Independer

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 Small Group HMO Rate Filing effective 1/1/2024 INAC-133668723

Dear Ms. Swartz:

7.

Keystone Health Plan East (KHPE) is proposing a revision in Small Group Health Insurance rates effective January 1, 2024 and later.

Attached is the 2024 rate filing for HMO plans of Keystone Health Plan East (KHPE), and Direct Point-of-Service (DPOS) plans, of which a large majority of benefit expenses is attributed to KHPE and the remainder to QCC Insurance Company (QCC), and offered to small employer groups 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. We will be changing the

The proposed 2024 rates represent a 1.5% increase over the previously approved 2023 rates.

Information for the Pennsylvania Bulletin:

Total Annual Revenue Generated from

1. Company Name and NAIC Number: Keystone Health Plan East; 95056 2. Market Small Group 3. On or Off Exchange Off 4. Effective Date of Coverage January 1, 2024 5. Average Rate Change Requested 1.5% Range of Rate Changes Requested -2.1% to 2.9% 6.

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the Proposed Rate Change \$9,634,359 8. **Products** HMO 9. Rating Areas and Change from 2023 Rating Area 8; No Change Metal Levels and Catastrophic Plans Platinum, Gold, Silver, Bronze 10. 11. Current covered lives and policyholders 97,932 lives as of February 1, 2023 Number of plans offered in 2024 and 12. 38 plans in 2024; 19 plans in 2023 change from 2023 13. Corresponding contract form number, SERFF # INBC-133665578, SERFF, and binder numbers INBC-PA24-125116238, INBC-PA24-125116372 See appendix for form numbers. 14. HIOS Issuer ID # and submission tracking HIOS Issuer ID # 33871; Filing # N/A Number at Please contact with any or questions regarding this filing. Sincerely,

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APPENDIX

Form Numbers

KE 670 WPR GMC Rev. 1.24 KE 670 SG EXC-OFF Rev. 1.24 KE 670 SG EXC-OFF.Direct Rev. 1.24 KE 670 SG EXC-OFF.Tier Rev. 1.24 16905.WR.KDPOS Rev. 1.24 16905-BC.SG.KDPOS.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 small group 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: Small Group
Marketplace: Off Exchange

Effective Date(s): 1/1/2024 - 3/31/2024, 4/1/2024 - 6/30/2024, 7/1/2024 - 9/30/2024,

10/1/2024 - 12/31/2024

Average Rate Change: 1.5%

Range of Rate Changes: -2.1% to 2.9%

Products: HMO

Rating Areas: Rating Area 8

Metal Levels: Platinum, Gold, Silver, Bronze

Current Members: 97,932 Number of 2024 Plans: 38 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 small group 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.

1

COMPANY CONTACT INFORMATION

Primary Contact Name:

Primary Contact Telephone Number:

Primary Contact Email Address:

INAC-133668723 KHPE Small Group



PA Actuarial Memorandum May 17, 2023 Revised September 6, 2023

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

January 1, 2020	9.70%	INAC- 131927130
April 1, 2020	6.70%	INAC- 132132176
January 1, 2021	0.90%	INAC- 132358832
July 1, 2021	3.63%	INAC- 132762206
January 1, 2022	3.40%	INAC- 132818409
January 1, 2023	0.2%	INAC- 133254493

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.

C. AVERAGE RATE CHANGE

The average proposed rate change shown in Cell AC15 of Table 10 is 1.5%. 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 1.5%.

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 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. We anticipate that the dental vendor will change from United Concordia Dental to Dominion Dental on July 1, 2024. The dental benefits provided will be identical. Plans issued or renewed prior to the change will continue with United Concordia as the dental provider for their entire policy period. Plans issued or renewed once the change occurs will be issued revised certificates incorporating the change.

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 small group 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.

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.

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 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 G52 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 2019 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

Rebate payments will be made as appropriate for 2022 for KHPE in Small Group. Rebate payments will be made if applicable for the 2023 policy period. We do not anticipate 2024 rebates for KHPE Small Group.

INAC-133668723 KHPE Small Group PA Actuarial Memorandum May 17, 2023 Revised September 6, 2023

J. TERMINATED PLANS

The following plan is being terminated during 2024:

33871PA0100047 Keystone HMO Gold Classic \$2,500/\$40/\$80/100%

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 small group market-wide morbidity.

COVID-19 Impact

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.

We incorporated the quarterly trend methodology from Table 5A into the URRT Part 1 Worksheet 1 Section II so that the calculated MAIR in the URRT was consistent with the MAIR calculated in the Actuarial Memo Rate Exhibits. The factor is also applied in the URRT Worksheet 2 Section 3, Plan Adjustment Factors, to correctly calculate the first quarter 2024 rates.

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.

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		15.27%
General and Claims	9.57%	
Agent/Broker Fees and Commissions	4.90%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		0.62%
Risk Adjustment User Fee	0.04%	
PCORI Fee	0.05%	
PA Premium Tax	0.00%	
Federal Income Tax	0.53%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		2.00%
Total Retention		17.89%

C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Table 7 compares the normalization factors used in this filing to those used in the 2023 filing. The changes in the factors reflect small differences from the projected populations in 2023 and 2024.

D. COMPONENTS OF RATE CHANGE

Table 8 illustrates the components of rate change, based on inputs form 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)	\$467.12
Premium PMPM	\$569.30
Quality Improvement Expense PMPM	\$4.50
Exchange User Fee PMPM	\$0.00
HIF PMPM	\$0.00
Federal Income Tax PMPM	\$2.99
Premium Tax PMPM	\$0.00
Federal MLR	83.3%

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 Benefit Richness Factors from the Actuarial Memo Rate Exhibit. We incorporated the first quarter factor from cell J34 of Table 5A of 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

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.

PA Rate Template Part I Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Keystone Health Plan East
Product(s):	HMO
Market Segment:	Small Group
Rate Effective Date:	1/1/2024
Base Period Start Date:	1/1/2022

12/31/2024 12/31/2022

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2023)	Projected Rating Period
Average Age	36.9	37.0	37.0
Total	1,153,076	92,302	1,107,624
<18	184,878	14,505	174,060
18-24	97.752	7,773	93.276
25-29	109,027	8,782	105,384
30-34	121,252	9,765	117,180
35-39	108,680	8,829	105,948
40-44	101,191	8,299	99,588
45-49	92.979	7.513	90.156
50-54	104,354	8,195	98,340
55-59	115,526	9,144	109,728
60-63	85,046	6,898	82,776
64+	32.391	2.599	31.188

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
\$ 649,634,502.56	\$ 429,712,581.45	\$ 433,720,066.49	1,153,076	\$ 75,803,586.29	\$ 509,523,652.78	\$ -	\$ (43,956,164.31)	\$ 102,859,627.86	\$ 5,873,438.84	\$ (19,772,730.59)	S -
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)							\$ 492.97				
Loss Ratio											79 14%

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.15%	3.79%	0.00%	9.13%	16.49%
Outpatient Hospital	4.45%	3.79%	0.00%	8.41%	21.65%
Professional	2.89%	3.79%	0.00%	6.78%	27.89%
Other Medical	2.89%	3.79%	0.00%	6.78%	0.00%
Capitation				2.05%	10.48%
Prescription Drugs	-0.54%	3.79%	0.00%	3.22%	23.48%
Total Annual Trend				6.22%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.128	

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

**Should equal URRT Trend

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-19		35,192,715.70	1.0000		109,972			\$ (1,012,898.68)	\$ 42,485,042.24 \$	386.
Feb-19	5	32,224,594.94	1.0000	\$ 32,224,594.94	109,681			\$ (900,448.64)	\$ 37,742,880.58 \$	344.
Mar-19	-	35.927.386.47	1,0000		109,448			\$ (984,785,70)	S 42.044.480.68 S	384
Apr-19	5	37,078,398.00	1.0000		109,291			\$ (1,004,573.87)	\$ 43,117,759.99	394
May-19	9	37.442.173.76	1.0000	S 37.442.173.76	109.219			S (1.025.843.93)	S 43.594.240.12 S	396
Jun-19		33,404,916.91	1.0000	\$ 33,404,916.91	108,970			\$ (956,546.93)	\$ 38,733,813.54 \$	355
Jul-19	5	35,893,085.08	1.0000		108,842			\$ (1,055,933.84)	\$ 41,557,231.05	38
Aug-19		36,493,011,81	1,0000		108.753			S (1,034,069,46)	S 42.122.005.46 S	387
Sep-19	5	35,277,378.05	1.0000	\$ 35,277,378.05	108,646			\$ (1,006,972.61)		37
Oct-19	9	37.627.281.64	1.0000	S 37.627.281.64	108.708			S (1.113.787.64)	S 43.529.490.76 S	40
Nov-19		34,995,713.78	1.0000		108,719			\$ (1,047,414.49)	\$ 40,334,469.84 \$	37
Dec-19	\$ 676,249,629.13	35,443,367.98	1.0000	\$ 35,443,367.98	109,811	\$ 322.77	\$ 81,324,973.70	\$ (1,110,250.49)	\$ 41,184,458.07 \$	379
Jan-20		37,723,859.90	1.0000	\$ 37,723,859.90	110,499	\$ 341.40		\$ (2,800,208.24)	\$ 42,627,991.53 \$	38
Feb-20	4	36,176,867,06	1,0000	\$ 36.176.867.06	110.299	\$ 327.99		\$ (2,795,196,20)	\$ 40,309,425,57 \$	36
Mar-20		32.897.395.63	1.0000	\$ 32.897.395.63	110.191	\$ 298.55		S (2,792,640,53)	S 36,540,060,21 S	33
Apr-20	4	26.223.463.43	1.0000	\$ 26.223.463.43	108.849	\$ 240.92		S (2.850.708.14)	\$ 28,151,469,03 \$	25
May-20		30.555.914.47	1.0000	\$ 30.555,914,47	108.198	\$ 282.41		S (2.833,706.62)	S 33.030.288.51 S	30
Jun-20		34.035.992.42	1.0000	\$ 34,035,992,42	107.150	\$ 317.65		5 (2.823.663.25)	S 37,337,190,97 S	34
Jul-20		35.616.002.50	1.0000	\$ 35.616.002.50	106.600	S 334.11		S (2.941.500.94)	S 39.165.498.91 S	36
Aug-20		34.785.307.58	1.0000	S 34.785.307.58	106.136	\$ 327.74		S (2.928.461.03)	S 38,210,905,61 S	36
Sep-20		35,776,837,59	1.0000	\$ 35.776.837.59	105.082			S (2.899.186.58)	S 39.258.826.11 S	37
Oct-20		39.062.995.90	1.0000	\$ 39.062,995.90	104.816	\$ 372.68		S (2.970.526.43)	S 42.825.952.91 S	40
Nov-20	-	36 527 791 21	1,0000	\$ 36,527,791,21	104 237			5 (2.954.410.86)	5 39.893.893.57	38
Dec-20	5 666 417 701 50	37 752 782 79	1,0000	\$ 37.752.782.79	103 726	\$ 363.97	0 70 021 700 20	S (2.940.451.81)	5 41 174 802 28 5	35
Jan-21	3 300.747.754.00	38 187 036 29	1,000		103.473		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	\$ (3.259.540.78)	\$ 41.848.320.44	
Feb-21	H	33 673 984 94	1,0000	\$ 33,673,984,94	103.312			5 (3.254.329.54)	5 36.848.701.23	35
Mar-21	H	43.648.054.22	1,0000	S 43.648.054.22	103.079			S (3.247.032.33)	S 47.881.239.65 S	46
Apr-21	-	40.840.369.72	1,0000	\$ 40,840,369,72	102,462			S (3.390.286.34)	S 44.733.607.78 S	4
May.21	H	39 548 402 21	1,0000		101.810			\$ (3.368.727.96)	\$ 42,739,625,73	41
Jun-21	H	38 380 964 08	1,0000		101.810			5 (3.350.630.52)		41
Jul-21	В	35,151,612,63	1,0000		100,546			5 (3.386.146.56)		38
Aug-21	-	33.151.012.03	1,0000	\$ 38.367.031.35	100.032			5 (3.368.831.09)	S 41.603.625.89 S	30
Sep-21	В	36.818.854.47	1,0000		99 533			\$ (3.351.811.04)	S 39.479.751.17 S	31
0rt-21	-	36 984 317 73	1,0000		99.333			C 13.351.811.041	5 39.979.751.17	40
Nov-21	1	5 35.984.517.73 5 37.033.797.19	1,0000	S 36.984.317.73 S 37.033.797.19	99,034			S (3.455.589.52) S (3.447.528.4M)	5 39.871.693.45 5	35
Nov-21	5 657 574 537 18 6	37,033,797.19	1,0000		98,800		5 78 977 552 68	S (3,447,528.40)	S 41 974 754 83	
Jan-22	5 637,374,337,18	35,892,975,82	1,0000	\$ 35,892,975,82	97.904		3 /8.977.332.86	S (3.770.244.67)	S 38 353 208 87 S	35
Jan-22 Feb-22	1	5 35.892.9/5.82 5 35.281.445.62	0.9986	S 35.892.975.82 S 35.329.783.90	97,904			S (3.767.184.59)	S 38.353.208.87 S S 37.779.280.63 S	31
Mar-22	H	33,281,443.62	0.9983	S 38,329,783.90	97,023	\$ 394.10		5 (3,767,184.59)	S 41.814.482.41 S	42
Mar-22 Apr-22	H	5 38.370.709.20	0.9983		97.550			5 (3.823.927.33)		31
Apr-22 May-22	H	5 35,349,977.94	0.9976		97,194			\$ (3,823,927.53) \$ (3,808,576,12)		
May-22		37,019,766.39 36,473,104.56	0.9970	\$ 37,132,303.56 \$ 36,609.215.68	96,804			\$ (3,808,576.12) \$ (3,805,191.35)	\$ 39,865,747.82 \$ \$ 39,316,928.86 \$	41
	H-		0.9963 0.9951	S 36.609.215.68 S 33.930.136.45	96.713 95.887			S (3.805.191.35) S (3.603.543.66)	S 39.316.928.86 S S 36.311.865.38 S	37
Jul-22		33,764,338.00								
Aug-22		36.569.689.15	0.9929		95.344			S (3.583.039.42)	S 39.753.783.52 S	4
Sep-22		37,466,661.23	0.9886	\$ 37,898,455.18	94,983			\$ (3,569,777.93)	\$ 40,338,321.77 \$	
Oct-22		36,408,036.96	0.9832	\$ 37,028,720.01	94,485			\$ (3,499,354.33)	\$ 39,423,596.26 \$	4
Nov-22		34.551.378.08	0.9753	\$ 35,427,190,83	94,318			S (3,493,734,59)	S 37.999.809.50 S	40
Dec-22	S 649.634.502.56 S	32,564,498.50	0.9644	\$ 33,768,291.73	94.089	\$ 358.90	\$ 75,803,586,29	\$ (3,475,794.46)	S 36,574,746,50 S	3

* Express Completion Factor as a percentage

*Express Prescription Drug Rebates as a negative number

Carrier Name: Keystone Health Plan East
Product[4]: HMO
Market Segment: Small Group
Rate Effective Date: 1/1/2024

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total P	Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 1,222,838,638.48	\$ 868,467,083.09	\$ 878,204,106.21	2,047,805	172,482,818.71	\$ 1,050,686,924.92	s -	S	(86,672,420.00)	\$ 111,516,445.80	\$ 11,146,826.88	\$ (1,084,539.29)	\$ -
Experience Period Total Allowed EH	B Claims + EHB Capitation PMPM (no	et of prescription drug rebates)										\$ 525.21
Loss Ratio												74.83%

Loss Ratio

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.15%	3.79%	0.00%	9.13%	16.49%
Outpatient Hospital	4.45%	3.79%	0.00%	8.41%	21.65%
Professional	2.89%	3.79%	0.00%	6.78%	27.89%
Other Medical	2.89%	3.79%	0.00%	6.78%	0.00%
Capitation				2.05%	10.48%
Prescription Drugs	-0.54%	3.79%	0.00%	3.22%	23.48%
Total Annual Trend				6.22%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1 128	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-19		5 68.613.791.32	1,0000		181,474			\$ (1.914.826.06)		
Feb-19		\$ 62,087,022.06	1.0000	\$ 62,087,022.06	181,175			\$ (1,715,273.37)	\$ 74,290,970.01	\$ 410.05
Mar-19	L	S 69.020.591.13	1.0000	\$ 69.020.591.13	181.194			S (1.871.928.18)	S 81.980.829.70	S 452.45
Apr-19	ļ	\$ 69,091,637.36	1.0000	\$ 69,091,637.36	181,371			\$ (1,929,649.95)	\$ 81,994,443.19	
May-19	ļ	5 70.144.477.61	1.0000	\$ 70.144.477.61	181.413			\$ (1.964.303.76)		
Jun-19	-	63,436,556,55	1.0000		181.799			\$ (1.837.768.89)	\$ 75.089.686.70	S 413.04
Jul-19	-	69,381,250.75	1.0000	\$ 69,381,250.75	181,904			\$ (2,021,689.29)	\$ 81,306,514.02 \$ 81,346,208.29	
Aug-19 Sep-19	-	S 69.598.983.77 S 66.831.892.43	1.0000 1.0000	\$ 69.598.983.77 \$ 66.831.892.43	182.245 182.491			S (1.994.183.99) S (1.941.034.07)	S 81.346.208.29 S 78.081.583.26	
Sep-19 Oct-19	-	5 66,831,892.43 5 74.863.280.98	1.0000	\$ 56,831,892.43 \$ 74.863.280.98	182,491			S (1,941,034.07) S (2.138.644.38)	5 /8,081,583.26 S 87.344,934.92	S 427.87 S 477.10
Uct-19 Nov.19	-	5 /4.863.280.98 5 68.484.300.63	1,0000	\$ 74.863.280.98 \$ 68.484.300.63	183.074			S (2.138.644.38) S (2.014.920.37)	S 87.344.934.92 S 79.790.601.51	S 477.10 S 434.63
Nov-19 Dec-19	\$ 1,195,183,658,24	S 71.275.234.65	1,0000	\$ 71.275.234.65	183,584		\$ 171,050,172,24		S 83,566,442,97	S 439.63
Jan-20	5 1,195,185,658.24	5 73.912.533.65	1.0000	\$ 73,912,533.65	186,378		5 171,050,172.24	\$ (5,392,814,50)	S 85.621.610.15	
Feb-20		5 73,912,333.03 S 71 179 245 66	1,0000	\$ 73,912,533.05	185,887			c (5,392,614.30)	S 80,977,774,98	\$ 435.63
Mar-20		5 63 881 909 02	1,0000	\$ 63,881,909,02	185,679			5 (5.372.133.63)	5 71 964 544 23	
Agr-20		5 49,269,183,25	1.0000	\$ 49,269,183,25	183.805			5 (5.513.564.13)	\$ 53.117.797.33	\$ 288.95
May-20		S 57.005.920.10	1,0000	\$ 57,005,920,10	182,608			\$ (5.476.707.03)	S 62.292.154.76	S 341.13
lun.20	F	5 68 103 161 46	1,0000	\$ 68 103 161 46	181 011			\$ (5.471.887.56)		S 417.58
hil-20	F	5 69 407 880 82	1,0000	\$ 69,407,880,82	180 866			\$ (5.700.639.04)	\$ 77 100 597 95	
Aug-20		S 69.071.381.52	1,0000	\$ 69.071.381.52	180.102	S 383.51		\$ (5.676.489.54)	S 76.758.322.93	S 426.19
Sep-20		S 69.441.806.21	1,0000	\$ 69.441.806.21	178,670	S 388.66		\$ (5,633,165,44)	\$ 77.115.859.84	S 431.61
Oct-20		5 74,349,525.78	1.0000	\$ 74,349,525.78	178,624	\$ 416.23		\$ (5,803,661.39)	\$ 82,755,510.09	\$ 463.29
Nov-20		5 70,324,264.24	1.0000	\$ 70,324,264.24	177,466	\$ 396.27		\$ (5,765,435.76)	\$ 77,834,038.74	\$ 438.59
Dec-20	S 1.202.060.239.95	5 73.155.950.18	1.0000	\$ 73.155.950.18	176,577	\$ 414.30	\$ 159,629,190,99	\$ (5,736,748,34)	\$ 80.685,242,37	\$ 456.94
Jan-21		5 72.921.871.60	1.0000	\$ 72,921,871,60	176,488	S 413.18		\$ (6.311.922.78)	\$ 82,068,097,54	\$ 465.01
Feb-21		\$ 64,314,599.86	1.0000	\$ 64,314,599.86	176,307			\$ (6,307,040.73)		
Mar-21		S 82.148.339.87	1.0000	\$ 82.148.339.87	176.294			\$ (6.310.189.02)	S 92.338.305.99	
Apr-21		\$ 77,279,089.16	1.0000	\$ 77,279,089.16	175,737			\$ (6,696,212.56)		
May-21		\$ 73.707.922.43	1.0000	\$ 73.707.922.43	175.277			\$ (6.683.191.51)		
Jun-21	ļ.	S 75.886.415.85	1.0000	\$ 75.886,415.85	174,519			\$ (6.655.381.17)		
Jul-21	ļ	\$ 67,322,995.37	1.0000	\$ 67,322,995.37	173,412			\$ (6,583,174.18)	\$ 74,982,271.03	\$ 432.39
Aug-21	ļ	5 73.704.288.11	1.0000	\$ 73.704.288.11	173.094			\$ (6.574.460.47)	S 81.544.789.05	S 471.10 S 459.01
Sep-21		72,510,425.52	1.0000	\$ 72,510,425.52 \$ 74,927,387,31	172,956 172,396			\$ (6,572,828.66)	\$ 79,387,702.83 \$ 81,933,350.80	S 459.01 S 475.26
Oct-21		5 74.927.387.31 5 74.072.443.17	1,0000	S 74.927.387.31 S 74.072.443.17	172.396 172.177			S (6.678.911.56) S (6.671.852.37)	S 81.933.350.80 S 80.206.469.56	S 475.26 S 465.84
Nov-21 Dec-21	\$ 1,207,866,070,03	S 74.072.443.17 S 78.144.246.37	1,0000	S 74.072.443.17 S 78.144.246.37	172,177 172,869				S 80.206.469.56 S 84.652.662.53	S 465.84 S 489.69
Jan-22	5 1.207.856.070.03	5 /8,144,246.37 5 71.360.300.41	1.0000	\$ 78,144,246.37 \$ 71,360,300.41	172,869		\$ 172,099,599,01	S (6,680,339.66) S (7,327,773.64)		S 489.69 S 457.60
Jan-22 Feb-22	-	5 /1,360,300.41	0.9977	\$ 71,360,500.41 \$ 68.132.404.29	1/1,665			\$ (7,327,773.64) \$ (7,347.121.42)	\$ 78,552,272.92 \$ 74,752,915.84	S 457.60
Mar-22	-	5 5/.9//.54/.55	0.9977	\$ 68.132.404.29 \$ 77.659.655.12	172.039			5 (7.339.807.05)	5 /4./52.915.84	S 434.51 S 504.49
Apr-22		5 77,449,337.47	0.9973	\$ 77,039,033.12	171,029			5 (7,413,720,961		
May.22		\$ 78.547.551.10	0.9950	\$ 78.943.245.39	171.732			5 (7.404.229.85)		
Jun-22		5 74 501 100 46	0.9940	\$ 74,954,424,25	171.403			5 (7.422.98) 571	S 82.302.676.80	
Jul-22		5 67 649 630 48	0.9918	\$ 68.206.647.01	171,033			5 (7.117.898.93)	5 74 370 442 98	S 434.89
Aug-22		S 76.045.443.77	0.9896	\$ 76.841.643.48	170.247			\$ (7.087.096.49)		
Sep-22		S 74.757.851.05	0.9862	\$ 75.807.416.05	169.761			\$ (7.068.759.93)	S 82.412.723.90	\$ 485.46
Oct-22		S 72.577.764.29	0.9811	\$ 73.976.442.05	168.918			\$ (7.066.041.80)	S 80.566.941.40	\$ 476.96
Nov-22		5 70,444,382.20	0.9740	\$ 72,327,667.19	168,588			\$ (7,052,436.69)	\$ 78,951,887.03	\$ 468.31
Dec-22	5 1 222 838 638 48	67 130 973 70	0.0620	\$ 69 719 122 95	168 721	\$ 413.22	5 172 482 818 71	\$ (7.024.552.69)	5 76 952 056 41	\$ 456.05

* Express Completion Factor as a percentage
**Express Prescription Drug Rebates as a negative number

PA Rate Template Part II
Rate Development and Change
Carrier Name:
Producit):
Market Eigenest:
Rate Effective Date:

Reystone Health Plan Ear HMO Small Group 1/1/2024

Development of the Projected Index Rate	Ac	tual Experience Data		Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription druz rebates) PMPM	5	492.97	\$	525.21	<- Actual Experience PMPN
Two year trend projection Factor		1.128		1.128	
Unadjusted Projected Allowed EHS Claims PMPM	5	556.20	5	592.58	
Sinele Risk Pool Adjustment Factors					
Change in Morbidity - Impact of Reinsurance Program		1.000		1.000	
Change in Morbidity - All Other		1.000		1.000	<- See URRT Instructions
Total Non-Morbidity Changes		1.007		0.970	
Change in Demographics		1.005		1.008	<- See URRT Instructions
Change in Network		0.995		0.963	
Change in Benefits		1.000		1.000	<- See URRT Instructions
Change in Other		1.000		1.000	<- See URRT Instructions
Total Adjusted Projected Allinaud FMS Claims ISASM		559.88	٠.	574.92	
Credibility Factors		9%		100%	<- See Instructions
Blended Projected EHB Claims PMPM			s	574.92	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims					
Adjusted Projected Allowed EHS Claims PMPM	5	574.92	<- In	dex Rate for Proje	ection Period on URRT
Projected Paid to Allowed Ratio		0.754	l		
Projected Incurred EHB Claims PMPM	5	433.22	l		
Market-wide Adjustments					
Projected Incurred Risk Adjustment PMPM Projected Incurred Exchange User Fees PMPM		-\$29.64 \$0.00			
Projected incurred Exchange User Fees PMPM Projected Incurred Reinsurance Recoveries PMPM		\$0.00			
Market-Adiusted Projected Incurred EHB Claims PMPM	s	462.86			
Market-Adjusted Projected Allowed EHB Claims PMPM	s	614.25	<- M	farket-Adjusted In	dex Rate
Projected Allowed Non-EHB Claims PMPM	s	5.70			
Market-Adjusted Projected Incurred Total Claims PMPM	5	467.15			
Market-Adjusted Projected Allowed Total Claims PMPM	s	619.94			

Blended Base Period Unadiusted Claims before Normalization	5	525.21	Index Rate of Experience Period on UR
Blended Earned Premium	5	1,222,838,638.48	
Blended Loss Ratio		74.83%	

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

Effective Date	1/1/2024	4/1/2024	7/1/2024	10/1/2024	Single Risk Pool
# of Member Months Renewing in Quarter	245,140	134,728	81,492	127,724	589,083
Adjusted Projected Allowed EHS Claims PMPM	\$ 574.92	\$ 574.92	\$ 574.92	\$ 574.92	\$ 574.92
Months of Trend		3	6	9	
Annual Trend	6.22%	6.22%	6.22%	6.22%	
Single Risk Pool Projected Allowed Claims	\$ 574.92	583.66	592.53	\$ 601.53	\$ 585.12

Table 6. Retention

Retention Items - Express in percentages	Pe	rcentages	PMPM Amounts
Administrative Expenses		15.28%	\$86.9
General and Claims		9.58%	\$54.4
Agent/Broker Fees and Commissions		4,90%	527.8
Quality Improvement Initiatives		0.80%	\$4.5
Taxes and Fees		0.61%	\$3.4
Risk Adjustment User Fee		0.04%	\$0.2
PCORI Fee		0.04%	\$0.2
PA Premium & Other Taxes (f applicable)		0.00%	\$0.0
Federal Income Tax		0.53%	\$3.0
Health Insurance Providers Fee (Prorated for Small Groups only)		0.00%	\$0.0
Profit/Contingency (after tax)		2.00%	\$11.3
Total Retention		17.89%	\$101.7
Projected Required Revenue PMPM	s	568.92	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

2023		2024
	1.516	1.520
	1.000	1.000
	1.008	1.000
	1.000	1.000
	1.000	1.000
s e	04.05 S	629.94
\$ 3	95.56 \$	404.65
	s e	1.516 1.000 1.008 1.000

Rate Components	_	2023	_	2024	-	Herence	Percent Change
	-		_				
A. Calibrated Plan Adjusted Index Rate (PMPM)	5	371.35	\$	375.80	5	5.45	1.5%
Base period allowed claims before normalization	5	526.28	\$	525.21	\$	(1.07)	-0.3%
C. Normalization factor component of change	5	(181.66)	\$	(182.39)	\$	(0.74)	-0.2%
D. Change in Normalized Allowed Claims Adjustment Components							
D1. Base period allowed claims after normalization	5	344.63	\$	342.82	\$	(1.81)	-0.5%
D2. URRT Trend	\$	42.70	5	41.97	\$	1.27	0.3%
D3. URRT Morbidity	5		\$		\$		0.0%
D4. URRT Other	5	(13.22)	\$	(11.53)	\$	1.69	0.5%
DS. Normalized URRT Risk Adjustment on an allowed basis	5	17.73	\$	25.67	\$	7.94	2.1%
DS. Normalized Exchange User Fee on an allowed basis	5		\$		\$		0.0%
D7. Normalized Reinsurance Recoveries on an allowed basis	5		\$		\$		0.0%
DB. Subtotal - Sum(D1:D7)	5	391.84	\$	400.93	\$	9.09	2.4%
E. Change in Allowable Plan Adjusted Level Components							
E1. Network	5		\$		\$		0.0%
E2. Pricing AV	\$	(92.62)	\$	(98.81)	\$	(6.19)	-1.7%
E3. Benefit Richness	5	(0.00)	\$	0.00	\$	0.00	0.0%
E4. Catastrophic Eligibility	5		\$		\$		0.0%
ES. Subtotal - Sum(E1:E4)	5	(92.62)	\$	(98.81)	\$	(6.19)	-1.7%
F. Change in Retention Components							
F1. Administrative Expenses	5	56.95	\$	57.56	5	0.61	0.2%
F2. Taxes and Fees	5	2.27	s	2.31	s	0.03	0.0%
F3. Profit and/or Contingency	s	7.42	s	7.53	s	0.11	0.0%
F4. Subtotal - Sum(F2:F3)	\$	66.65	\$	67.40	5	0.75	0.2%
G. Change in Miscellaneous Items	s		s		5		0.0%
·							
H. Sum of Components of Rate Change (should approximate the change shown in line A)	5	365.87	\$	369.52	ś	3.65	1.0%

	2023	2024	
Paid-to-Allowed	0.764	0.754	٤
			J
URRT Trend (Total Applied Trend Factor)	1.124	1.125	
URRT Morbidity	1.000	1.000	
URRT "Other"	0.966	0.970	٥
Risk Adjustment	\$ 20.68	\$ 29.64	
Exchange User Fee	5 -		
Reinsurance Recoveries			4
Capitation	5 -	\$ -	ı
Network	1.000	1.000	
Pricing AV	0.764	0.754	
Benefit Richness	1.000	1.000	
Catastrophic Eligibility	1.000	1.000	9
Administrative Expenses	15.34%	15.28%	
Taxes and Fees	0.61%	0.61%	
Profit and/or Contingency	2.00%	2.00%	٩

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PA Rate Template Part III Table 50, Plan Rates Gellerin

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PA Rate Quarterly Template Part V **Consumer Factors**

Table 12. Age and Tobacco Factors

Projection Period Age and Tobacco Factors								
Age Band	Age Factor	Tobacco Factor		Age Band	Age Factor	Tobacco Factor		
0-14	0.765			40	1.278	1,225		
15	0.833			41	1.302	1.225		
16	0.859			42	1.325	1.225		
17	0.885			43	1.357	1.225		
18	0.913			44	1.397	1.225		
19	0.941			45	1.444	1.225		
20	0.970			46	1.500	1.225		
21	1.000	1.125		47	1.563	1.225		
22	1.000	1.125		48	1.635	1.225		
23	1.000	1.125		49	1.706	1.225		
24	1.000	1.125		50	1.786	1.375		
25	1.004	1.125		51	1.865	1.375		
26	1.024	1.125		52	1.952	1.375		
27	1.048	1.125		53	2.040	1.375		
28	1.087	1.125		54	2.135	1.375		
29	1.119	1.125		55	2.230	1.375		
30	1.135	1.175		56	2.333	1.375		
31	1.159	1.175		57	2.437	1.375		
32	1.183	1.175		58	2.548	1.375		
33	1.198	1.175		59	2.603	1.375		
34	1.214	1.175		60	2.714	1.375		
35	1.222	1.175		61	2.810	1.375		
36	1.230	1.175		62	2.873	1.375		
37	1.238	1.175		63	2.952	1.375		
38	1.246	1.175		64+	3.000	1.375		
39	1.262	1.175						

^{*}PA follows the federal default age curve.

Carrier Name:

Keystone Health Plan East HMO Small Group 1/1/2024 Product(s):
Market Segment:
Rate Effective Date:

Table 13. Geographic Factors

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

Table 14. Network Factors

	Projection Period Network Factors								
Network Name	Rating Area	Current	Proposed	Approval					
Network Name	Rating Area	Factor	Factor	Date					
Proactive	Rating Area 8	1.000	1.000	8/12/2013					
Keystone	Rating Area 8	1.100	1.100	3/11/198					

	1980 State S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

PA Rate Template Part VI - Rate Change Summary Table 15. Rate Change Summary Information

The company expects its annual medical costs to increase:

Explanation of requested rate change:

Overview

Initial Requested Average Rate Change:
Revised Requested Average Rate Change:
Minimum Requested Rate Change:
Maximum Requested Rate Change:
Mayed Marged Marged
Available in Rating Areas:

6.22%

Keystone Health Plan East HMO Small Group 1/1/2024

Key Information
Jan. 2022 - Dec. 2022 Financial Experience
Premium
Claims
Administrative Expenses
Taxes & Fees
Company Made After Taxes

How it Plans to Spend Your Premium
This is how the company plans to spend the premium it collects in 2024:
Claims:
83%
Administrative Expenses:
12%
Taxes & Fees:
35%
Profit:
25%

Rating Area Active Rating Areas Count of Remaining Active Rating Areas

1
2
3
4

Marketi Str.	I Group																																				
Product Select Select	9AC 77 J. 3624	Entire served Sear	Marrie 31, 2004																																		
		_																						_													
HIGE Plan ID 101 Embarroll 1967	MANAGEMENT STATEMENT NAMED IN COLUMN NAMED IN	11672900	100 33C1PMINISOS	XXCVPARIORES	MAZYPAGNOCES	3087994000000	HOPMAN	100717400000000	300519900	COST TROUBUR	10010 IMPUMOS	MATER MATER	NAMES SOUTH	1001 10C1P	SUMSES 1047	AMERICA 2007	PROCESOUS TO	Cursosasses III	Cipacianis 1862s	MADEGOODS SOM	75.Phi/19.00005	THE PROPERTY.	33674746490000	30875790000000	ENCUPARIOSOM	THE PAGEMENT	33879AA0900000	30001290000000	TRCVPARIABLES	19071/90010007	MAZWADOOON	XXXXVALIDADES X	MAPPENINGS III	METAPANCERSON TOWNERS	MANAGER ENCURAGE	0006 IM71/M000	IOS MAZVANIANO
	m Professori Cilife Hill Photosom Professori																																				
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30 SAME OF	\$786.29 \$866.37 \$786	M DUNK	SUR. SC. SURES SURE	6 56333 56643	\$49.36 \$49.70	S CHAIN CHES	5 541.0 SAL	S 94749 941	025 (025.0)	641724 963427	COLAN COLAN	CHE-96 5638.34	\$760.05 \$866.26	\$81.69 \$00.46	987 X 933.0																CIGO 34 CANADA	SCHAM (256-05 SH	N.24 SHIE-89 SET	0.44 CNO.N 900-04	924.29 924.46		
9 900 a	CHEST SELECT CHE		906.56 90549 960 906.56 90543 960		\$404.06 \$496.30 \$427.36 \$100.60		1 SANSA 925 8 SANSA 925	M DELM 90	0.17 517100 5.80 517918	5463.08 SCH403 5466.00 SCH604	CHLOR SEE/N	\$160.15 \$866.67 \$196.75 \$666.13	DRAF DRAF	5804.58 50%.30 5803.63 5803.67	998.38 SALE 903.98 SALE	901445 5143.33 903845 5145.93	9636-61 546 966-61 546	AS 5124.07 5AS 36 5124.00 5AS	86 956730 567344 89 909:00 567736	CNLN 981	07 DM-06	SULE 90631 SULE 93331	50149 5009 5018 5009	e SAURES SAULE	5 50496 549533 5 50736 53840	SIA-D 50076 SIZ-RI 505.16	580.08 SDS.80 585.31 SDS.60	SEL44 543	D 00738 940 8 00749 940	06 901463 CN649 00 90346 CN649	\$1834 \$1615 \$1644 \$1623	SCHLED CHEEF CHE	3.48 906.18 929 3.11 909.00 986	9.30 CR6.36 GGG.13 3.67 GES.56 GGS.69	50 M S 50 M S	SESSION SANCTON	00407 SAEAE 04238 00400 SAEEE 000.89
N 986.6	SMILLS SMILSE CTV	M 900.M	90430 90617 900	0 50417 Set 30	\$436.94 \$50K.N	SUPER STREET	2 SANCE (0.83)	6 DHJ 96	842 (342.04	\$44E/O \$660.00	CHLC CERLS			\$807.48 \$600.3K	90646 947.2	904300 5330.44	5646AD 5648	34 5121.64 5410			M 6794 M	900.86 S14.30	\$136.07 SQUA	0 54943 54963	IN SCHOOL SHEET					IS SEEM DISE		985530 (276-00 (276			941-0 931-0	SEMERO SAMESIA	90784 547000 988460
2 500.0	SME SME SME CRO	3 93434	918.30 910.51 905. 917.30 917.41 905.	S SONS DULIN	\$458.34 \$509.30 \$100.14 \$100.40	0 55136 538.0	6 549.77 SAT. 1 SULD SNL	0 900 00 0 900 00	136 (386)	SALTER SOUTH	DES DES	500-00 500-04 560-08 500-02	575.00 557.36 CML00 550.00	5843.65 580.60 5863.07 5803.00	914.07 5114.0 913.33 5114.0	964730 SHAET 955330 SHZ40	96133 945 96134 946	20 5134.37 5476 25 5134.80 5476	A7 5096.24 5896.26 24 596.46 5896.48	58K M 58K 58L S 588	E (781.31	90436 91430 90546 92229	5014 9014 5014 9014	5 50040 5004 5 50048 5004	14 Selecte 5100-30 16 Selecte 5112-49	SEEN SCHOOL	\$89.77 \$907.00 \$305.00 \$396.00	SM8.00 SA34	N CHLU SE	as partie proces	C14034 C20450 C14034 G4CL48	900846 (275.10 (21	7.36 580.00 586 0.00 588.07 586	140 58447 500.84	96730 95640 95139 95245	585145 54520 585524 545515	001.17 5475.07 018.31 00140 5475.14 006.81
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6 991.0	DIRECT COLUMN COMM	F 903.7	CULE SOUR CHI	S SHOW SUPER	5105.47 SERVICE	0 00530 5693	6 000.00 C16	m 644.35 00	Q36 5MES4	01856 C5687			010.54 S86.75	GLGSCG2 GRISLIA	Date 10 (4) 4	CHOICE SEASON	DH40 000	AN SAME AN COM	12 SCR.00 SRC.01	098.54 575.	10 SN45-67	903.77 \$50.67	5000 CNIA	5 5400% 06400	N 90547 568.30	GEN.30 GEN.74	5162-61 CT-6-20	56825 SUL	as dealer day	ME C75487 909475	\$36647 \$48629	DRAG BRIGH BE	K75 SLESSED 580	6.11 089.40 000.46	DELO 000.00	D9447 003148	004545 03544D 067840
4 50.4		au 9007.00	SWLIB 50440 SWL 9018 90167 900	3 90736 90846 9 90930 90936	5125.66 566.30 5167.13 5593.30	0 589-85 5871 E	7 98K-W (THE	18 5434.68 93 18 5453.70 93		50000 SW414	596-07 540-37 0-00043 540-49	SW 15 (246.34 0.00 to 0.00 to	0678-29 068-24 01-00-10 066-10	\$1,064.78 SERV.4E	5000 B 961 B 5001 B 985 6	96234 9253 9554 98953	\$613.37 954 \$604.91 923	64 5474.33 5176 64 5394.41 5786	61 (200.12 (600.46 29 (200.20 (600.46	\$1,000.00 SEC.	SE SMER	900-W SHARE 900-W 913-R	50440 CWA 50140 9002	3 512738 96834 9 513900 9862	S 90506 566.33 S 90510 5670.33	5181.65 SCT-12	5805.54 S363.76 5806.67 S20.86	564.48 5033 562.73 504	25 SAUL IS 920 28 SAUL IS 920	26 DB414 DWEET	\$4237 \$105.15 \$429.68 \$126.36	CHI26 (000-00 SM	00.00 SL000.78 SER	8.45 SLGB.30 SB7.36	581 S	90037 56794	90'120 50'541 50610 90'941 50929 57921
46 000.0	\$1,1820 SERIE \$1,0%	62 SB1-W	SELD CIDE SEE		503.33 CBLU	S 56646 5000	5 580.43 906			96333 96675	G-04742 SAM-48	90044 903.24	\$1,002.01 \$902.40						41 CM-14 196.11		6 0.05.0	974.W 911.D				\$636.94 GC0.55							CAS SLUBAL SN	1.00 SLOSAY 5757.44	SHLD CHAN		
e 966	\$1,00.05 \$60.00 \$1,000 \$1,00.05 \$1,000		988.20 CYCLU SHE	0 0000 0000 0 0000 0000	\$185.00 \$75L0 \$125.00 \$85.00	S 545.30 5143.2 N 566.18 5593.2	£ 588.70 983-	E 584 M 90	K-16 (12042	CHIAN STREET	51,010.00 SASS.00 51,263.77 SASS.00	90% 12 580% 61 90% 13 585% 65	SLEED SHEET	\$1,211.01 954.75	SUMMA COME	908.0 (365.0 6180.6 (365.0	98836 900	AR (263-40 9694	66 586.65 586.67 36 596.37 596.62	51,898.45 5966	10 (1,133.33	505.16 988.20 575.16 51065.60	\$753.00 Sees 2	0 518831 51364	H 900349 (256.65	546.39 556.15	588.70 SMILE	Sec.14 5000	B 90440 944	OR CHILD CYNON	\$4800 SC1410	96145 9,183 94 95145 9,3849 948	M.SM SLOWARD SHO	4.73 \$1,403.54 \$280.05 6.00 \$1,204.35 \$284.63	501-0 DVLD 505-0 DVLD	900.14 923.48	CHILAGO SATAGO SAGANI SAFONO SARENO SAGANI
	\$1,431.00 \$1,001.50 \$1,00																																				
0 (1,00.0	CLARCON CLORESS CLASS	AD 509.70 0	THERE BORN STATE	0 90'515 90558	\$660.00 SERVE	n 90030 SMTE	7 Chara Scott	6 SHLE 50	0.60 500633	5811.70 51,004.0	S.40509 SUKAD S.46534 SUGAD	\$20.9K \$7.0K.50	51,661 61,651 15 51,661 16 51,651 15	(1/01.30 (1/00.40	\$1,000 OK \$868.40	\$4,064.27 \$625.62	\$136130 Em	05 SH0.44 STAN	06 51,00 M 51,042 48		0 (1,411.42	509.70 SLIAD.83	\$636.00 SLUGS.4	0 5675.25 9625.5	H 900330 500053	960.30 960.12	COMPOS CYONYO	981.40 (211)	40 986.56 981	20 STEER STREET	STATES CTUTAL	SURE SURE SU	E.13 SLUE-30 SLOS	E-60 ST-00-12 GHR-18	\$1,864.17 \$693.60	1,261.20 (F15.65 11,261.30 (F15.65)	DMLM CHOIC SLEEKS
SE SLIKE	\$1,000.00 \$1,000.00 \$1,000 \$1,000.00	30 060.8E 0	THEN DRY CTRY	6 CNNO 5,80.40	\$286-61 \$1,675.3s	H 909-18 (296-6 0 908-16 988-7	2 08833 51,267	N 941-0 98	8.16 S80-68	9853-66 SLHSS75	51,600-91 5143-95	580 N 51,186.23	51,603.00 51,200.20	\$1,796.80 \$1,347.87	SUNDER SHEET	\$1,364.36 (\$66.64	\$3,313.30 SHI	40 St. 12067 SHI	N 51,0844 51,2813	\$1,000.68 \$1,000	10 (1,686.70	060 M 54365 M	\$66.30 \$4,307.6	E 549-20 (1,0014	6 CM44 5,0534	\$01458 \$796.60	\$806.23 \$4,217.80	595.60 588.	14 580.68 962	M SLML'S SLEDN	5843-94	SLIM25 SLISSO SL26	0.30 (0,7%-80 (0,24)	2.67 \$1,765.60 \$960.17	\$3,364.34 \$898.34	1,1030 91440 0	1,00.07 98534 51,0564 1,071.00 985.27 51,25649
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HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Network	Rating Area	Counties Covered
33871PA0100020	Keystone HMO Platinum Preferred \$10/\$20/\$200	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100021	Keystone HMO Platinum Preferred \$20/\$40/\$250	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100022	Keystone HMO Gold Preferred \$40/\$80/\$650	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100023	Keystone HMO Gold Classic \$1,500/\$30/\$60/90%	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100024	Keystone HMO Silver Classic \$4,750/\$40/\$80/70%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100025	Keystone HMO Silver Classic \$3,750/\$40/\$80/50%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100026	Keystone HMO Bronze Essential \$7,500/\$70/\$140/\$700	нмо	Expanded Bron	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100044	Keystone HMO Gold Proactive	нмо	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100045	Keystone HMO Silver Proactive	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100049	Keystone HMO Silver Secure \$5,000/\$50/\$100/\$600	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100050	Keystone HMO Platinum Preferred \$25/\$50/\$400	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100052	Keystone HMO Silver Proactive Value	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100053	Keystone HMO Platinum Preferred \$5/\$15/\$500	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110011	Keystone DPOS Platinum Preferred \$10/\$20/\$200	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110012	Keystone DPOS Platinum Preferred \$20/\$40/\$250	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110013	Keystone DPOS Gold Preferred \$40/\$80/\$650	POS	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110014	Keystone DPOS Gold Classic \$1,500/\$30/\$60/90%	POS	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110019	Keystone DPOS Silver Classic \$3,750/\$40/\$80/50%	POS	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100054	Keystone HMO Gold Proactive Value	нмо	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100055	Keystone HMO Platinum Preferred \$10/\$20/\$200	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100056	Keystone HMO Platinum Preferred \$20/\$40/\$250	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100059	Keystone HMO Gold Preferred \$40/\$80/\$650	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100060	Keystone HMO Gold Classic \$1,500/\$30/\$60/90%	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100062	Keystone HMO Silver Classic \$4,750/\$40/\$80/70%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100064	Keystone HMO Silver Classic \$3,750/\$40/\$80/50%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100065	Keystone HMO Bronze Essential \$7,500/\$70/\$140/\$700	нмо	Expanded Bron	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100066	Keystone HMO Gold Proactive	нмо	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100068	Keystone HMO Silver Proactive	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100063	Keystone HMO Silver Secure \$5,000/\$50/\$100/\$600	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100057	Keystone HMO Platinum Preferred \$25/\$50/\$400	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100069	Keystone HMO Silver Proactive Value	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100058	Keystone HMO Platinum Preferred \$5/\$15/\$500	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110021	Keystone DPOS Platinum Preferred \$10/\$20/\$200	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110022	Keystone DPOS Platinum Preferred \$20/\$40/\$250	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

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HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Network	Rating Area	Counties Covered
33871PA0100020	Keystone HMO Platinum Preferred \$10/\$20/\$200	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100021	Keystone HMO Platinum Preferred \$20/\$40/\$250	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100022	Keystone HMO Gold Preferred \$40/\$80/\$650	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100023	Keystone HMO Gold Classic \$1,500/\$30/\$60/90%	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100024	Keystone HMO Silver Classic \$4,750/\$40/\$80/70%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100025	Keystone HMO Silver Classic \$3,750/\$40/\$80/50%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100026	Keystone HMO Bronze Essential \$7,500/\$70/\$140/\$700	нмо	Expanded Bron	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100044	Keystone HMO Gold Proactive	нмо	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100045	Keystone HMO Silver Proactive	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100049	Keystone HMO Silver Secure \$5,000/\$50/\$100/\$600	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100050	Keystone HMO Platinum Preferred \$25/\$50/\$400	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100052	Keystone HMO Silver Proactive Value	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100053	Keystone HMO Platinum Preferred \$5/\$15/\$500	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110011	Keystone DPOS Platinum Preferred \$10/\$20/\$200	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110012	Keystone DPOS Platinum Preferred \$20/\$40/\$250	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110013	Keystone DPOS Gold Preferred \$40/\$80/\$650	POS	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110014	Keystone DPOS Gold Classic \$1,500/\$30/\$60/90%	POS	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110019	Keystone DPOS Silver Classic \$3,750/\$40/\$80/50%	POS	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100054	Keystone HMO Gold Proactive Value	нмо	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100055	Keystone HMO Platinum Preferred \$10/\$20/\$200	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100056	Keystone HMO Platinum Preferred \$20/\$40/\$250	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100059	Keystone HMO Gold Preferred \$40/\$80/\$650	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100060	Keystone HMO Gold Classic \$1,500/\$30/\$60/90%	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100062	Keystone HMO Silver Classic \$4,750/\$40/\$80/70%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100064	Keystone HMO Silver Classic \$3,750/\$40/\$80/50%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100065	Keystone HMO Bronze Essential \$7,500/\$70/\$140/\$700	нмо	Expanded Bron	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100066	Keystone HMO Gold Proactive	нмо	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100068	Keystone HMO Silver Proactive	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100063	Keystone HMO Silver Secure \$5,000/\$50/\$100/\$600	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100057	Keystone HMO Platinum Preferred \$25/\$50/\$400	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100069	Keystone HMO Silver Proactive Value	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100058	Keystone HMO Platinum Preferred \$5/\$15/\$500	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110021	Keystone DPOS Platinum Preferred \$10/\$20/\$200	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110022	Keystone DPOS Platinum Preferred \$20/\$40/\$250	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
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HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Network	Rating Area	Counties Covered
33871PA0100020	Keystone HMO Platinum Preferred \$10/\$20/\$200	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100021	Keystone HMO Platinum Preferred \$20/\$40/\$250	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100022	Keystone HMO Gold Preferred \$40/\$80/\$650	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100023	Keystone HMO Gold Classic \$1,500/\$30/\$60/90%	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100024	Keystone HMO Silver Classic \$4,750/\$40/\$80/70%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100025	Keystone HMO Silver Classic \$3,750/\$40/\$80/50%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100026	Keystone HMO Bronze Essential \$7,500/\$70/\$140/\$700	нмо	Expanded Bron	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100044	Keystone HMO Gold Proactive	нмо	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100045	Keystone HMO Silver Proactive	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100049	Keystone HMO Silver Secure \$5,000/\$50/\$100/\$600	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100050	Keystone HMO Platinum Preferred \$25/\$50/\$400	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100052	Keystone HMO Silver Proactive Value	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100053	Keystone HMO Platinum Preferred \$5/\$15/\$500	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110011	Keystone DPOS Platinum Preferred \$10/\$20/\$200	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110012	Keystone DPOS Platinum Preferred \$20/\$40/\$250	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110013	Keystone DPOS Gold Preferred \$40/\$80/\$650	POS	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110014	Keystone DPOS Gold Classic \$1,500/\$30/\$60/90%	POS	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110019	Keystone DPOS Silver Classic \$3,750/\$40/\$80/50%	POS	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100054	Keystone HMO Gold Proactive Value	нмо	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100055	Keystone HMO Platinum Preferred \$10/\$20/\$200	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100056	Keystone HMO Platinum Preferred \$20/\$40/\$250	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100059	Keystone HMO Gold Preferred \$40/\$80/\$650	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100060	Keystone HMO Gold Classic \$1,500/\$30/\$60/90%	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100062	Keystone HMO Silver Classic \$4,750/\$40/\$80/70%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100064	Keystone HMO Silver Classic \$3,750/\$40/\$80/50%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100065	Keystone HMO Bronze Essential \$7,500/\$70/\$140/\$700	нмо	Expanded Bron	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100066	Keystone HMO Gold Proactive	нмо	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100068	Keystone HMO Silver Proactive	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100063	Keystone HMO Silver Secure \$5,000/\$50/\$100/\$600	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100057	Keystone HMO Platinum Preferred \$25/\$50/\$400	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100069	Keystone HMO Silver Proactive Value	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100058	Keystone HMO Platinum Preferred \$5/\$15/\$500	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110021	Keystone DPOS Platinum Preferred \$10/\$20/\$200	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110022	Keystone DPOS Platinum Preferred \$20/\$40/\$250	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
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HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Network	Rating Area	Counties Covered
33871PA0100020	Keystone HMO Platinum Preferred \$10/\$20/\$200	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100021	Keystone HMO Platinum Preferred \$20/\$40/\$250	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
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33871PA0100026	Keystone HMO Bronze Essential \$7,500/\$70/\$140/\$700	нмо	Expanded Bron	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
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33871PA0100045	Keystone HMO Silver Proactive	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100049	Keystone HMO Silver Secure \$5,000/\$50/\$100/\$600	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100050	Keystone HMO Platinum Preferred \$25/\$50/\$400	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100052	Keystone HMO Silver Proactive Value	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100053	Keystone HMO Platinum Preferred \$5/\$15/\$500	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110011	Keystone DPOS Platinum Preferred \$10/\$20/\$200	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110012	Keystone DPOS Platinum Preferred \$20/\$40/\$250	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110013	Keystone DPOS Gold Preferred \$40/\$80/\$650	POS	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110014	Keystone DPOS Gold Classic \$1,500/\$30/\$60/90%	POS	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110019	Keystone DPOS Silver Classic \$3,750/\$40/\$80/50%	POS	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100054	Keystone HMO Gold Proactive Value	нмо	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100055	Keystone HMO Platinum Preferred \$10/\$20/\$200	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100056	Keystone HMO Platinum Preferred \$20/\$40/\$250	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100059	Keystone HMO Gold Preferred \$40/\$80/\$650	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100060	Keystone HMO Gold Classic \$1,500/\$30/\$60/90%	нмо	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100062	Keystone HMO Silver Classic \$4,750/\$40/\$80/70%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100064	Keystone HMO Silver Classic \$3,750/\$40/\$80/50%	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100065	Keystone HMO Bronze Essential \$7,500/\$70/\$140/\$700	нмо	Expanded Bron	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100066	Keystone HMO Gold Proactive	нмо	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100068	Keystone HMO Silver Proactive	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100063	Keystone HMO Silver Secure \$5,000/\$50/\$100/\$600	нмо	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100057	Keystone HMO Platinum Preferred \$25/\$50/\$400	нмо	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100069	Keystone HMO Silver Proactive Value	нмо	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0100058	Keystone HMO Platinum Preferred \$5/\$15/\$500	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110021	Keystone DPOS Platinum Preferred \$10/\$20/\$200	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0110022	Keystone DPOS Platinum Preferred \$20/\$40/\$250	POS	Platinum	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
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Company Name Market	Keptione Health Flan East, in Small Group 21, NON TORACCO LIEER, BY RA					
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1	Unified Rate Review v6.0		•	•	•				•		•	T	o add a produ	ıct to Wor	ksheet 2 - Pl	an Product I	Info, selec	t the Add Pro	duct button	or Ctrl + SI	nift + P.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Company Legal Name:	Keystone Health Plan East											o validate, sel								
4	HIOS Issuer ID:	33871	State:	PA								Т	o finalize, sele	ct the Fin	alize button	or Ctrl + Shij	ift + F.				
5	Effective Date of Rate Change(s):	1/1/2024	Market:	Small Group																	
6																					
7																					
8	Market Level Calculations (Same for a	all Plans)																			
9																					
11	Section I: Experience Period Data																				
12	Experience Period:		1/1/202	22 to		12/31/2022															
13				<u>Tota</u>	<u>əl</u>	<u>PMPM</u>															
14	Allowed Claims			5	\$574,300,555.17		\$498.06														
15	Reinsurance				\$0.00		\$0.00														
16	Incurred Claims in Experience Period				\$498,496,968.87		\$432.32 -\$17.15														
18	Risk Adjustment Experience Period Premium				-\$19,772,730.59 \$649,634,502.56		\$563.39														
19	Experience Period Member Months			,	1,153,076		\$505.55														
20																					
21	Section II: Projections																				
22		Experience Period Index	Yea	r 1 Trend			Year 2 1	Frend	Trended EHB Allowed Claims												
	Benefit Category	Rate PMPM	Cost	Utiliza	tion	Cost		Utilization	PMPM												
24	Inpatient Hospital	\$81.3			1.038		1.051	1.038	\$96.77												
25	Outpatient Hospital	A400 7																			
		\$106.7			1.038		1.045	1.038	\$125.57												
26	Professional	\$137.5	0 1.02	29	1.038		1.029	1.038	\$156.87												
26 27	Professional Other Medical	\$137.5 \$0.0	0 1.02 0 1.02	29	1.038 1.038		1.029 1.029	1.038 1.038	\$156.87 \$0.00												
26 27 28	Professional Other Medical Capitation	\$137.5 \$0.0 \$51.6	0 1.02 0 1.02 7 1.00	29 29 00	1.038 1.038 1.020		1.029 1.029 1.000	1.038 1.038 1.020	\$156.87 \$0.00 \$53.76												
26 27 28 29	Professional Other Medical	\$137.5 \$0.0	0 1.02 0 1.02 7 1.00 6 0.99	29 29 00	1.038 1.038		1.029 1.029	1.038 1.038	\$156.87 \$0.00												
26 27 28 29 30 31	Professional Other Medical Capitation Prescription Drug	\$137.5 \$0.0 \$51.6 \$115.7	0 1.02 0 1.02 7 1.00 6 0.99	29 29 00	1.038 1.038 1.020		1.029 1.029 1.000	1.038 1.038 1.020	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment	\$137.5 \$0.0 \$51.6 \$115.7	0 1.02 0 1.02 7 1.00 6 0.99	29 29 00	1.038 1.038 1.020		1.029 1.029 1.000 0.995	1.038 1.038 1.020	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift	\$137.5 \$0.0 \$51.6 \$115.7	0 1.02 0 1.02 7 1.00 6 0.99	29 29 00	1.038 1.038 1.020		1.029 1.029 1.000 0.995	1.038 1.038 1.020	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33 34	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes	\$137.5 \$0.0 \$51.6 \$115.7	0 1.02 0 1.02 7 1.00 6 0.99	29 29 00	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000	1.038 1.038 1.020	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33 34 35	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	0 1.02 0 1.02 7 1.00 5 0.99	29 29 29 30 30 35	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000 0.998	1.038 1.038 1.020	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33 34 35 36 37	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	0 1.02 0 1.02 7 1.00 6 0.99	29 29 29 30 30 35	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000	1.038 1.038 1.020	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33 34 35 36 37	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	0 1.02 0 1.02 7 1.00 5 0.99	29 29 29 30 30 35	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000 0.998 \$559.77	1.038 1.038 1.020	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33 34 35 36 37 38	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	0 1.02 0 1.02 7 1.00 5 0.99	29 29 29 30 30 35	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000 0.998 \$559.77	1.038 1.038 1.020	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	0 1.02 0 1.02 7 1.00 5 0.99	29 29 29 30 30 35	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000 0.998 \$559.77	1.038 1.038 1.020 1.038	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	102 102 102 102 102 102 102 102 102 102	29 29 20 20 25 24	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000 1.008 \$559.77 \$574.92	1.038 1.038 1.020 1.038	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	0 1.02 0 1.02 7 1.00 5 0.99	29 29 20 20 25 24	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000 0.998 \$559.77 \$574.92	1.038 1.038 1.020 1.038 Projected Period Totals \$630,707,362.20	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	102 102 102 102 102 102 102 102 102 102	29 29 20 20 25 24	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000 1.008 \$559.77 \$574.92	1.038 1.038 1.020 1.038	\$156.87 \$0.00 \$53.76 \$123.48												
227 228 229 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 44 45	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	102 102 102 102 102 102 102 102 102 102	29 29 20 20 25 24	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000 0.998 \$559.77 \$574.92 0.00%	1.038 1.038 1.038 1.038 Projected Period Totals \$630,707,362.20 \$0.00 \$43,146,386.55 \$0.00	\$156.87 \$0.00 \$53.76 \$123.48												
227 228 229 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	102 102 102 102 102 102 102 102 102 102	29 29 20 20 25 24	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000 0.998 \$559.77 \$574.92 0.00%	1.038 1.038 1.020 1.038 Projected Period Totals \$630,707,362.20 \$0.00 -\$43,146,386.55	\$156.87 \$0.00 \$53.76 \$123.48												
226 227 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees Market Adjusted Index Rate	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	102 102 102 102 102 102 102 102 102 102	29 29 20 20 25 24	1.038 1.038 1.020		1.029 1.029 1.020 1.000 0.995 1.000 1.008 1.000 0.998 \$559.77 \$574.92 0.00% \$50.00 -\$39.33 0.00% \$614.25	1.038 1.038 1.038 1.038 Projected Period Totals \$630,707,362.20 \$0.00 \$43,146,386.55 \$0.00	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 48	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	102 102 102 102 102 102 102 102 102 102	29 29 20 20 25 24	1.038 1.038 1.020		1.029 1.029 1.000 0.995 1.000 1.008 1.000 0.998 \$559.77 \$574.92 0.00%	1.038 1.038 1.038 1.038 Projected Period Totals \$630,707,362.20 \$0.00 \$43,146,386.55 \$0.00	\$156.87 \$0.00 \$53.76 \$123.48												
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees Market Adjusted Index Rate	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	102 102 102 102 102 102 102 102 102 102	29 29 20 20 25 24	1.038 1.038 1.020		1.029 1.029 1.020 1.000 0.995 1.000 1.008 1.000 0.998 \$559.77 \$574.92 0.00% \$50.00 -\$39.33 0.00% \$614.25	1.038 1.038 1.038 1.038 Projected Period Totals \$630,707,362.20 \$0.00 \$43,146,386.55 \$0.00	\$156.87 \$0.00 \$53.76 \$123.48												
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48	Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees Market Adjusted Index Rate	\$137.5 \$0.0 \$51.6 \$115.7 \$492.9	1/1/202	29 29 20 20 20 24	1.038 1.038 1.020 1.038		1.029 1.029 1.000 0.995 1.000 1.008 1.000 0.998 \$559.71 \$574.92 \$0.00% \$574.92 \$0.00% \$614.25	1.038 1.038 1.038 1.038 1.038 Projected Period Totals \$630,707,362.20 \$0.00 -\$43,146,386.55 \$0.00 \$673,853,748.75	\$156.87 \$0.00 \$53.76 \$123.48 \$556.44	opied to person	sons not authons	rized to	receive the in	nformatio	n. Unauthon	rized disclosed	sure may n	esult in prosesult in prosecu	scution		

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	1.1 Podul Name													Erycl	and HMO Small Group															Keystone DECS Small C	304		
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	1.4 Plan ID (Standard Component ID)		33871FA010002	\$58718A0300023 \$58718A				8871FA0000036 8887				ETSPACEDGDG SERT	FRE1000ND XXX71FR010	003\$ XM71FA000003\$	RESTRACTIONS NAMED	71F82100054 XXX71FW	100015 13871740000001				S SISTIMACCOCCUS SIS			RTIPAGGOODS BERTSPAGE	00009 XXX71FAZ100018	13871PA0300067 13873	PAGG 1001 BBETSPAGG 1000			PAGG1001 BBET1PAGG1002	33871F62110023 33871F	MO110029 NHR71PAGS10039 N	
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	1.10 Effective Date of Proposed Rates 1.11 Currulative Rate Change N. (cow 12 mas prior)		1/1/2005		2,715 2,75		1/1/2226	1/1/2026	1/1/2026 1/5	/1/2020 1/1/20	26 1/1/2026	2/3/2024	2,719 0.	026 1/1/2026 00% -2.06%	1/1/2026		1/1/2021 0.00% 0.00%			1/2024 1/1/2021 0.00% 0.00%	0 1/1/2036	1/1/2024 1/1/	1/1/2220	3/1/2026 1/1/	2024 1/3/2024	1/1/2010	2,71% 2,77%			1/1/2026 1/1/2026 2.86% 0.00%		1/1/2026 1/1/2026 0.00% 0.00%	3/3/2024 3/3/2024 0.00% 0.00%
- 1	1.12 Podud file horse %		7400	4800	£081 £0	2385	2,031	24/81	4.031	-A-4851 NOO	(a) A.M(a)	4.965	2.75%	W31 -2.9831	1.12%	0.00%	V-MCS1 9-MCS	9,000	0.00%	V-M/51 3-1005	3,000	0.00%) 6.	8031 806031	9,000)	M(N) MAKE	1000	£/(8)	4.5(5)	4788	2.80%	0.005	sough water	0.00%) 0.00%
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	2.1 Plan ID (Standard Component ID)	Total	33873PAGS0002	33871F0210002\$ 33871F0	0100022 88871740000	OZB KRETIPACKOGOJE	1 5 5 5 7 1 THE R P 10 10 10 10 10 10 10 10 10 10 10 10 10	BE71FR0100029 BEE7	TRACCODDES SERVIPAD	010000 XXX71F62100	DEF SERTIFICATIONS SE	871FA0000008 8187	PAGGOOONÓ ESETUPACE	001\$ 33K71FAZ120Z1\$	13871PA000003 118	KTIPACIODONĖ KIRTIPA	100016 33871FA210001	13871PA0300019 118	TIPACODONÓ BIRTIPAC	1000sp 88871PA21000s	8 XXX71PA0200019 XX	RTIPACIONOM ESETIPACE	0048 XXX71F6210004 XX	H71FA030001F HH71FA03	GOOD SETTIMATEDOON	33871F0212000F 53872	PRO11001\$ 88871PAGS1001	Z RESTIPACIONOS RES	M71F62120018 NHT1F	PRO110019 18871PAGG1003	HETTAMOSTOCK HERTS	PASI 20029 35871PHO110029 3	871FA051003\$ 81871FA051002\$
\$574,000,555	2.2 Allowed Claims	\$9.74,100,1	45 510,853,841	\$11,429,812 \$104	784,870 \$4,003,4	067 \$5,507,065	\$8,227,754	\$22,877,896 \$	\$79,854,409 \$170,1	383,882 \$3,972,4	54,584,695	\$3,841,999	8,282,576 \$2,770	768 \$13,907,636	\$897,514	50	50 50	\$0	50	50 50	50	50	50 50	50	\$0 \$0	50 \$	13,773,430 \$83,883,87	\$48,151,807	\$7,980,232 \$	6,361,365 \$1,992,28	50	50 50	50 50
50	2.5 Member Cox Sharing	173,823,3	84 S791,289	\$2,182,689 \$11,	332.106 5623.7	30 30 776 \$3.206.336	51.535.289	52,323,727	\$9,925,214 \$27,3	32 370,6	61 5772,433	5708,631	5492.439 5219	32 53,028,829	569,210	10	52 50	50	10	50 50	50	10	50 50	50	50 50 50 50	50	1.042.782 53.043.371	\$5,865,494	\$1,273,409 S	1326.274 5367.60	52	50 50	50 50 50 50
	2.5 Coll Sharing Reduction	1	0 50	50	50 1	SD 52	50	50	50	52 5	10 50	50	52	50 50	50	10	52 50	50	10	52 50	50	10	52 50	50	50 50	50	50 50	52	52	50 50	50	52 50	50 50
5098,096,969	2.5 Incurred Clares 2.7 Nik Adjustment Transfer Amount	123,039,1			232,860 \$3,877,6 216,780 -5783,6	192 14,102,917			589,911,219 5149,1 -5881,844 -581,2				0,739,099 \$3,552 \$936,480 -\$271		1817,900	10	52 50	50	10	50 50	50	10	50 50	50	50 50		\$2,732,689 \$30,802,82 \$643,632 \$4,278,020		56,706,828 St -5626,226	1,014,871 \$1,014,81 -1200,878 -1282,801	50	50 50	50 50
5649.635.505	2.5 Person			535.014.802 5120	377.005 53.413.5				104.479.000 \$100.0					123 527,672,882		50	50 50	50	10	50 50	50	10	50 50	50	50 50		17,895,209 SELECTION	532,083,894			50	50 50	10 10
1,133,079	2.9 Experience Period Member Months	1,153,0	71 13,507	67,6GK	191,619 8,11	86 11,862	34,499		160,161 6		16 9,819	3,672	9,511 8	130 41,256	1,010		0 0			0 0			0 0		0 0		21,309 10,870	85,390	14,491	14,721 1,661	0	0 0	a a
	2.10 Current Enrollment 2.11 Current Premium PMPM	92,0	1,270 11 5831.16		14,924 61	77 1,091 89 5338.62	1,110 5163.11	2,034		33,890 33 500530 5706	00 SNN7.20	762	799 1798.77 593	216 2,386	118		0 0			0 0		4000	0 0	60.00	9 0	- 0	1,539 3,882 1849.39 5843.52	6,630 5658.69	1,226	1,176 206	0	0 0	
	2.12 tota fatto	82.87	N 70.60%		80.16% 72.89			129.67%		93.66% RR.21		75.22%		19% 87.80%	129.77%	ADIV/DI 8	rolynes (rolyne	sov/or	apriv/pt a	DOV/01 BDIV/DI	sory/or	aprivipi apri	y's1 apric/s1	80V/01 80I	V/01 80V/01	apric/or	68.66% 65.22%		78.16%	62.32% 78.39%	aciv/ci	apriyo) apriyo)	80V/01 80V/01
	Per Member Per Month																																
	2.13 Allowed Claims 2.14 Rensulator	5000			50.00 50X		\$167.67 \$2.00	5447.54		5414 98 5845. 50.00 50.0		\$885.42 \$0.00	5453.20 553 50.00 5	1.79 SEES.SE 1.00 SE.00	\$861.2K		olysta stancjal olysta stancjal	sov/or sov/or		onyisi sonyisi onyisi sonyisi	gov/or	801/01 801 801/01 801		son/oi so	10/01 MORV)01 10/01 MORV)01	801(0) 801(0)	\$649.42 \$666.11 \$0.00 \$0.00		\$150.70 \$2.00	\$411.42 \$602.01 \$0.00 \$0.00		spry(s) spry(s)	story/or story/or story/or story/or
	2.15 Member Cod Sharing	163			592.18 576			585.50		105.00 180.	21 578.51	183.72	551.79 56	.83 \$73.00			2002 B2002	ggy/or				SDIVICE SDI		80V/01 80	12/year 12/ye	8D(1/2)	548.27 538.87			590.20 5006.01		RDIV(2) RDIV(0)	RON/OF RON/OF
	2.16 Cost thorng Reduction	50.1		\$2.00	\$0.00 \$0.0	.00 \$0.00	\$0.00	50.00	50.00	\$0.00 \$2.0	50 50.00	50.00		1.00 \$2.00		aon/oi a	rolynas (s)yvo		aprv/ct a	ony's) soxy'or		apry/ot apr		son(o) so	v/oi sorv/oi	apec/di	\$0.00 \$0.00	\$0.00	\$2.00	\$2.00 \$0.00	apry/or	apryje) apryjej	sory/or sory/or
	2.17 Incurred Clares 2.18 NSA Adjustment Transfer Amount	1412	12 5652.79 18 5105.93	560.6.28 599.87	5489.80 5612. -522.01 -595.	22 5859.72 87 -581.40	\$082.99 \$57.29	5383.00 -5123.00	5125.99 5	\$268.02 \$760. -\$76.15 \$170.	79 5387.49 80 -510.84	5323.69 -582.86	\$100.00 \$00 \$10.00 -50	.92 5312.18 LBS -572.91	5794.08 -5384.07		duna tanubi	RDIV/OI RDIV/OI	808/01 B	00/31 800/01 00/31 800/01	805/(0)	800/01 800 800 10/008		80V/01 80	(d)	850/31 850/31	\$800.25 \$806.26 \$30.45 \$84.00	5322.86 -52.29	5062.80 -543.21	\$341.21 \$295.94 -\$13.67 -\$55.59	RDIV/01 RDIV/01	RDO(S) RDO(S) RDO(S) RDO(S)	scry/or scry/or
	2.19 Person	1393			1629.23 1660	32 5163.82		5423.42		1002.29 5077		5684.07	1783.02 510		1200.43		angle! senger			poyle) sprybi			(2) #20(2)		(d) #00/d)	850/2	1843.75 1843.31			5553.22 5653.33		apolici apolici	BON/St BON/St
	Section III. Plan Edjustment Factors																																
	8.1 Plan ID (Standard Component ID)		33872PAGS0002	13871F62120023 13871F6	0100012 88871FA0100	DZB KRETIFACKOROS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3871F80120028 8887	1FA0000004 SSET1FA0	610000 XXX71FA1100	DOT SERVIPRO10000 ES	ETIPAGEORGE ESET	PACIDODE SERTIFACIO	0010 33871590200010	13871PA0000001 118	CTAPAGGGGGGG SERTEPA	10000 18871FA010001	13871F60300019 118	TIPACIODONÓ SIRTIPA	1000sk 13871F8212006	13871FA030006 33	RTIPACIONOM EMPIRACE	000K 13871F62120008 13	STIPHOSOCOUP SINTERACE	DODE SETTIMATEDODE	13871F6212000F 53872	PRO110015 NEW/1PAC11003	E KRETIFACIADOS KA	HT1F62110018 SHT1F	PRO110018 NW71PAGS1003	15871FA011002 55870	PAST 10002 10871 PAST 1002 B	871FA011002\$ 31871FA011002\$
	1.2 Market Adjusted Index Rate															0.5230			5604.25						1000								
	3.3 Ary and Cost Shoring Design of Plan 3.4 Provider Network Adjustment		1,0983		0.8391 0.82 1.0926 1.09		0.8700	0.5009 1.0320	0.8358	OA160 D.000	00 0.0000 00 0.0000	0.1588	1,0279 0.1	000 0.5828 000 0.5969	1.0399		L0083 1.0350 L0020 1.0320	0.8191 1.0926		0.6648 0.6709 1.0528 1.0529	0.1009	0.8558 0.0	242 23964		1828 1.0309 9549 1.0329	0.8135	1.0320 1.0320	0.8370	1.0126	0.7000 0.0000 1.0126 0.0000	1,1166	1.0783 0.8324 1.0326 1.0326	0.8625 0.7040 1.0026 1.0026
	3.5 Benefits in Addition to EMB		1.00%	1.00%	100% 1.00	196 1.0096	1.00%	1.0094	1.00%	1.00% 0.000	00 0.0000	1.00%	1.00% 0.1	000 1.00%	1.00%	1.00%	1.0094 1.0094	1.00%	1.00%	1.0094 1.0094	1.00%	1.00% 1.0	096 1,0096	1.00% 1	0096 1.0096	1.00%	1.00% 1.00%	1.00%	1,0099	1.0094 0.0000	1.00%	1.0099 1.0099	1.00% 1.00%
	1.4 Administrative Code:	_	13.28%	25.28%	15 28% 15 29	EN 25.285	15.28%	15.28%	15.29%	13.28% 0.00	n. 0.00%	15.29%	15.28% 0	15.28%	15.28%	15.28N	5.285 25.285	15.28%	15.28%	0.289 20.289	15.285	15.28N 15.	25.28%	15.28% 15	28% 25.28%	15.28%	15 28% 15 28%	25.28%	15.28%	15.28% 0.00%	15,285	15.28% 15.28%	15.28% 15.28%
- 1	17 Taintanifees		0.61%		0.01N 0.00			9.61%		DADN 000		0.60%		10% 0.61%	0.625		DAIN GAIN			DAIN GAIN			IN DAIN		AGTS DADTS	041%	0.61N 0.60%			0.00% 0.00%		DAIN GAIN	0.02% 0.02%
	I.E Port & NA cood		2.00%	2.00%	2.00% 2.00	75 2.025		2.00%	2.02%	2.00% 0.00				2.00%	2.00%	2.02%	2.00% 2.00%	2.00%		2.00% 2.00%			2.00%	2.00% 2	00% 2.00%	2.00%	Z.00% Z.00%	2.02%	2.00%	Z.00% 0.00%	2.02%	2,00% 2,00%	2.00% 2.00%
	1.9 Catachophic Adjustment 1.10 Plan Adjusted Index Rate		1,0000		1 0000 1 00			1.0000		10000 0.000		1.0000	1.0000 0.1 5.000.00 5	000 1 0000 1 00 1 1 2 1 2 0	1,0000		1.0000 1.0000 609.29 \$822.82			1.0000 1.0000 1.28.15 \$1.16.35		1.0000 1.0	000 1 0000 L70 1071.88		0000 1,0000 11,20 5816.58		1.0000 1.0000 1887.83 1837.00			1 0000 0 0000		1 0000 1 0000 5837 00 5681.62	1.0000 1.0000 1831.6X 1113.67
	T. D. Polit Supplement Mark	_	3635.23	SMA.EU	1834.46 1838.	AL BALL	3339.54	DIM.OL	30.00.00	1881.00 26.3	m) E4.00)	38.73.880	380.50	304.60	3848.000	1967.50	502.0E	3834.46	200.00	200.0	1 100.44	20.00	LOC BUILDING	1800.501 150	0.00	2387.750	380.401 380.00	IMARK	2583.500	\$335.Kr) \$6460	380.00	MANAGE MANAGE	300.00
	3.11 Age Cells of contractor	0.65																	9,69.78														
	3.13 Seographic Californius Factor 3.13 Tabassa Californius Factor	0.98																	1,0000														
	1.14 Calibrated Flan Adjusted Index Bate		\$355.00	\$337.68	G3.05 5G3.	27 5868.81	\$350.06	\$239.93	5023.71 5	5283.60 50.0	10 51.00	\$830.62	\$122.00 \$	100 5274.93	5552.88	\$383.Ni 1	55.74	193.0	\$69.77 \$	344.KT \$330.DI	5239.55	5003.71 528	550.62	5122.83 52	1932.89	\$383.79	\$3,79.33 \$339.63	586.53	5667.02	\$365.32 \$0.00	\$379.53	\$119.60 \$666.52	546737 5363.52
	Section IV. Projected Flan Level Information																																
	Section IV. Proposed Plan Level Information 4.1 Plan ID (Standard Component ID)	Type	3387374650002	33871F6210002\$ 33871F6	0200028 88871540000	028 88872746550000	1 13871 FRG 10002 N	8871F80100028 8887	1PAGGGGGG 83871PAG	000000 XXX71F601000	odr 33871F901000di 33	8717A0000008 8187	PAGGOGONÓ XXXTUPAGU	0010 338717402200010	13971PA00000018 119	KTIPAGGGGGG SSETIPA	1000% XXX71FA210001	13871PA0300018 138	71FA0000000 83871FA0	10000 XXX71FA210004	A 33871700300018 333	871FA0000000 83871FA01	0048 33871F6210004 33	H71PAG30001# HH71PAG5	good sarranesegois	33871F6210000F 53871	PRO110015 XW71PAG11001	2 HHYTPMOLIDOOR HA	H71F6213001& HH71F	PRO110018 XM71PAG11003	11871FA012002 11872	PASI 10020 15871PHO110529 1	KTIPAGI1002 KIKTIPAGI1002
	6.2 Allowed Chins	\$665,523,0	56,202,821	\$17,410,801 \$65,	706,409 \$6,333,3	94 \$4,542,715	\$4,637,467	\$8,167,415 1	\$53,501,509 \$124,1	250,550 5	ia șo	\$3,000,913	1,806,004	50 \$11,007,800	\$566,426	\$340,250	50 54,490,89	\$11,168,169	\$156,833,900 \$2,0	161,827 \$8,800,75	\$1,227,276	\$3,943,339 \$33,500	(282 \$1,108,482	\$2,559,693 \$2,52	9,627 \$12,288,308	\$340,230	7,644,380 \$19,520,97	\$27,210,609	\$3,300,688 \$	4,942,547 50	\$5,512,060 \$1	4,113,438 \$20,977,692	\$1,961,212 \$1,591,545
	4.5 Member Coxt Sharing	\$150,900,0	0 50 22 5321.071	\$0 \$1,166,803 \$18,	50 1	50 52	50	50	50	52 5	10 50	\$1,366,063	52 5331.695	52 50 50 52 53,290,206	50,626	\$70,64K	50 50 50 5296.30	50 S2.343.074	50	52 50 62,226 \$1,062,19	50 51,396,038	51.061289 513.200	50 50 318 5626,316	50 5210 870 580	50 52 5283 5877.003	50 572.668	50 50 5179.768 5889.868	54,805,002	50 50 50 5	50 50 11461866 50	52 5127-295	50 50 5608,226 53,692,684	50 52 5687-008 51.005.532
	4.5 Cost Sharing Reduction	1	0 50	50	50 1			50	io i	52 5	ia so	10	50	50 50	50	10	50 50	50	10	50 50	50	10	50 50	50	50 50	50	50 50	50	50	50 50	50	52 50	Sp Sp
F	6.6 Incurred Clares 6.7 Not Adjustment Transfer Amount			\$16,286,001 \$12,	192,154 59,139,3	33,015,025	59,179,292 -5228,690	54,229,131	\$63,979,826 \$79,0 -\$2,729,856 -\$6,8	529,016 1	10 50	\$1,864,850 -\$235,033	3,492,309 5166,822	50 57,777,603 50 -5729,029	\$325,000 -\$26,888	5265,605	50 50,130,79 50 -5389,711			079,100 \$2,258,550 01,128 -5262,880		\$4,902,034 \$22,29	268 1626,533	\$2,100,720 \$1,27 -\$110,809 -\$12		\$269,603	7.690.612 \$18.681.01 -\$817.662 -\$821.021	122,611,687		13313.721 SD -1242.394 SD	\$5,424,N2 \$1 -5229,906	3,327,430 \$17,293,034 -5194,529 -5964,693	\$1,299,760 \$2,548,013 -\$181,188 -\$173,668
	4.5 Yearing	512,514,8		4787,340 -51, 520,702,703 -567,	149 194 - 1293,5	141 -5223,000					10 50 10 50			52 522,862,866		-517,635 5169,825						-5101,828 -51,871 56,860,832 529,331			1,556 -5127,887					-1313,094 10 (4,081,038 10			-5183,138 -5173,669 56,216,893 53,317,267
	4.9 Pojedel Menber Marths	1,097,0	11 8,839	25,229	109,792 9,90	04 7,183	7,726	14,137	91,869 2	233,097	0 0	5,364	3,361	0 24,387	821	393	0 6,003	18,255	263,911	3,412 5,499	3,390	10,211 66	399 1,880	3,740	(027 17,811		10,711 27,701	42,433		8,185 0	7,797	22,059 32,609	6,179 3,927
	6.10 Loss Katio Per Member Per Month	83,15	N 81.66%	81.485	83,265 E3,28	EN 81.05%	83.08%	SDATS.	81,215 B	80.835 E50/3	z) space	80.82%	\$1.62% BD0	(2) 80.75%	E.IN	E3.36%	20021 83.669	83,28N	E3.29%	1.053 81.065	80,675	81,21N 80.	EE3 EE.525	81.62% R2	78 E.48	E1.18%	\$1,095 E1,075	83,105	83.825	81.11% ESV/51	83,495	\$1.675 \$1.80S	81.02N 83.11N
Г	6.11 Allowed Claims	5606	12 S700.74	5992.23	1633.42 1639	48 5155.29	5900.20	5125.52	5583.71 5	insted specie	ol special	5586.83	1984.43 800	(2) 5128.80	5689.92	5373.80 E	(N/2) 5682.21	1683.42	5642.70 5	198.29 5900.21	5379.52	1982.78 193	1.04 5181.99	1686.41 15	1683.02	5171.80	\$710.70 \$704.70	5963.33	5945.60	5606.30 80V/01	1733.79	5706.70 5663.80	\$604.60 \$609.90
	6.12 Recursors	50.1	10.00	52.00	\$0.00 \$0.0	00 10.00	50.00	50.00	50.00	10.00 #010		50.00	10.00 #00		50.00		20,00	50.00	50.00	10.00 12.00	50.00	50.00 5	100 50.00	50.00	0.00 10.00	\$0.00	\$0.00 \$0.00	10.00	\$2.00	\$2.00 MD(V/01	10.00	\$2.00 \$2.00	50.00 50.00
	6.13 Member Cost Sharing	\$117	55 554.06 50 50.00		\$128.85 \$118 \$0.00 \$0.0	74 \$194.09 00 \$0.00		\$279.59 \$0.00		10.00 spn/s		\$225.81 \$0.00	\$54.43 #DF		509.24		(N/2) 546.21 (N/2) 54.00			194.09 \$189.52 \$0.00 \$1.00			8.29 \$225.83 100 \$0.00	516.41 52 50.00 1	1246 50936	\$118.76 \$2.00	\$16.41 \$30.52 \$0.00 \$0.00		\$111.26 \$0.00	\$176.40 80V/01 \$2.00 80V/01	\$19.41 10.00	\$10.12 \$111.34 \$2.00 \$2.00	\$111.26 \$176.60 \$0.00 \$0.00
	6.14 Cost Sharing Reduction 6.15 Incurred Claims	500	10 5667.65	5963.79			5400.72	5287.82	5678.20 5	\$334.7% #DN/S	p) gov/o/		\$628.00 BD0	(2) \$316.20	Secons	503133 8	200(2) 5643.84		5526.28 5	606.19 5610.72	5297.82	5479.20 583		1628.00 5.5	16.20 1603.68	5453.11	1679.10 1674.15	\$552.07		\$429.90 BDV/01	5977.00	5675.58 5530.07	5533.38 5429.90
L	6.16 KKK Adjustment Transfer Amount	-529.0	14 -529.60	-529.64	529.64 -529.	44 -129.60	-529.66	-529.64	-629.64 -1	-\$29.60 BDN/S	o) son(o)	-929.64	-\$29.60 800	(2) -529.64	-529.64	-529.64 1	(N/2) -529.64	-529.66	-529.64 -	529.60 -529.60	-529.66	-929.64 -92	140 -529.60	-529.64 -52	19.64 -529.64	-529.66	-529.64 -529.64	-929.60	-529.66	-\$29.64 RDV/01	-\$29.60	-529.60 -529.60	-529.64 -529.64
L	6.17 Person	5607	00 5849.50	5822.83	1633.23 1670	35 5528.56	\$339.32	5398.22	561831 5	SASA TRI MERCIS	zi gonjoi	\$673.89	\$800 KT 800	(2) 5621.20	\$836.39	\$107.04	000(21) SRZZ.E1	\$653,59	1979.65 1	528.16 53.26.27	5398,22	5638.33 566	557.89	1820.87 56	23.20 5836.39	\$387.96	\$857.85 \$857.43	5983.64	5683.60	\$339.68 800/01	\$87.86	5837.63 5683.64	1683.65 1333.66

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 small group 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: Small Group

Effective Date(s): 1/1/2024 – 3/31/2024, 4/1/2024 – 6/30/2024, 7/1/2024 – 9/30/2024,

10/1/2024 - 12/31/2024

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 small group 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:

Primary Contact Telephone Number:

Primary Contact Email Address:



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.

The Federal government ended the Health Insurance Providers Fee beginning with premiums due in 2022.

We are projecting that claims will increase by 8.1% in 2024. More than half of the change in health care service costs is driven by changes to health care provider fees.

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 0.2%. The minimum increase is -2.6% and the maximum increase is 3.2%.

WORKSHEET 1: MARKET EXPERIENCE

SECTION I: EXPERIENCE PERIOD DATA

SINGLE RISK POOL

The single risk pool reflects all covered lives for every small group 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 small group 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

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Revised September 6, 2023

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

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is projected to the future rating period by several factors.

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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 small group 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.

c. Quarterly Premium Trend

Rates for second, third and fourth quarters increase by 1.5% each quarter.

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. We consider the combined experience data to be fully credible.

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustment PMPM

Projected Risk Adjustment is accounted for in Projected Incurred Claims before 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.

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 small group risk pool population is 37.

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 Small Group Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2024. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

TERMINATED PLANS

The following plan is being terminated during 2024:

33871PA0100047 Keystone HMO Gold Classic \$2,500/\$40/\$80/100%

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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, 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.

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■ 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. When an alternate methodology was used to calculate the AV Metal Value a copy of the actuarial certification required by 45 CFR Part 156, §156.135 was included.

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	BATTATION BATTATION	Territoria Territoria	then make the one		90 90 90	- 1
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	BATTATION BATTATION	Ten mil	the make the roa		00.0 00.0 00.0 00.0	- 5
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	BANAPINE BANAPINE BANAPINE	Second .	ter sets terms		80 80 90	- 1
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	BANGETEN BANGETEN BANGETEN	Territoria I	toes series toes our		1007 100.0 100.0	25
	BANGUIS BANGUI				79.5 92.9 79.8	- E
	SAMATES SAMATES	Ten mil	the mate the re-		90 S 90 S 90 S	- 5
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		team makes team one		180.75 180.78 180.78 180.78 180.78 180.78 180.78 180.78 180.78	
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#*************************************	Total Control	Management of the control		### 1997 1997	
		tean marks team our		60 W 60 W	
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##7000000 ##7000000		team marker features		900 900 900	
RATTE THE REST				78.0 20.0 20.0	
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SATALISMA SATALISMA SATALISMA	Terrore 1			913 815	
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	Para Santa	teen meter teen ne		700.00 700.00 700.00	
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		their technical residue their		100 F	
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RECOURSE RECOURSE RECOURSE		teen meter teen no		10.0 50.0 50.0	
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-	Toronto I	The same of the sa		100 N 100 N 100 N	
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-		tean marks there are		107 W 107 W 107 W 107 W	
-	Territoria de la constanta de			90.0 90.0	
		their technical records		60 to 60 to 60 to	
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		The same law.			
		tean marks team our		60.0 60.0	
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		team marker features		900 A 900 A 900 A	
		Man halls having		900 900 900	
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	termina i	term market features		10.5	
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		then makes become		50	
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				760.00	
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	Paris State S	Makes service Assessment of the Control of the Cont		30.2. 00.5. 00.0. 00	
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		Magazi Sau-Nin Albari yan		01.9 01.9 01.9 01.9 01.9 01.9 01.9 01.9	
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		Makes Machine Massiving		01.9 01.9 01.9 01.9 01.9 01.9 01.9 01.9	
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BANAPINA BANAPINA BANAPINA BANAPINA		Table to the cond		10.75 10.75 70.75 70.75 10.70	90.0 90.0 90.0 90.0
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MANAGEMEN MANAGEMEN MANAGEMEN MANAGEMEN				900 900 900	80 80 80 80 80
MATATORNIA MATATORNIA MATATORNIA MATATORNIA		to a serie to a series		With W 19 10 10 10 10 10 10 10 10 10 10 10 10 10	173 173 173 173 173 173 173 173 173 173
887047888 887047888				97.0 97.0 90.0	81 81 81
##************************************	Part and a	tean marker team nor		900 900 900	200 200 200
## A A A A A A A A A A A A A A A A A A				90.0 90.0	10.0 10.0 20.0
04************************************		Manuschen Merchae Manuschen Merchae		90.0 90.0	92 N
##************************************		the state to the state of		60 W	82.0 82.0 82.0
00-00-0000 00-00-0000 00-00-0000	Para San E	ter sets terms		700.00 700.00 600.00	100.0
## ** A *		ter sets terms		10.18 10.28 17.13	800 803 803 803 903 903 903 903 903 903
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880040000 880040000 880040000		tean marker team nor		90.0 90.0 90.0	90 S
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08/04/2009 08/04/2009		Manuschen Merchae Manuschen Merchae		01.0 01.2 01.0 01.0 01.0 01.0 01.0 01.0	90 T
BANAPHIN BANAPHIN BANAPHIN		then make the one		81.9 81.7 81.9	1971 1971 1970
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SATATION SATATION				100 P	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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SATATION SATATION				00.0 00.0	673 673 673
BATTATION BATTAT	Territoria de la constanta de	tean marks team our		100 100 100	200 200
88.754/2008 88.754/2008 88.754/2008 88.754/2008 88.754/2008 88.754/2008	Terrore Terror			125	100 100 100 100 100 100 100 100 100 100
BANACHIN BANACHIN BANACHIN		tana mata tanana tana mata tanana		10.0 10.0 10.0	873 873 873
BATTATION BATTATION BATTATION		tean mater team or		91.0 91.0 91.0 90.0	67.6 67.6 67.6
BANAPINE BANAPINE BANAPINE	Tanana I	ter sets terror		100 M	803 803 803 803 803 803 803 803 803 803
24-7-0-2000 24-7-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-				97.0 97.0 98.0 98.0	900 900 900
BANKS STATE				97.9 97.9 97.9	1900 1900 1900 1900
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100-7-0-7-10	Ten mil	ter sets terms		90 g	#10 #10
		The same of the sa		167.8 167.9 167.8 167.8 167.8 167.8 167.9 167.9 167.9 167.9	975 975 975 975
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BANATHINA BANATHINA BANATHINA		tean marks team our		90.0 90.0	87 87
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BANATURA BANATURA BANATURA BANATURA		then make the one		000 000 000	10/3 10/3 10/3 10/3
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SEA A CONTROL SE	Total Control			107 N	903 903
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BANACHER BANACHER BANACHER BANACHER BANACHER BANACHER BANACHER BANACHER		their technical records		100 mm m	90 V
BANKATINA BANKATINA BANKATINA		the series become		805 900 900	100.0
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SANAPISA SANAPISA SANAPISA	Tanana I			92.0 92.0 92.0 92.0	210 210
BANAPINA BANAPINA BANAPINA	Terrorest Terrorest	teen meter teen out		100 M	900 900 900
88.00 A 10 A				10 mm	977 977 977
SATATION SATATION	Ten suit	toes nette toes oe		87 W	907 1007 1007 1007
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SANATISM SANATISM SANATISM		ter sets terms		81.0 81.0 81.0	97 97 97
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SAVAPINA SAVAPINA				97.0 76.0 95.0	873 973 973
BANAPINE BANAPINE BANAPINE BANAPINE BANAPINE BANAPINE BANAPINE				10.00 60.00 60.00 60.00 60.00	1000 9810 9810
BANAPISS BANAPISS BANAPISS	Tanana I	Man nath Marris		900 900 900	80
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SAVAPINA SAVAPINA SAVAPINA		Takes sucha Marrina		85	200 200
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SEA PARTICULAR SEA				90 St. N	613 613 613
SATATION SATATION				60 A 60 A 60 A	677 677 677
BANAPINA BANAPINA BANAPINA	Tana and Tan	Table Inches Macronia		97.0 97.0 97.0	80 80
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Cover Page

HIOS Issuer ID: 33871

HIOS Product ID: 33871PA010, 33871PA011

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL

MEMORANDUM HIOS

Issuer ID: 33871

HIOS Product IDs: 33871PA010, 33871PA011

Applicable HIOS Plan IDs (Standard Component): 33871PA0100020, 33871PA0110011, 33871PA0100021, 33871PA0110012, 33871PA0100050, 33871PA0100053, 33871PA0100022, 33871PA0110013, 33871PA0100023, 33871PA0110014, 33871PA0100044, 33871PA0100054, 33871PA0100025, 33871PA0100024, 33871PA0100049, 33871PA0100025, 33871PA0110019, 33871PA0100045, 33871PA0100052, 33871PA0100026

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 valuation 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 or coinsurances 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 33871PA0100044, 33871PA0100054, 33871PA0100045, and 33871PA0100052 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:

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 to determine the equivalent overall IP hospital copay amount. The exhibit below details this calculation.

HIOS IDs	33871PA0100026	33871PA0100044, 33871PA0100054	33871PA0100044, 33871PA0100054	33871PA0100045, 33871PA0100052	33871PA0100045, 33871PA0100052
IP Cost Sharing		·	·		
Facility	\$700	\$700	\$1,100	\$900	\$1,300
Professional	50%	20%	30%	5%	10%
AVC Continuance Table	Bronze	Gold	Gold	Silver	Silver
PMPY for IP	\$1,081	\$1,577	\$1,577	\$1,430	\$1,430
Admit PMPY	0.04	0.06	0.06	0.06	0.06
Claim per Admit	\$24,326	\$24,919	\$24,919	\$25,064	\$25,064
Average LOS (days)	4.7	4.7	4.7	4.6	4.6
Effective Copay Factor for 5 days	0.48	0.47	0.47	0.48	0.48
Assumption from Data					
% Facility Cost	85%	85%	85%	85%	85%
% Professional Cost	15%	15%	15%	15%	15%
Calculations					
Professional Claim per Admit	\$3,649	\$3,738	\$3,738	\$3,760	\$3,760
Professional Claim per Day	\$782	\$788	\$788	\$814	\$814
Equiv. Copay per Day no max	\$391	\$158	\$236	\$41	\$81
Equiv. Copay per Day, 5-day max	\$816	\$338	\$506	\$85	\$170
Total Copay per Day, 5-day max	\$1,516	\$1,038	\$1,606	\$985	\$1,470

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.

	Cost - sharing		
HIOS_ID	PCP	Virtual PCP	AV Input
33871PA0100020, 33871PA0110011	\$10	\$5	\$ 9.00
33871PA0100021, 33871PA0110012	\$20	\$15	\$ 19.00
33871PA0100050	\$25	\$20	\$ 24.00
33871PA0100053	\$5	\$0	\$ 4.00
33871PA0100022, 33871PA0110013	\$40	\$30	\$ 38.00
33871PA0100023, 33871PA0110014	\$30	\$20	\$ 28.00
Tier 1: 33871PA0100044	\$15	\$10	\$ 14.00
Tier 2: 33871PA0100044	\$30	\$20	\$ 28.00
Tier 3: 33871PA0100044	\$45	\$30	\$ 42.00
Tier 1: 33871PA0100054	\$15	\$10	\$ 14.00
Tier 2: 33871PA0100054	\$30	\$20	\$ 28.00
Tier 3: 33871PA0100054	\$45	\$30	\$ 42.00
33871PA0100047	\$40	\$30	\$ 38.00
33871PA0100024	\$40	\$30	\$ 38.00
33871PA0100049	\$50	\$35	\$ 47.00
33871PA0100025, 33871PA0110019	\$40	\$30	\$ 38.00
Tier 1: 33871PA0100045	\$40	\$30	\$ 38.00
Tier 2: 33871PA0100045	\$70	\$50	\$ 66.00
Tier 3: 33871PA0100045	\$80	\$55	\$ 75.00
Tier 1: 33871PA0100052	\$40	\$30	\$ 38.00
Tier 2: 33871PA0100052	\$70	\$50	\$ 66.00
Tier 3: 33871PA0100052	\$80	\$55	\$ 75.00
33871PA0100026	\$70	\$50	\$ 66.00

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.

	Cost - sharing		
HIOS_ID	SP	Virtual SP	AV Input
33871PA0100020, 33871PA0110011	\$20	\$10	\$ 19.50
33871PA0100021, 33871PA0110012	\$40	\$25	\$ 39.25
33871PA0100050	\$50	\$35	\$ 49.25
33871PA0100053	\$15	\$10	\$ 14.75
33871PA0100022, 33871PA0110013	\$80	\$55	\$ 78.75
33871PA0100023, 33871PA0110014	\$60	\$40	\$ 59.00
Tier 1: 33871PA0100044	\$40	\$30	\$ 39.50
Tier 2: 33871PA0100044	\$60	\$40	\$ 59.00
Tier 3: 33871PA0100044	\$80	\$55	\$ 78.75
Tier 1: 33871PA0100054	\$40	\$30	\$ 39.50
Tier 2: 33871PA0100054	\$60	\$40	\$ 59.00
Tier 3: 33871PA0100054	\$80	\$55	\$ 78.75
33871PA0100047	\$80	\$55	\$ 78.75
33871PA0100024	\$80	\$55	\$ 78.75
33871PA0100049	\$100	\$70	\$ 98.50
33871PA0100025, 33871PA0110019	\$80	\$55	\$ 78.75
Tier 1: 33871PA0100045	\$90	\$65	\$ 88.75
Tier 2: 33871PA0100045	\$140	\$100	\$ 138.00
Tier 3: 33871PA0100045	\$150	\$105	\$ 147.75
Tier 1: 33871PA0100052	\$90	\$65	\$ 88.75
Tier 2: 33871PA0100052	\$140	\$100	\$ 138.00
Tier 3: 33871PA0100052	\$150	\$105	\$ 147.75
33871PA0100026	\$140	\$95	\$ 137.75

Combination of Cost-sharing 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. This assumption was used for plans with copay cost-sharing for outpatient facility. Our recent data indicated that 80% of outpatient facility claims came from the hospital setting. This assumption was used for plans with coinsurance cost-sharing for outpatient facility. The cost-sharing entered into the AV calculator is a blend of the copay or coinsurance in a hospital setting and the copay or coinsurance in an ambulatory surgery center.

		Cost-sharing		
HIOS ID	Service Type	ASC	Hospital	AV Input
33871PA0100020, 33871PA0110011	OP Fac.	\$50	\$100	\$77.50
33871PA0100021, 33871PA0110012	OP Fac.	\$50	\$100	\$77.50
33871PA0100050	OP Fac.	\$50	\$100	\$77.50
33871PA0100053	OP Fac.	\$80	\$160	\$124.00
33871PA0100022, 33871PA0110013	OP Fac.	\$400	\$750	\$592.50
33871PA0100023, 33871PA0110014	OP Fac.	\$400	\$750	\$592.50
33871PA0100047	OP Fac.	0%	30%	76%
33871PA0100024	OP Fac.	\$500	\$1,000	\$775.00

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.

	Cost - sharing			
	MH/SA	MH/SA		
HIOS_ID	Office	Other	AV	Input
33871PA0100020,				
33871PA0110011	\$20	\$20	\$	20.00
33871PA0100021,				
33871PA0110012	\$40	\$40	\$	40.00
33871PA0100050	\$50	\$50	\$	50.00
33871PA0100053	\$15	\$15	\$	15.00
33871PA0100022,				
33871PA0110013	\$80	\$80	\$	80.00
33871PA0100023,				
33871PA0110014	\$60	\$60	\$	60.00
33871PA0100044	\$40	\$40	\$	40.00
33871PA0100054	\$40	\$40	\$	40.00
33871PA0100024	\$80	\$80	\$	80.00
33871PA0100049	\$100	\$100	\$	100.00
33871PA0100025,				
33871PA0110019	\$80	\$80	\$	80.00
33871PA0100045	\$90	\$90	\$	90.00
33871PA0100052	\$90	\$90	\$	90.00
33871PA0100026	\$140	\$140	\$	140.00

For plan 33871PA0100047, 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.

OP Visit Cost-sharing OP Visit Weight	33871PA0100047 \$80 70%
Avg Cost/Unit OP Other	\$241.79
OP Other Cost-sharing in Deductible	N/A
OP Other Weight in Deductible	N/A
OP Other Cost-sharing after Deductible	0%
OP Other Weight after Deductible	30%
Effective Copay (AV Input)	\$56.00

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.

	Cost - sharing			
HIOS_ID	Low-Cost Generic Generic		AV	Input
33871PA0100020, 33871PA0110011	\$3	\$10	\$	7.20
33871PA0100021, 33871PA0110012	\$3	\$10	\$	7.20
33871PA0100050	\$3	\$10	\$	7.20
33871PA0100053	\$3	\$10	\$	7.20
33871PA0100022, 33871PA0110013	\$3	\$15	\$	10.20
33871PA0100023, 33871PA0110014	\$3	\$15	\$	10.20
33871PA0100044	\$3	\$20	\$	13.20
33871PA0100054	\$3	\$20	\$	13.20
33871PA0100047	\$3	\$15	\$	10.20
33871PA0100024	\$3	\$20	\$	13.20
33871PA0100049	\$3	\$20	\$	13.20
33871PA0100025, 33871PA0110019	\$3	\$20	\$	13.20
33871PA0100045	\$5	\$25	\$	17.00
33871PA0100052	\$5	\$25	\$	17.00
33871PA0100026	\$5	\$25	\$	17.00

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
33871PA0100044, 33871PA0100054, 33871PA0100045, 33871PA0100052	50%	10%	40%	100%

	Actuarial Value			
HIOS ID	Tier 1	Tier 2	Tier 3	Average
33871PA0100044	83.53%	79.68%	78.29%	81.05%
33871PA0100054	83.53%	78.44%	77.55%	80.63%
33871PA0100045	73.97%	70.15%	69.74%	71.90%
33871PA0100052	71.68%	70.15%	69.74%	70.75%

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 signa	ature:		
Actuary Prin	ted Name:		
Data	5/5/2022		

AV screenshots redacted.

Cover Page

HIOS Issuer ID: 33871

HIOS Product ID: 33871PA010, 33871PA011

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL

MEMORANDUM HIOS

Issuer ID: 33871

HIOS Product IDs: 33871PA010, 33871PA011

Applicable HIOS Plan IDs (Standard Component): 33871PA0100055, 33871PA0110021, 33871PA0100056, 33871PA0110022, 33871PA0100057, 33871PA0100058, 33871PA0100059, 33871PA0110023, 33871PA0100060, 33871PA0110024, 33871PA0100066, 33871PA0100067, 33871PA0100062, 33871PA0100063, 33871PA0100064, 33871PA0100065, 33871PA0100068, 33871PA0100068, 33871PA0100065

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 valuation 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 or coinsurances 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 33871PA0100066, 33871PA0100067, 33871PA0100068, and 33871PA0100069 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:

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 to determine the equivalent overall IP hospital copay amount. The exhibit below details this calculation.

HIOS IDs	33871PA0100065	33871PA0100066, 33871PA0100067	33871PA0100066, 33871PA0100067	33871PA0100068, 33871PA0100069	33871PA0100068, 33871PA0100069
IP Cost Sharing		4			
Facility	\$700	\$700	\$1,100	\$900	\$1,300
Professional	50%	20%	30%	5%	10%
AVC Continuance Table	Bronze	Gold	Gold	Silver	Silver
PMPY for IP	\$1,081	\$1,577	\$1,577	\$1,430	\$1,430
Admit PMPY	0.04	0.06	0.06	0.06	0.06
Claim per Admit	\$24,326	\$24,919	\$24,919	\$25,064	\$25,064
Average LOS (days)	4.7	4.7	4.7	4.6	4.6
Effective Copay Factor for 5 days	0.48	0.47	0.47	0.48	0.48
Assumption from Data					
% Facility Cost	85%	85%	85%	85%	85%
% Professional Cost	15%	15%	15%	15%	15%
Calculations					
Professional Claim per Admit	\$3,649	\$3,738	\$3,738	\$3,760	\$3,760
Professional Claim per Day	\$782	\$788	\$788	\$814	\$814
Equiv. Copay per Day no max	\$391	\$158	\$236	\$41	\$81
Equiv. Copay per Day, 5-day max	\$816	\$338	\$506	\$85	\$170
Total Copay per Day, 5-day max	\$1,516	\$1,038	\$1,606	\$985	\$1,470

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.

	Cost - sharing		
HIOS_ID	PCP	Virtual PCP	AV Input
33871PA0100055, 33871PA0110021	\$10	\$5	\$ 9.00
33871PA0100056, 33871PA0110022	\$20	\$15	\$ 19.00
33871PA0100057	\$25	\$20	\$ 24.00
33871PA0100058	\$5	\$0	\$ 4.00
33871PA0100059, 33871PA0110023	\$40	\$30	\$ 38.00
33871PA0100060, 33871PA0110024	\$30	\$20	\$ 28.00
Tier 1: 33871PA0100066	\$15	\$10	\$ 14.00
Tier 2: 33871PA0100066	\$30	\$20	\$ 28.00
Tier 3: 33871PA0100066	\$45	\$30	\$ 42.00
Tier 1: 33871PA0100067	\$15	\$10	\$ 14.00
Tier 2: 33871PA0100067	\$30	\$20	\$ 28.00
Tier 3: 33871PA0100067	\$45	\$30	\$ 42.00
33871PA0100061	\$40	\$30	\$ 38.00
33871PA0100062	\$40	\$30	\$ 38.00
33871PA0100063	\$50	\$35	\$ 47.00
33871PA0100064, 33871PA0110025	\$40	\$30	\$ 38.00
Tier 1: 33871PA0100068	\$40	\$30	\$ 38.00
Tier 2: 33871PA0100068	\$70	\$50	\$ 66.00
Tier 3: 33871PA0100068	\$80	\$55	\$ 75.00
Tier 1: 33871PA0100069	\$40	\$30	\$ 38.00
Tier 2: 33871PA0100069	\$70	\$50	\$ 66.00
Tier 3: 33871PA0100069	\$80	\$55	\$ 75.00
33871PA0100065	\$70	\$50	\$ 66.00

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.

	Cost - sharing		
HIOS_ID	SP	Virtual SP	AV Input
33871PA0100055, 33871PA0110021	\$20	\$10	\$ 19.50
33871PA0100056, 33871PA0110022	\$40	\$25	\$ 39.25
33871PA0100057	\$50	\$35	\$ 49.25
33871PA0100058	\$15	\$10	\$ 14.75
33871PA0100059, 33871PA0110023	\$80	\$55	\$ 78.75
33871PA0100060, 33871PA0110024	\$60	\$40	\$ 59.00
Tier 1: 33871PA0100066	\$40	\$30	\$ 39.50
Tier 2: 33871PA0100066	\$60	\$40	\$ 59.00
Tier 3: 33871PA0100066	\$80	\$55	\$ 78.75
Tier 1: 33871PA0100067	\$40	\$30	\$ 39.50
Tier 2: 33871PA0100067	\$60	\$40	\$ 59.00
Tier 3: 33871PA0100067	\$80	\$55	\$ 78.75
33871PA0100061	\$80	\$55	\$ 78.75
33871PA0100062	\$80	\$55	\$ 78.75
33871PA0100063	\$100	\$70	\$ 98.50
33871PA0100064, 33871PA0110025	\$80	\$55	\$ 78.75
Tier 1: 33871PA0100068	\$90	\$65	\$ 88.75
Tier 2: 33871PA0100068	\$140	\$100	\$ 138.00
Tier 3: 33871PA0100068	\$150	\$105	\$ 147.75
Tier 1: 33871PA0100069	\$90	\$65	\$ 88.75
Tier 2: 33871PA0100069	\$140	\$100	\$ 138.00
Tier 3: 33871PA0100069	\$150	\$105	\$ 147.75
33871PA0100065	\$140	\$95	\$ 137.75

Combination of Cost-sharing 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. This assumption was used for plans with copay cost-sharing for outpatient facility. Our recent data indicated that 80% of outpatient facility claims came from the hospital setting. This assumption was used for plans with coinsurance cost-sharing for outpatient facility. The cost-sharing entered into the AV calculator is a blend of the copay or coinsurance in a hospital setting and the copay or coinsurance in an ambulatory surgery center.

		Cost-shar	Cost-sharing		
HIOS ID	Service Type	ASC	Hospital	AV Input	
33871PA0100055, 33871PA0110021	OP Fac.	\$50	\$100	\$77.50	
33871PA0100056, 33871PA0110022	OP Fac.	\$50	\$100	\$77.50	
33871PA0100057	OP Fac.	\$50	\$100	\$77.50	
33871PA0100058	OP Fac.	\$80	\$160	\$124.00	
33871PA0100059, 33871PA0110023	OP Fac.	\$400	\$750	\$592.50	
33871PA0100060, 33871PA0110024	OP Fac.	\$400	\$750	\$592.50	
33871PA0100061	OP Fac.	0%	30%	76%	
33871PA0100062	OP Fac.	\$500	\$1,000	\$775.00	

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.

Cost - sharing				
	MH/SA	MH/SA		
HIOS_ID	Office	Other	AV Input	
33871PA0100055,				
33871PA0110021	\$20	\$20	\$	20.00
33871PA0100056,				
33871PA0110022	\$40	\$40	\$	40.00
33871PA0100057	\$50	\$50	\$	50.00
33871PA0100058	\$15	\$15	\$	15.00
33871PA0100059,				
33871PA0110023	\$80	\$80	\$	80.00
33871PA0100060,				
33871PA0110024	\$60	\$60	\$	60.00
33871PA0100066	\$40	\$40	\$	40.00
33871PA0100067	\$40	\$40	\$	40.00
33871PA0100062	\$80	\$80	\$	80.00
33871PA0100063	\$100	\$100	\$	100.00
33871PA0100064,				
33871PA0110025	\$80	\$80	\$	80.00
33871PA0100068	\$90	\$90	\$	90.00
33871PA0100069	\$90	\$90	\$	90.00
33871PA0100065	\$140	\$140	\$	140.00

For plan 33871PA0100061, 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.

OP Visit Cost-sharing OP Visit Weight	33871PA0100061 \$80 70%
Avg Cost/Unit OP Other	\$241.79
OP Other Cost-sharing in Deductible	N/A
OP Other Weight in Deductible	N/A
OP Other Cost-sharing after Deductible	0%
OP Other Weight after Deductible	30%
Effective Copay (AV Input)	\$56.00

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.

	Cost - sharing			
HIOS_ID	Low-Cost Generic Generic		AV	Input
33871PA0100055, 33871PA0110021	\$3	\$10	\$	7.20
33871PA0100056, 33871PA0110022	\$3	\$10	\$	7.20
33871PA0100057	\$3	\$10	\$	7.20
33871PA0100058	\$3	\$10	\$	7.20
33871PA0100059, 33871PA0110023	\$3	\$15	\$	10.20
33871PA0100060, 33871PA0110024	\$3	\$15	\$	10.20
33871PA0100066	\$3	\$20	\$	13.20
33871PA0100067	\$3	\$20	\$	13.20
33871PA0100061	\$3	\$15	\$	10.20
33871PA0100062	\$3	\$20	\$	13.20
33871PA0100063	\$3	\$20	\$	13.20
33871PA0100064, 33871PA0110025	\$3	\$20	\$	13.20
33871PA0100068	\$5	\$25	\$	17.00
33871PA0100069	\$5	\$25	\$	17.00
33871PA0100065	\$5	\$25	\$	17.00

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
33871PA0100066, 33871PA0100067, 33871PA0100068, 33871PA0100069	50%	10%	40%	100%

	Actuarial Value				
HIOS ID	Tier 1	Tier 2	Tier 3	Average	
33871PA0100066	83.53%	79.68%	78.29%	81.05%	
33871PA0100067	83.53%	78.44%	77.55%	80.63%	
33871PA0100068	73.97%	70.15%	69.74%	71.90%	
33871PA0100069	71.68%	70.15%	69.74%	70.75%	

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 signa	ature:		
Actuary Prin	ted Name:		
Data	5/5/2022		

AV screenshots redacted.

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

 $The \ change \ in \ demographics \ was \ calculated \ considering \ changes \ to \ age, \ geography, \ and \ to bacco \ use.$

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	1.516	1.520	1.003
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.008	1.008	1.000
Total change			1.003

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 differntials between the factors remains constant, and the composite factor equals 1.000.

Table 10 factors: HMO 1.053

Proactive 0.957

REDACTION JUSTIFICATION - KHPE SMALL GROUP

DOCUMENT

<u>URRT Part III – Federal Actuarial Memorandum</u>

Redacted Name of opining actuary (pages 8)

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 7 and 8)

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

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

Cover Letter

Redacted names and contact information (page 2)

AV Screenshots

Entire File Redacted

Unique AV Justification file

Redacted name of opining actuary (page 12) Redacted AV Screenshots (all)

2023 and 2024 Service Area

Issuer: Keystone Health Plan East

Market: Small Group



Key (modify as needed)

: On-exchange service area

: Off-exchange only service area

Responses to Section E, Standard Questions

1. <u>Membership</u>: 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. <u>a. Experience Period Claims</u>: 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. <u>COVID</u>: 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.

We have used a quarterly trend of 1.5% in Table 5A which is slightly below the Annual Trend in Table 3. We believe that this more moderate trend will be reflective of trend going from 2024 to 2025.

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

These cells are equal to cell J32. We are anticipating relatively smooth increases to the Index rate going from 2024 to 2025 for these plans.

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 the commission PMPM is consistent between the four options. (Open-Enrollment and Special enrollment are consumer concepts and do not apply to small group business.)

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)

	N	/ILR	Member	· Months
Calendar Year	Actual	Pricing	Actual	Pricing
2019	75.1%	81.6%	1,310,060	1,507,680
2020	77.9%	82.3%	1,285,783	1,316,820
2021	77.2%	82.9%	1,211,793	1,323,036

- 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:

KHPE	HIOS IDs	Plan Marketing Name	FDC Primary Care Services	FDC Specialist Visit
	33871PA0100026	Keystone HMO Bronze Essential \$7,500/\$70/\$140/\$700	X	X
	33871PA0100065	Keystone HMO Bronze Essential \$7,500/\$70/\$140/\$700	X	X

Completeness and Redaction Justification Checklist

Issuer Name: Keystone Health Plan East

Market: Small Group HMO SERFF ID: INAC-133668723

	<u> </u>			Redaction .	lustification
тос#	Description	Completed (Mark with "X")	Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Do	ocuments Required to Be Filed with PID		<u>I</u>		
	RFJ Part I - Unified Rate Review Template	Х			
	RFJ Part II – Consumer Friendly Justification				
A.2.	RFJ Part III – Actuarial Memorandum	Х	Υ	37-44	Υ
	Federal Rates Template	Х			
Summary	Documents/Confirmation of HIOS & SERFF Submissions				
A.2.B.	HIOS Submission	Х			
A.2.C.	SERFF Submission	Х			
A.2.D.	SERFF Rate/Rule Schedule Tab	Х			
В.	Cover Letter & PA Bulletin Information	Х			
PA Actuari	al Memorandum and Rate Exhibits	_	<u> </u>		
D.1.A.	Company Information	Х	Υ	4	Υ
D.1.B.	Rate History & Proposed Variation in Rate Changes	Х	N	5	N/A
D.1.C.	Average Rate Change	Х	N	5	N/A
D.1.D.	Membership Count	Х	N	5	N/A
D.1.D.	PA Act. Exhibits Table 1	Х	N	12	N/A
D.1.E.	Benefit Changes	Х	N	5	N/A
D.1.F.	Experience Period Claims & Premium	Х	N	5-6	N/A
D.1.F.	PA Act. Exhibits Table 2	Х	N	12	N/A
D.1.G.	Credibility of Data	Х	N	7	N/A
D.1.G.	PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)	Х	N	13	N/A
D.1.H.	Trend Identification	X	N	7	N/A
D.1.II.	PA Act. Exhibits Table 3	Х	N	12	N/A
D.1.I.	Historical Experience	X	N	7	N/A
D.1	PA Act. Exhibits Table 4	Х	N	12	N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	Х	N	8	N/A
	PA Act. Exhibits Table 5	Х	N	14	N/A
D.2.B.	Retention Items	Х	N	9	N/A
	PA Act. Exhibits Table 6	Х	N	14	N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	Х	N	9	N/A
	PA Act. Exhibits Table 7	Х	N	14	N/A
	Components of Rate Change	Х	N	9	N/A
D.2.D.	PA Act. Exhibits Table 8	Х	N	14	N/A
	PA Act. Exhibits Table 9	Х	N	14	N/A
D.3.	Plan Rate Development	Х	N	10	N/A
	PA Act. Exhibits Table 10	Х	N	16	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	Х	N	10	N/A
	PA Act. Exhibits Table 11	Х	N	17	N/A
D.5.A.	Age and Tobacco Factors	Х	N	10	N/A
	PA Act. Exhibits Table 12	Х	N	19	N/A
D.5.B.	Geographic Factors	Х	N	10	N/A
	PA Act. Exhibits Table 13	Х	N	19	N/A
D.5.C.	Network Factors	X	N	10	N/A
	PA Act. Exhibits Table 14	X	N	19	N/A
D.5.D	Rate Change Request Summary	X	N	20	N/A
5.5.	PA Act. Exhibits Table 15	X	N	20	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	Х	Y	10-11	Υ
Additional		1 ,		24.55	21/2
E.	Department Plan Design Summary & Rate Tables	X	N	21-33	N/A
Commercia	Service Area Map	X	N	103	N/A
Summary	Documents/Confirmation of HIOS & SERFF Submissions	X			Υ