

<b>SERFF Tracking #:</b>	HGHM-132820374	<b>State Tracking #:</b>	HGHM-132820374	<b>Company Tracking #:</b>	1A-DP-21-FPH
<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	First Priority Health		
<b>TOI/Sub-TOI:</b>	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense				
<b>Product Name:</b>	1A-DP-21-FPH				
<b>Project Name/Number:</b>	1A-DP-21-FPH/1A-DP-21-FPH				

## Supporting Document Schedules

<b>Satisfied - Item:</b>	ACA Public Rate Filing PDF
<b>Comments:</b>	A redacted version of the rate filing is attached for public disclosure.
<b>Attachment(s):</b>	REDACTED 1A-DP-21-FPH Public PDF 091721.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	



September 17, 2021

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

Re: First Priority Health 2022 ACA Rate Filing (Individual Market)  
Filing # 1A-DP-21-FPH (SERFF # HGHM-132820374)

**This constitutes Notice pursuant to Section 707 of the Pennsylvania Right-to-Know Law that the attached First Priority Health (FPH) 2022 Individual Market Rate Filing contains Trade Secret and Confidential Proprietary Information. Therefore, FPH 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 FPH should be redacted before release.**

Dear Ms. Gray:

This Filing includes the First Priority Health's ("FPH", "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 prior version of the filing:

- Pursuant to the Department's September 14, 2021 guidance, the impact of the state 1332 Reinsurance program is captured using the prescribed parameters of \$60,000 attachment point, 64% coinsurance rate, and \$100,000 reinsurance cap.

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 #: **First Priority Health, NAIC # 96601**
2. Market: **Individual**
3. On or Off Exchange: **This filing reflects that the Company anticipates selling one plan on the off exchange.**
4. Effective date of coverage: **January 1, 2022**
5. Average rate change requested: **4.4% increase**
6. Range of rate change requested: **FPH will offer only one plan in 2022. The rate change for this plan is a 4.4% increase.**
7. Total additional annual revenue generated from the proposed rate change: **\$9,388**
8. Product(s): **HMO**
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 only a **Gold** plan in the indicated Market.
11. Current number of covered lives as of February 1, 2021: **28 covered lives**
12. Number of plans offered in 2022 and the change this represents from 2021: **1**

The Company offered 1 plan in 2021. For 2022, the Company is continuing 1 plan in 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-PA22-125107733 affecting the following Company products and forms:**

Product Name / Type	Contract Form & SERFF#
Lehigh Valley HMO	LV/HMO/FPH/DP-3; HGHM-132793877

14. HIOS Issuer ID # and submission tracking number: **HIOS Issuer ID #83731, Company Filing #1A-DP-21-FPH (SERFF Filing # HGHM-132820374)**

#### **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 for Material Unforeseen Impacts**

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, FPH 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 FPH if disclosed to the public.

Public disclosure of any information contained in this Filing would allow FPH 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 FPH's business. Therefore, FPH 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"), FPH 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, FPH asserts its right to release a redacted version of the Filing. In accordance with the RTKL, please contact the FPH 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 FPH 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  
FPH 2022 Individual Market Rates  
September 17, 2021  
Page 5 of 5

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

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## First Priority Health – Individual Plans

Rate request filing ID # 1A-DP-21-FPH (SERFF # HGHM-132820374) - 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:	6.6%
Revised requested average rate change:	4.4% <sup>1</sup>
Range of requested rate change:	4.4%
Effective date:	January 1, 2022
People impacted:	28
Available in:	Rating Area 3

### Key information

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

Premiums	\$388,841
Claims	\$145,120
Administrative expenses	\$18,592
Taxes & fees	\$5,937
Company made (after taxes)	<b>\$219,191</b>

#### How it plans to spend your premium

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

Claims:	92%
Administrative:	8%
Taxes & fees:	0%
Profit:	0%

The company expects its annual medical costs to increase **9.4%**.

### 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.

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<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: First Priority Health (“FPH”)
- NAIC #: 96601
- HIOS Issuer ID: 83731
- State: Pennsylvania
- Market: Individual
- Effective Date: 1/1/2022
- SERFF Rate Filing #: HGHM-132820374

In accordance with the Department’s September 14, 2021 guidance, the impact of the state 1332 Reinsurance program is captured using the prescribed parameters of \$60,000 attachment point, 64% 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, FPH 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 First Priority Health (FPH) are as follows:

Year	Avg. Increase	SERFF ID#
2021	-19.2%	HGHM - 132324148
2020	-0.7%	HGHM - 131904476
2019	1.1%	HGHM - 131475735



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.

As request by the Department, a historical MLR Exhibit is included as Attachment H. MLR results reflect any amounts attributed to the applicable benefit year. As an example, Risk Adjustment paid in mid-2018 for the 2017 benefit year is attributed to the 2017 benefit year.

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

The average rate changes as presented in the filing are:

- Table 10: 4.4%
- Table 11: 4.4%

Table 10 calculates the percentage change in the member weighted average rate for 2021 and the member weighted average 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**

FPH is offering one renewing 2022 plan with 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 FPH. 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**

Given the low membership numbers in and limited product offerings in 2020, the experience data is not given any credibility in the rate calculation. The 2022 rates are based on 2020 experience from the current FPH geographic footprint as well as Highmark Benefits Group gold plans within the same geographic footprint adjusted for the expected 2022 FPH population. This experience was chosen because it is large and reasonably represents the anticipated 2022 FPH population.

A manual rate was developed by blending 2020 experience from multiple sources, primarily ACA and group claims for the February 1, 2021 snapshot membership, to approximate the anticipated 2022 FPH population. A demonstration of the manual rate calculation can be found in Attachment A.

Given the lack of premium and paid claims data for some of the membership sources, these items have been left blank in Table 2b. Additionally, Risk Adjustment has been left blank as it is not used in the rate calculation. All other fields represent the data and assumptions that make up the manual rate.

## **H. Trend Identification**

Table 3b identifies the annual medical and prescription drug allowed claims cost and utilization trends. The underlying total annual trend is 8.0%. Additionally, there is an induced utilization adjustment of 1.33% per year applied to reach the overall trend of 9.43% shown in Table 3b column G. The definitions of service categories, cost, and utilization in Table 3b 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 3b 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 3b therefore represent the same blended average for all medical types of service and are applied to the aggregate medical 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 FPH 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 1.079 is comprised of the following: 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.

#### **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 grossed up 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 1.069. Please see Attachment G for a more detailed calculation of the of these factors.

- Given that the population used to set the manual cost is consistent with the expected 2022 population no Change in Demographics is required.
- There is no Change in Network adjustment.
- There is no Change in Benefits adjustment.
- The Change in Other adjustment of 1.024 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 0.864. 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 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 \$66.38 PMPM on a *billable* member month basis. This amount is then converted to a *total* member month basis of \$66.29 PMPM in order to be used in the rate development. The expected risk adjustment receivable reflects that the Company anticipates its average risk score (net of allowable rating factors) to be higher than the statewide average.

The \$64.28 PMPM value in cell C31 of Table 5 equals the \$66.29 PMPM value from Attachment B, a charge of (\$2.01) PMPM for the projected net impact of the High Cost Risk Pool program, and a further adjustment for the composite effect of catastrophic eligibility. Please note that the risk adjustment user fee is captured in the taxes and fees portion of administrative costs.

The projected incurred reinsurance recoveries of \$49.65 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 6.8%. 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 6.80%.

## **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 FPH is projected to incur in the projected experience period, and are developed from standard expense allocation methods.

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 0.42%.

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%. FPH has voluntarily refrained from adding a risk and contingency factor in this filing. By this voluntary action, FPH is not waving any right to include a risk and contingency factor which FPH believes is consistent with historical and legal interpretations of FPH 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 (\$639.19).

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 FPH's benefit design. 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.

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

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

Table 11 presents FPH'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 4.4%.

### **5. Plan Factors**

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

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

#### **B. Geographic Factors**

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

#### **C. Network Factors**

Please see Table 14 for Highmark's network rating factors. The current factors represent the medical network adjustment factors from the prior approved rate filing. The projected factors are shown in Table 14.

#### **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 FPH 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: 09/17/2021

**First Priority Health**  
**Individual Market Product Portfolio**  
**Supplemental Exhibits**

Attachment A	Manual Cost Development
Attachment B	Risk Adjustment Calculation
Attachment C	Induced Demand Calculations
Attachment D	Broker Commission Schedule
Attachment E	Demographics Calculation
Attachment F	URRT Average Increase
Attachment G	COVID Adjustment Calculation
Attachment H	MLR Exhibit

**First Priority Health**

**Individual Market**

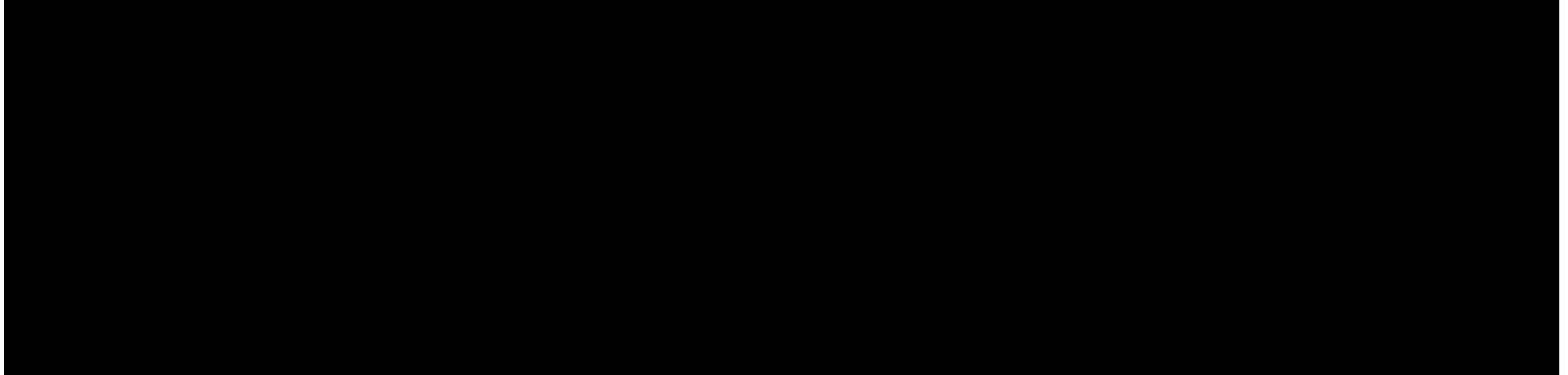
**Attachment A - Manual Cost Development**

Manual Cost Development	
Projected Member Months	336
Manual Allowed Claims	\$229,442
Medical Allowed PMPM	\$682.86
Rx Rebates PMPM	(\$49.06)
Hosp/Phys. Settlement PMPM	\$4.22
Dental Claims PMPM	\$0.52
Capitation PMPM	\$0.20
Adjusted Manual Cost PMPM - PID Table 5	\$638.75

First Priority Health

Individual Market

Attachment B - Risk Adjustment Calculation



**First Priority Health**

**Individual Market**

**Attachment C - Induced Demand Calculations**

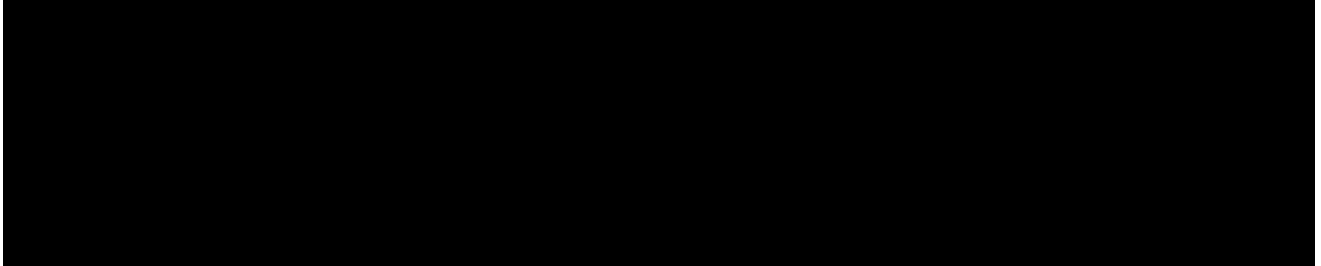
Induced Utilization Exhibit							
Plan ID (1)	Metal Level (2)	Projected Membership (3)	Projected Allowed Claims (4)	Projected Paid Claims (5)	Paid to Allowed Factor (6)	AV & Cost Sharing Factor (7)	(7)/(6) (8)
83731PA0070002	Gold	336	\$284,017	\$245,307	0.864	0.864	1.000
Total		336	\$284,017	\$245,307	0.864	0.864	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
83731PA0070002	Gold	0.864	1.122	1.122	0.864

**First Priority Health**

**Individual Market**

**Attachment D - Broker Commission Schedule**



### Attachment E - 'Change in Demographics' Calculation

**Table E.3 - Projection Period Membership**

Membership Mix		
Non-Tobacco	Tobacco	Total
0.38%	0.00%	0.38%
0.22%	0.00%	0.22%
0.43%	0.00%	0.43%
0.20%	0.00%	0.20%
0.16%	0.00%	0.16%
0.37%	0.00%	0.37%
0.54%	0.00%	0.54%
0.11%	0.00%	0.11%
0.34%	0.00%	0.34%
0.33%	0.00%	0.33%
0.21%	0.00%	0.21%
0.53%	0.00%	0.53%
0.27%	0.00%	0.27%
0.24%	0.00%	0.24%
0.07%	0.00%	0.07%
0.20%	0.00%	0.20%
0.83%	0.00%	0.83%
0.79%	0.00%	0.79%
0.44%	0.00%	0.44%
0.73%	0.00%	0.73%
0.54%	0.00%	0.54%
1.47%	0.00%	1.47%
1.15%	0.00%	1.15%
0.65%	0.00%	0.65%
0.82%	0.00%	0.82%
0.91%	0.00%	0.91%
1.22%	0.05%	1.27%
1.61%	0.11%	1.72%
1.10%	0.06%	1.16%
0.71%	0.11%	0.82%
2.19%	0.22%	2.41%
1.03%	0.00%	1.03%
1.86%	0.11%	1.97%
1.49%	0.01%	1.50%
1.47%	0.00%	1.47%
2.10%	0.00%	2.10%
0.98%	0.00%	0.98%
1.10%	0.00%	1.10%
1.71%	0.00%	1.71%
1.87%	0.00%	1.87%
0.71%	0.05%	0.76%
1.21%	0.06%	1.26%
1.27%	0.11%	1.38%
0.93%	0.11%	1.04%
0.66%	0.04%	0.70%
0.66%	0.13%	0.78%
1.67%	0.22%	1.89%
1.91%	0.11%	2.02%
1.89%	0.44%	2.33%
1.25%	0.00%	1.25%
2.06%	0.00%	2.06%
2.52%	0.11%	2.63%
3.26%	0.20%	3.46%
2.19%	0.00%	2.19%
2.64%	0.00%	2.64%
2.85%	0.00%	2.85%
3.40%	0.13%	3.53%
3.35%	0.11%	3.46%
3.45%	0.11%	3.56%
3.41%	0.00%	3.41%
3.83%	0.22%	4.05%
4.15%	0.24%	4.39%
5.19%	0.22%	5.42%
4.67%	0.00%	4.67%
4.12%	0.11%	4.23%
96.61%	3.39%	100.00%

**Table E.5 - 'Change in Demographics' Calculation**

	Experience Period	Projection Period	Change in Demographics
Average Age Factor	N/A	1.880	
Average Tobacco Factor	N/A	1.005	
<u>Average Area Factor</u>	<u>N/A</u>	<u>1.000</u>	
Average Demographic Factor	N/A	1.890	
<u>Capitation Dampening</u>	<u>N/A</u>	<u>1.000</u>	
Final Demographic Factor	N/A	1.889	N/A

**First Priority Health**

**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 %
83731PA0070002	Renewing	28	28	\$ 604.86	\$ 631.23	4.36%
Total		28	28	\$ 604.86	\$ 631.23	4.36%



First Priority Health

Individual Market

Attachment G - COVID Adjustment Calculation

Table G.1 - 2020 COVID-19 Adjustment Development

	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
Total Adjusted Projected Allowed EHB Claims PMPM (Table 5)	\$845.29
Subtotal (as a factor)	1.0034
Morbidity	1.005
<b>CY2022 Adjustment Factor</b>	<b>1.008</b>
<b>Total COVID-19 Adjustment Factor</b>	<b>1.069</b>

**First Priority Health**

**Individual Market**

**Attachment H - MLR Exhibit**

Calendar Year	MLR		Member Months	
	Actual	Pricing	Actual	Pricing
2017	67.6%	88.5%	250,860	420,046
2018	82.0%	86.4%	157,351	249,203
2019	73.7%	87.4%	134,505	170,628
<b>3-yr Total</b>	<b>73.2%</b>	<b>87.6%</b>	<b>542,716</b>	<b>839,877</b>

PA Rate Template Part I  
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	FPH		
Product(s):	HMO		
Market Segment:	Individual		
Rate Effective Date:	1/1/2022	to	12/31/2022
Base Period Start Date:	1/1/2020	to	12/31/2020
Date of Most Recent Membership:	2/1/2021		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2021)	Projected Rating Period
Average Age	44.6	43.5	45.5
Total	353	28	336
<18	48	4	21
18-24	0	0	19
25-29	12	0	20
30-34	0	2	28
35-39	60	4	26
40-44	36	2	17
45-49	48	6	28
50-54	12	0	44
55-59	60	6	56
60-63	57	2	62
64+	20	2	14

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
\$ 269,546.08	\$ 149,227.07	\$ 159,261.28	353	\$ 28,854.84	\$ 188,116.12	\$ -	\$ (14,211.67)	\$ 70.60	\$ -	\$ 119,294.62	\$ -
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 492.85
Less Ratio											\$ 37.32%

\*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital				0.00%	
Outpatient Hospital				0.00%	
Professional				0.00%	
Other Medical				0.00%	
Capitation					
Prescription Drugs				0.00%	
Total Annual Trend				0.00%	0.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.000	

\* 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		\$ 5,872,744.17	1.0000	\$ 5,872,744.17	20,482	\$ 286.73		\$ (252,553.01)	\$ 8,490,536.90	\$ 414.54
Feb-17		\$ 6,583,868.46	1.0000	\$ 6,583,868.46	21,806	\$ 301.93		\$ (250,281.32)	\$ 9,000,375.12	\$ 412.74
Mar-17		\$ 7,865,021.60	1.0000	\$ 7,865,021.60	22,400	\$ 351.12		\$ (338,713.23)	\$ 10,334,512.61	\$ 463.36
Apr-17		\$ 8,130,431.70	1.0000	\$ 8,130,431.70	22,138	\$ 367.26		\$ (310,881.97)	\$ 10,156,833.93	\$ 458.80
May-17		\$ 9,190,882.43	1.0000	\$ 9,190,882.43	21,703	\$ 423.48		\$ (337,382.36)	\$ 11,315,554.37	\$ 521.38
Jun-17		\$ 8,710,933.59	1.0000	\$ 8,710,933.59	21,371	\$ 407.61		\$ (333,479.81)	\$ 10,574,164.99	\$ 494.79
Jul-17		\$ 7,083,876.43	1.0000	\$ 7,083,876.43	21,016	\$ 337.07		\$ (324,582.83)	\$ 8,671,557.74	\$ 412.62
Aug-17		\$ 8,008,602.12	1.0000	\$ 8,008,602.12	20,730	\$ 386.33		\$ (339,447.67)	\$ 9,597,892.55	\$ 463.00
Sep-17		\$ 8,258,397.92	1.0000	\$ 8,258,397.92	20,406	\$ 404.70		\$ (323,054.06)	\$ 9,448,864.25	\$ 487.65
Oct-17		\$ 7,836,676.62	1.0000	\$ 7,836,676.62	20,099	\$ 389.90		\$ (344,069.80)	\$ 9,388,583.93	\$ 467.12
Nov-17		\$ 7,819,642.94	1.0000	\$ 7,819,642.94	19,654	\$ 397.87		\$ (326,484.54)	\$ 9,191,128.59	\$ 467.65
Dec-17	\$ 141,620,285.17	\$ 7,073,025.33	1.0000	\$ 7,073,025.33	19,055	\$ 371.19	\$ 17,289,597.70	\$ (353,922.66)	\$ 8,527,450.80	\$ 447.52
Jan-18		\$ 4,536,965.88	1.0000	\$ 4,536,965.88	14,421	\$ 314.61		\$ (271,933.60)	\$ 6,320,078.53	\$ 438.26
Feb-18		\$ 4,842,817.76	1.0000	\$ 4,842,029.47	13,970	\$ 346.67		\$ (281,721.90)	\$ 6,207,465.82	\$ 444.34
Mar-18		\$ 5,394,016.31	1.0000	\$ 5,394,270.52	13,767	\$ 391.83		\$ (298,347.09)	\$ 6,764,024.99	\$ 491.32
Apr-18		\$ 5,542,753.57	0.9997	\$ 5,544,200.12	13,599	\$ 407.69		\$ (302,879.36)	\$ 6,763,953.35	\$ 497.39
May-18		\$ 6,030,422.37	0.9997	\$ 6,032,076.46	13,290	\$ 453.88		\$ (319,275.99)	\$ 7,203,358.31	\$ 542.01
Jun-18		\$ 5,252,105.53	0.9997	\$ 5,253,608.23	13,144	\$ 399.70		\$ (301,713.11)	\$ 6,134,173.13	\$ 466.69
Jul-18		\$ 6,301,041.66	0.9997	\$ 6,302,662.96	12,983	\$ 485.46		\$ (296,218.16)	\$ 7,080,047.34	\$ 545.33
Aug-18		\$ 5,945,269.98	0.9997	\$ 5,947,160.91	12,756	\$ 466.22		\$ (303,938.51)	\$ 6,793,492.28	\$ 532.57
Sep-18		\$ 5,640,853.43	0.9997	\$ 5,642,788.06	12,614	\$ 447.34		\$ (278,221.37)	\$ 6,433,390.23	\$ 510.02
Oct-18		\$ 6,869,879.66	0.9997	\$ 6,872,265.52	12,458	\$ 551.63		\$ (300,859.07)	\$ 7,745,386.52	\$ 621.72
Nov-18		\$ 5,952,905.21	0.9996	\$ 5,955,171.18	12,274	\$ 485.19		\$ (315,766.47)	\$ 6,609,306.07	\$ 538.48
Dec-18	\$ 114,600,869.27	\$ 5,824,844.91	0.9996	\$ 5,826,981.21	12,075	\$ 482.57	\$ 15,892,335.61	\$ (323,746.57)	\$ 6,394,218.44	\$ 529.54
Jan-19		\$ 4,493,648.45	0.9996	\$ 4,495,357.02	12,135	\$ 370.45		\$ (289,638.76)	\$ 6,088,166.54	\$ 501.70
Feb-19		\$ 5,017,354.57	0.9996	\$ 5,019,180.10	11,893	\$ 422.03		\$ (263,840.74)	\$ 6,285,697.91	\$ 528.52
Mar-19		\$ 4,279,332.33	0.9995	\$ 4,281,537.01	11,689	\$ 366.29		\$ (299,874.08)	\$ 5,413,475.63	\$ 463.13
Apr-19		\$ 4,919,913.91	0.9995	\$ 4,922,568.82	11,603	\$ 424.25		\$ (306,564.55)	\$ 6,091,550.57	\$ 525.00
May-19		\$ 5,793,376.38	0.9995	\$ 5,796,519.44	11,416	\$ 507.75		\$ (322,358.91)	\$ 6,846,441.90	\$ 599.72
Jun-19		\$ 4,702,401.40	0.9993	\$ 4,705,641.55	11,236	\$ 418.80		\$ (291,818.59)	\$ 5,547,913.08	\$ 493.76
Jul-19		\$ 5,181,305.20	0.9990	\$ 5,186,567.14	11,000	\$ 471.51		\$ (318,564.67)	\$ 6,054,625.29	\$ 550.42
Aug-19		\$ 5,559,223.91	0.9991	\$ 5,564,311.29	10,900	\$ 510.49		\$ (305,478.90)	\$ 6,326,418.29	\$ 580.41
Sep-19		\$ 5,112,363.96	0.9988	\$ 5,118,678.98	10,813	\$ 473.38		\$ (287,885.81)	\$ 5,748,302.22	\$ 531.61
Oct-19		\$ 5,959,576.97	0.9986	\$ 5,968,058.02	10,725	\$ 556.25		\$ (332,847.64)	\$ 6,696,367.28	\$ 624.16
Nov-19		\$ 6,658,070.30	0.9988	\$ 6,666,386.15	10,653	\$ 625.78		\$ (312,539.00)	\$ 7,357,948.06	\$ 690.69
Dec-19	\$ 95,179,432.54	\$ 5,791,091.21	0.9981	\$ 5,802,256.45	10,438	\$ 555.88	\$ 14,969,188.87	\$ (339,070.83)	\$ 6,368,661.62	\$ 610.14
Jan-20		\$ 6,806.68	0.9990	\$ 6,813.37	31	\$ 219.79		\$ (1,698.00)	\$ 7,799.82	\$ 251.61
Feb-20		\$ 8,903.94	0.9974	\$ 8,926.77	31	\$ 287.96		\$ (870.92)	\$ 11,117.13	\$ 358.62
Mar-20		\$ 7,356.11	0.9951	\$ 7,392.32	31	\$ 238.46		\$ (1,264.34)	\$ 8,717.32	\$ 281.20
Apr-20		\$ 21,553.42	0.9901	\$ 21,769.86	31	\$ 702.25		\$ (643.67)	\$ 22,615.05	\$ 729.52
May-20		\$ 7,482.09	0.9881	\$ 7,572.49	31	\$ 244.27		\$ (1,215.96)	\$ 8,052.86	\$ 259.77
Jun-20		\$ 3,563.23	0.9802	\$ 3,598.66	31	\$ 116.09		\$ (813.22)	\$ 3,982.99	\$ 128.48
Jul-20		\$ 9,033.95	0.9875	\$ 9,148.43	30	\$ 304.95		\$ (1,950.48)	\$ 9,232.80	\$ 307.76
Aug-20		\$ 6,894.65	0.9741	\$ 7,077.76	28	\$ 252.78		\$ (1,161.48)	\$ 8,708.66	\$ 311.02
Sep-20		\$ 6,925.82	0.9800	\$ 7,067.41	28	\$ 252.41		\$ (1,741.96)	\$ 6,412.90	\$ 229.03
Oct-20		\$ 5,604.80	0.9360	\$ 5,988.03	27	\$ 221.78		\$ (551.73)	\$ 6,766.37	\$ 250.61
Nov-20		\$ 25,212.80	0.8861	\$ 28,554.04	27	\$ 1,053.85		\$ (1,099.83)	\$ 29,561.58	\$ 1,094.87
Dec-20	\$ 269,546.08	\$ 39,889.59	0.8788	\$ 45,389.35	27	\$ 1,681.09	\$ 28,854.84	\$ (1,200.07)	\$ 50,937.00	\$ 1,886.56

\*Express Completion Factor as a percentage

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

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

IPW  
HMO  
Individual  
1/1/2023

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HMO)	Allowed Claims (Non-Capitated)	Non-DHB portion of Allowed Claims	Total Prescription Drug Rebates**	Total DHB Capitation	Total Non-DHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
			336		\$	251,024.63	\$			\$7.30	\$
Experience Period Total Allowed DHB Claims + DHB Capitation PMPM (net of prescription drug rebates)											\$
Rate Ratio											639.75

\*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Acute-Care Hospital	4.00%	1.93%	1.93%	0.44%	43.34%
Outpatient Hospital	4.00%	1.93%	1.33%	0.44%	43.34%
Physician	4.00%	1.93%	1.33%	0.44%	43.34%
Other Medical	4.00%	1.93%	1.33%	0.44%	1.83%
Capitation	4.00%	1.93%	1.33%	0.44%	18.00%
Prescription Drugs	4.00%	1.93%	1.33%	0.44%	0.44%
Total Annual Trend				0.44%	
Months of Trend				24	
Aggr. Adjusted Trend Projection Factor					1.107

\*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 + HMO)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-17				RDVDR		RDVDR			RDVDR	
Feb-17				RDVDR		RDVDR			RDVDR	
Mar-17				RDVDR		RDVDR			RDVDR	
Apr-17				RDVDR		RDVDR			RDVDR	
May-17				RDVDR		RDVDR			RDVDR	
Jun-17				RDVDR		RDVDR			RDVDR	
Jul-17				RDVDR		RDVDR			RDVDR	
Aug-17				RDVDR		RDVDR			RDVDR	
Sep-17				RDVDR		RDVDR			RDVDR	
Oct-17				RDVDR		RDVDR			RDVDR	
Nov-17				RDVDR		RDVDR			RDVDR	
Dec-17				RDVDR		RDVDR			RDVDR	
Jan-18				RDVDR		RDVDR			RDVDR	
Feb-18				RDVDR		RDVDR			RDVDR	
Mar-18				RDVDR		RDVDR			RDVDR	
Apr-18				RDVDR		RDVDR			RDVDR	
May-18				RDVDR		RDVDR			RDVDR	
Jun-18				RDVDR		RDVDR			RDVDR	
Jul-18				RDVDR		RDVDR			RDVDR	
Aug-18				RDVDR		RDVDR			RDVDR	
Sep-18				RDVDR		RDVDR			RDVDR	
Oct-18				RDVDR		RDVDR			RDVDR	
Nov-18				RDVDR		RDVDR			RDVDR	
Dec-18				RDVDR		RDVDR			RDVDR	
Jan-19				RDVDR		RDVDR			RDVDR	
Feb-19				RDVDR		RDVDR			RDVDR	
Mar-19				RDVDR		RDVDR			RDVDR	
Apr-19				RDVDR		RDVDR			RDVDR	
May-19				RDVDR		RDVDR			RDVDR	
Jun-19				RDVDR		RDVDR			RDVDR	
Jul-19				RDVDR		RDVDR			RDVDR	
Aug-19				RDVDR		RDVDR			RDVDR	
Sep-19				RDVDR		RDVDR			RDVDR	
Oct-19				RDVDR		RDVDR			RDVDR	
Nov-19				RDVDR		RDVDR			RDVDR	
Dec-19				RDVDR		RDVDR			RDVDR	
Jan-20				RDVDR		RDVDR			RDVDR	
Feb-20				RDVDR		RDVDR			RDVDR	
Mar-20				RDVDR		RDVDR			RDVDR	
Apr-20				RDVDR		RDVDR			RDVDR	
May-20				RDVDR		RDVDR			RDVDR	
Jun-20				RDVDR		RDVDR			RDVDR	
Jul-20				RDVDR		RDVDR			RDVDR	
Aug-20				RDVDR		RDVDR			RDVDR	
Sep-20				RDVDR		RDVDR			RDVDR	
Oct-20				RDVDR		RDVDR			RDVDR	
Nov-20				RDVDR		RDVDR			RDVDR	
Dec-20				RDVDR		RDVDR			RDVDR	

\*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:	FPH	Attachment Point:	\$60,000
Product(s):	HMO	Reinsurance Cap:	\$100,000
Market Segment:	Individual	Coinsurance Rate:	64%
Rate Effective Date:	1/1/2022		
Incurred Dates:	1/1/2020 to 12/31/2020	Proj. Incurred Claim Impact:	0.0%

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2020 to 12/31/2020					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999				\$157,770
\$30,000	\$34,999				\$0
\$35,000	\$39,999				\$0
\$40,000	\$44,999				\$0
\$45,000	\$49,999				\$0
\$50,000	\$54,999				\$0
\$55,000	\$59,999				\$0
\$60,000	\$64,999				\$0
\$65,000	\$69,999				\$0
\$70,000	\$74,999				\$0
\$75,000	\$79,999				\$0
\$80,000	\$84,999				\$0
\$85,000	\$89,999				\$0
\$90,000	\$94,999				\$0
\$95,000	\$99,999				\$0
\$100,000	\$109,999				\$0
\$110,000	\$119,999				\$0
\$120,000	\$129,999				\$0
\$130,000	\$139,999				\$0
\$140,000	\$149,999				\$0
\$150,000	\$159,999				\$0
\$160,000	\$169,999				\$0
\$170,000	\$179,999				\$0
\$180,000	\$189,999				\$0
\$190,000	\$199,999				\$0
\$200,000	\$209,999				\$0
\$210,000	\$219,999				\$0
\$220,000	\$229,999				\$0
\$230,000	\$239,999				\$0
\$240,000	\$249,999				\$0
\$250,000	\$259,999				\$0
\$260,000	\$269,999				\$0
\$270,000	\$279,999				\$0
\$280,000	\$289,999				\$0
\$290,000	\$299,999				\$0
\$300,000	\$324,999				\$0
\$325,000	\$349,999				\$0
\$350,000	\$374,999				\$0
\$375,000	\$399,999				\$0
\$400,000	\$424,999				\$0
\$425,000	\$449,999				\$0
\$450,000	\$474,999				\$0
\$475,000	\$499,999				\$0
\$500,000	\$599,999				\$0
\$600,000	\$699,999				\$0
\$700,000	\$799,999				\$0
\$800,000	\$899,999				\$0
\$900,000	\$999,999				\$0
\$1,000,000+					\$0
Total		34	353	\$157,770	\$157,770

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

Carrier Name:	FPH	Attachment Point:	\$60,000
Product(s):	HMO	Reinsurance Cap:	\$100,000
Market Segment:	Individual	Coinsurance Rate:	64%
Rate Effective Date:	1/1/2022		
		Proj. Incurred Claim Impact:	-6.8%
		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				\$3,650,082
\$65,000	\$69,999				\$3,511,994
\$70,000	\$74,999				\$3,933,378
\$75,000	\$79,999				\$3,111,870
\$80,000	\$84,999				\$2,999,687
\$85,000	\$89,999				\$2,095,124
\$90,000	\$94,999				\$1,791,031
\$95,000	\$99,999				\$3,898,381
\$100,000	\$109,999				\$3,237,075
\$110,000	\$119,999				\$4,547,641
\$120,000	\$129,999				\$3,368,997
\$130,000	\$139,999				\$3,067,142
\$140,000	\$149,999				\$1,901,481
\$150,000	\$159,999				\$3,101,623
\$160,000	\$169,999				\$1,529,012
\$170,000	\$179,999				\$1,647,601
\$180,000	\$189,999				\$2,235,022
\$190,000	\$199,999				\$2,553,577
\$200,000	\$209,999				\$1,063,307
\$210,000	\$219,999				\$3,241,326
\$220,000	\$229,999				\$806,421
\$230,000	\$239,999				\$841,708
\$240,000	\$249,999				\$1,109,055
\$250,000	\$259,999				\$915,813
\$260,000	\$269,999				\$2,389,487
\$270,000	\$279,999				\$751,189
\$280,000	\$289,999				\$1,304,477
\$290,000	\$299,999				\$1,611,131
\$300,000	\$324,999				\$3,755,604
\$325,000	\$349,999				\$2,497,300
\$350,000	\$374,999				\$3,358,389
\$375,000	\$399,999				\$4,744,949
\$400,000	\$424,999				\$2,668,122
\$425,000	\$449,999				\$1,234,552
\$450,000	\$474,999				\$1,319,813
\$475,000	\$499,999				\$933,532
\$500,000	\$599,999				\$3,624,805
\$600,000	\$699,999				\$1,856,313
\$700,000	\$799,999				\$1,440,652
\$800,000	\$899,999				\$832,219
\$900,000	\$999,999				\$921,430
\$1,000,000+					\$4,207,490
Total		34,887	325,937	\$208,469,580	\$194,265,227

## PA Rate Template Part II

### Rate Development and Change

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

FPH  
HMO  
Individual  
1/1/2022

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

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ 492.85	\$ 638.75	<- Actual Experience PMPM should be consistent with the Index Rate for Experi
Two year trend projection Factor	1.000	1.197	
Unadjusted Projected Allowed EHB Claims PMPM	\$ 492.85	\$ 764.88	
<u>Single Risk Pool Adjustment Factors</u>			
Change in Morbidity - Impact of Reinsurance Program	0.999	0.999	<- See URRT Instructions
Change in Morbidity - All Other		1.080	
Total Non-Morbidity Changes	0.000	1.024	
Change in Demographics		1.000	<- See URRT Instructions
Change in Network		1.000	<- See URRT Instructions
Change in Benefits		1.000	
Change in Other		1.024	
Total Adjusted Projected Allowed EHB Claims PMPM	\$ -	\$ 845.29	
Credibility Factors	0%	100%	<- See Instructions
Blended Projected EHB Claims PMPM		\$ 845.29	<- Projected Index Rate
<b>Development of the Market-Adjusted Index Rate and Total Allowed Claims</b>			
Adjusted Projected Allowed EHB Claims PMPM	\$ 845.29		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.864		
Projected Incurred EHB Claims PMPM	\$ 730.08		
<u>Market-wide Adjustments</u>			
Projected Incurred Risk Adjustment PMPM	\$64.28		<- Market-Adjusted Index Rate
Projected Incurred Exchange User Fees PMPM	\$0.00		
Projected Incurred Reinsurance Recoveries PMPM	\$49.65		
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 616.16		
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 713.39		
Projected Allowed Non-EHB Claims PMPM	\$ -		
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 616.16		
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 713.39		

**Table 6. Retention**

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	7.81%	\$52.23
General and Claims	6.81%	\$45.55
Agent/Broker Fees and Commissions	0.58%	\$3.87
Quality Improvement Initiatives	0.42%	\$2.81
Taxes and Fees	0.07%	\$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	7.88%	\$52.72
Projected Required Revenue PMPM		\$ 668.88

**Table 8. Components of Rate Change**

Rate Components	2021	2022	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 339.03	\$ 353.81	\$ 14.78	4.4%
B. Base period allowed claims before normalization	\$ 639.19	\$ 638.75	\$ (0.44)	-0.1%
C. Normalization factor component of change	\$ (337.06)	\$ (337.69)	\$ (0.63)	-0.2%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 302.13	\$ 301.06	\$ (1.07)	-0.3%
D2. URRT Trend	\$ 66.46	\$ 59.45	\$ (7.01)	-2.1%
D3. URRT Morbidity	\$ 12.61	\$ 28.49	\$ 15.88	4.7%
D4. URRT Other	\$ 0.52	\$ 9.41	\$ 8.89	2.6%
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ (36.01)	\$ (35.08)	\$ 0.93	0.3%
D6. Normalized Exchange User Fee on an allowed basis	\$ -	\$ -	\$ -	0.0%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ (23.28)	\$ (27.09)	\$ (3.81)	-1.1%
D8. Subtotal - Sum(D1:D7)	\$ 322.42	\$ 336.24	\$ 13.82	4.1%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	\$ -	\$ -	0.0%
E2. Pricing AV	\$ (45.32)	\$ (45.83)	\$ (0.51)	-0.2%
E3. Benefit Richness	\$ 33.03	\$ 35.51	\$ 2.48	0.7%
E4. Catastrophic Eligibility	\$ -	\$ -	\$ -	0.0%
E5. Subtotal - Sum(E1:E4)	\$ (12.28)	\$ (10.31)	\$ 1.97	0.6%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 27.50	\$ 27.63	\$ 0.13	0.0%
F2. Taxes and Fees	\$ 0.26	\$ 0.26	\$ 0.00	0.0%
F3. Profit and/or Contingency	\$ -	\$ -	\$ -	0.0%
F4. Subtotal - Sum(F1:F3)	\$ 27.75	\$ 27.89	\$ 0.13	0.0%
G. Change in Miscellaneous Items	\$ 1.14	\$ -	\$ (1.14)	-0.3%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 339.03	\$ 353.81	\$ 14.78	4.4%



ence Period on URRT

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 638.75	<- Index Rate of Experience Period on URRT
Blended Earned Premium	\$ -	
Blended Loss Ratio	0.00%	

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

Effective Date	1/1/2022	4/1/2022	7/1/2022	10/1/2022	Total Single Risk Pool
# of Member Months Renewing in Quarter					-
Adjusted Projected Allowed EHB Claims PMPM	\$ 845.29	\$ 845.29	\$ 845.29	\$ 845.29	\$ 845.29
Months of Trend	-	3	6	9	
Annual Trend	9.43%	9.43%	9.43%	9.43%	
Single Risk Pool Projected Allowed Claims	\$ 845.29	\$ 864.55	\$ 884.24	\$ 904.39	\$ -
Quarterly Trend Factor	1.000	1.023	1.046	1.070	0.000

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2021	2022
Average Age Factor	1.879	1.880
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.005	1.005
Average Benefit Richness (induced demand)	1.121	1.122
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 682.12	\$ 713.39
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 322.42	\$ 336.24

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

	2021	2022	
Paid-to-Allowed	0.861	0.864	
URRT Trend (Total Applied Trend Factor)	1.220	1.197	<- URRT W1, S2
URRT Morbidity	1.034	1.079	<- URRT W1, S2
URRT "Other"	1.001	1.024	<- URRT W1, S2
Risk Adjustment	\$ (65.63)	\$ (64.28)	<- URRT W1, S3
Exchange User Fee	\$ -	\$ -	<- URRT W1, S3
Reinsurance Recoveries	\$ 42.44	\$ 49.65	<- URRT W1, S3
Capitation	\$ 6.25	\$ 0.15	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.859	0.864	<- For 2021 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR /
Benefit Richness	1.119	1.122	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	8.11%	7.81%	
Taxes and Fees	0.08%	0.07%	
Profit and/or Contingency	0.00%	0.00%	

PA Rate Template Part III

Table 10. Plan Rates

Carrier Name:	FPH
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	1/1/2022
Base Period Start Date	1/1/2020
Date of Most Recent Membership:	2/1/2021
Market Adjusted Index Rate:	\$ 713.39

45 CFR Part 156.8 (d) (2) Allowable Factors																
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							0.814			0.864	1.000	1.000	1.000	1.000	1.000	\$ 616.16
Total - Projected Membership							0.814			0.864	1.000	1.000	1.000	1.000	1.000	\$ 616.16
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	83731PA0070002	HMO	my Lehigh Valley Flex Blue HMO Gold 0	IM		Gold	0.814	Approach (1)	Off	0.864	1.000	1.000	1.000	1.000	1.000	\$616.16

Calibration	
Age Calibration Factor	1.880
Geographic Calibration Factor	1.000
Tobacco Calibration Factor	1.005
Aggregate Calibration Factor	1.891

Total Covered Lives @ 02-01-2021
28

Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency
7.8%	0.1%	0.0%
7.8%	0.1%	0.0%
N/A	N/A	N/A
7.8%	0.1%	0.0%

Total Covered Lives Mapped into 2022 Plans @ 02-01-2021	Total Projected Lives
28	28
-	
28	28

2021 Calibrated Plan Adjusted Index Rate PMPM	2022 Calibrated Plan Adjusted Index Rate PMPM
\$ 339.03	\$ 353.81
N/A	N/A
\$ 339.03	\$ 353.81

Proposed Rate Change Compared to Prior 12 months
4.4%
N/A
4.4%

% of Total Covered Lives
N/A
100.0%

02-01-2021 Number of Covered Lives by Rating Area										2022 Continued/ Discontinued Plans Indicator
1	2	3	4	5	6	7	8	9	Total	
-	-	28	-	-	-	-	-	-	28	
-	-	28	-	-	-	-	-	-	-	0
-	-	28	-	-	-	-	-	-	28	1

PA Rate Template Part IV A - Individual  
Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name: FPH  
Product(s): HMO  
Market Segment: Individual  
Rate Effective Date: 1/1/2022

Plan Number	HIOS Plan ID (Standard Component)	1/1/2021 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2022	1/1/2022 Plan HIOS Plan ID (If 1/1/2021 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off
Totals						
These cells auto-fill using the data entered in Table 10.						
Plan 1	83731PA0070002	my Lehigh Valley Flex Blue HMO Gold 0	M		Gold	Off

2021 21-year-old, Non-Tobacco Premium PMPM									
1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
\$ -	\$ -	\$ 339.03	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 339.03
\$ -	\$ -	\$ 339.03	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 339.03


2022 21-year-old, Non-Tobacco Premium PMPM									
1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
\$ -	\$ -	\$ 353.81	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 353.81
\$ -	\$ -	\$ 353.81	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 353.81

Change in 21-year-old Non-Tobacco Premium PMPM									
1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
0.0%	0.0%	4.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.4%
		4.4%							4.4%

## PA Rate Quarterly Template Part V Consumer Factors

Carrier Name:	FPH
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	1/1/2022

### Table 12. Age and Tobacco Factors

Projection Period Age and Tobacco Factors						
Age Band	Age Factor	Tobacco Factor		Age Band	Age Factor	Tobacco Factor
0-14	0.765			40	1.278	1.100
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	Monroe	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: First Priority Health  
 Market: Individual  
 Product: HMO  
 Effective Date of Rates: January 1, 2022

Ending date of Rates: December 31, 2022

HIOS Plan ID (On Exchange)=>	N/A	
HIOS Plan ID (Off Exchange)=>	83731PA0070002	
Plan Marketing Name =>	my Lehigh Valley Flex Blue HMO Gold 0	
Form # =>	LV/HMO/FPH/DP-3	
Rating Area =>	Area 3	
Network =>	Q	
Metal =>	Gold	
Deductible =>	0	
Coinsurance =>	0.8	
Copays =>	\$15 PCP	
OOP Maximum =>	6500	
Pediatric Dental (Yes/No) =>	Yes	
Age Band	Non-Tobacco	Tobacco
0 - 14	\$270.66	\$270.66
15	\$294.72	\$294.72
16	\$303.92	\$303.92
17	\$313.12	\$313.12
18	\$323.03	\$323.03
19	\$332.94	\$332.94
20	\$343.20	\$343.20
21	\$353.81	\$362.66
22	\$353.81	\$362.66
23	\$353.81	\$362.66
24	\$353.81	\$362.66
25	\$355.23	\$364.11
26	\$362.30	\$371.36
27	\$370.79	\$380.06
28	\$384.59	\$394.20
29	\$395.91	\$405.81
30	\$401.57	\$411.61
31	\$410.07	\$420.32
32	\$418.56	\$429.02
33	\$423.86	\$434.46
34	\$429.53	\$440.27
35	\$432.36	\$443.17
36	\$435.19	\$446.07
37	\$438.02	\$448.97
38	\$440.85	\$451.87
39	\$446.51	\$457.67
40	\$452.17	\$497.39
41	\$460.66	\$509.03
42	\$468.80	\$521.31
43	\$480.12	\$538.21
44	\$494.27	\$559.51
45	\$510.90	\$584.98
46	\$530.72	\$615.64
47	\$553.01	\$650.89
48	\$578.48	\$691.86
49	\$603.60	\$734.58
50	\$631.90	\$774.08
51	\$659.86	\$808.33
52	\$690.64	\$846.03
53	\$721.77	\$884.17
54	\$755.38	\$925.34
55	\$789.00	\$966.53
56	\$825.44	\$1,011.16
57	\$862.23	\$1,056.23
58	\$901.51	\$1,104.35
59	\$920.97	\$1,128.19
60	\$960.24	\$1,176.29
61	\$994.21	\$1,217.91
62	\$1,016.50	\$1,245.21
63	\$1,044.45	\$1,279.45
64+	\$1,061.43	\$1,300.25

**First Priority Health  
Individual  
Plan Design Summary**

<b>HIOS Plan ID</b>	<b>Plan Marketing Name</b>	<b>Product</b>	<b>Metal</b>	<b>On/Off Exchange</b>	<b>Network</b>	<b>Rating Area</b>	<b>Counties Covered</b>
83731PA0070002	my Lehigh Valley Flex Blue HMO Gold 0	HMO	Gold	Off	Q	3	Monroe



Company Name First Priority Health  
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
83731PA0070002	my Lehigh Valley Flex Blue HMO Gold 0	HMO	Gold	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 First Priority Health  
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	0	0	0	0	0	0	28	0	0	0	0	0	0
83731PA0070002	my Lehigh Valley Flex Blue HMO Gold 0	HMO	Gold	Off	Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming
											\$353.81						

Company Name First Priority Health

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
83731PA0070002	my Lehigh Valley Flex Blue HMO Gold 0	HMO	Gold	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 First Priority Health

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
83731PA0070002	my Lehigh Valley Flex Blue HMO Gold 0	HMO	Gold	Off

RATING AREA 5

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

Company Name First Priority Health

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
83731PA0070002	my Lehigh Valley Flex Blue HMO Gold 0	HMO	Gold	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 First Priority Health

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
83731PA0070002	my Lehigh Valley Flex Blue HMO Gold 0	HMO	Gold	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 First Priority Health  
Market Individual  
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

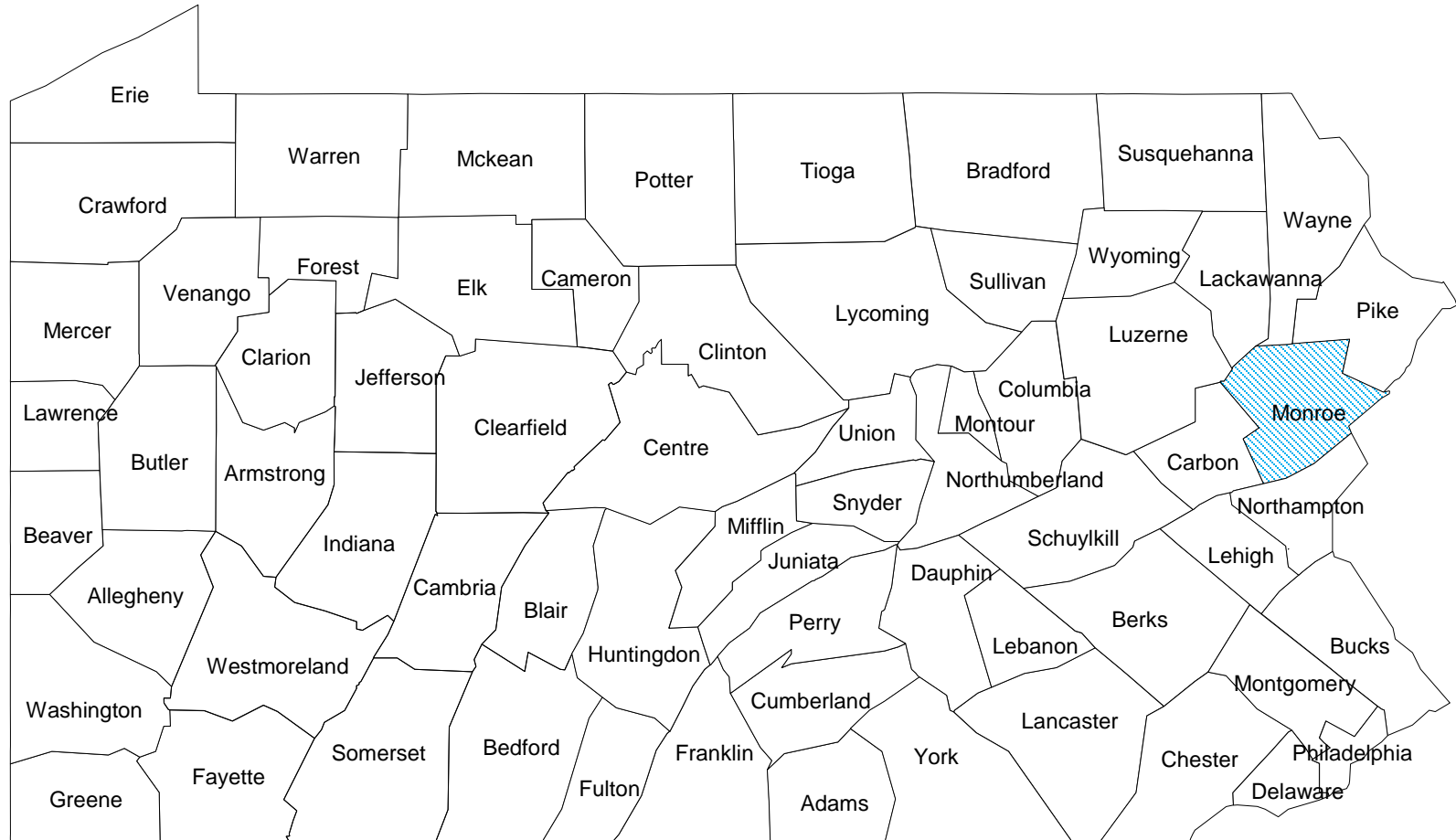
RATING AREA 9

02-01-2021 Number of Covered Lives by Rating County					0	0	0	0	0	0	0
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
83731PA0070002	my Lehigh Valley Flex Blue HMO Gold 0	HMO	Gold	Off							


# 2021 Service Area


Issuer: First Priority Health (FPH)

Market: Individual



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

 : 2021 on-exchange service area

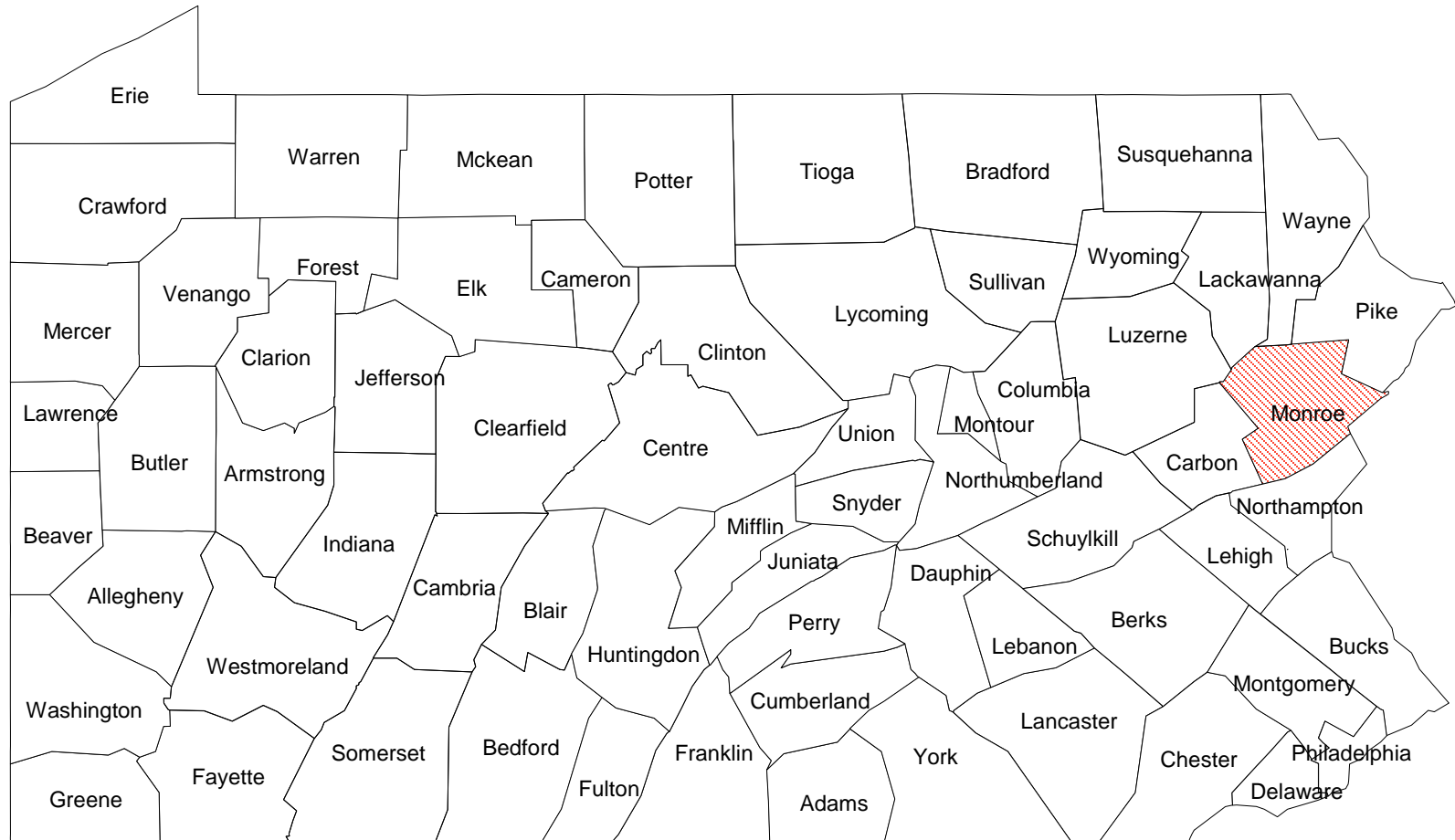
 : 2021 off-exchange only service area




# **2022 Service Area**


**Issuer: First Priority Health (FPH)**

**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: First Priority Health 2022 ACA Rate Filing (Individual Market)  
Highmark Filing # 1A-DP-21-FPH (SERFF Filing # HGHM- 132820374)

Dear Mr. Lavery:

Enclosed are responses to your June 11, 2021 questions regarding SERFF Filing # HGHM-132820374. 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]

## 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	28	0	0	28
21-Feb	28	0	0	28
21-Mar	28	0	0	28
21-Apr	28	0	0	28
21-May	28	0	0	28

**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 currently offer any On-Exchange plans, so this question is not applicable.

**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 trend for this filing is above average among PA individual issuers. Please provide a short list of bullet points that explain the main issues causing this higher-than-average trend request.**

Response:

Since we do not know what specific trend assumptions were used by the other individual market issuers in their rate filings, it is difficult to assess what may be causing our trend to vary from the average. However, it is important to note that the total annual trend of 9.4% in Table 3b of the PA Rate Template file includes a change in induced demand factor of 1.3%. Thus, the underlying total annual trend is actually 8.0%. This annual trend assumption was developed using individual market experience from Highmark's entire Northeastern PA book-of-business since there are only around 30 members in this particular entity.

**4. The requested rate increase for this filing was above average among PA individual issuers. Please provide a short list 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 less than the annual trend.

**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 \* 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.

**First Priority Health****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	\$419.58	\$353.18
2018	\$525.62	\$410.27
2019	\$476.36	\$445.01
2020	\$1,002.92	\$410.73

\*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: First Priority Health 2022 ACA Rate Filing (Individual Market)  
Highmark Filing # 1A-DP-21-FPH (SERFF Filing # HGHM- 132820374)

Dear Mr. Lavery:

Enclosed are responses to your July 06, 2021 questions regarding SERFF Filing # HGHM-132820374. 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 11, 2021, the Company is adding the requested formula in Table 5, cell D16 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]  
[REDACTED]

Highmark Inc.

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]

## **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 currently offer any On-Exchange plans, so this question is not applicable.

**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.



## First Priority Health

## 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	252,062	158,072	134,935	353	372	336
Premium	N/A	\$123,576,970	\$82,065,347	\$82,965,044	\$388,841	\$263,101	\$251,248
Incurred Claims	N/A	\$95,691,033	\$60,415,370	\$57,925,594	\$145,120	\$243,015	\$233,533
Administrative Expenses	N/A	\$13,163,743	\$9,932,536	\$8,755,653	\$18,592	\$19,311	\$16,860
<u>Taxes and Fees</u>	<u>N/A</u>	<u>\$4,209,962</u>	<u>\$5,626,506</u>	<u>\$2,748,535</u>	<u>\$5,937</u>	<u>\$775</u>	<u>\$855</u>
Gain/(Loss)	N/A	\$10,512,232	\$6,090,935	\$13,535,262	\$219,191	\$0	\$0
Gain/(Loss) PMPM	N/A	\$42	\$39	\$100	\$621	\$0	\$0

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Unified Rate Review v5.3

Company Legal Name:

First Priority Health

HIOS Issuer ID:

83731

Effective Date of Rate Change(s):

1/1/2022

State:

PA

Market:

Individual

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

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

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

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

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:

1/1/2020

to

12/31/2020

Total

PMPM

Allowed Claims	\$173,975.05	\$492.85
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$145,120.22	\$411.11
Risk Adjustment	\$119,294.62	\$337.95
Experience Period Premium	\$269,546.08	\$763.59
Experience Period Member Months	353	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$23.25	1.040	1.038	1.040	1.038	\$27.09
Outpatient Hospital	\$251.93	1.040	1.038	1.040	1.038	\$293.59
Professional	\$119.77	1.040	1.038	1.040	1.038	\$139.58
Other Medical	\$2.86	1.040	1.038	1.040	1.038	\$3.33
Capitation	\$0.20	0.930	1.000	0.750	1.000	\$0.14
Prescription Drug	\$94.84	1.040	1.038	1.040	1.038	\$110.52
Total	\$492.85					\$574.26

Morbidity Adjustment	1.078	
Demographic Shift	1.024	
Plan Design Changes	1.000	
Other	1.043	
Adjusted Trended EHB Allowed Claims PMPM for	1/1/2022	\$661.16
Manual EHB Allowed Claims PMPM	\$845.29	
Applied Credibility %	0.00%	

Projected Period Totals

Projected Index Rate for	1/1/2022	\$845.29	\$284,017.44
Reinsurance		\$57.48	\$19,313.28
Risk Adjustment Payment/Charge		\$74.42	\$25,005.12
Exchange User Fees		0.00%	\$0.00
Market Adjusted Index Rate		\$713.39	\$239,699.04

Projected Member Months	336
-------------------------	-----

Information Not Releasable to the Public Unless Authorized by Law:

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

1 of 3

Product-Plan Data Collection

Company Legal Name: First Priority Health  
HIOS Issuer ID: 83731  
Effective Date of Rate Change(s): 1/1/2022

State: PA  
Market: Individual

To add a product to  
To add a plan to Wc  
To validate, select ti  
To finalize, select th  
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Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information		
1.1	Product Name	my Lehigh Valley Flex Blue HMO	
1.2	Product ID	83731PA007	
1.3	Plan Name	Flex Blue HMO	
1.4	Plan ID (Standard Component ID)	83731PA0070002	
1.5	Metal	Gold	
1.6	AV Metal Value	0.814	
1.7	Plan Category	Renewing	
1.8	Plan Type	HMO	
1.9	Exchange Plan?	No	
1.10	Effective Date of Proposed Rates	1/1/2022	
1.11	Cumulative Rate Change % (over 12 mos prior)	4.36%	
1.12	Product Rate Increase %	4.36%	
1.13	Submission Level Rate Increase %	4.36%	

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information		
	2.1 Plan ID (Standard Component ID)	Total	83731PA0070002
\$173,975	2.2 Allowed Claims	\$173,975	\$173,975
\$0	2.3 Reinsurance	\$0	\$0
	2.4 Member Cost Sharing	\$28,855	\$28,855
	2.5 Cost Sharing Reduction	\$0	\$0
\$145,120	2.6 Incurred Claims	\$145,120	\$145,120
\$119,295	2.7 Risk Adjustment Transfer Amount	\$119,295	\$119,295
\$269,546	2.8 Premium	\$269,546	\$269,546
353	2.9 Experience Period Member Months	353	353
	2.10 Current Enrollment	28	28
	2.11 Current Premium PMPM	\$604.86	\$604.86
	2.12 Loss Ratio	37.32%	37.32%
	Per Member Per Month		
	2.13 Allowed Claims	\$492.85	\$492.85
	2.14 Reinsurance	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$81.74	\$81.74
	2.16 Cost Sharing Reduction	\$0.00	\$0.00
	2.17 Incurred Claims	\$411.11	\$411.11
	2.18 Risk Adjustment Transfer Amount	\$337.95	\$337.95
	2.19 Premium	\$763.59	\$763.59

Section III: Plan Adjustment Factors			
3.1	Plan ID (Standard Component ID)		83731PA0070002
3.2	Market Adjusted Index Rate		\$713.39
3.3	AV and Cost Sharing Design of Plan		0.8637
3.4	Provider Network Adjustment		1.0000
3.5	Benefits in Addition to EHB		1.0000
Administrative Costs			
3.6	Administrative Expense		7.81%
3.7	Taxes and Fees		0.07%
3.8	Profit & Risk Load		0.00%
3.9	Catastrophic Adjustment		1.0000
3.10	Plan Adjusted Index Rate		\$668.86
3.11	Age Calibration Factor	0.5318	0.5318
3.12	Geographic Calibration Factor	1.0000	1.0000
3.13	Tobacco Calibration Factor	0.9946	0.9946
3.14	Calibrated Plan Adjusted Index Rate		\$353.78

Section IV: Projected Plan Level Information			
4.1	Plan ID (Standard Component ID)	Total	83731PA0070002
4.2	Allowed Claims	\$284,017	\$284,017
4.3	Reinsurance	\$16,681	\$16,681
4.4	Member Cost Sharing	\$38,710	\$38,710
4.5	Cost Sharing Reduction	\$0	\$0
4.6	Incurred Claims	\$228,627	\$228,627
4.7	Risk Adjustment Transfer Amount	\$21,598	\$21,598
4.8	Premium	\$224,737	\$224,737
4.9	Projected Member Months	336	336
4.10	Loss Ratio	92.81%	92.81%
	Per Member Per Month		
4.11	Allowed Claims	\$845.29	\$845.29
4.12	Reinsurance	\$49.65	\$49.65
4.13	Member Cost Sharing	\$115.21	\$115.21
4.14	Cost Sharing Reduction	\$0.00	\$0.00
4.15	Incurred Claims	\$680.44	\$680.44
4.16	Risk Adjustment Transfer Amount	\$64.28	\$64.28
4.17	Premium	\$668.86	\$668.86

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**

### **First Priority Health – Individual Market**

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

First Priority Health is requesting an average ACA individual market rate change of 4.4%. Products submitted with this filing will have effective dates from January 1, 2022 to December 31, 2022. This rate change is projected to affect 28 members, of which 28 members are in renewing plans.

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

First Priority Health incurred an underwriting gain in its Individual ACA 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**

**First Priority Health**

**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 First Priority Health's (FPH) 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 FPH's rate filing. However, we recognize that this certification may become a public document. FPH 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 FPH.

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: First Priority Health.
- State: The Commonwealth of Pennsylvania has regulatory authority over these policies.
- HIOS Issuer ID: 83731
- 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 Change(s)**

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 September 14, 2021 guidance, the impact of the state 1332 Reinsurance program is captured using the prescribed parameters of \$60,000 attachment point, 64% 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, FPH 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. FPH 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 FPH's current experience for the individual block of business for the period January 1, 2020 through December 31, 2020, with claims paid through February 1, 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 FPH'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 FPH'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:** FPH is using a completion factor of 0.9364 to include IBNR claims in allowed charges. The IBNR completion factor was developed using our corporate reserving system for FPH'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**

Given the low membership numbers in and limited product offerings in 2020, the experience data is not given any credibility in the rate calculation. The factors entered on Worksheet 1 of the URRT for Morbidity Adjustment, Demographic Shift, Plan Design Changes, and Other are simply placeholders.

Please see the Credibility Manual Rate Adjustments section below for a discussion of the projection factors.

## **VI. Manual Rate Adjustments**

### **VI.1 Source and Appropriateness of Experience Data Used**

A manual rate was developed by blending 2020 experience from multiple sources, including ACA and group claims for the February 1, 2021 snapshot membership as well as assumptions for any new members found in the snapshot, to approximate the anticipated 2022 FPH population. This experience includes members from the current FPH geographic footprint as well as Highmark Benefits Group gold plans within the same geographic footprint adjusted for the expected 2022 FPH population. This experience was chosen because it is large and reasonably represents the anticipated 2022 FPH population.

### **VI.2 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 FPH'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.

### **VI.3 Adjustments Made to the Data**

Given that the expected 2022 population is used to develop the manual cost, no change in morbidity is required aside from the adjustment pertaining to the elimination of the health insurance coverage mandate described below. Similarly, the change in demographics adjustment is very small.

#### **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 1.069.

The elimination of the health insurance coverage mandate and the Covid-19 impact are reflected in the Manual EHB Allowed Claims PMPM found on worksheet 1 of the URRT.

The underlying manual data was further adjusted to account for changes in network, pharmacy rebates, and hospital/physician settlements.

## **VII. Credibility of Experience**

Given the drastically different product offering between the experience period and the projection period, the experience data is not given any credibility in the rate calculation. Therefore, FPH has chosen to develop the rate on a 100% manual basis.

## **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 FPH. 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 64%, 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 6.8%. 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 Adjustments PMPM:**

The estimated average risk score for FPH's projected 2022 population was developed by using 2020 claim diagnoses and demographics underlying the manual rate development 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 FPH 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 FPH receiving from the risk adjustment pool. The \$74.42 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.

For the purposes of this rate filing, FPH has not included an adjustment to the projected risk adjustment transfer for the Risk Adjustment Data Validation (RADV) program.

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

FPH is offering one 2022 off-exchange plan and therefore will not have any projected members enroll through the exchange. The exchange use fee is set to 0%.

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

The Plan Adjusted Index Rates can be found on line 3.10, Worksheet 2 of the URRT. The PAIR rates 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.

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

There is no impact for non-payment of cost sharing reduction subsidies since the plan is a Gold plan.

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

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

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

There are no benefits in addition to EHB.

#### **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:**

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

#### **X.7 Catastrophic Adjustment**

FPH is not offering any Catastrophic plans in 2022, therefore a specific eligibility adjustment was not used.

### **XI. Calibration**

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

The projected weighted average age factor for billable members is 1.880. This factor is calculated by dividing the all members age factor of 1.880 by the ratio of billable members to total members 1.000. The age curve calibration factor is  $1/1.880 = 0.5318$ .

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

The projected weighted average geographic factor is 1.0. Each Plan Adjusted Index Rate represents the rate for an average member with a geographic factor of 1.0. The geographic calibration factor is  $1/1.0 = 1.0$ .

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

The projected weighted average tobacco factor is 1.005. Each Plan Adjusted Index Rate represents the rate for an average member with a tobacco factor of 1.005. The tobacco calibration factor is  $1/1.005 = 0.9946$ .

#### **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 93.0%.

#### **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. The plan did require an adjustment to the inputs entered into the AV calculator. Screen shot and certification for the plan were submitted as part of FPH's QHP application.

#### **XIV. Membership Projections**

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

The projected member months on line 4.9 of the URRT Worksheet 2 is the membership projection for the one Gold plan.

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

There are no terminated plans or products.

#### **XVI. Plan Type**

The Plan types listed in Worksheet 2, Section I of the Part I Unified Rate Review Template describe FPH'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 FPH's rate filing 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 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.

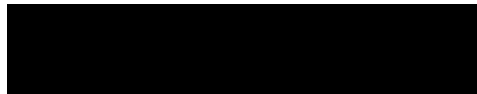
I certify that the index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.

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 FPH 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:



Title:



Date: September 17, 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*	83731				
Rate Effective Date*	1/1/2022				
Rate Expiration Date*	12/31/2022				
Rating Method*	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	270.66	270.66
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	15	294.72	294.72
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	16	303.92	303.92
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	17	313.12	313.12
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	18	323.03	323.03
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	19	332.94	332.94
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	20	343.20	343.20
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	21	353.81	362.66
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	22	353.81	362.66
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	23	353.81	362.66
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	24	353.81	362.66
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	25	355.23	364.11
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	26	362.30	371.36
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	27	370.79	380.06
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	28	384.59	394.20
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	29	395.91	405.81
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	30	401.57	411.61
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	31	410.07	420.32
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	32	418.56	429.02
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	33	423.86	434.46
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	34	429.53	440.27
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	35	432.36	443.17
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	36	435.19	446.07
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	37	438.02	448.97
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	38	440.85	451.87
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	39	446.51	457.67
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	40	452.17	497.39
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	41	460.66	509.03
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	42	468.80	521.31
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	43	480.12	538.21
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	44	494.27	559.51
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	45	510.90	584.98
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	46	530.72	615.64
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	47	553.01	650.89
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	48	578.48	691.86
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	49	603.60	734.58
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	50	631.90	774.08
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	51	659.86	808.33
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	52	690.64	846.03
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	53	721.77	884.17
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	54	755.38	925.34
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	55	789.00	966.53
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	56	825.44	1011.16
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	57	862.23	1056.23
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	58	901.51	1104.35
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	59	920.97	1128.19
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	60	960.24	1176.29
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	61	994.21	1217.91
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	62	1016.50	1245.21
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	63	1044.45	1279.45
83731PA0070002	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	1061.43	1300.25