



May 17, 2023

Ms. Lindsi Swartz, Director
Bureau of Accident and Health Insurance
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

SUBMITTED VIA SERFF

**RE: Keystone Health Plan East
Individual HMO Rate Filing effective 1/1/2024
INAC-133674084**

Dear Ms. Swartz:

Attached is the 2024 annual rate filing for HMO plans of Keystone Health Plan East (KHPE) in the Individual (non-group) marketplace in the Commonwealth of Pennsylvania. Rates for new and renewing plans are being filed and satisfy market reform requirements of the Affordable Care Act (ACA).

This rate filing includes rates for these plans and specifies compliance with rating requirements of the ACA. The enclosed is for rating periods effective from January 1, 2024 through December 31, 2024.

Per the guidance provided in the 2024 ACA-Compliant Health Insurance Rate Filing Guidance provided by the Pennsylvania Insurance Department, we applied a Reinsurance Morbidity Adjustment factor of 1.00 to all individual plans. We also applied a factor of 1.22 to Silver plans for the impact of non-payment of CSR costs per the guidance. This submission incorporates a 50% coinsurance parameter for the reinsurance program.

The proposed rates represent a 3.5% decrease over the previously approved 2023 rates.

Information for the Pennsylvania Bulletin:

1. Company Name and NAIC Number:	Keystone Health Plan East 95056
2. Market	Individual
3. On or Off Exchange	On and Off
4. Effective Date of Coverage	January 1, 2024
5. Average Rate Change Requested	-3.5%
6. Range of Rate Changes Requested	-6.2% to -2.3%



- | | | |
|-----|--|--|
| 7. | Total Annual Revenue Generated from the Proposed Rate Change | -\$27,153,932 |
| 8. | Products | HMO |
| 9. | Rating Areas and Change from 2023 | Rating Area 8
No Change from 2023 |
| 10. | Metal Levels and Catastrophic Plans | Gold, Silver, Bronze |
| 11. | Current covered lives and policyholders as of February 1, 2023 | 118,897 lives |
| 12. | Number of plans offered in 2024 and change from 2023 | 15 plans in 2024; 17 plans in 2023 |
| 13. | Corresponding contract form number, SERFF, and binder numbers | SERFF # INBC-133660025,
INBC-PA24-125116371,
INBC-PA24-125116246,
See appendix for form numbers |
| 14. | HIOS Issuer ID # and submission tracking Number | HIOS Issuer ID # 33871; Filing #
N/A |

Please contact [REDACTED] with any questions regarding this filing.

Sincerely,

APPENDIX

Form Numbers

KE 650 IND FC EXC-ON Rev. 1.24
KE 650 IND FDED EXC-ON Rev. 1.24
KE 650 IND FTC EXC-ON Rev. 1.24
KE 650 IND FTDED EXC-ON Rev. 1.24
KE 650 IND FTDED LT EXC-ON Rev. 1.24
KE 650 IND FC EXC-OFF Rev. 1.24
KE 650 IND FDED EXC-OFF Rev. 1.24
KE 650 IND FTC EXC-OFF Rev. 1.24
KE 650 IND FTDED EXC-OFF II Rev. 1.24
KE 650 IND FTDED EXC-OFF Rev. 1.24
KE 680 IND FC EXC.OC-ON Rev. 1.24
KE 680 IND FDED EXC.OC-ON Rev. 1.24
KE 680 IND FTC EXC.OC-ON Rev. 1.24
KE 680 IND FTDED EXC.OC-ON Rev. 1.24
KE 680 IND FTDED LT EXC.OC-ON Rev. 1.24
KE 680 IND FC EXC.OC-OFF Rev. 1.24
KE 680 IND FDED EXC.OC-OFF Rev. 1.24
KE 680 IND FTC EXC.OC-OFF Rev. 1.24
KE 680 IND FTDED EXC.OC-OFF II Rev. 1.24
KE 680 IND FTDED EXC.OC-OFF Rev. 1.24
PREV/SCH-II Rev. 1.24

PENNSYLVANIA ACTUARIAL MEMORANDUM

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) and PA Actuarial Memorandum Rate Exhibits to provide certain information to support the gross premium for the single risk pool for individual market health care insurance underwritten by Keystone Health Plan East in the Commonwealth of Pennsylvania. It is provided as a component of a state rate filing. This submission may not be appropriate for other purposes.

1. BASIC INFORMATION AND DATA

A. COMPANY INFORMATION

Company Legal Name:	Keystone Health Plan East (“KHPE”)
State:	Pennsylvania
NAIC #:	95056
Market:	Individual
Marketplace:	On and Off Exchange
Effective Date(s):	1/1/2024 – 12/31/2024
Average Rate Change:	-3.5%
Range of Rate Changes:	-6.2% to 2.3%
Products:	HMO
Rating Areas:	Rating Area 8
Metal Levels:	Gold, Silver, Bronze
Current Members:	118,897
Number of 2024 Plans:	15
HIOS Issuer ID (5-digit):	33871

Worksheet 1 of the accompanying URRT contains experience period data and development of the projected Single Risk Pool Gross Premium Average Rate PMPM for the individual market for KHPE. Worksheet 2 contains experience period data and projections by product for the single risk pool for the same entities. This memorandum pertains only to plans denoted in Worksheet 2 by Plan IDs starting with the sequence 33871.

COMPANY CONTACT INFORMATION

Primary Contact Name:	██████████
Primary Contact Telephone Number:	██████████
Primary Contact Email Address:	██████████

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

January 1, 2020	5.40%	INAC- 131927121
January 1, 2021	-3.90%	INAC- 132358787
January 1, 2022	2.20%	INAC- 132818417
January 1, 2023	1.31%	INAC- 133249350

The historical rate changes varied by metallic tier based on plan benefits as illustrated via the Pricing AV.

Proposed rate changes may vary by metallic tier and plan based on plan benefit changes, and the revision to the CSR Defunding Adjustment factor.

C. AVERAGE RATE CHANGE

The average proposed rate change shown in Cell AC15 of Table 10 is -3.5%. The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2022 to calendar year 2024 are incorporated into the pricing and reflected in the Unified Rate Review Template.

The change in 21-year-old Non-Tobacco Premium PMPM calculated in Table 11, Cell AN13 is -3.5%.

D. MEMBERSHIP COUNT

Table 1 illustrates the Experience Period member-months, Current Period members as of February 1, 2023, and Projected Rating Period Member-months by ages.

E. BENEFIT CHANGES

Benefit changes were made to the following plans to assure compliance with Actuarial Value Requirements, including differences that resulted from changes to the AV Calculator. The basis for pricing changes was our internal pricing model.

F. EXPERIENCE PERIOD CLAIMS AND PREMIUMS

Table 2 illustrates the experience period claims and premiums using calendar year data. The data is consistent with the data reported in Section 1 of Worksheet I of the URRT.

We combined the experience period data for KHPE with the experience period data for QCC Insurance Company ("QCC"). This should provide a more stable basis for projecting the Index Rate. The combined data is shown in Tab Ib. The Change in Network Factor is intended to result in KHPE rates that are reasonable in relation to QCC rates.

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2022 and paid through February 2023. Earned premiums and member months are for January through December 2022. The data are for all direct-written individual business of KHPE in the Commonwealth of Pennsylvania, including out-of-network claims written by KHPE but paid by QCC for POS plans. No private reinsurance was applicable.

The Non-EHB benefits portion of Allowed Claims is shown separately in cell H36 of Table 2. Capitation is uniform by age for the experience period. Net pharmacy rebates are illustrated in cell I36 of Table 2.

Projected Risk Adjustment PMPM

Projected Risk Adjustment is accounted for in Projected Incurred Claims before the state based reinsurance program and Risk Adjustment to reflect anticipated risk adjustment transfer amounts for the projection period. The amount reflects the projected morbidity for the single risk pool in the projection period.

The estimated risk adjustment revenue for all of the plans in the risk pool is developed using the following methodology. We recognize that the HHS payment transfer formula implies that the projected incurred claims based solely on the experience period single risk pool claims need to be adjusted by the ratio of the current statewide market's risk relative to allowable rating factor (ARF) for age compared to the single risk pool's risk relative to ARF presented during the experience period. This adjustment, together with the assumed future changes in population risk morbidity, results in the issuer's pricing being consistent with the anticipated morbidity level of the future statewide market.

The anticipated risk adjustment transfer revenue is allocated proportionally based on plan premium. The Projected Risk Adjustment is subtracted from Projected Incurred Claims before ACA Risk Adjustment to reflect anticipated receipt of risk adjustment transfer amounts for the projection period.

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2021 risk transfer results.

In the URRT v6.0, it is necessary to divide Risk Adjustment by the Paid to Allowed factor when it is used in calculations based on Allowed Claims to produce calculations that are consistent with the Actuarial Memo Rate Exhibit.

G. CREDIBILITY OF DATA

The experience period data, defined in Section F as the combined experience of Keystone Health Plan East, and the experience period data for QCC Insurance Company, Inc. (“QCC”), is considered 100% credible.

H. TREND IDENTIFICATION

Table 3 identifies the proposed annual medical and prescription drug allowed claims cost and utilization trends. These data match the data illustrated in Section 2 of Worksheet I of the URRT. Additional discussion is provided in Section I, Historical Experience.

We populated the URRT with the Total Annual Trend calculated in cell C52 of Table 3. The URRT requires that factors are rounded to four decimal places which results in some small differences.

I. HISTORICAL EXPERIENCE

Table 4 illustrates historical experience from 2018 through 2022 for the product line.

a. Annualized Cost Trend

Annual cost trend reflects changes in costs of medical treatment due to medical inflation and changes in the distribution of services across network providers. The trend value is developed by reviewing historical medical costs for the single risk pool and adjusting them for anticipated future provider contracting reimbursement levels. The data is normalized for changes in age, benefit changes during the experience period, changes to provider contracts, and prescription drug formulary, and new drugs brought to market.

b. Annualized Utilization Trend

Annual utilization trend reflects the change in the number of units per 1,000 members for a fixed level of illness burden and includes changes due to the mix and intensity of services provided and changes related to shifts in product mix. It also includes effects of selection, if any, since this cannot be reflected in the relative cost of the various products and plans offered.

c. Rebates

KHPE is not in a rebate position for 2022 in Consumer and we do not anticipate paying rebates for the 2023 policy period at this time.

d. Benefit Changes

Historical medical costs are normalized for the impact of benefit and mix factors to isolate the effect that changes in plan design or member movements amongst plans has on historical trend. By isolating this impact we avoid projecting cost trends into the future that are due to non-repeatable historical member movements or benefit changes.

1. Benefit changes are calculated to value the cost-to-health-plan impact of year-over-year changes in plan designs. The methodology used to calculate the benefit changes is consistent with the one used in the calculation of Pricing AV.
2. Mix impact is calculated using the historical average costs by member at the metallic level, separately for HMO and PPO products.

J. TERMINATED PLANS

The following plans are being terminated in 2024:

33871PA0120003 Keystone HMO Silver Classic
33871PA0120006 Keystone HMO Silver Proactive

2. RATE DEVELOPMENT AND CHANGE

A. DEVELOPMENT OF PROJECTED INDEX RATE, MARKET-ADJUSTED INDEX RATE, & TOTAL ALLOWED CLAIMS

Table 5 illustrates the development of the Projected Index Rate and Market-Adjusted Index Rate beginning with the Experience Period Index Rate. Exhibit A provides additional information about the adjustment factors.

Changes in Population Risk Morbidity

Experience period allowed claims are adjusted to account for differences in the average morbidity of the single risk pool population underlying the experience and the anticipated population in the projection period. This adjustment reflects changes in the individual market-wide morbidity.

COVID-19 Impact

[REDACTED]

Development of Reinsurance Tables

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information was populated using 2022 KHPE Individual claims data by individual member. 2022 claims paid through February 2023 were completed and compiled into the Annual Incurred Claims Ranges shown on Tab II.a. of the Actuarial Memorandum Exhibit.

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information was populated by trending the data from the Experience Period table to 2024 using a 12%

trend assumption on the incurred claims. The resulting impact is shown in Cell E7 of Tab II.b. of the Actuarial Memorandum Exhibit.

Changes in Other Factors

Experience period allowed claims are adjusted to account for differences in the single risk pool population underlying the experience and the anticipated population in the projection period pertaining to several factors not due to changes in morbidity or the costs and utilization of medical care. This adjustment reflects: additional benefits required to be covered as essential health benefits; recently mandated benefits required by state law that are not reflected in the experience period data; benefits in the experience that are removed for the projection period; anticipated changes in the average utilization of services due to differences in average cost sharing requirements during the experience period and average cost sharing requirements in the projection period; changes in demographic characteristics of the single risk pool experience period population and the projection period population (including age, gender, region, and tobacco use); changes in the provider network (adding or removing a provider system or introducing a limited network option); and anticipated changes in pharmacy rebates.

Table 5 of the Actuarial Memorandum Rate Exhibit shows the components used in calculating change in other. The calculations of the components are based on the changes in values shown in Table 7.

CSR payments are funded through premiums in this filing. The additional cost to provide the CSRs is recognized in Column P of Table 10 of the Actuarial Memorandum Rate Exhibit. In URRT Part I, the cost is reflected in the Paid to Allowed factor. The Paid to Allowed factor in the URRT Part 1 is equal to the Paid to Allowed factor in Table 5 multiplied by the value in cell P15 of Table 10 of the Actuarial Memorandum Rate Exhibit.

B. RETENTION ITEMS

Table 6 illustrates the retention items, expressed as percentages of premium. Consistent with conversations with our State regulator, no Pricing load was applied for the Managed Care Assessment levied pursuant to Article VIII-I of the Pennsylvania Code, as it will be separately reimbursed. Federal Income Tax is calculated by applying the tax rate to the sum of the HIF plus Profit/Contingency.

Administrative Expenses		13.70%
General and Claims	11.12%	
Agent/Broker Fees and Commissions	1.78%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		0.61%
RA User Fee	0.04%	
PCORI Fee	0.04%	
INAC-133674084	6	PA Actuarial Memorandum
KHPE Consumer		May 17, 2023
		Revised July 14, 2023

PA Premium Tax	0.00%
Federal Income Tax	0.53%
Health Insurance Providers Fee	0.00%
Profit/Contingency	2.00%
Total Retention	16.31%

C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Table 7 compares the normalization factors used in this filing to those used in the 2022 filing. The changes in the factors reflect small differences from the projected populations in 2022 and 2023.

D. COMPONENTS OF RATE CHANGE

Table 8 illustrates the components of rate change, based on inputs from other sections of the Rate Exhibits. The results in Row H are similar to the values in Row A of Table 8.

Data in Table 9 is consistent with the 2023 and 2024 URRT with the exception of Risk Adjustment which was revised to project company-specific values.

E. MLR DEMONSTRATION

Projected Claims PMPM (After Reinsurance)	\$474.02
Premium PMPM	\$566.38
Quality Improvement Expense PMPM	\$4.52
Exchange User Fee PMPM	\$13.45
HIF PMPM	\$0.00
Federal Income Tax PMPM	\$3.01
Premium Tax PMPM	\$0.00
Federal MLR	84.6%

3. PLAN RATE DEVELOPMENT

Table 10 is populated with plan information consistent with entries in the 2024 URRT. Plan mappings, where applicable, are illustrated in Column F of Table 10.

Attached to this actuarial memorandum are exhibits providing actuarial certifications for the use of alternate methods of calculating the Actuarial Value, where applicable, as well as required support for the calculations.

The factor “AV and Cost Sharing Design of Plan” in Worksheet 2 of the URRT is the product of the Pricing AV, the Non-Funding of CSR Adjustment, and the Benefit Richness Factors from the Actuarial Memo Rate Exhibit. Again, please note that the URRT requires factors to be rounded to four decimal places, resulting in small differences.

4. PLAN PREMIUM DEVELOPMENT FOR 21-YEAR OLD NON-TOBACCO USER

Table 11 is populated from other sections of the Rate Exhibits, along with the population by age and rating area for the Projection Period.

5. PLAN FACTORS

Tables 12, 13, and 14 illustrate the factors used in pricing for age, tobacco, geographic rating area, and network. The tobacco factors match the previously approved tobacco factors from the 2023 filing.

6. ACTUARIAL CERTIFICATION

I, [REDACTED], am Director & Actuary of Commercial Markets for the Independence Blue Cross Family of Companies. I am a member of the Society of Actuaries and the American Academy of Actuaries with the education and experience necessary to perform the work necessary and meet the Qualification Standards of the American Academy of Actuaries to render the qualified actuarial opinion contained herein. The developed rates and memorandum have been prepared in conformity with appropriate Actuarial Standards of Practice and the Academy’s Code of Professional Conduct.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the premium rates and allowable rating factors. Rather, it represents information required by Federal regulation to be provided in support of the review of gross premium 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.

I hereby certify that, to the best of my knowledge and judgment, the following:

- The projected index rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.08(d)(1) and 147.106);
 - Developed in compliance with applicable Actuarial Standards of Practice;
 - Reasonable in relation to the benefits provided and the population anticipated to be covered; and
 - Neither excessive nor deficient.
- 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 percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values illustrated in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. If an alternate methodology was used to calculate the AV Metal Value for at least one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.
- All factor, benefit, and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2024 Rate Filing Justification.

May 17, 2023

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Center Name:	Keystone Health Plan East
Product:	MMO
Market Segment:	Individual
Rate Effective Date:	1/1/2024
Base Period Start Date:	1/1/2022
Date of Most Recent Membership:	2/1/2021

to 12/31/2024
to 12/31/2022

Table 1. Number of Members

Experience Period	Member-months	Members	Member-months
	Current Period (Jan 01, 2021)	Current Period (Jan 01, 2021)	Projected Rating Period
Average Age	42.3	42.1	42.1
Total	1,346,764	118,897	1,426,764
<18	124,364	10,918	131,016
18-24	31,810	3,037	36,444
25-29	103,508	6,653	114,636
30-34	115,909	10,705	124,472
35-39	135,101	10,413	145,796
40-44	111,086	10,424	121,088
45-49	148,735	10,241	161,892
50-54	143,416	12,402	148,008
55-59	125,817	10,000	130,000
60-63	125,208	13,000	139,400
64+	88,859	6,136	71,632

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
\$5,549,733.91	\$56,539,895.04	\$53,295,958.14	1,346,764	\$5,310,798.96	\$46,006,757.39	\$	\$	\$25,704,407.04	\$	\$17,152.37	\$
Experience Period Total Allowed EHB Claims + EHB Capitation (PMPM) (net of prescription drug rebates)											\$31,70,844.63
Loss Ratio											78.58%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.11%	4.80%	0.00%	12.26%	18.55%
Outpatient Hospital	4.11%	4.80%	0.00%	11.42%	20.81%
Professional	2.89%	4.80%	0.00%	9.88%	24.88%
Other Medical	2.89%	4.80%	0.00%	9.88%	10.00%
Capitation				0.00%	13.10%
Prescription Drugs	-0.75%	6.80%	0.00%	5.76%	22.51%
Total Annual Trend				8.78%	100.00%
Months of Trend					
Total Applied Trend Projection Factor				1.183	

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

** Should equal UBRF Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factor*	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-19	\$	47,317,070.21	1.0000	47,317,070.21	141,284	\$336.38	\$	(\$1,371,260.81)	47,185,809.40	\$335.59
Feb-19	\$	47,487,432.52	1.0000	47,487,432.52	131,648	\$357.91	\$	(\$1,205,316.17)	46,282,116.35	\$353.51
Mar-19	\$	48,344,731.84	1.0000	48,344,731.84	114,074	\$423.15	\$	(\$1,308,713.15)	47,036,018.69	\$382.24
Apr-19	\$	46,696,582.50	1.0000	46,696,582.50	130,563	\$357.65	\$	(\$1,360,041.84)	45,336,540.66	\$353.30
May-19	\$	44,507,027.03	1.0000	44,507,027.03	128,981	\$345.03	\$	(\$1,366,986.21)	43,140,040.82	\$302.29
Jun-19	\$	44,046,414.94	1.0000	44,046,414.94	127,656	\$352.37	\$	(\$1,274,811.63)	42,771,603.31	\$302.63
Jul-19	\$	45,610,162.32	1.0000	45,610,162.32	125,093	\$364.16	\$	(\$1,389,248.38)	44,220,913.94	\$311.27
Aug-19	\$	44,800,016.61	1.0000	44,800,016.61	123,881	\$364.63	\$	(\$1,354,193.86)	43,445,822.75	\$306.81
Sep-19	\$	43,099,499.52	1.0000	43,099,499.52	122,399	\$348.95	\$	(\$1,155,394.82)	41,944,104.70	\$302.87
Oct-19	\$	40,518,023.09	1.0000	40,518,023.09	120,866	\$340.36	\$	(\$1,478,648.38)	39,039,374.71	\$286.65
Nov-19	\$	43,521,416.30	1.0000	43,521,416.30	119,797	\$362.39	\$	(\$1,381,854.68)	42,139,561.62	\$307.61
Dec-19	\$	43,570,835.71	1.0000	43,570,835.71	117,666	\$370.29	\$	(\$1,465,688.07)	42,105,147.64	\$313.80
Jan-20	\$	43,703,856.03	1.0000	43,703,856.03	116,961	\$374.94	\$	(\$1,272,756.15)	42,431,099.88	\$316.90
Feb-20	\$	37,390,884.50	1.0000	37,390,884.50	112,043	\$333.72	\$	(\$1,145,458.18)	36,245,426.32	\$303.61
Mar-20	\$	34,848,968.38	1.0000	34,848,968.38	110,916	\$312.51	\$	(\$1,114,610.17)	33,734,358.21	\$282.41
Apr-20	\$	33,461,171.11	1.0000	33,461,171.11	110,267	\$298.95	\$	(\$1,072,031.16)	32,389,139.95	\$270.21
May-20	\$	32,884,549.87	1.0000	32,884,549.87	110,282	\$299.00	\$	(\$1,412,150.71)	31,472,399.16	\$281.21
Jun-20	\$	38,486,984.82	1.0000	38,486,984.82	109,194	\$352.45	\$	(\$1,178,142.22)	37,308,842.60	\$319.24
Jul-20	\$	41,322,632.71	1.0000	41,322,632.71	108,425	\$380.42	\$	(\$1,652,736.22)	39,669,896.49	\$358.89
Aug-20	\$	41,791,304.81	1.0000	41,791,304.81	107,804	\$387.25	\$	(\$1,631,212.22)	40,160,092.59	\$313.38
Sep-20	\$	40,362,306.47	1.0000	40,362,306.47	107,164	\$369.35	\$	(\$1,007,687.21)	39,354,619.26	\$327.03
Oct-20	\$	44,360,007.16	1.0000	44,360,007.16	106,172	\$417.82	\$	(\$1,841,481.38)	42,518,525.78	\$444.80
Nov-20	\$	43,468,833.61	1.0000	43,468,833.61	106,503	\$415.96	\$	(\$1,781,160.22)	41,687,673.39	\$409.30
Dec-20	\$	45,202,796.09	1.0000	45,202,796.09	102,616	\$440.50	\$	(\$1,712,851.38)	43,489,944.71	\$464.03
Jan-21	\$	38,865,202.21	1.0000	38,865,202.21	108,076	\$356.61	\$	(\$1,211,968.05)	37,653,234.16	\$308.23
Feb-21	\$	38,078,487.17	1.0000	38,078,487.17	111,005	\$342.93	\$	(\$1,266,486.18)	36,812,000.99	\$311.80
Mar-21	\$	40,889,141.53	1.0000	40,889,141.53	110,252	\$369.60	\$	(\$1,764,981.54)	39,124,159.99	\$360.63
Apr-21	\$	46,799,534.81	1.0000	46,799,534.81	110,338	\$424.05	\$	(\$1,155,520.17)	45,644,014.64	\$401.23
May-21	\$	44,782,006.86	1.0000	44,782,006.86	111,807	\$398.08	\$	(\$1,161,105.09)	43,620,901.77	\$341.24
Jun-21	\$	46,478,187.24	1.0000	46,478,187.24	112,036	\$416.27	\$	(\$1,205,000.00)	45,273,187.24	\$366.21
Jul-21	\$	46,845,164.15	1.0000	46,845,164.15	113,066	\$412.39	\$	(\$1,315,999.69)	45,529,164.46	\$356.23
Aug-21	\$	50,200,618.52	1.0000	50,200,618.52	114,873	\$441.35	\$	(\$1,384,419.24)	48,816,199.28	\$443.40
Sep-21	\$	51,552,010.12	1.0000	51,552,010.12	115,555	\$446.13	\$	(\$1,200,200.00)	50,351,810.12	\$444.69
Oct-21	\$	51,415,567.91	1.0000	51,415,567.91	115,048	\$447.08	\$	(\$1,666,996.84)	49,748,571.07	\$465.84
Nov-21	\$	52,424,022.32	1.0000	52,424,022.32	114,018	\$459.71	\$	(\$1,407,894.93)	51,016,127.39	\$475.89
Dec-21	\$	54,766,661.08	1.0000	54,766,661.08	114,222	\$480.36	\$	(\$1,364,406.18)	53,402,254.90	\$496.64
Jan-22	\$	47,881,024.96	1.0000	47,881,024.96	115,587	\$414.07	\$	(\$1,244,654.13)	46,636,370.83	\$411.20
Feb-22	\$	47,513,554.87	0.9991	47,513,554.87	117,021	\$403.82	\$	(\$1,006,297.00)	46,507,257.87	\$398.45
Mar-22	\$	48,173,148.35	0.9981	48,173,148.35	115,580	\$426.14	\$	(\$1,044,996.17)	47,128,152.18	\$408.11
Apr-22	\$	49,272,175.98	0.9975	49,272,175.98	114,119	\$430.88	\$	(\$1,154,664.00)	48,117,511.98	\$430.21
May-22	\$	49,029,801.12	0.9992	49,029,801.12	113,131	\$408.07	\$	(\$1,051,487.41)	47,978,313.71	\$411.48
Jun-22	\$	47,122,861.55	0.9981	47,122,861.55	112,371	\$424.11	\$	(\$1,120,264.10)	46,002,597.45	\$409.17
Jul-22	\$	49,511,672.83	0.9956	49,511,672.83	111,511	\$439.49	\$	(\$1,005,168.79)	48,506,504.04	\$429.50
Aug-22	\$	47,132,125.36	0.9918	47,132,125.36	111,426	\$426.96	\$	(\$1,874,062.18)	45,258,063.18	\$406.87
Sep-22	\$	46,344,890.81	0.9885	46,344,890.81	110,805	\$421.36	\$	(\$1,049,527.21)	45,295,363.60	\$422.21
Oct-22	\$	48,728,684.14	0.9881	48,728,684.14	110,000	\$443.39	\$	(\$1,015,786.44)	47,712,897.70	\$429.01
Nov-22	\$	46,462,888.64	0.9778	46,462,888.64	110,012	\$427.36	\$	(\$1,873,833.00)	44,589,055.64	\$443.20
Dec-22	\$	48,768,014.71	0.9621	48,768,014.71	107,476	\$423.29	\$	(\$1,862,969.21)	46,905,045.50	\$439.10

*Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

Carrier Name: Keystone Health Plan East
 Product(s): HMO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024

Table 2b. Manual Experience Period Claims and Premiums

Year	Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & Split)	Allowed Claims (Non-Capitated)	Non-EMV portion of Allowed Claims	Total Prescription Drug Rebates*	Total EMV Capitation	Total Non-EMV Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
2023	1,252,427.81	654,434.81	632,247.18	1,285,103	62,905,691.03	975,231,100.47		127,014,107.09	113,443,180.41	295,654.21	11,016,811.39	49,007,029.22
Experience Period Total	Allowed EMV Claims + EMV Capitation PMPM (net of prescription drug rebates)											77.53
Loss Ratio												75.25

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient/Hospital	5.11%	8.00%	0.00%	13.26%	18.59%
Outpatient/Procedure	4.31%	8.00%	0.00%	11.82%	20.83%
Professional	4.80%	8.00%	0.00%	9.80%	24.88%
Other Medical	3.89%	8.00%	0.00%	9.80%	5.00%
Capitation				3.92%	13.13%
Prescription Drugs	4.97%	8.00%	0.00%	5.78%	22.54%
Total Annual Trend				8.26%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.88	

*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 + Split)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jul-10	1,000.00	65,389,739.08	1.0000	65,389,739.08	185,248	352.93		1,813,551.91	63,576,187.17	452.84
Aug-10	1,000.00	65,245,053.88	1.0000	65,245,053.88	174,901	372.45		1,825,135.35	63,419,918.53	422.31
Sep-10	1,000.00	65,441,764.45	1.0000	65,441,764.45	172,399	385.29		1,799,853.10	63,641,911.35	465.42
Oct-10	1,000.00	68,059,818.77	1.0000	68,059,818.77	178,550	381.95		1,880,730.85	66,179,087.92	473.75
Nov-10	1,000.00	65,796,913.54	1.0000	65,796,913.54	189,379	347.95		1,897,526.06	63,899,387.48	462.60
Dec-10	1,000.00	63,914,521.07	1.0000	63,914,521.07	188,381	338.91		1,773,681.00	62,140,840.07	456.02
Jan-11	1,000.00	66,075,215.87	1.0000	66,075,215.87	183,970	359.58		1,910,851.38	64,164,364.49	468.50
Feb-11	1,000.00	64,421,805.32	1.0000	64,421,805.32	181,801	357.24		1,888,099.01	62,533,706.31	455.04
Mar-11	1,000.00	60,889,728.83	1.0000	60,889,728.83	189,969	320.64		1,835,172.42	59,054,556.41	435.39
Apr-11	1,000.00	70,569,555.16	1.0000	70,569,555.16	183,361	385.19		2,010,870.11	68,558,685.05	506.54
May-11	1,000.00	62,434,854.97	1.0000	62,434,854.97	189,881	329.81		1,928,821.45	60,506,033.52	467.24
Jun-11	1,000.00	68,254,381.18	1.0000	68,254,381.18	183,811	371.74		2,040,486.03	66,213,895.15	484.20
Jul-11	1,000.00	65,572,799.00	1.0000	65,572,799.00	192,551	339.84	137,633,107.06	1,715,115.48	63,857,683.52	466.13
Aug-11	1,000.00	56,129,914.34	1.0000	56,129,914.34	182,226	307.69		1,644,200.08	54,485,714.26	426.51
Sep-11	1,000.00	52,382,927.18	1.0000	52,382,927.18	183,591	285.74		1,613,914.21	50,769,012.97	403.68
Oct-11	1,000.00	47,998,694.64	1.0000	47,998,694.64	188,728	253.57		1,492,972.88	46,505,721.76	382.84
Nov-11	1,000.00	49,085,997.30	1.0000	49,085,997.30	185,621	264.23		1,510,120.91	47,575,876.39	385.36
Dec-11	1,000.00	47,696,158.17	1.0000	47,696,158.17	189,291	251.81		1,478,365.41	46,217,792.76	378.39
Jan-12	1,000.00	41,189,249.24	1.0000	41,189,249.24	187,511	214.85		1,228,424.90	40,000,824.34	355.08
Feb-12	1,000.00	61,087,674.79	1.0000	61,087,674.79	185,741	329.28		1,520,289.71	59,567,385.08	453.74
Mar-12	1,000.00	63,337,676.72	1.0000	63,337,676.72	188,811	335.59		1,568,717.00	61,768,959.72	474.25
Apr-12	1,000.00	66,397,404.60	1.0000	66,397,404.60	184,451	359.81		1,647,724.58	64,749,680.02	497.98
May-12	1,000.00	65,009,711.17	1.0000	65,009,711.17	182,921	355.05		1,648,438.89	63,361,272.28	489.65
Jun-12	1,000.00	67,873,185.23	1.0000	67,873,185.23	189,726	357.92	149,519,098.63	1,849,892.44	65,023,292.79	512.60
Jul-12	1,000.00	65,606,291.83	1.0000	65,606,291.83	188,448	347.84		1,812,020.89	63,794,270.94	474.44
Aug-12	1,000.00	54,806,468.81	1.0000	54,806,468.81	182,680	300.96		1,528,149.47	53,278,319.34	422.12
Sep-12	1,000.00	71,754,704.41	1.0000	71,754,704.41	181,080	396.04		1,911,235.13	69,843,469.28	548.32
Oct-12	1,000.00	68,143,882.41	1.0000	68,143,882.41	181,931	374.51		1,788,259.44	66,355,622.97	506.31
Nov-12	1,000.00	65,189,920.17	1.0000	65,189,920.17	182,722	356.93		1,817,521.20	63,372,398.97	474.01
Dec-12	1,000.00	68,710,918.28	1.0000	68,710,918.28	183,646	374.66		1,813,210.91	66,897,707.37	509.21
Jan-13	1,000.00	67,650,477.52	1.0000	67,650,477.52	184,911	366.20		1,808,221.27	65,842,256.25	477.88
Feb-13	1,000.00	71,596,120.11	1.0000	71,596,120.11	186,221	379.04		1,869,318.17	69,726,801.94	515.18
Mar-13	1,000.00	74,264,736.44	1.0000	74,264,736.44	187,288	393.81		1,918,999.81	72,345,736.63	550.87
Apr-13	1,000.00	75,848,290.10	1.0000	75,848,290.10	186,588	404.99		1,937,747.12	73,910,542.98	516.72
May-13	1,000.00	73,681,862.14	1.0000	73,681,862.14	185,429	399.21		1,828,020.71	71,853,841.43	528.84
Jun-13	1,000.00	76,508,868.68	1.0000	76,508,868.68	183,971	416.90	157,874,347.81	1,818,931.89	74,689,936.79	520.84
Jul-13	1,000.00	81,875,412.22	1.0000	81,875,412.22	184,040	445.68		2,022,190.70	79,853,221.52	472.66
Aug-13	0.9979	69,566,475.46	0.9979	69,294,362.86	183,261	401.46		1,795,581.01	71,088,943.87	461.69
Sep-13	0.9977	70,683,887.76	0.9977	70,083,754.01	183,331	402.20		1,814,506.78	68,269,247.23	528.05
Oct-13	0.9988	67,480,622.69	0.9988	67,233,538.01	183,421	445.58		1,740,160.61	65,493,377.40	493.89
Nov-13	0.9984	69,480,427.06	0.9984	69,060,386.24	184,891	464.84		1,812,400.47	70,872,786.71	508.84
Dec-13	0.9948	69,731,680.40	0.9948	69,098,536.90	184,720	471.32		1,838,255.70	70,936,792.60	512.67
Jan-14	0.9913	66,779,052.13	0.9913	66,296,937.86	181,781	400.90		1,764,184.25	71,451,122.11	482.87
Feb-14	0.9913	68,714,263.38	0.9913	68,303,038.11	187,240	423.68		1,827,383.84	74,128,651.26	507.64
Mar-14	0.9873	67,877,346.17	0.9873	67,084,395.21	184,391	425.11		1,788,381.38	71,306,013.83	500.75
Apr-14	0.9924	66,493,395.24	0.9924	65,968,507.44	184,244	465.81		1,730,448.22	71,414,055.22	491.50
May-14	0.9710	67,417,894.93	0.9710	65,225,163.36	183,088	480.79		1,728,147.75	71,007,015.61	507.00
Jun-14	0.9614	66,496,188.17	0.9614	63,098,434.88	184,081	484.81	162,300,093.00	1,718,964.61	71,817,400.49	510.11

*Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

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

Carrier Name: **Keystone Health Plan East**
 Product(s): **HMO**
 Market Segment: **Individual**
 Rate Effective Date: **1/1/2024**
 Incurred Dates: **1/1/2022 to 12/31/2022**

Attachment Point: **\$60,000**
 Reinsurance Cap: **\$100,000**
 Coinsurance Rate: **50%**
 Proj. Incurred Claim Impact: **-4.1%**

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2022 to 12/31/2022					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999	180,849	1,723,890	\$439,106,099	\$439,106,099
\$30,000	\$34,999	774	8,341	\$25,065,010	\$25,065,010
\$35,000	\$39,999	631	6,862	\$23,622,059	\$23,622,059
\$40,000	\$44,999	469	5,270	\$19,895,900	\$19,895,900
\$45,000	\$49,999	394	4,447	\$18,760,386	\$18,760,386
\$50,000	\$54,999	303	3,327	\$15,871,543	\$15,871,543
\$55,000	\$59,999	268	2,993	\$15,397,898	\$15,397,898
\$60,000	\$64,999	235	2,660	\$14,684,799	\$14,392,400
\$65,000	\$69,999	225	2,501	\$15,196,232	\$14,348,116
\$70,000	\$74,999	208	2,352	\$15,081,808	\$13,780,904
\$75,000	\$79,999	178	1,969	\$13,783,749	\$12,231,875
\$80,000	\$84,999	168	1,920	\$13,819,393	\$11,949,697
\$85,000	\$89,999	141	1,537	\$12,346,861	\$10,403,430
\$90,000	\$94,999	110	1,204	\$10,170,367	\$8,385,184
\$95,000	\$99,999	124	1,418	\$12,068,312	\$9,754,156
\$100,000	\$109,999	146	1,622	\$15,309,346	\$12,389,346
\$110,000	\$119,999	141	1,536	\$16,217,275	\$13,397,275
\$120,000	\$129,999	122	1,347	\$15,220,692	\$12,780,692
\$130,000	\$139,999	88	966	\$11,821,379	\$10,061,379
\$140,000	\$149,999	87	956	\$12,590,982	\$10,850,982
\$150,000	\$159,999	66	740	\$10,228,166	\$8,908,166
\$160,000	\$169,999	70	777	\$11,570,312	\$10,170,312
\$170,000	\$179,999	55	638	\$9,618,945	\$8,518,945
\$180,000	\$189,999	60	659	\$11,077,584	\$9,877,584
\$190,000	\$199,999	45	477	\$8,759,355	\$7,859,355
\$200,000	\$209,999	34	390	\$6,978,624	\$6,298,624
\$210,000	\$219,999	45	506	\$9,686,157	\$8,786,157
\$220,000	\$229,999	44	493	\$9,916,755	\$9,036,755
\$230,000	\$239,999	28	304	\$6,598,803	\$6,038,803
\$240,000	\$249,999	28	322	\$6,837,705	\$6,277,705
\$250,000	\$259,999	22	237	\$5,594,639	\$5,154,639
\$260,000	\$269,999	20	231	\$5,285,312	\$4,885,312
\$270,000	\$279,999	26	305	\$7,149,603	\$6,629,603
\$280,000	\$289,999	15	167	\$4,277,472	\$3,977,472
\$290,000	\$299,999	10	107	\$2,931,399	\$2,731,399
\$300,000	\$324,999	26	297	\$8,054,140	\$7,534,140
\$325,000	\$349,999	25	277	\$8,427,848	\$7,927,848
\$350,000	\$374,999	18	200	\$6,563,718	\$6,203,718
\$375,000	\$399,999	20	225	\$7,798,976	\$7,398,976
\$400,000	\$424,999	12	138	\$4,962,632	\$4,722,632
\$425,000	\$449,999	8	95	\$3,508,075	\$3,348,075
\$450,000	\$474,999	10	99	\$4,643,598	\$4,443,598
\$475,000	\$499,999	9	98	\$4,407,822	\$4,227,822
\$500,000	\$599,999	14	150	\$7,740,811	\$7,460,811
\$600,000	\$699,999	10	109	\$6,634,340	\$6,434,340
\$700,000	\$799,999	10	119	\$7,409,383	\$7,209,383
\$800,000	\$899,999	5	60	\$4,208,435	\$4,108,435
\$900,000	\$999,999	7	84	\$6,691,847	\$6,551,847
\$1,000,000+		10	117	\$13,393,091	\$13,193,091
Total		186,413	1,785,539	\$946,985,638	\$908,359,877

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

Carrier Name: **Keystone Health Plan East**
 Product(s): **HMO**
 Market Segment: **Individual**
 Rate Effective Date: **1/1/2024**

Attachment Point: **\$60,000**
 Reinsurance Cap: **\$100,000**
 Coinsurance Rate: **50%**

Proj. Incurred Claim Impact: **-4.3%**
 Proj. Morbidity Impact: **0.0%**

Reinsurance Program Impact Continuance Table Development - Plan Year 2024					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999	179,624	1,710,219	\$509,843,448	\$509,843,448
\$30,000	\$34,999	899	10,050	\$29,128,295	\$29,128,295
\$35,000	\$39,999	651	7,107	\$24,441,688	\$24,441,688
\$40,000	\$44,999	547	5,925	\$23,199,969	\$23,199,969
\$45,000	\$49,999	510	5,538	\$24,122,452	\$24,122,452
\$50,000	\$54,999	387	4,331	\$20,263,088	\$20,263,088
\$55,000	\$59,999	314	3,553	\$18,020,231	\$18,020,231
\$60,000	\$64,999	305	3,423	\$19,002,468	\$18,651,234
\$65,000	\$69,999	230	2,482	\$15,530,484	\$14,665,242
\$70,000	\$74,999	207	2,354	\$14,998,861	\$13,709,430
\$75,000	\$79,999	186	2,099	\$14,381,131	\$12,770,566
\$80,000	\$84,999	178	1,973	\$14,656,519	\$12,668,260
\$85,000	\$89,999	178	2,020	\$15,542,109	\$13,111,054
\$90,000	\$94,999	169	1,900	\$15,614,181	\$12,877,091
\$95,000	\$99,999	137	1,508	\$13,347,893	\$10,783,947
\$100,000	\$109,999	251	2,813	\$26,220,847	\$21,200,847
\$110,000	\$119,999	198	2,180	\$22,713,636	\$18,753,636
\$120,000	\$129,999	154	1,723	\$19,110,062	\$16,030,062
\$130,000	\$139,999	120	1,339	\$16,140,530	\$13,740,530
\$140,000	\$149,999	119	1,312	\$17,282,551	\$14,902,551
\$150,000	\$159,999	101	1,134	\$15,700,348	\$13,680,348
\$160,000	\$169,999	75	813	\$12,357,258	\$10,857,258
\$170,000	\$179,999	71	764	\$12,459,373	\$11,039,373
\$180,000	\$189,999	64	719	\$11,847,370	\$10,567,370
\$190,000	\$199,999	48	541	\$9,379,366	\$8,419,366
\$200,000	\$209,999	57	619	\$11,714,137	\$10,574,137
\$210,000	\$219,999	48	552	\$10,325,330	\$9,365,330
\$220,000	\$229,999	46	520	\$10,353,789	\$9,433,789
\$230,000	\$239,999	49	535	\$11,516,501	\$10,536,501
\$240,000	\$249,999	33	351	\$8,105,648	\$7,445,648
\$250,000	\$259,999	25	283	\$6,380,930	\$5,880,930
\$260,000	\$269,999	34	377	\$9,029,102	\$8,349,102
\$270,000	\$279,999	37	431	\$10,198,630	\$9,458,630
\$280,000	\$289,999	32	355	\$9,141,599	\$8,501,599
\$290,000	\$299,999	20	217	\$5,918,377	\$5,518,377
\$300,000	\$324,999	51	569	\$15,821,090	\$14,801,090
\$325,000	\$349,999	45	520	\$15,172,912	\$14,272,912
\$350,000	\$374,999	29	322	\$10,445,129	\$9,865,129
\$375,000	\$399,999	25	285	\$9,698,408	\$9,198,408
\$400,000	\$424,999	16	185	\$6,656,016	\$6,336,016
\$425,000	\$449,999	15	164	\$6,551,257	\$6,251,257
\$450,000	\$474,999	14	152	\$6,477,642	\$6,197,642
\$475,000	\$499,999	16	177	\$7,806,447	\$7,486,447
\$500,000	\$599,999	33	368	\$17,952,384	\$17,292,384
\$600,000	\$699,999	16	177	\$10,159,597	\$9,839,597
\$700,000	\$799,999	9	95	\$6,636,295	\$6,456,295
\$800,000	\$899,999	9	96	\$7,655,134	\$7,475,134
\$900,000	\$999,999	9	108	\$8,404,666	\$8,224,666
\$1,000,000+		22	261	\$30,473,607	\$30,033,607
Total		186,413	1,785,539	\$1,187,898,784	\$1,136,241,961

**PA Rate Template Part II
Rate Development and Change**

Center Name: **Providence Health Plan East**
 Product(s): **HMO**
 Market Segment: **Individual**
 Rate Effective Date: **1/1/2024**

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

Development of the Projected Index Rate	Actual Experience DOB	Manual Date
Total Allowed EIB Claims + EIB Cancellations PMPM (net of prescription drug rebates) PMPM	\$ 131.35	\$ 131.81
Five year trend projection factor	\$ 1.83	\$ 1.81
Unadjusted Projected Allowed EIB Claims PMPM	\$ 629.00	\$ 677.46
Market-Adjusted Allowance Factors		
Change in Mortality - Impact of Reinsurance Program	1.000	1.000
Change in Mortality - All Other	1.000	1.000
Total Non-Mortality Changes	0.999	0.999
Change in Demographics	0.999	0.991
Change in Network	1.000	0.971
Change in Benefits	1.000	1.000
Change in Other	1.000	1.000
Total Adjusted Projected Allowed EIB Claims PMPM	\$ 625.23	\$ 586.42
Credit/Debit Factors	0%	100%
Revised Projected EIB Claims PMPM		\$ 586.42
Development of the Market-Adjusted Index Rate and Total Allowed Claims		
Adjusted Projected Allowed EIB Claims PMPM	\$ 586.42	Index Rate for Projection Period on UMRT
Projected Pool to Allowed Ratio	0.751	
Projected Incurred EIB Claims PMPM	\$ 440.33	
Market-Adjusted Allowance		
Projected Incurred Risk Adjustment PMPM	\$ 512.24	
Projected Incurred Exchange User Fee PMPM	\$ 23.44	
Projected Incurred Reinsurance Reserves PMPM	\$ 532.24	
Market-Adjusted Projected Incurred EIB Claims PMPM	\$ 464.62	
Market-Adjusted Projected Allowed EIB Claims PMPM	\$ 582.35	Market-Adjusted Index Rate
Projected Allowed Non-EIB Claims PMPM	\$ 0.24	
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 464.70	
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 582.49	

* Actual Experience PMPM should be consistent with the Index Rate for Experience Period on UMRT

For Informational Purposes only - No input required.

Blended Base Period Unallocated Claims before Normalization	\$ 132.32	= Index Rate of Experience Period on UMRT
Blended Earned Premium	\$ 1,042,208,735.81	
Blended Loss Ratio	79.92%	

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

Effective Date	1/1/2024	4/1/2024	7/1/2024	10/1/2024	Total Strike Risk Ratio
# of Member Months Remaining in Quarter	3	3	3	3	12
Adjusted Projected Allowed EIB Claims PMPM	\$ 186.42	\$ 186.42	\$ 186.42	\$ 186.42	\$ 186.42
Months of Trend	3	3	3	3	12
Annual Trend	0.75%	0.75%	0.75%	0.75%	0.75%
Single Risk Pool Projected Allowed Claims	\$ 186.42	\$ 198.89	\$ 211.62	\$ 224.62	\$ -
Quarterly Trend Factor	1.000	1.000	1.000	1.000	0.999

Table 6. Retention

Retention Items - Expts in percentage	Percentage	PMPM Amounts
Administrative Expenses	11.37%	\$72.77
General and Claims	11.37%	\$72.77
Agent/Broker Fee and Commissions	0.36%	\$2.34
Quality Improvement Initiatives	0.36%	\$2.34
Taxes and Fees	0.04%	\$0.23
Risk Adjustment User Fee	0.04%	\$0.23
PCRM Fee	0.04%	\$0.23
PA Payment & Other Taxes (if applicable)	0.00%	\$0.00
Federal Income Tax	0.03%	\$1.92
Health Insurance Provider Fee (Prorated for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	2.00%	\$12.63
Total Retention	16.51%	\$98.45
Projected Required Reserve PMPM		\$ 333.34

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2023	2024
Average Age Factor	1.000	1.000
Average Geographic Factor	1.000	1.000
Average Tobacco Status	1.000	1.000
Average Benefit Richness (Indicated demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 618.42	\$ 592.49
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 305.59	\$ 348.50

Table 8. Components of Rate Change

Rate Components	2023	2024	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 309.82	\$ 309.95	\$ 0.13	0.04%
B. Base period allowed claims before normalization	\$ 569.83	\$ 572.32	\$ 2.50	0.4%
C. Normalization factor component of change	\$ (239.42)	\$ (239.63)	\$ (0.21)	-0.1%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 330.23	\$ 322.88	\$ (7.35)	-2.2%
D2. UMRT Trend	\$ 17.13	\$ 16.42	\$ (0.71)	-4.1%
D3. UMRT Mortality	\$ -	\$ -	\$ -	0.0%
D4. UMRT Other	\$ (12.73)	\$ (12.96)	\$ (0.23)	-1.8%
D5. Normalized UMRT Risk Adjustment on an allowed basis	\$ 6.68	\$ 7.46	\$ 0.78	11.7%
D6. Normalized Exchange User Fee on an allowed basis	\$ 9.59	\$ 10.42	\$ 0.84	8.7%
D7. Normalized Reinsurance Reserves on an allowed basis	\$ (23.55)	\$ (24.65)	\$ (1.10)	-4.7%
D8. Subtotal - Sum(D1-D7)	\$ 85.31	\$ 84.42	\$ (0.89)	-1.0%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ 0.00	\$ -	\$ (0.00)	0.0%
E2. Pricing AV	\$ (79.23)	\$ (85.91)	\$ (6.68)	-8.4%
E3. Benefit Richness	\$ (0.00)	\$ 0.00	\$ 0.00	0.0%
E4. Geographic Eligibility	\$ -	\$ -	\$ -	0.0%
E5. Subtotal - Sum(E1-E4)	\$ (79.23)	\$ (85.91)	\$ (6.68)	-8.4%
F. Change in Reinsurance Components				
F1. Administrative Expenses	\$ 44.04	\$ 42.39	\$ (1.64)	-3.7%
F2. Taxes and Fees	\$ 1.95	\$ 1.90	\$ (0.05)	-2.6%
F3. Profit and/or Contingency	\$ 6.41	\$ 6.39	\$ (0.02)	-0.3%
F4. Subtotal - Sum(F1-F3)	\$ 52.40	\$ 50.68	\$ (1.72)	-3.3%
G. Change in Miscellaneous Items	\$ -	\$ -	\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 328.66	\$ 328.59	\$ (0.07)	-0.0%

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

	2023	2024
Field-to-Allowed	0.777	0.793
UMRT Trend (Total Applied Trend Factor)	1.174	1.183
UMRT Mortality	1.000	1.000
UMRT Other	0.916	0.906
Risk Adjustment	\$ 8.36	\$ 12.14
Exchange User Fee	\$ 12.85	\$ 13.45
Reinsurance Reserves	\$ (20.42)	\$ (21.54)
Capitation	\$ -	\$ -
Network	1.000	1.000
Pricing AV	0.777	0.793
Benefit Richness	1.000	1.000
Geographic Eligibility	1.000	1.000
Administrative Expenses	\$ 44.04	\$ 42.39
Taxes and Fees	\$ 1.95	\$ 1.90
Profit and/or Contingency	\$ 6.41	\$ 6.39

* For 2023 in cell B1, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CDR Adjuster

PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	-3.45%
Revised Requested Average Rate Change:	-3.45%
Minimum Requested Rate Change:	-6.21%
Maximum Requested Rate Change:	-2.34%
Mapped Members:	118,897
Available in Rating Areas:	Rating Area 8

Carrier Name: Keystone Health Plan East
 Product(s): WMO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024

Rating Area	Active Rating Areas	Count of Remaining Active Rating Areas	Text
1			1
2			1
3			1
4			1
5			1
6			1
7			1
8	8		1 8
9			0

Key Information

Jan. 2022	Dec. 2022 Financial Experience
Premium	\$ 740,878,938.01
Claims	\$ 621,814,027.49
Administrative Expenses	\$ 40,140,605.00
Taxes & Fees	\$ 69,617,208.00
Company Made After Taxes	\$ 9,307,097.53

How It Plans to Spend Your Premium

This is how the company plans to spend the premium it collects in 2024:

Claims:	85%
Administrative Expenses:	11%
Taxes & Fees:	3%
Profit:	2%

The company expects its annual medical costs to increase: **8.78%**

Explanation of requested rate change: **Premium rates for health care insurance are increasing** as the cost of health care service rise.

Company Name: **Keystone Health Plan East, Inc.**
 Market: **Individual**
 Product: **HMO**
 Effective Date of Rates: **January 1, 2024**

Ending date of Rates: **December 31, 2024**

HIOS Plan ID (On Exchange) =>	33871PA0040002	33871PA0040005	33871PA0040006	33871PA0040010	33871PA0040013	33871PA0040014	33871PA0040015	33871PA0040017	33871PA0040018	33871PA0120002	33871PA0120004	33871PA0120005	33871PA0120007	33871PA0120008
Plan Marketing Name =>	Keystone HMO Gold		Keystone HMO Silver	Keystone HMO Silver Proactive	Keystone HMO Silver Proactive LT	Keystone HMO Silver Classic	Keystone HMO Silver Bronze	Keystone HMO Silver Basic	Keystone HMO Silver Proactive Bk	Keystone HMO Gold	Keystone HMO Gold Proactive	Keystone HMO Gold Proactive LT	Keystone HMO Silver Proactive	Keystone HMO Silver Proactive LT
Form # =>	KE 650 ND FC EXC-ON Rev. 1.24E		650 ND FTC EXC-ON Rev. 1.24E	650 ND FTDED EXC-ON Rev. 1.85E	650 ND FTDED LT EXC-ON Rev. 1.85E	650 ND FTDED EXC-ON Rev. 1.85E	650 ND FTDED EXC-ON Rev. 1.85E	650 ND FTDED EXC-ON Rev. 1.85E	650 ND FTDED LT EXC-ON Rev. 1.85E	650 ND FTDED LT EXC-ON Rev. 1.85E	650 ND FTDED LT EXC-ON Rev. 1.85E	650 ND FTDED EXC-ON Rev. 1.24E	650 ND FTDED EXC-ON Rev. 1.24E	650 ND FTDED EXC-ON Rev. 1.24E
Network =>	KHPE Network		Proactive Network	Proactive Network	Proactive Network	KHPE Network	KHPE Network	KHPE Network	Proactive Network	Proactive Network	Proactive Network	KHPE Network	KHPE Network	Proactive Network
Rating Area =>	8		8	8	8	8	8	8	8	8	8	8	8	8
Metal =>	Gold		Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold	Gold
Deductible =>	\$0		\$0	\$0/\$6000/\$6000	\$2000/\$5000/\$6500	\$1,500	\$1,500	\$5,500	\$2500/\$7000/\$7000	\$500	\$5000/\$8000/\$8000	\$0	\$0	\$1500/\$6000/\$6000
Coinsurance =>	20%		0%/20%/30%	0%/5%/10%	0%/5%/10%	30%	50%	50%	0%/5%/10%	20%	20%	0%/5%/10%	0%/5%/10%	0%/5%/10%
Copays =>	\$35/\$65		\$15/\$40, \$30/\$60, \$45/\$80	\$0, \$70/\$140 no ded, \$80/\$150 no ded, \$60/\$120 no ded, \$70/\$51	\$35/\$80	\$75/\$150	\$35/\$80	\$0	no ded, \$60/\$120 no ded, \$70/\$51	\$40 no ded, \$80 no ded	\$75/\$150	\$35/\$65	\$75/\$150	\$15/\$40, \$30/\$60, \$45/\$80
ODP Maximum =>	\$8,000		\$9,450	\$9,450	\$9,450	\$9,000	\$9,450	\$8,500	\$9,450	\$8,000	\$9,450	\$8,000	\$9,450	\$9,450
Pediatric Dental (Yes/No) =>	Yes		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$354.84	\$354.84	\$324.00	\$324.00	\$273.69	\$273.69	\$270.74	\$270.74	\$315.11	\$315.11	\$167.43	\$167.43	\$253.98	\$253.98
15	\$398.38	\$398.38	\$352.80	\$352.80	\$298.02	\$298.02	\$294.81	\$294.81	\$343.12	\$343.12	\$182.21	\$182.21	\$276.56	\$276.56
16	\$398.44	\$398.44	\$363.81	\$363.81	\$307.33	\$307.33	\$304.01	\$304.01	\$353.83	\$353.83	\$188.00	\$188.00	\$285.19	\$285.19
17	\$410.50	\$410.50	\$374.82	\$374.82	\$316.63	\$316.63	\$313.21	\$313.21	\$364.54	\$364.54	\$193.69	\$193.69	\$293.82	\$293.82
18	\$423.49	\$423.49	\$386.68	\$386.68	\$326.64	\$326.64	\$323.12	\$323.12	\$376.07	\$376.07	\$199.82	\$199.82	\$303.12	\$303.12
19	\$436.47	\$436.47	\$398.54	\$398.54	\$336.66	\$336.66	\$333.03	\$333.03	\$387.61	\$387.61	\$205.95	\$205.95	\$312.41	\$312.41
20	\$449.92	\$449.92	\$410.82	\$410.82	\$347.04	\$347.04	\$343.39	\$343.39	\$399.55	\$399.55	\$212.29	\$212.29	\$322.04	\$322.04
21	\$463.84	\$463.84	\$423.53	\$423.53	\$357.77	\$357.77	\$354.09	\$354.09	\$411.91	\$411.91	\$218.86	\$218.86	\$332.00	\$332.00
22	\$463.84	\$463.84	\$423.53	\$423.53	\$357.77	\$357.77	\$354.09	\$354.09	\$411.91	\$411.91	\$218.86	\$218.86	\$332.00	\$332.00
23	\$463.84	\$463.84	\$423.53	\$423.53	\$357.77	\$357.77	\$354.09	\$354.09	\$411.91	\$411.91	\$218.86	\$218.86	\$332.00	\$332.00
24	\$463.84	\$463.84	\$423.53	\$423.53	\$357.77	\$357.77	\$354.09	\$354.09	\$411.91	\$411.91	\$218.86	\$218.86	\$332.00	\$332.00
25	\$465.70	\$465.70	\$425.22	\$425.22	\$359.20	\$359.20	\$355.33	\$355.33	\$399.74	\$399.74	\$219.74	\$219.74	\$333.33	\$333.33
26	\$474.97	\$474.97	\$433.69	\$433.69	\$366.36	\$366.36	\$362.44	\$362.44	\$412.15	\$412.15	\$223.13	\$223.13	\$337.99	\$337.99
27	\$486.10	\$486.10	\$443.86	\$443.86	\$374.94	\$374.94	\$370.90	\$370.90	\$421.81	\$421.81	\$229.37	\$229.37	\$347.94	\$347.94
28	\$504.19	\$504.19	\$457.92	\$457.92	\$383.80	\$383.80	\$379.74	\$379.74	\$432.79	\$432.79	\$241.75	\$241.75	\$357.91	\$357.91
29	\$519.04	\$519.04	\$473.03	\$473.03	\$393.37	\$393.37	\$389.20	\$389.20	\$445.53	\$445.53	\$249.30	\$249.30	\$368.03	\$368.03
30	\$526.46	\$526.46	\$480.67	\$480.67	\$399.83	\$399.83	\$395.66	\$395.66	\$457.18	\$457.18	\$254.91	\$254.91	\$378.99	\$378.99
31	\$537.59	\$537.59	\$488.87	\$488.87	\$406.77	\$406.77	\$402.60	\$402.60	\$467.12	\$467.12	\$260.95	\$260.95	\$389.63	\$389.63
32	\$548.72	\$548.72	\$498.75	\$498.75	\$414.66	\$414.66	\$410.49	\$410.49	\$477.40	\$477.40	\$267.45	\$267.45	\$399.64	\$399.64
33	\$555.68	\$555.68	\$501.04	\$501.04	\$422.34	\$422.34	\$418.17	\$418.17	\$487.94	\$487.94	\$272.57	\$272.57	\$409.88	\$409.88
34	\$563.10	\$563.10	\$507.39	\$507.39	\$429.61	\$429.61	\$425.44	\$425.44	\$498.18	\$498.18	\$278.29	\$278.29	\$419.99	\$419.99
35	\$570.52	\$570.52	\$513.74	\$513.74	\$436.88	\$436.88	\$432.71	\$432.71	\$508.42	\$508.42	\$283.99	\$283.99	\$429.99	\$429.99
36	\$577.94	\$577.94	\$520.19	\$520.19	\$444.15	\$444.15	\$439.98	\$439.98	\$518.66	\$518.66	\$289.69	\$289.69	\$439.99	\$439.99
37	\$584.73	\$584.73	\$526.64	\$526.64	\$451.42	\$451.42	\$447.25	\$447.25	\$528.90	\$528.90	\$295.39	\$295.39	\$449.99	\$449.99
38	\$592.15	\$592.15	\$533.09	\$533.09	\$458.69	\$458.69	\$454.52	\$454.52	\$539.14	\$539.14	\$301.09	\$301.09	\$459.99	\$459.99
39	\$599.57	\$599.57	\$539.54	\$539.54	\$465.96	\$465.96	\$461.79	\$461.79	\$549.38	\$549.38	\$306.79	\$306.79	\$469.99	\$469.99
40	\$607.00	\$607.00	\$546.00	\$546.00	\$473.23	\$473.23	\$469.06	\$469.06	\$559.62	\$559.62	\$312.49	\$312.49	\$479.99	\$479.99
41	\$614.42	\$614.42	\$552.45	\$552.45	\$480.49	\$480.49	\$476.32	\$476.32	\$569.86	\$569.86	\$318.19	\$318.19	\$489.99	\$489.99
42	\$621.85	\$621.85	\$558.90	\$558.90	\$487.76	\$487.76	\$483.59	\$483.59	\$580.10	\$580.10	\$323.89	\$323.89	\$499.99	\$499.99
43	\$629.27	\$629.27	\$565.35	\$565.35	\$495.03	\$495.03	\$490.86	\$490.86	\$590.34	\$590.34	\$329.59	\$329.59	\$509.99	\$509.99
44	\$636.70	\$636.70	\$571.80	\$571.80	\$502.29	\$502.29	\$498.12	\$498.12	\$600.58	\$600.58	\$335.29	\$335.29	\$519.99	\$519.99
45	\$644.12	\$644.12	\$578.25	\$578.25	\$509.56	\$509.56	\$505.39	\$505.39	\$610.82	\$610.82	\$340.99	\$340.99	\$529.99	\$529.99
46	\$651.55	\$651.55	\$584.70	\$584.70	\$516.83	\$516.83	\$512.66	\$512.66	\$621.06	\$621.06	\$346.69	\$346.69	\$539.99	\$539.99
47	\$658.97	\$658.97	\$591.15	\$591.15	\$524.09	\$524.09	\$519.92	\$519.92	\$631.30	\$631.30	\$352.39	\$352.39	\$549.99	\$549.99
48	\$666.40	\$666.40	\$597.60	\$597.60	\$531.36	\$531.36	\$527.19	\$527.19	\$641.54	\$641.54	\$358.09	\$358.09	\$559.99	\$559.99
49	\$673.82	\$673.82	\$604.05	\$604.05	\$538.63	\$538.63	\$534.46	\$534.46	\$651.78	\$651.78	\$363.79	\$363.79	\$569.99	\$569.99
50	\$681.25	\$681.25	\$610.50	\$610.50	\$545.89	\$545.89	\$541.72	\$541.72	\$662.02	\$662.02	\$369.49	\$369.49	\$579.99	\$579.99
51	\$688.67	\$688.67	\$616.95	\$616.95	\$553.16	\$553.16	\$548.99	\$548.99	\$672.26	\$672.26	\$375.19	\$375.19	\$589.99	\$589.99
52	\$696.10	\$696.10	\$623.40	\$623.40	\$560.43	\$560.43	\$556.26	\$556.26	\$682.50	\$682.50	\$380.89	\$380.89	\$599.99	\$599.99
53	\$703.52	\$703.52	\$629.85	\$629.85	\$567.69	\$567.69	\$563.52	\$563.52	\$692.74	\$692.74	\$386.59	\$386.59	\$609.99	\$609.99
54	\$710.95	\$710.95	\$636.30	\$636.30	\$574.96	\$574.96	\$570.79	\$570.79	\$702.98	\$702.98	\$392.29	\$392.29	\$619.99	\$619.99
55	\$718.37	\$718.37	\$642.75	\$642.75	\$582.23	\$582.23	\$578.06	\$578.06	\$713.22	\$713.22	\$397.99	\$397.99	\$629.99	\$629.99
56	\$725.80	\$725.80	\$649.20	\$649.20	\$589.49	\$589.49	\$585.32	\$585.32	\$723.46	\$723.46	\$403.69	\$403.69	\$639.99	\$639.99
57	\$733.22	\$733.22	\$655.65	\$655.65	\$596.76	\$596.76	\$592.59	\$592.59	\$733.70	\$733.70	\$409.39	\$409.39	\$649.99	\$649.99
58	\$740.65	\$740.65	\$662.10	\$662.10	\$604.03	\$604.03	\$600.86	\$600.86	\$743.94	\$743.94	\$415.09	\$415.09	\$659.99	\$659.99
59	\$748.07	\$748.07	\$668.55	\$668.55	\$611.29	\$611.29	\$607.12	\$607.12	\$754.18	\$754.18	\$420.79	\$420.79	\$669.99	\$669.99
60	\$755.50	\$755.50	\$675.00	\$675.00	\$618.56	\$618.56	\$614.39	\$614.39	\$764.42	\$764.42	\$426.49	\$426.49	\$679.99	\$679.99
61	\$762.92	\$762.92	\$681.45	\$681.45	\$625.83	\$625.83	\$621.66	\$621.66	\$774.66	\$774.66	\$432.19	\$432.19	\$689.99	\$689.99
62	\$770.35	\$770.35	\$687.90	\$687.90	\$633.09	\$633.09	\$628.92	\$628.92	\$784.90	\$784.90	\$437.89	\$437.89	\$699.99	\$699.99
63	\$777.77	\$777.77	\$694.35	\$694.35	\$640.36	\$640.36	\$636.19	\$636.19	\$795.14	\$795.14	\$443.59	\$443.59	\$709.99	\$709.99
64	\$785.20	\$785.20	\$700.80	\$700.80	\$647.62	\$647.62	\$643.45	\$643.45	\$805.38	\$805.38	\$449.29	\$449.29	\$719.99	\$719.99

Keystone Health Plan East, Inc.
Individual
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
33871PA0040002	Keystone HMO Gold	HMO	Gold	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040005	Keystone HMO Gold Proactive	HMO	Gold	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040006	Keystone HMO Silver Proactive	HMO	Silver	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040010	Keystone HMO Silver Proactive Lite	HMO	Silver	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040013	Keystone HMO Silver Classic	HMO	Silver	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040014	Keystone HMO Bronze	HMO	Expanded Bronze	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040015	Keystone HMO Silver Basic	HMO	Silver	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040016	Keystone HMO Silver Proactive Basic	HMO	Silver	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040017	Keystone HMO Gold Classic	HMO	Gold	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040018	Keystone HMO Silver Proactive Essential	HMO	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120002	Keystone HMO Gold	HMO	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120004	Keystone HMO Bronze	HMO	Expanded Bronze	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120005	Keystone HMO Gold Proactive	HMO	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120007	Keystone HMO Silver Proactive Value	HMO	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120008	Keystone HMO Silver Proactive Select	HMO	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	Unified Rate Review v6.0																			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.
2																				
3	Company Legal Name:	Keystone Health Plan East																		
4	HIOS Issuer ID:	33871	State:	PA																
5	Effective Date of Rate Change(s):	1/1/2024	Market:	Individual																
6																				
7																				
8	Market Level Calculations (Same for all Plans)																			
9																				
10																				
11	Section I: Experience Period Data																			
12	Experience Period:	1/1/2022	to	12/31/2022																
13			Total		PMPM															
14	Allowed Claims		\$717,124,826.45		\$531.69															
15	Reinsurance		\$31,179,944.61		\$23.12															
16	Incurred Claims in Experience Period		\$590,634,082.88		\$437.91															
17	Risk Adjustment		-\$11,854,208.37		-\$8.79															
18	Experience Period Premium		\$763,447,233.92		\$566.03															
19	Experience Period Member Months		1,348,764																	
20																				
21	Section II: Projections																			
22			Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims													
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM													
24	Inpatient Hospital	\$98.79	1.051	1.068	1.051	1.068	\$124.47													
25	Outpatient Hospital	\$110.72	1.045	1.068	1.045	1.068	\$137.91													
26	Professional	\$132.25	1.029	1.068	1.029	1.068	\$159.72													
27	Other Medical	\$0.00	1.029	1.068	1.029	1.068	\$0.00													
28	Capitation	\$70.11	1.000	1.020	1.000	1.020	\$72.94													
29	Prescription Drug	\$119.68	0.990	1.068	0.990	1.068	\$133.79													
30	Total	\$531.55					\$628.84													
31																				
32	Morbidity Adjustment				1.000															
33	Demographic Shift				0.989															
34	Plan Design Changes				1.000															
35	Other				1.004															
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2024		\$624.41															
37																				
38	Manual EHB Allowed Claims PMPM				\$586.42															
39	Applied Credibility %				0.00%															
40																				
41	Projected Period Totals																			
42	Projected Index Rate for	1/1/2024			\$586.42	\$836,682,944.88														
43	Reinsurance				\$25.51	\$36,396,749.64														
44	Risk Adjustment Payment/Charge				-\$13.52	-\$19,289,849.28														
45	Exchange User Fees				3.03%	\$25,609,110.19														
46	Market Adjusted Index Rate				\$592.38	\$845,185,154.71														
47																				
48	Projected Member Months				1,426,764															
49																				
50	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.																			
51																				

Product-Plan Data Collection

Company Legal Name: **Keystone Health Plan East**
 HIOS Issuer ID: **33871** State: **PA**
 Effective Date of Rate Change(s): **1/1/2024** Market: **Individual**

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

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

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

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

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

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

Product/Plan Level Calculations

Section I: General Product and Plan Information

Field #	Keystone HMO On Exchange Indiv										Keystone HMO Off Exchange Indiv									
	33871PA004					33871PA00401					33871PA004016					33871PA012				
1.1 Product Name	Gold Proactive Silver Proactive Silver Proactive Silver Basic Silver Proactive Gold Classic Silver Proactive																			
1.2 Plan ID	33871PA0040002 33871PA0040005 33871PA0040006 33871PA0040010 33871PA0040013 33871PA0040014 33871PA0040015 33871PA0040016 33871PA0040017 33871PA0040018 33871PA0120002 33871PA0120003 33871PA0120004 33871PA0120005 33871PA0120006 33871PA0120007 33871PA0120008																			
1.3 Plan Name	Gold Proactive Silver Proactive Silver Proactive Silver Basic Silver Proactive Gold Classic Silver Proactive																			
1.4 Plan ID (Standard Component ID)	33871PA0040002 33871PA0040005 33871PA0040006 33871PA0040010 33871PA0040013 33871PA0040014 33871PA0040015 33871PA0040016 33871PA0040017 33871PA0040018 33871PA0120002 33871PA0120003 33871PA0120004 33871PA0120005 33871PA0120006 33871PA0120007 33871PA0120008																			
1.5 Metal	Gold Gold Silver Silver Silver Silver Silver Silver Gold Silver																			
1.6 AV Metal Value	0.811 0.814 0.718 0.713 0.705 0.650 0.719 0.710 0.793 0.706 0.811 0.719 0.650 0.814 0.719 0.710 0.719																			
1.7 Plan Category	Renewing Renewing Renewing Renewing Renewing Renewing Renewing Renewing Renewing Renewing Terminated Renewing Terminated Renewing																			
1.8 Plan Type	HMO HMO HMO HMO HMO HMO HMO HMO HMO HMO HMO HMO HMO HMO HMO HMO HMO HMO HMO HMO																			
1.9 Exchange Plan?	Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes No No No No No No No No No No																			
1.10 Effective Date of Proposed Rates	1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024																			
1.11 Cumulative Rate Change % (over 12 mos prior)	-2.34% -2.35% -5.60% -2.53% -2.35% -3.45% -2.35% -2.56% -2.35% -2.66% -2.34% 0.00% -3.44% 0.00% -2.35% -2.60% -2.35%																			
1.12 Product Rate Increase %																				
1.13 Submission Level Rate Increase %	-3.45%																			

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information		Total																
2.1 Plan ID (Standard Component ID)	Total	33871PA0040002	33871PA0040005	33871PA0040006	33871PA0040010	33871PA0040013	33871PA0040014	33871PA0040015	33871PA0040016	33871PA0040017	33871PA0040018	33871PA0120002	33871PA0120003	33871PA0120004	33871PA0120005	33871PA0120006	33871PA0120007	33871PA0120008
2.2 Allowed Claims	\$717,124.826	\$10,992,861	\$47,188,652	\$189,472,995	\$71,594,110	\$1,139,212	\$29,030,726	\$6,273,712	\$194,511,720	\$0	\$0	\$9,509,002	\$4,487,246	\$29,827,941	\$13,729,378	\$3,565,004	\$67,224,460	\$38,626,806
2.3 Reinsurance	\$31,179,946	\$639,435	\$2,278,517	\$9,215,221	\$1,411,782	\$35,837	\$847,603	\$28,851	\$8,290,546	\$0	\$0	\$46,633	\$281,137	\$1,131,340	\$539,665	\$148,397	\$2,320,017	\$1,347,665
2.4 Member Cost Sharing	\$95,310,799	\$1,181,732	\$5,808,544	\$22,629,927	\$7,954,337	\$108,150	\$7,335,938	\$1,000,203	\$18,098,421	\$0	\$0	\$1,084,733	\$859,226	\$7,129,746	\$1,832,696	\$528,649	\$13,671,936	\$6,106,661
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$590,634,083	\$9,171,695	\$39,101,591	\$157,627,546	\$60,227,991	\$995,225	\$20,847,285	\$4,937,659	\$168,115,754	\$0	\$0	\$7,955,636	\$3,346,884	\$21,566,854	\$11,357,017	\$2,887,958	\$51,322,506	\$31,172,479
2.7 Risk Adjustment Transfer Amount	-\$11,854,208	\$2,705,361	\$12,303,352	\$27,135,164	\$3,949,900	-\$54,451	-\$5,193,971	-\$58,990	-\$32,956,488	\$0	\$0	\$3,726,991	\$917,241	-\$19,671,184	\$2,756,168	\$1,031,036	-\$17,828,305	-\$1,330,120
2.8 Premium	\$763,447,234	\$7,163,856	\$39,103,193	\$200,312,191	\$76,410,777	\$642,752	\$35,834,008	\$6,372,484	\$236,427,917	\$0	\$0	\$6,788,932	\$4,547,538	\$31,098,450	\$13,478,983	\$2,843,035	\$68,396,181	\$33,894,938
2.9 Experience Period Member Months	1,348,764	8,666	55,572	219,566	94,615	869	119,566	10,452	413,546	0	0	9,641	6,513	82,844	22,089	5,118	151,045	69,674
2.10 Current Enrollment	118,897	660	4,426	20,626	6,838	93	12,436	1,148	28,447	971	16,127	847	436	6,467	1,863	428	11,620	5,464
2.11 Current Premium PMPM	\$552.04	\$826.44	\$709.48	\$678.86	\$662.33	\$719.02	\$378.47	\$605.43	\$573.76	\$646.11	\$510.35	\$708.44	\$695.66	\$383.17	\$619.93	\$550.80	\$460.30	\$485.15
2.12 Loss Ratio	79.72%	93.48%	76.06%	69.24%	74.95%	169.17%	68.06%	78.21%	82.62%	#DIV/0!	#DIV/0!	75.65%	61.24%	188.73%	69.95%	74.55%	101.49%	95.72%
Per Member Per Month																		
2.13 Allowed Claims	\$531.69	\$1,268.50	\$849.14	\$633.79	\$600.79	\$1,310.95	\$306.83	\$595.46	\$470.35	#DIV/0!	#DIV/0!	\$986.31	\$688.97	\$360.05	\$621.55	\$696.56	\$445.06	\$554.39
2.14 Reinsurance	\$23.12	\$73.79	\$41.00	\$30.83	\$28.63	\$41.24	\$8.96	\$27.35	\$20.07	#DIV/0!	#DIV/0!	\$48.61	\$43.17	\$13.66	\$25.34	\$29.00	\$14.76	\$19.34
2.15 Member Cost Sharing	\$70.67	\$136.36	\$104.52	\$75.70	\$66.75	\$124.45	\$77.53	\$95.69	\$43.76	#DIV/0!	#DIV/0!	\$112.51	\$131.92	\$86.06	\$82.06	\$103.29	\$90.52	\$87.65
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2.17 Incurred Claims	\$437.91	\$1,068.35	\$2,703.62	\$527.26	\$505.41	\$1,145.23	\$220.34	\$47.41	\$465.53	#DIV/0!	#DIV/0!	\$815.19	\$511.88	\$260.33	\$514.15	\$164.27	\$1,339.78	\$447.40
2.18 Risk Adjustment Transfer Amount	-\$16.73	\$312.18	\$221.39	\$97.77	\$33.15	-\$62.66	-\$54.90	-\$79.69	-\$19.00	#DIV/0!	#DIV/0!	\$388.58	\$140.83	-\$237.45	\$124.78	\$201.45	-\$118.03	-\$19.00
2.19 Premium	\$566.03	\$819.97	\$703.65	\$670.71	\$641.21	\$739.65	\$378.63	\$609.69	\$571.71	#DIV/0!	#DIV/0!	\$704.17	\$698.22	\$375.39	\$610.21	\$555.50	\$452.82	\$486.48

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	Total	33871PA0040002	33871PA0040005	33871PA0040006	33871PA0040010	33871PA0040013	33871PA0040014	33871PA0040015	33871PA0040016	33871PA0040017	33871PA0040018	33871PA0120002	33871PA0120003	33871PA0120004	33871PA0120005	33871PA0120006	33871PA0120007	33871PA0120008
3.2 Market Adjusted Index Rate										592.38								
3.3 AV and Cost Sharing Design of Plan	1.0445	1.0491	0.8862	0.8767	0.9276	0.4929	0.7476	0.7686	0.8531	0.7333	1.0435	0.0000	0.4924	1.0481	0.0000	0.6759	0.7296	
3.4 Provider Network Adjustment	1.0791	0.9810	0.9810	1.0791	1.0791	1.0791	1.0791	1.0791	1.0791	1.0791	1.0791	0.0000	1.0791	0.9810	0.0000	0.9810	1.0791	
3.5 Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0010	1.0000	1.0010	1.0010	0.0000	1.0010	1.0010	
Administrative Costs																		
3.6 Administrative Expense	13.70%	13.70%	13.70%	13.70%	13.70%	13.70%	13.70%	13.70%	13.70%	13.70%	13.70%	0.00%	13.70%	0.00%	13.70%	0.00%	13.70%	
3.7 Taxes and Fees	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.61%	0.00%	0.61%	0.61%	0.00%	0.61%	0.61%	
3.8 Profit & Risk Load	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%	2.00%	2.00%	0.00%	2.00%	2.00%	
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	0.0000	1.0000	1.0000	
3.10 Plan Adjusted Index Rate	\$797.80	\$728.47	\$615.36	\$608.76	\$708.51	\$376.48	\$571.03	\$533.70	\$651.61	\$509.19	\$797.84	\$0.00	\$376.48	\$728.50	\$0.00	\$469.80	\$507.13	
Age Calibration Factor		0.5840																
3.11 Age Calibration Factor	0.5840																	
Geographic Calibration Factor		1.0000																
3.12 Geographic Calibration Factor	1.0000																	
Tobacco Calibration Factor		0.9957																
3.13 Tobacco Calibration Factor	0.9957																	
3.14 Calibrated Plan Adjusted Index Rate	\$463.91	\$423.60	\$357.82	\$353.99	\$411.99	\$218.92	\$332.05	\$310.34	\$378.90	\$296.09	\$463.93	\$0.00	\$218.92	\$423.62	\$0.00	\$273.18	\$294.89	

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	33871PA0040002	33871PA0040005	33871PA0040006	33871PA0040010	33871PA0040013	33871PA0040014	33871PA0040015	33871PA0040016	33871PA0040017	33871PA0040018	33871PA0120002	33871PA0120003	33871PA0120004	33871PA0120005	33871PA0120006	33871PA0120007	33871PA0120008
4.2 Allowed Claims	\$838,209,997	\$5,588,566	\$34,111,049	\$148,927,083	\$49,204,200	\$673,532	\$88,034,143	\$8,657,007	\$196,375,942	\$7,620,060	\$109,915,019	\$7,176,253	\$0	\$45,824,487	\$14,366,575	\$0	\$77,756,387	\$43,979,694
4.3 Reinsurance	\$273,148,877	\$151,626	\$1,016,810	\$4,836,854	\$1,570,932	\$121,530	\$2,856,993	\$263,737	\$6,335,290	\$223,073	\$7,704,947	\$194,586	\$0	\$1,485,700	\$427,997	\$0	\$2,699,328	\$1,225,275
4.4 Member Cost Sharing	\$208,844,574	\$336,083	\$1,968,920	\$22,591,441	\$7,769,409	\$66,374	\$41,686,676	\$66,374	\$45,431,145	\$1,318,323	\$28,312,602	\$435,548	\$0	\$21,722,694	\$837,262	\$0	\$23,560,156	\$10,672,922
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$602,050,546	\$5,100,857	\$31,125,319	\$121,498,789	\$39,863,859	\$485,628	\$43,490,474	\$6,258,252	\$144,409,508	\$6,078,664	\$77,897,471	\$6,546,119	\$0	\$22,616,092	\$13,101,316	\$0	\$51,526,703	\$32,051,496
4.7 Risk Adjustment Transfer Amount	-\$14,473,104	-\$80,341	-\$538,769	-\$2,463,297	-\$812,377	\$37,033	-\$1,513,810	-\$139,744	-\$3,462,799	-\$118,198	-\$1,963,109	-\$103,104	\$0	-\$287,216	-\$226,779	\$0	-\$1,414,480	-\$866,115
4.8 Premium	\$759,730,089	\$6,319,136	\$38,093,757	\$152,119,345	\$49,954,581	\$554,431	\$6,186,162	\$7,867,133	\$182,200,456	\$7,593,193	\$98,548,014	\$8,109,895	\$0	\$29,818,659	\$16,287,794	\$0	\$65,514,172	\$40,559,361
4.9 Projected Member Months	1,426,764	9,200	53,112	247,512	82,056	1,116	149,332	13,776	341,364	11,652	193,324	10,164	0	77,604	22,356	0	139,440	75,336
4.10 Loss Ratio	80.78%	81.76%	81.58%	81.19%	81.15%	82.11%	79.54%	80.99%	80.79%	81.32%	80.65%	81.76%	#DIV/0!	79.55%	81			

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 8	1.0000

GENERAL OVERVIEW

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) to provide certain information to support the gross premium for the single risk pool for individual market health care insurance underwritten by Keystone Health Plan East in the Commonwealth of Pennsylvania. It is provided as a component of an application for certification as a Qualified Health Plan and a state rate filing. This submission may not be appropriate for other purposes.

GENERAL INFORMATION

COMPANY IDENTIFYING INFORMATION

Company Legal Name: Keystone Health Plan East ("KHPE")

State: Pennsylvania

HIOS Issuer ID (5-digit): 33871

Market: Individual

Effective Date(s): 1/1/2024

Worksheet 1 of the accompanying URRT contains experience period data and development of the projected Single Risk Pool Gross Premium Average Rate PMPM for the individual market for KHPE. Worksheet 2 contains experience period data and projections by product for the single risk pool for the same entities.

COMPANY CONTACT INFORMATION

Primary Contact Name: [REDACTED]

Primary Contact Telephone Number: [REDACTED]

Primary Contact Email Address: [REDACTED]

PROPOSED RATE INCREASE

The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2022 to calendar year 2024 were incorporated into the pricing and reflected in the Unified Rate Review Template. The changes are driven by factors including: changes in market-wide population risk morbidity and covered services, increasing unit costs for medical services, increasing utilization of medical services, increasing fees and taxes imposed by the federal government, anticipated costs to administer the plan, and anticipated revenue or payments due to market-wide risk adjustment.

We are projecting that claims will increase by 9.6% in 2024. More than half of the change in health care service costs is driven by changes to health care provider fees.

A reinsurance program administered by the state became effective January 1, 2023. We project that this will reduce rates by approximately 4.3% in the 2024 time period.

Some plan benefits are mandated by federal and state law. Benefit changes for some plans were also made. All changes in benefits are in compliance with the uniform modifications rules stipulated by the Federal government.

The weighted average increase across KHPE plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is -3.5%. The minimum increase is -6.2% and the maximum increase is -2.3%.

WORKSHEET 1: MARKET EXPERIENCE

SECTION I: EXPERIENCE PERIOD DATA

SINGLE RISK POOL

The single risk pool reflects all covered lives for every individual non-grandfathered product and plan combination for KHPE in the state of Pennsylvania. It is established according to the Single Risk Pool requirements in 45 CFR § 156.80(d).

PAID THROUGH DATE

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2022 and paid through February 2023. Earned premiums and member months are for January through December 2022. The data are for all direct-written individual business of KHPE in the Commonwealth of Pennsylvania.

PREMIUMS IN EXPERIENCE PERIOD

Earned Premiums in the Experience Period are developed by summing the earned premium reported in the company's internal data warehouse.

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

Paid-to-Date and Incurred Claims, and Member Months

Insurer fee-for-service claims expenses and member liabilities for dates of service in January 2022 through December 2022 and paid through February 2023 are sourced from the IBCFOC's internal data warehouse. The claims and member liabilities are completed with incurred but not reported (IBNR)

adjustments to develop ultimate incurred insurer fee-for-service claims expenses and member liabilities for the January through December 2022 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2022 period but they are not adjusted for IBNR.

Allowed Claims

Allowed claims are determined by separately obtaining paid-to-date fee-for-service claims and member cost-sharing amounts, applying claim lag factors to those amounts to estimate ultimate incurred fee-for-service claims and member-sharing amounts and adding them together with capitation amounts.

Allowed claims do not include ineligible claims, payments for services other than medical care provided, recovery payments related to internal large claim pooling mechanisms, or active live reserves.

IBNR Development

Medical fee for service incurred but not reported (IBNR) claims are modeled through the use of standard claim lag methodologies. A range of results is developed, and a provision for adverse deviation is applied. The provision for adverse deviation is dependent on many factors such as stability, size, product mix, etc.

The completion factors are developed annually in the 2Q – 3Q period. We do not believe our IBNR is unusually high or unusually low for incurred 2022 paid through February 2023.

Experience Period Index Rate

The Index Rate of Experience Period is estimated by removing cost and utilization trend from the Index Rate for Projection Period.

SECTION II: PROJECTIONS

BENEFIT CATEGORIES

Experience Period Index Rate PMPM Data is provided in Section II. The data is provided by benefit category using a standardized indicator from the internal data warehouse that assigns each claim line to a category based on the type of provider and the location of the service.


PROJECTION FACTORS

The estimated incurred claims experience on an allowed basis for January 2022 through December 2022 is projected to the future rating period by several factors.

Morbidity Adjustment

Experience period allowed claims are adjusted to account for differences in the average morbidity of the single risk pool population underlying the experience and the anticipated population in the projection period. This adjustment reflects changes in the individual market-wide morbidity.

COVID-19 Impact



Demographic Shift

This factor reflects the projected change in the average age, rating area, and tobacco utilization of the single risk pool.

Plan Design Changes

This factor reflects any changes in EHB allowed claims due to plan design changes.

Other Changes

This factor reflects changes in cost related to items other than changes in Morbidity, Demographic Shift, or Plan Design.

Trend Factors

a. Annualized Cost Trend

Annual cost trend reflects changes in costs of medical treatment due to medical inflation and changes in the distribution of services across network providers. The trend value is developed by reviewing historical medical costs for the single risk pool and adjusting them for anticipated future provider contracting reimbursement levels. The data is normalized for changes in age, benefit changes during the experience period, changes to provider contracts, and prescription drug formulary, and new drugs brought to market.

b. Annualized Utilization Trend

Annual utilization trend reflects the change in the number of units per 1,000 members for a fixed level of illness burden and includes changes due to the mix and intensity of services provided and changes related to shifts in product mix. It also includes effects of selection, if any, since this cannot be reflected in the relative cost of the various products and plans offered.

CREDIBILITY MANUAL RATE DEVELOPMENT

We combined the experience period data for KHPE with the experience period data for QCC Insurance Company (“QCC”). This should provide a more stable basis for projecting the Index Rate. The combined data is shown in Tab Ib. The Change in Network Factor is intended to result in KHPE rates that are

reasonable in relation to QCC rates. The combined claims are determined to be 100% credible as reflected in Table 5.

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustment PMPM

Projected Risk Adjustment is accounted for in Projected Incurred Claims before the state based reinsurance program and Risk Adjustment to reflect anticipated risk adjustment transfer amounts for the projection period. The amount reflects the projected morbidity for the single risk pool in the projection period.

The estimated risk adjustment revenue for all of the plans in the risk pool is developed using the following methodology. We recognize that the HHS payment transfer formula implies that the projected incurred claims based solely on the experience period single risk pool claims need to be adjusted by the ratio of the current statewide market's risk relative to allowable rating factor (ARF) for age compared to the single risk pool's risk relative to ARF presented during the experience period. This adjustment, together with the assumed future changes in population risk morbidity, results in the issuer's pricing being consistent with the anticipated morbidity level of the future statewide market.

The anticipated risk adjustment transfer revenue is allocated proportionally based on plan premium. The Projected Risk Adjustment is subtracted from Projected Incurred Claims before ACA Risk Adjustment to reflect anticipated receipt of risk adjustment transfer amounts for the projection period.

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2022 risk transfer results.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market Only)

With the expiration of the reinsurance program at the end of the 2016 benefit year, there are no projected reinsurance recoveries or reinsurance premium assumed in the rates.

MARKET ADJUSTED INDEX RATE

The template calculates a MAIR by subtracting the amounts entered for reinsurance and risk adjustment and dividing by 1 minus the exchange user fee percentage. The MAIR calculation flows into Worksheet 2.

The Market Adjusted Index rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules: federal reinsurance program adjustment, risk adjustment and exchange user fees. The Market Adjusted Index Rate reflects the average demographic characteristics of the single risk pool.

WORKSHEET 2: PRODUCT-PLAN DATA COLLECTION

SECTION I: GENERAL PRODUCT AND PLAN INFORMATION

All products and plans included in the single risk pool are shown in Worksheet 2.

AV METAL VALUES

The AV Metal Values included in Worksheet 2 of the URRT were valued using the AV Calculator, where possible, otherwise the AV Metal Values were developed under an alternate methodology. Actuarial certifications required by 45 CFR Part 156, §156.135 are provided in a separate document.

SECTION II: EXPERIENCE PERIOD AND CURRENT PLAN LEVEL INFORMATION

Experience Period data is shown for each plan included in the single risk pool.

SECTION III: PLAN ADJUSTMENT FACTORS

The MAIR is adjusted for each plan based on its plan design, provider network, and non-EHBs. Administrative costs are added to calculate the Plan Adjusted Index Rate. The Plan Adjusted Index Rate is multiplied by the Age Calibration Factor, Geographic Calibration Factor, and Tobacco Calibration Factor to calculate the Calibrated Plan Adjusted Index Rate.

PLAN ADJUSTED INDEX RATE

The Plan Adjusted Index Rate is calculated as the issuer Market Adjusted Index Rate adjusted for all allowable plan level modifiers defined in the market rating rule. These include actuarial value and cost sharing adjustment, provider network, delivery system and utilization management adjustment, adjustment for benefits in addition to the EHBs, impact of specific eligibility categories for the catastrophic plan and administrative costs.

NON-BENEFIT EXPENSES AND PROFIT & RISK

Administrative Expense Load

An Administrative Expense Load is applied to Projected Incurred Claims to reflect expenses related to quality improvement and fraud detection/recovery and other expenses of operating a business, broker commissions, and premium payment processing fees.

Profit & Risk Load/Contribution to Surplus

A Profit & Risk Load/Contribution to Surplus for the single risk pool is applied to Projected Incurred Claims for the projection period, if applicable.

Taxes and Fees

A Taxes & Fees load is applied to Projected Incurred Claims to pass through fees and taxes levied by the federal and state governments.

CALIBRATION

The plan adjusted index rate is projected for all products using the same anticipated age distribution and the mandated age curve. Therefore the consumer adjusted premium rate is the plan adjusted index rate divided by the average age, geographic and tobacco factors for the expected distribution. The average age of the combined individual risk pool population is 42.

The Average Age factor is the reciprocal of the weighted average age factor based on the projected membership. The Tobacco Factor is calculated as the reciprocal of the projected average factor for tobacco users multiplied by the projected tobacco use prevalence.

There is only one geographic rating area for this filing. The geographic rating area factor for this filing is 1.0.

Small differences result between the Calibrated Plan Adjusted Index rates and the Age 21 non-tobacco rates in the Rate Template due to rounding restrictions required in the URRT Part 1.

When rounded to the nearest dollar, the Calibrated Plan Adjusted Index Rates match the Age 21 non-tobacco rates in the Rate Template as required in the DIT.

MEMBERSHIP PROJECTIONS

Enrollment is projected based on current and anticipated enrollment by plan. Items impacting these projections include changes in the size of the market due to guarantee issue requirements and the individual mandate changes. The enrollment is our February 2023 enrollment.

LOSS RATIO

The loss ratio calculated in Section IV is generated within the template and is not based on the MLR formula. The projected loss ratio for the single risk pool is estimated to exceed 80% reflecting premium adjustments permitted by the federal MLR calculation.

INDEX RATE

The Index Rate is defined as the EHB portion of projected allowed claims divided by all projected single risk pool lives. The Index Rate is the same value for all non-grandfathered plans for KHPE Individual Plans

in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2023. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

TERMINATED PLANS

The following plan is being terminated in 2024:

33871PA0120003 Keystone HMO Silver Classic
33871PA0120006 Keystone HMO Silver Proactive

WORKSHEET 3: RATING AREAS

There are nine rating areas in Pennsylvania. These plans are offered only in Rating Area 8, which consists of Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.

ACTUARIAL CERTIFICATION

I, [REDACTED], am Director & Actuary of Commercial Markets for the Independence Blue Cross Family of Companies. I am a member of the Society of Actuaries and the American Academy of Actuaries in good standing with the education and experience necessary to perform the work necessary and meet the Qualification Standards of the American Academy of Actuaries to render the qualified actuarial opinion contained herein. The developed rates and memorandum have been prepared in conformity with appropriate Actuarial Standards of Practice and the Academy's Code of Professional Conduct.

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the premium rates and allowable rating factors. 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.

I hereby certify that, to the best of my knowledge and judgment, the following:

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

- Geographic rating factors reflect only differences in the costs of delivery of and do not include differences for population morbidity by geographic area.
- 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, unless an alternate methodology was required. If an alternate methodology was used to calculate the AV Metal Value for at least one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.

May 17, 2023

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Cover Page

HIOS Issuer ID: 33871

HIOS Product IDs: 33871PA004, 33871PA012

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 33871

HIOS Product IDs: 33871PA004, 33871PA012

Applicable HIOS Plan IDs (Standard Component): 33871PA0040002, 33871PA0120002, 33871PA0120004, 33871PA0040014, 33871PA0040005, 33871PA0120005, 33871PA0040006, 33871PA0120006, 33871PA0120007, 33871PA0120008, 33871PA0040010, 33871PA0040016, 33871PA0040015, 33871PA0040017, 33871PA0040013, 33871PA0120003, 33871PA0040018

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2024. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the evaluation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost-sharing for inpatient hospital services for a subset of these plans differs by facility and professional claims. Inpatient hospital services account for about 20% of allowed costs in the AV calculation.

The outpatient facility fee cost-sharing for a subset of these plans varies by site of service. Services have different copays for a free-standing facility setting and a hospital setting. Outpatient facility fee accounts for about 14% of allowed costs in the AV calculation.

The cost-sharing for primary care for these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 4% of allowed costs in the AV calculation.

The cost-sharing for specialist care for these plans is a combination of copays for office visits in person and virtual care. Specialist services account for about 4% of allowed costs in the AV calculation.

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Outpatient Mental Health and Substance Abuse accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for these plans varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 5% of allowed costs in the AV calculation.

A subset of these plans has a three-tier benefit design structure. Plans 33871PA0040005, 33871PA0120005, 33871PA0040006, 33871PA0120006, 33871PA0120007, 33871PA0120008, 33871PA0040010, 33871PA0040016, and 33871PA0040018 have expected utilization of 40% in the third tier.

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

Method 156.135(b)(2) was used for inpatient hospital, outpatient facility, primary care, specialist care, outpatient mental health and substance abuse, and generic drugs cost-sharing.

Method 156.135(b)(3) was used to accommodate the three-tier design.

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

I confirm that only in-network cost sharing was considered.

Description of the standardized plan population data used:

For the inpatient hospital utilization, we considered our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the freestanding and hospital utilization data for outpatient facility, we considered our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the outpatient mental health and substance abuse utilization, we used our commercial HMO data incurred between January 2022 and December 2022. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

For the generic drugs utilization, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

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

Primary Care Copay Differential

For primary care, our recent data indicated that 80% of utilization came from office visits in person and 20% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

HIOS_ID	Cost - sharing		AV Input
	PCP	Virtual PCP	
33871PA0040002, 33871PA0120002	\$35	\$25	\$ 33.00
33871PA0040014, 33871PA0120004	\$75	\$50	\$ 70.00
Tier 1: 33871PA0040005, 33871PA0120005	\$15	\$10	\$ 14.00
Tier 2: 33871PA0040005, 33871PA0120005	\$30	\$20	\$ 28.00
Tier 3: 33871PA0040005, 33871PA0120005	\$45	\$30	\$ 42.00
Tier 1: 33871PA0040006, 33871PA0120006	\$40	\$30	\$ 38.00
Tier 2: 33871PA0040006, 33871PA0120006	\$70	\$50	\$ 66.00
Tier 3: 33871PA0040006, 33871PA0120006	\$80	\$55	\$ 75.00
Tier 1: 33871PA0120007	\$40	\$30	\$ 38.00
Tier 2: 33871PA0120007	\$60	\$40	\$ 56.00
Tier 3: 33871PA0120007	\$70	\$50	\$ 66.00
Tier 1: 33871PA0120008	\$40	\$30	\$ 38.00
Tier 2: 33871PA0120008	\$70	\$50	\$ 66.00
Tier 3: 33871PA0120008	\$80	\$55	\$ 75.00
Tier 1: 33871PA0040010	\$50	\$35	\$ 47.00
Tier 2: 33871PA0040010	\$60	\$40	\$ 56.00
Tier 3: 33871PA0040010	\$70	\$50	\$ 66.00
Tier 1: 33871PA0040016	\$50	\$35	\$ 47.00
Tier 2: 33871PA0040016	\$60	\$40	\$ 56.00
Tier 3: 33871PA0040016	\$70	\$50	\$ 66.00
Tier 1: 33871PA0040006-04	\$40	\$30	\$ 38.00
Tier 2: 33871PA0040006-04	\$70	\$50	\$ 66.00
Tier 3: 33871PA0040006-04	\$80	\$55	\$ 75.00
Tier 1: 33871PA0040006-05	\$20	\$15	\$ 19.00
Tier 2: 33871PA0040006-05	\$30	\$20	\$ 28.00
Tier 3: 33871PA0040006-05	\$40	\$30	\$ 38.00
Tier 1: 33871PA0040006-06	\$5	\$0	\$ 4.00
Tier 2: 33871PA0040006-06	\$10	\$5	\$ 9.00
Tier 3: 33871PA0040006-06	\$20	\$15	\$ 19.00
Tier 1: 33871PA0040010-04	\$50	\$35	\$ 47.00
Tier 2: 33871PA0040010-04	\$60	\$40	\$ 56.00
Tier 3: 33871PA0040010-04	\$70	\$50	\$ 66.00

HIOS_ID	Cost - sharing		
	PCP	Virtual PCP	AV Input
Tier 1: 33871PA0040010-05	\$20	\$15	\$ 19.00
Tier 2: 33871PA0040010-05	\$30	\$20	\$ 28.00
Tier 3: 33871PA0040010-05	\$40	\$30	\$ 38.00
Tier 1: 33871PA0040010-06	\$5	\$0	\$ 4.00
Tier 2: 33871PA0040010-06	\$10	\$5	\$ 9.00
Tier 3: 33871PA0040010-06	\$20	\$15	\$ 19.00
Tier 1: 33871PA0040016-04	\$50	\$35	\$ 47.00
Tier 2: 33871PA0040016-04	\$60	\$40	\$ 56.00
Tier 3: 33871PA0040016-04	\$70	\$50	\$ 66.00
Tier 1: 33871PA0040016-05	\$20	\$15	\$ 19.00
Tier 2: 33871PA0040016-05	\$30	\$20	\$ 28.00
Tier 3: 33871PA0040016-05	\$40	\$30	\$ 38.00
Tier 1: 33871PA0040016-06	\$5	\$0	\$ 4.00
Tier 2: 33871PA0040016-06	\$10	\$5	\$ 9.00
Tier 3: 33871PA0040016-06	\$20	\$15	\$ 19.00
33871PA0040013, 33871PA0120003	\$35	\$25	\$ 33.00
33871PA0040015	\$35	\$25	\$ 33.00
33871PA0040017	\$40	\$25	\$ 37.00
33871PA0040013-04	\$35	\$25	\$ 33.00
33871PA0040013-05	\$30	\$20	\$ 28.00
33871PA0040013-06	\$10	\$5	\$ 9.00
33871PA0040015-04	\$35	\$25	\$ 33.00
33871PA0040015-05	\$20	\$15	\$ 19.00
33871PA0040015-06	\$15	\$10	\$ 14.00
Tier 1: 33871PA0040018	\$50	\$35	\$ 47.00
Tier 2: 33871PA0040018	\$60	\$40	\$ 56.00
Tier 3: 33871PA0040018	\$70	\$50	\$ 66.00
Tier 1: 33871PA0040018-04	\$50	\$35	\$ 47.00
Tier 2: 33871PA0040018-04	\$60	\$40	\$ 56.00
Tier 3: 33871PA0040018-04	\$70	\$50	\$ 66.00
Tier 1: 33871PA0040018-05	\$20	\$15	\$ 19.00
Tier 2: 33871PA0040018-05	\$30	\$20	\$ 28.00
Tier 3: 33871PA0040018-05	\$40	\$30	\$ 38.00
Tier 1: 33871PA0040018-06	\$5	\$0	\$ 4.00
Tier 2: 33871PA0040018-06	\$10	\$5	\$ 9.00
Tier 3: 33871PA0040018-06	\$20	\$15	\$ 19.00

Specialist Copay Differential

For specialist visits, our recent data indicated that 95% of utilization came from office visits in person and 5% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

HIOS_ID	Cost - sharing		AV Input
	SP	Virtual SP	
33871PA0040002, 33871PA0120002	\$65	\$45	\$ 64.00
33871PA0040014, 33871PA0120004	\$150	\$100	\$ 147.50
Tier 1: 33871PA0040005, 33871PA0120005	\$40	\$30	\$ 39.50
Tier 2: 33871PA0040005, 33871PA0120005	\$60	\$40	\$ 59.00
Tier 3: 33871PA0040005, 33871PA0120005	\$80	\$55	\$ 78.75
Tier 1: 33871PA0040006, 33871PA0120006	\$90	\$65	\$ 88.75
Tier 2: 33871PA0040006, 33871PA0120006	\$140	\$100	\$ 138.00
Tier 3: 33871PA0040006, 33871PA0120006	\$150	\$105	\$ 147.75
Tier 1: 33871PA0120007	\$80	\$55	\$ 78.75
Tier 2: 33871PA0120007	\$120	\$80	\$ 118.00
Tier 3: 33871PA0120007	\$140	\$95	\$ 137.75
Tier 1: 33871PA0120008	\$90	\$60	\$ 88.50
Tier 2: 33871PA0120008	\$140	\$100	\$ 138.00
Tier 3: 33871PA0120008	\$150	\$105	\$ 147.75
Tier 1: 33871PA0040010	\$90	\$60	\$ 88.50
Tier 2: 33871PA0040010	\$120	\$80	\$ 118.00
Tier 3: 33871PA0040010	\$140	\$95	\$ 137.75
Tier 1: 33871PA0040016	\$100	\$70	\$ 98.50
Tier 2: 33871PA0040016	\$120	\$80	\$ 118.00
Tier 3: 33871PA0040016	\$140	\$95	\$ 137.75
Tier 1: 33871PA0040006-04	\$90	\$65	\$ 88.75
Tier 2: 33871PA0040006-04	\$140	\$100	\$ 138.00
Tier 3: 33871PA0040006-04	\$150	\$105	\$ 147.75
Tier 1: 33871PA0040006-05	\$40	\$30	\$ 39.50
Tier 2: 33871PA0040006-05	\$60	\$40	\$ 59.00
Tier 3: 33871PA0040006-05	\$80	\$55	\$ 78.75
Tier 1: 33871PA0040006-06	\$15	\$10	\$ 14.75
Tier 2: 33871PA0040006-06	\$20	\$15	\$ 19.75
Tier 3: 33871PA0040006-06	\$40	\$30	\$ 39.50
Tier 1: 33871PA0040010-04	\$90	\$60	\$ 88.50
Tier 2: 33871PA0040010-04	\$120	\$80	\$ 118.00
Tier 3: 33871PA0040010-04	\$140	\$95	\$ 137.75

HIOS_ID	Cost - sharing		AV Input
	SP	Virtual SP	
Tier 1: 33871PA0040010-05	\$40	\$30	\$ 39.50
Tier 2: 33871PA0040010-05	\$60	\$40	\$ 59.00
Tier 3: 33871PA0040010-05	\$80	\$55	\$ 78.75
Tier 1: 33871PA0040010-06	\$15	\$10	\$ 14.75
Tier 2: 33871PA0040010-06	\$20	\$15	\$ 19.75
Tier 3: 33871PA0040010-06	\$40	\$30	\$ 39.50
Tier 1: 33871PA0040016-04	\$100	\$70	\$ 98.50
Tier 2: 33871PA0040016-04	\$120	\$80	\$ 118.00
Tier 3: 33871PA0040016-04	\$140	\$95	\$ 137.75
Tier 1: 33871PA0040016-05	\$40	\$30	\$ 39.50
Tier 2: 33871PA0040016-05	\$60	\$40	\$ 59.00
Tier 3: 33871PA0040016-05	\$80	\$55	\$ 78.75
Tier 1: 33871PA0040016-06	\$15	\$10	\$ 14.75
Tier 2: 33871PA0040016-06	\$20	\$15	\$ 19.75
Tier 3: 33871PA0040016-06	\$40	\$30	\$ 39.50
33871PA0040013, 33871PA0120003	\$80	\$55	\$ 78.75
33871PA0040015	\$80	\$55	\$ 78.75
33871PA0040017	\$80	\$55	\$ 78.75
33871PA0040013-04	\$70	\$50	\$ 69.00
33871PA0040013-05	\$60	\$40	\$ 59.00
33871PA0040013-06	\$20	\$15	\$ 19.75
33871PA0040015-04	\$80	\$55	\$ 78.75
33871PA0040015-05	\$40	\$30	\$ 39.50
33871PA0040015-06	\$30	\$20	\$ 29.50
Tier 1: 33871PA0040018	\$100	\$70	\$ 98.50
Tier 2: 33871PA0040018	\$120	\$80	\$ 118.00
Tier 3: 33871PA0040018	\$140	\$95	\$ 137.75
Tier 1: 33871PA0040018-04	\$100	\$70	\$ 98.50
Tier 2: 33871PA0040018-04	\$120	\$80	\$ 118.00
Tier 3: 33871PA0040018-04	\$140	\$95	\$ 137.75
Tier 1: 33871PA0040018-05	\$40	\$30	\$ 39.50
Tier 2: 33871PA0040018-05	\$60	\$40	\$ 59.00
Tier 3: 33871PA0040018-05	\$80	\$55	\$ 78.75
Tier 1: 33871PA0040018-06	\$15	\$10	\$ 14.75
Tier 2: 33871PA0040018-06	\$20	\$15	\$ 19.75
Tier 3: 33871PA0040018-06	\$40	\$30	\$ 39.50

Combination of Copays and Coinsurance for IP Hospital

The copays for inpatient hospital facility claims were combined with the coinsurance on professional claims to calculate equivalent copays for inpatient claims.

First, we took the allowed PMPY inpatient costs and divided that by the utilization by admit PMPY to calculate the average cost per admit. We also took the utilization by day PMPY and divided that by the utilization by admit PMPY to calculate the average length of stay.

The average cost per admit was divided by the average length of stay to calculate the average cost per day. Based on our data, we assumed that 85% of the cost was from facility claims and the remaining 15% was from professional claims.

The professional coinsurance was multiplied by the professional portion of the daily inpatient cost to calculate equivalent daily copay for that piece. Because there is a 5-day maximum on our plans' inpatient copays, an effective copay factor was calculated by dividing the PMPY cost sharing from a \$100 per day inpatient copay with a 5-day maximum by the PMPY cost sharing from a \$100 per day inpatient copay without any maximum. The equivalent daily professional copay amount was then divided by this factor in order to determine the final professional copay reflecting a 5-day maximum.

The final professional copay was then added onto the facility copay in order to determine the equivalent overall IP hospital copay amount. The exhibit below shows this calculation.

					33871PA0040006, 33871PA0040006-04, 33871PA0120006, 33871PA0120007, 33871PA0120008, 33871PA0040010, 33871PA0040010-04,	33871PA0040006, 33871PA0040006-04, 33871PA0120006, 33871PA0120007, 33871PA0120008, 33871PA0040010, 33871PA0040010-04,
HIOS IDs	33871PA0040002, 33871PA0120002	33871PA0040014, 33871PA0120004	33871PA0040005, 33871PA0120005	33871PA0040005, 33871PA0120005	33871PA0040016, 33871PA0040016-04, 33871PA0040018, 33871PA0040018-04	33871PA0040016, 33871PA0040016-04, 33871PA0040018, 33871PA0040018-04

IP Cost Sharing							
Facility	\$750	\$700	\$700	\$1,100	\$900	\$1,300	
Professional	20%	50%	20%	30%	5%	10%	

AVC Continuance Table	Gold	Bronze	Gold	Gold	Silver	Silver
PMPY for IP	\$1,577	\$1,081	\$1,577	\$1,577	\$1,430	\$1,430
Admit PMPY	0.06	0.04	0.06	0.06	0.06	0.06
Claim per Admit	\$24,919	\$24,326	\$24,919	\$24,919	\$25,064	\$25,064
Average LOS (days)	4.7	4.7	4.7	4.7	4.6	4.6
Effective Copay Factor for 5 days	0.47	0.48	0.47	0.47	0.48	0.48

Assumption from Data							
% Facility Cost	85%	85%	85%	85%	85%	85%	
% Professional Cost	15%	15%	15%	15%	15%	15%	

Calculations							
Professional Claim per Admit	\$3,738	\$3,649	\$3,738	\$3,738	\$3,760	\$3,760	
Professional Claim per Day	\$788	\$782	\$788	\$788	\$814	\$814	
Equiv. Copay per Day no max	\$158	\$391	\$158	\$236	\$41	\$81	
Equiv. Copay per Day, 5-day max	\$338	\$816	\$338	\$506	\$85	\$170	
Total Copay per Day, 5-day max	\$1,088	\$1,516	\$1,038	\$1,606	\$985	\$1,470	

HIOS IDs	33871PA0040006-05, 33871PA0040010-05, 33871PA0040016-05, 33871PA0040018-05	33871PA0040006-05, 33871PA0040010-05, 33871PA0040016-05, 33871PA0040018-05	33871PA0040006-06, 33871PA0040010-06, 33871PA0040016-06, 33871PA0040018-06	33871PA0040006-06, 33871PA0040010-06, 33871PA0040016-06, 33871PA0040018-06
IP Cost Sharing				
Facility	\$500	\$900	\$250	\$500
Professional	5%	10%	5%	10%
AVC Continuance Table				
	Gold	Gold	Platinum	Platinum
PMPY for IP	\$1,577	\$1,577	\$1,533	\$1,533
Admit PMPY	0.06	0.06	0.06	0.06
Claim per Admit	\$24,919	\$24,919	\$23,780	\$23,780
Average LOS (days)	4.7	4.7	4.9	4.9
Effective Copay Factor for 5 days	0.47	0.47	0.45	0.45
Assumption from Data				
% Facility Cost	85%	85%	85%	85%
% Professional Cost	15%	15%	15%	15%
Calculations				
Professional Claim per Admit	\$3,738	\$3,738	\$3,567	\$3,567
Professional Claim per Day	\$788	\$788	\$726	\$726
Equiv. Copay per Day no max	\$39	\$79	\$36	\$73
Equiv. Copay per Day, 5-day max	\$84	\$169	\$82	\$163
Total Copay per Day, 5-day max	\$584	\$1,069	\$332	\$663

Combination of Copays for Outpatient Facility Fee

For the outpatient facility site of service cost-sharing, our recent data indicated that 55% of outpatient facility utilization came from the hospital setting. The cost-sharing entered into the AV calculator is a blend of the copay in a hospital setting and the copay in an ambulatory surgery center.

HIOS ID	Service Type	Cost-sharing		AV Input
		ASC	Hospital	
33871PA0040002, 33871PA0120002	OP Fac.	\$300	\$700	\$520.00
33871PA0040017	OP Fac.	\$300	\$700	\$520.00
33871PA0040013, 33871PA0120003	OP Fac.	\$400	\$800	\$620.00
33871PA0040014, 33871PA0120004	OP Fac.	\$750	\$1,000	\$887.50
33871PA0040013-04	OP Fac.	\$400	\$800	\$620.00
33871PA0040013-05	OP Fac.	\$200	\$400	\$310.00
33871PA0040013-06	OP Fac.	\$40	\$80	\$62.00

Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 70% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services. For plans where this cost-sharing is a combination of copay and coinsurance, a separate exhibit has been included to show the development of the effective copay that was used in the AV calculator.

HIOS_ID	Cost - sharing		AV Input
	MH/SA Office	MH/SA Other	
33871PA0040002, 33871PA0120002	\$65	\$65	\$ 65.00
33871PA0040005, 33871PA0120005	\$40	\$40	\$ 40.00
33871PA0040017	\$80	\$80	\$ 80.00
33871PA0040013, 33871PA0120003	\$80	\$80	\$ 80.00
33871PA0040006, 33871PA0120006	\$90	\$90	\$ 90.00
33871PA0040010	\$90	\$90	\$ 90.00
33871PA0040016	\$100	\$100	\$ 100.00
33871PA0120008	\$90	\$90	\$ 90.00
33871PA0120007	\$80	\$80	\$ 80.00
33871PA0040014, 33871PA0120004	\$150	\$150	\$ 150.00
33871PA0040013-04	\$70	\$70	\$ 70.00
33871PA0040013-05	\$60	\$60	\$ 60.00
33871PA0040013-06	\$20	\$20	\$ 20.00
33871PA0040006-04	\$90	\$90	\$ 90.00
33871PA0040006-05	\$40	\$40	\$ 40.00
33871PA0040006-06	\$15	\$15	\$ 15.00
33871PA0040010-04	\$90	\$90	\$ 90.00
33871PA0040010-05	\$40	\$40	\$ 40.00
33871PA0040010-06	\$15	\$15	\$ 15.00
33871PA0040016-04	\$100	\$100	\$ 100.00
33871PA0040016-05	\$40	\$40	\$ 40.00
33871PA0040016-06	\$15	\$15	\$ 15.00
33871PA0040018	\$100	\$100	\$ 100.00
33871PA0040018-04	\$100	\$100	\$ 100.00
33871PA0040018-05	\$40	\$40	\$ 40.00
33871PA0040018-06	\$15	\$15	\$ 15.00

For plan 33871PA0040015 and its silver variations, the cost-sharing for outpatient mental health was input in the AV calculator as an effective copay to capture the blending of a copay for outpatient mental health visits and coinsurance for all other outpatient mental health services.

	33871PA0040015	33871PA0040015-04
OP Visit Cost-sharing	\$80	\$80
OP Visit Weight	70%	70%
Avg Cost/Unit OP Other	\$241.79	\$241.79
OP Other Cost-sharing in Deductible	N/A	N/A
OP Other Weight in Deductible	N/A	N/A
OP Other Cost-sharing after Deductible	50%	50%
OP Other Weight after Deductible	30%	30%
Effective Copay (AV Input)	\$92.27	\$92.27

	33871PA0040015-05	33871PA0040015-06
OP Visit Cost-sharing	\$40	\$30
OP Visit Weight	70%	70%
Avg Cost/Unit OP Other	\$241.79	\$241.79
OP Other Cost-sharing in Deductible	N/A	N/A
OP Other Weight in Deductible	N/A	N/A
OP Other Cost-sharing after Deductible	30%	10%
OP Other Weight after Deductible	30%	30%
Effective Copay (AV Input)	\$49.76	\$28.25

Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization for low-cost generic drugs and normal generic drugs.

HIOS_ID	Cost - sharing		AV Input
	Low-Cost Generic	Generic	
33871PA0040002, 33871PA0120002	\$3	\$15	\$ 10.20
33871PA0040005, 33871PA0120005	\$3	\$15	\$ 10.20
33871PA0040017	\$3	\$15	\$ 10.20
33871PA0040015	\$3	\$20	\$ 13.20
33871PA0040013, 33871PA0120003	\$3	\$20	\$ 13.20
33871PA0040006, 33871PA0120006	\$7	\$25	\$ 17.80
33871PA0040010	\$5	\$20	\$ 14.00
33871PA0040016	\$5	\$20	\$ 14.00
33871PA0120008	\$5	\$5	\$ 17.00
33871PA0120007	\$5	\$20	\$ 14.00
33871PA0040014, 33871PA0120004	\$3	\$25	\$ 16.20
33871PA0040013-04	\$3	\$15	\$ 10.20
33871PA0040013-05	\$3	\$10	\$ 7.20
33871PA0040013-06	\$3	\$4	\$ 3.60
33871PA0040006-04	\$7	\$25	\$ 17.80
33871PA0040006-05	\$3	\$10	\$ 7.20
33871PA0040006-06	\$1	\$4	\$ 2.80
33871PA0040010-04	\$5	\$20	\$ 14.00
33871PA0040010-05	\$3	\$10	\$ 7.20
33871PA0040010-06	\$1	\$4	\$ 2.80
33871PA0040016-04	\$5	\$20	\$ 14.00
33871PA0040016-05	\$3	\$10	\$ 7.20
33871PA0040016-06	\$1	\$4	\$ 2.80
33871PA0040015-04	\$3	\$15	\$ 10.20
33871PA0040015-05	\$3	\$10	\$ 7.20
33871PA0040015-06	\$3	\$4	\$ 3.60
33871PA0040018	\$5	\$25	\$ 17.00
33871PA0040018-04	\$5	\$20	\$ 14.00
33871PA0040018-05	\$3	\$15	\$ 10.20
33871PA0040018-06	\$1	\$10	\$ 6.40

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

Using the AV calculator and the methods described above, we calculated the AV for each tier in each plan, as follows. Based on the average actual tier utilization experience over the past three years of data (2020, 2021, and 2022), we projected expected utilization by tier for the plans. The final AV for the plan was then calculated by taking the weighted average of the tier AVs using the utilization by tier. The following exhibits details this calculation.

Utilization	Tier 1	Tier 2	Tier 3	Total
33871PA0040005, 33871PA0120005, 33871PA0040006, 33871PA0120006, 33871PA0120007, 33871PA0120008, 33871PA0040010, 33871PA0040016, 33871PA0040018	50%	10%	40%	100%

HIOS ID	Actuarial Value			
	Tier 1	Tier 2	Tier 3	Average
33871PA0040005, 33871PA0120005	83.90%	79.99%	78.60%	81.39%
33871PA0040006, 33871PA0120006	73.77%	70.06%	69.66%	71.75%
33871PA0040006-04	75.64%	72.66%	72.29%	74.00%
33871PA0040006-05	88.95%	87.38%	86.81%	87.94%
33871PA0040006-06	95.83%	92.88%	92.27%	94.11%
33871PA0120007	72.54%	71.39%	70.77%	71.72%
33871PA0120008	73.96%	70.15%	69.76%	71.90%
33871PA0040010	71.86%	71.19%	70.56%	71.27%
33871PA0040010-04	74.55%	73.91%	73.33%	74.00%
33871PA0040010-05	88.48%	87.70%	87.20%	87.89%
33871PA0040010-06	95.83%	92.88%	92.27%	94.11%
33871PA0040016	71.46%	70.91%	70.35%	70.96%
33871PA0040016-04	74.41%	73.99%	73.40%	73.96%
33871PA0040016-05	88.48%	87.66%	87.18%	87.88%
33871PA0040016-06	95.78%	92.87%	92.27%	94.08%
33871PA0040018	71.13%	70.57%	69.98%	70.62%
33871PA0040018-04	74.33%	73.90%	73.31%	73.88%
33871PA0040018-05	88.48%	87.63%	87.15%	87.86%
33871PA0040018-06	95.62%	94.22%	93.70%	94.71%

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

The analysis was

- (i) conducted by a member of the American Academy of Actuaries; and
- (ii) performed in accordance with generally accepted actuarial principles and methodologies.

I am an employee of the issuer, I meet the *Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States* promulgated by the American Academy of Actuaries, and I have the education and experience necessary to perform this work. All AVs herein were determined in accordance with the ASOPs established by the Actuarial Standards Board and comply with applicable laws and regulations; furthermore, all metal levels herein were appropriately assigned based on applicable law.

Actuary signature: _____

Actuary Printed Name: _____

Date: 5/5/2023

AV screenshots redacted.

A Reinsurance Morbidity Adjustment of 1.000 was used as requested in the guidance.

An Individual Morbidity Adjustment of 1.000 was used as requested in the guidance.

XXXXXXXXXXXXXXXXX impact of COVID in the Experience Period that we do not expect to recur in the Projection Period.

The change in demographics was calculated considering changes to age, geography, and tobacco use.

The change in the average age was measured by comparing the average age factor calculated in this filing, based on February 2021 enrollments, to the average age factor calculated for the prior annual filing.

	2023	2024	
	Filing	Filing	Change
Age Factor	1.718	1.712	0.997
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.004	1.004	1.000
Total change			0.997

No changes were assumed for this filing.

The network factors used in Table 10 are based on the network differentials from the prior filing.

The network factor used for Keystone HMO was 1.100.

The network factor used for Proactive was 1.000.

The factors used in Table 10 recalibrate the values so that the differentials between the factors remains constant, and the composite factor equals 1.000.

Table 10 factors:	HMO	1.079
	Proactive	0.981

REDACTION JUSTIFICATION – KHPE CONSUMER

DOCUMENT

URRT Part III – Federal Actuarial Memorandum

Redacted Name of opining actuary (pages 8 and 9)

Redacted COVID-19 Impact (page 4) – confidential and proprietary information

Redacted Company Contact Information (page 1) – name, telephone number, email address

PA Actuarial Memorandum

Redacted Name of opining actuary (pages 8 and 9)

Redacted COVID-19 Impact (page 5) – confidential and proprietary information

Redacted Company Contact Information (page 1) – name, telephone number, email address

PA Actuarial Memo Rate Exhibits

Column C through E in Tabs “II.a. Reins Table – Exp” and “II.b. Reins Table – Proj” – confidential and proprietary information

Cover Letter

Redacted names and contact information (page 2)

AV Screenshots

Entire File Redacted

Unique AV Justification file

Redacted name of opining actuary (page 16)

Redacted AV Screenshots (all)



2023 and 2024 Service Area

Issuer: Keystone Health Plan East

Market: Individual



Key (*modify as needed*)

-  : On-exchange service area
-  : Off-exchange only service area

Responses to Section E, Standard Questions

1. Membership: a. If the projected membership for plan year 2024 significantly differs from the current 2/1/2023 membership, please explain why.

We do not project that 2024 membership will differ significantly from the current membership.

2. a. Experience Period Claims: a. Please confirm that all claims which are capitated have been removed from the experience period claims.

We confirm that capitated claims have been removed.

b. Please confirm that all non-EHB claims have been removed from the experience period claims.

We confirm that non-EHB claims have been removed.

c. How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?

We work with our PBM to forecast rx rebate increases from the base period to the rating period. These projected increases are fully reflected in the trend component of the rate development.

3. COVID: a. Please confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. Additionally, please confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.

We confirm there is no COVID adjustment in Tables 2-4. No COVID adjustment was made in Table 5.

4. Trend
 - a. [SG. Only] If the Total Annual Trend in Table 3 (weighted by credibility) and the Annual Trend used to calculate quarterly rates in Table 5A differ, please provide an explanation and exhibit in support of the variation.

N/A

b. [SG. Only] In Table 5A, if cells K32:M32 are left to equal J32, please explain why that is a reasonable assumption.

N/A

5. Table 6 – Retention
 - a. Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a

demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.

We confirm that we used a Federal Income Tax rate of 21% in this calculation.

- b. Please confirm that the Risk Adjustment User Fee PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2024.

We confirm that these factors are consistent.

- c. Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open-Enrollment Enrollee – Renewing, Open Enrollment Enrollee – New, Special Enrollment Period Enrollee – New, Special Enrollment Enrollee – Renewing. If the commission PMPM is not consistent between the four options above, please provide a detailed explanation as to the reason for the difference.

We confirm that the commission PMPM is consistent between the four options.

6. Pricing AVs

- a. Please confirm that the Pricing AVs were calculated using a single risk pool (i.e., claims experience is **not** separated by metal level).

We confirm that the Pricing AV's were calculated using a single risk pool.

- b. Please identify and support any differences between the company's metallic AV calculator results and the corresponding Pricing AVs.

Metal AV is a national average AV which is not intended for pricing purposes per CMS Guidance (noted below). Please see attached model for Pricing AV calculation. The metal AV is based on the AV calculator which is calibrated to national average costs. The Philadelphia market is significantly more expensive than the national average from a cost of services standpoint. The same deductible or copay is worth significantly less as a percentage of total allowed cost in the Philadelphia market compared to the national average. This leads to different Pricing AVs for the same metal level.

Pricing based on local data should give a more accurate result than pricing using national data. Our pricing model is using data that is more aligned with of how members buying these plans in this area will use them than another model which relies on national data.

In addition, CMS continues to state that "the AV Calculator is intended to establish a comparison tool and was not developed for pricing purposes" in its Actuarial Calculator Methodology.

This is further supported by the Society of Actuaries paper, "A Summary of the 2020 Actuarial Value Calculator", which states " It is important to remember that the AV calculator was designed to determine if specific benefit designs meet the de minimis criteria and not for plan pricing."

7. Expanded Bronze Plans

- a. Please provide an exhibit which demonstrates that the criteria for expanded bronze plans have been met.

Please see the attached "EBP" exhibit.

8. PAAM Exhibits – Consumer Factors

- a. Please provide quantitative and qualitative support for the proposed geographic rating area factors, if different from the previous year.

The proposed geographic area rating factors shown in Tab V are the same as those used in the previous year.

- b. Please provide quantitative and qualitative support for the proposed network factors, if different from the previous year.

The proposed network factors shown in Tab V are the same as those used in the previous year. Within Table 10, they are normalized using the membership in Table 10 to result in a composite factor of 1.000.

9. Public Health Emergency

- a. With the Public Health Emergency expected to end on May 11th, how has the rate development been affected? Please provide support for any adjustments, or support for making no adjustments, if applicable.

We did not make an adjustment for the expiration of the Public Health Emergency.

- b. Furthermore, with the Public Health Emergency scheduled to end on May 11th, has any adjustment been made specifically to the morbidity assumption for Plan Year 2024?

We did not make an adjustment to morbidity for the expiration of the Public Health Emergency.

- c. Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY24. Within your response please clarify if these services will be considered preventive and covered at 100%.

Services classified as preventive will be covered at 100%.

10. MLR Exhibit

- a. Please complete table below which summarizes the most recent three years of complete MLR information. i. Actual is the final information which was filed for the specified calendar year
ii. Pricing is the information which was projected in the final annual filing for the given year (i.e., 2020 pricing information is from the plan year 2020 annual filing submitted in 2019)

- a. Please complete table below which summarizes the most recent three years of complete MLR information. i. Actual is the final information which was filed for the specified calendar year

ii. Pricing is the information which was projected in the final annual filing for the given year (i.e., 2020 pricing information is from the plan year 2020 annual filing submitted in 2019)

Calendar Year	MLR		Member Months	
	Actual	Pricing	Actual	Pricing
2019	75.1%	82.2%	1,526,270	1,854,468
2020	79.6%	84.5%	1,306,255	1,692,948
2021	76.8%	84.8%	1,349,656	1,395,000

11. Plan of Withdrawal:

- a. Please confirm that a Plan of Withdrawal has been submitted if any plans are being discontinued.

No withdrawals are proposed in this filing.

Please provide an exhibit which demonstrates that the criteria for the expanded bronze plans have been met.

These plans satisfy the requirements by providing first dollar coverage (before deductible) as follows:

	<u>HIOS IDs</u>	<u>Plan Marketing Name</u>	<u>FDC Generic Rx</u>
KHPE	33871PA0120004, 33871PA0040014	Keystone HMO Bronze	X

Completeness and Redaction Justification Checklist

Issuer Name: Keystone Health Plan East
 Market: Individual HMO
 SERFF ID: INAC-133674084

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification				
	RFJ Part III – Actuarial Memorandum	X	Y	30-38	Y
	Federal Rates Template	X			
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X			
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	Y	4	Y
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N	5	N/A
D.1.C.	Average Rate Change	X	N	5	N/A
D.1.D.	Membership Count	X	N	5	N/A
	<i>PA Act. Exhibits Table 1</i>	X	N	13	N/A
D.1.E.	Benefit Changes	X	N	5	N/A
D.1.F.	Experience Period Claims & Premium	X	N	5-6	N/A
	<i>PA Act. Exhibits Table 2</i>	X	N	13	N/A
D.1.G.	Credibility of Data	X	N	6	N/A
	<i>PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)</i>	X	N	14	N/A
D.1.H.	Trend Identification	X	N	7	N/A
	<i>PA Act. Exhibits Table 3</i>	X	N	13	N/A
D.1.I.	Historical Experience	X	N	7	N/A
	<i>PA Act. Exhibits Table 4</i>	X	N	13	N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N	8	N/A
	<i>PA Act. Exhibits Table 5</i>	X	N	17	N/A
D.2.B.	Retention Items	X	N	9	N/A
	<i>PA Act. Exhibits Table 6</i>	X	N	17	N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	10	N/A
	<i>PA Act. Exhibits Table 7</i>	X	N	17	N/A
D.2.D.	Components of Rate Change	X	N	10	N/A
	<i>PA Act. Exhibits Table 8</i>	X	N	17	N/A
	<i>PA Act. Exhibits Table 9</i>	X	N	17	N/A
D.3.	Plan Rate Development	X	N	10	N/A
	<i>PA Act. Exhibits Table 10</i>	X	N	19	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	10	N/A
	<i>PA Act. Exhibits Table 11</i>	X	N	20-21	N/A
D.5.A.	Age and Tobacco Factors	X	N	11	N/A
	<i>PA Act. Exhibits Table 12</i>	X	N	22	N/A
D.5.B.	Geographic Factors	X	N	11	N/A
	<i>PA Act. Exhibits Table 13</i>	X	N	22	N/A
D.5.C.	Network Factors	X	N	11	N/A
	<i>PA Act. Exhibits Table 14</i>	X	N	22	N/A
D.5.D.	<i>Rate Change Request Summary</i>	X	N	23	N/A
	<i>PA Act. Exhibits Table 15</i>	X	N	23	N/A
D.5.E.	Service Area Composition	X	N	11	N/A
D.5.F.	Composite Rating	X	N	11	N/A
D.6.	Actuarial Certifications	X	Y	11-12	Y
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N	24-26	N/A
	Service Area Map	X	N	88	N/A
Summary Documents/Confirmation of HIOS & SERFF Submissions		X			Y