tobacco User/Non-Tobacco User	29	403.48	413.57
	Rating Area 3	Tobacco User/Non-Tobacco User	30	409.25	419.48
	Rating Area 3	Tobacco User/Non-Tobacco User	31	417.90	428.35
	Rating Area 3	Tobacco User/Non-Tobacco User	32	426.55	437.21
	Rating Area 3	Tobacco User/Non-Tobacco User	33	431.96	442.76
	Rating Area 3	Tobacco User/Non-Tobacco User	34	437.73	448.67
	Rating Area 3	Tobacco User/Non-Tobacco User	35	440.62	451.64
	Rating Area 3	Tobacco User/Non-Tobacco User	36	443.50	454.59
	Rating Area 3	Tobacco User/Non-Tobacco User	37	446.39	457.55
	Rating Area 3	Tobacco User/Non-Tobacco User	38	449.27	460.50
	Rating Area 3	Tobacco User/Non-Tobacco User	39	455.04	466.42
	Rating Area 3	Tobacco User/Non-Tobacco User	40	460.81	506.89
	Rating Area 3	Tobacco User/Non-Tobacco User	41	469.46	518.75
	Rating Area 3	Tobacco User/Non-Tobacco User	42	477.76	531.27



79962PA0200002	Rating Area 3		Tobacco User/Non-Tobacco User	43	489.29	548.49
	Rating Area 3		Tobacco User/Non-Tobacco User	44	503.72	570.21
	Rating Area 3		Tobacco User/Non-Tobacco User	45	520.66	596.16
	Rating Area 3		Tobacco User/Non-Tobacco User	46	540.86	627.40
	Rating Area 3		Tobacco User/Non-Tobacco User	47	563.57	663.32
	Rating Area 3		Tobacco User/Non-Tobacco User	48	589.53	705.08
	Rating Area 3		Tobacco User/Non-Tobacco User	49	615.13	748.61
	Rating Area 3		Tobacco User/Non-Tobacco User	50	643.98	788.88
	Rating Area 3		Tobacco User/Non-Tobacco User	51	672.46	823.76
	Rating Area 3		Tobacco User/Non-Tobacco User	52	703.83	862.19
	Rating Area 3		Tobacco User/Non-Tobacco User	53	735.56	901.06
	Rating Area 3		Tobacco User/Non-Tobacco User	54	769.82	943.03
	Rating Area 3		Tobacco User/Non-Tobacco User	55	804.07	984.99
	Rating Area 3		Tobacco User/Non-Tobacco User	56	841.21	1030.48
	Rating Area 3		Tobacco User/Non-Tobacco User	57	878.71	1076.42
	Rating Area 3		Tobacco User/Non-Tobacco User	58	918.73	1125.44
	Rating Area 3		Tobacco User/Non-Tobacco User	59	938.56	1149.74
	Rating Area 3		Tobacco User/Non-Tobacco User	60	978.59	1198.77
	Rating Area 3		Tobacco User/Non-Tobacco User	61	1013.20	1241.17
	Rating Area 3		Tobacco User/Non-Tobacco User	62	1035.92	1269.00
	Rating Area 3		Tobacco User/Non-Tobacco User	63	1064.40	1303.89
	Rating Area 3		Tobacco User/Non-Tobacco User	64 and over	1081.71	1325.09
79962PA0190001	Rating Area 3		Tobacco User/Non-Tobacco User	0-14	196.96	196.96
79962PA0190001	Rating Area 3		Tobacco User/Non-Tobacco User	15	214.47	214.47
	Rating Area 3		Tobacco User/Non-Tobacco User	16	221.17	221.17
	Rating Area 3		Tobacco User/Non-Tobacco User	17	227.86	227.86
	Rating Area 3		Tobacco User/Non-Tobacco User	18	235.07	235.07
	Rating Area 3		Tobacco User/Non-Tobacco User	19	242.28	242.28
	Rating Area 3		Tobacco User/Non-Tobacco User	20	249.75	249.75
	Rating Area 3		Tobacco User/Non-Tobacco User	21	257.47	263.91
	Rating Area 3		Tobacco User/Non-Tobacco User	22	257.47	263.91
	Rating Area 3		Tobacco User/Non-Tobacco User	23	257.47	263.91
	Rating Area 3		Tobacco User/Non-Tobacco User	24	257.47	263.91
	Rating Area 3		Tobacco User/Non-Tobacco User	25	258.50	264.96
	Rating Area 3		Tobacco User/Non-Tobacco User	26	263.65	270.24
	Rating Area 3		Tobacco User/Non-Tobacco User	27	269.83	276.58
	Rating Area 3		Tobacco User/Non-Tobacco User	28	279.87	286.87
	Rating Area 3		Tobacco User/Non-Tobacco User	29	288.11	295.31
	Rating Area 3		Tobacco User/Non-Tobacco User	30	292.23	299.54
	Rating Area 3		Tobacco User/Non-Tobacco User	31	298.41	305.87
	Rating Area 3		Tobacco User/Non-Tobacco User	32	304.59	312.20
	Rating Area 3		Tobacco User/Non-Tobacco User	33	308.45	316.16
	Rating Area 3		Tobacco User/Non-Tobacco User	34	312.57	320.38
	Rating Area 3		Tobacco User/Non-Tobacco User	35	314.63	322.50
	Rating Area 3		Tobacco User/Non-Tobacco User	36	316.69	324.61
	Rating Area 3		Tobacco User/Non-Tobacco User	37	318.75	326.72
	Rating Area 3		Tobacco User/Non-Tobacco User	38	320.81	328.83
	Rating Area 3		Tobacco User/Non-Tobacco User	39	324.93	333.05
	Rating Area 3		Tobacco User/Non-Tobacco User	40	329.05	361.96
	Rating Area 3		Tobacco User/Non-Tobacco User	41	335.23	370.43
	Rating Area 3		Tobacco User/Non-Tobacco User	42	341.15	379.36
	Rating Area 3		Tobacco User/Non-Tobacco User	43	349.39	391.67
	Rating Area 3		Tobacco User/Non-Tobacco User	44	359.69	407.17
	Rating Area 3		Tobacco User/Non-Tobacco User	45	371.79	425.70
	Rating Area 3		Tobacco User/Non-Tobacco User	46	386.21	448.00
	Rating Area 3		Tobacco User/Non-Tobacco User	47	402.43	473.66
	Rating Area 3		Tobacco User/Non-Tobacco User	48	420.96	503.47
	Rating Area 3		Tobacco User/Non-Tobacco User	49	439.24	534.56
	Rating Area 3		Tobacco User/Non-Tobacco User	50	459.84	563.30
	Rating Area 3		Tobacco User/Non-Tobacco User	51	480.18	588.22
	Rating Area 3		Tobacco User/Non-Tobacco User	52	502.58	615.66
	Rating Area 3		Tobacco User/Non-Tobacco User	53	525.24	643.42
	Rating Area 3		Tobacco User/Non-Tobacco User	54	549.70	673.38
	Rating Area 3		Tobacco User/Non-Tobacco User	55	574.16	703.35
	Rating Area 3		Tobacco User/Non-Tobacco User	56	600.68	735.83
	Rating Area 3		Tobacco User/Non-Tobacco User	57	627.45	768.63



	79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	58	656.03	803.64
	79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	59	670.19	820.98
	79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	60	698.77	855.99
	79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	61	723.49	886.28
	79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	62	739.71	906.14
	79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	63	760.05	931.06
	79962PA0190001	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	772.41	946.20
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	214.75	214.75
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	15	233.84	233.84
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	16	241.14	241.14
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	17	248.44	248.44
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	18	256.30	256.30
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	19	264.16	264.16
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	20	272.30	272.30
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	21	280.72	287.74
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	22	280.72	287.74
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	23	280.72	287.74
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	24	280.72	287.74
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	25	281.84	288.89
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	26	287.46	294.65
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	27	294.19	301.54
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	28	305.14	312.77
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	29	314.13	321.98
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	30	318.62	326.59
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	31	325.35	333.48
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	32	332.09	340.39
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	33	336.30	344.71
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	34	340.79	349.31
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	35	343.04	351.62
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	36	345.29	353.92
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	37	347.53	356.22
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	38	349.78	358.52
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	39	354.27	363.13
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	40	358.76	394.64
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	41	365.50	403.88
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	42	371.95	413.61
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	43	380.94	427.03
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	44	392.17	443.94
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	45	405.36	464.14
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	46	421.08	488.45
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	47	438.77	516.43
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	48	458.98	548.94
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	49	478.91	582.83
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	50	501.37	614.18
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	51	523.54	641.34
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	52	547.97	671.26
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	53	572.67	701.52
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	54	599.34	734.19
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	55	626.01	766.86
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	56	654.92	802.28
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	57	684.11	838.03
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	58	715.27	876.21
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	59	730.71	895.12
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	60	761.87	933.29
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	61	788.82	966.30
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	62	806.51	987.97
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	63	828.69	1015.15
	79962PA0220001	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	842.16	1031.65
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	195.43	195.43
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	15	212.81	212.81
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	16	219.45	219.45
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	17	226.09	226.09
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	18	233.24	233.24
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	19	240.40	240.40
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	20	247.81	247.81
	79962PA0200001	Rating Area 3	Tobacco User/Non-Tobacco User	21	255.47	261.86

	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	22	255.47	261.86
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	23	255.47	261.86
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	24	255.47	261.86
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	25	256.49	262.90
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	26	261.60	268.14
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	27	267.73	274.42
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	28	277.70	284.64
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	29	285.87	293.02
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	30	289.96	297.21
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	31	296.09	303.49
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	32	302.22	309.78
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	33	306.05	313.70
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	34	310.14	317.89
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	35	312.18	319.98
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	36	314.23	322.09
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	37	316.27	324.18
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	38	318.32	326.28
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	39	322.40	330.46
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	40	326.49	359.14
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	41	332.62	367.55
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	42	338.50	376.41
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	43	346.67	388.62
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	44	356.89	404.00
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	45	368.90	422.39
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	46	383.21	444.52
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	47	399.30	469.98
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	48	417.69	499.56
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	49	435.83	530.41
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	50	456.27	558.93
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	51	476.45	583.65
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	52	498.68	610.88
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	53	521.16	638.42
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	54	545.43	668.15
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	55	569.70	697.88
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	56	596.01	730.11
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	57	622.58	762.66
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	58	650.94	797.40
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	59	664.99	814.61
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	60	693.35	849.35
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	61	717.87	879.39
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	62	733.97	899.11
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	63	754.15	923.83
	79962PA0200001 Rating Area 3		Tobacco User/Non-Tobacco User	64 and over	766.41	938.85
	79962PA0210001	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	147.12	147.12
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	15	160.19	160.19
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	16	165.19	165.19
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	17	170.19	170.19
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	18	175.58	175.58
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	19	180.96	180.96
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	20	186.54	186.54
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	21	192.31	197.12
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	22	192.31	197.12
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	23	192.31	197.12
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	24	192.31	197.12
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	25	193.08	197.91
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	26	196.93	201.85
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	27	201.54	206.58
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	28	209.04	214.27
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	29	215.19	220.57
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	30	218.27	223.73
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	31	222.89	228.46
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	32	227.50	233.19
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	33	230.39	236.15
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	34	233.46	239.30
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	35	235.00	240.88
	79962PA0210001 Rating Area 3		Tobacco User/Non-Tobacco User	36	236.54	242.45

79962PA0210001 Rating Area 3	Tobacco User/Non-Tobacco User	37	238.08	244.03
		38	239.62	245.61
		39	242.70	248.77
		40	245.77	270.35
		41	250.39	276.68
		42	254.81	283.35
		43	260.96	292.54
		44	268.66	304.12
		45	277.70	317.97
		46	288.47	334.63
		47	300.58	353.78
		48	314.43	376.06
		49	328.08	399.27
		50	343.47	420.75
		51	358.66	439.36
		52	375.39	459.85
		53	392.31	480.58
		54	410.58	502.96
		55	428.85	525.34
		56	448.66	549.61
		57	468.66	574.11
		58	490.01	600.26
		59	500.58	613.21
		60	521.93	639.36
		61	540.39	661.98
		62	552.51	676.82
		63	567.70	695.43
		64 and over	576.93	706.74