



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: QCC Insurance Company, Inc.
Individual PPO Rate Filing effective 1/1/2024
INAC-133668798**

Dear Ms. Swartz:

Attached is the 2024 annual rate filing for PPO plans of QCC Insurance Company, Inc. (QCC) in the Individual (non-group) marketplace in the Commonwealth of Pennsylvania. Rates for new and renewing plans are being filed and satisfy market reform requirements of the Affordable Care Act (ACA).

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

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

The proposed rates represent a 2.7% decrease over the previously approved 2023 rates.

Information for the Pennsylvania Bulletin:

- | | | |
|----|---------------------------------|--------------------------------------|
| 1. | Company Name and NAIC Number: | QCC Insurance Company, Inc.
93688 |
| 2. | Market | Individual |
| 3. | On or Off Exchange | On and Off |
| 4. | Effective Date of Coverage | January 1, 2024 |
| 5. | Average Rate Change Requested | -2.7% |
| 6. | Range of Rate Changes Requested | -3.4% to -2.3% |



- | | | |
|-----|--|--|
| 7. | Total Annual Revenue Generated from the Proposed Rate Change | -\$7,361,242 |
| 8. | Products | PPO |
| 9. | Rating Areas and Change from 2023 | Rating Area 8; No Change |
| 10. | Metal Levels and Catastrophic Plans | Gold, Silver, Bronze |
| 11. | Current covered lives and policyholders as of February 1, 2023 | 35,089 lives |
| 12. | Number of plans offered in 2024 and change from 2023 | 16 plans in 2024; 14 plans in 2023 |
| 13. | Corresponding contract form number, SERFF, and binder numbers | INLG-133660974, INLG-133660976, INLG-133661007
INLG-PA24-125116242,
INLG-PA24-125116369
See appendix for form numbers |
| 14. | HIOS Issuer ID # and submission tracking Number | HIOS Issuer ID # 31609; Tracking # N/A |

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

Sincerely,

APPENDIX

Form Numbers

08535.ON Rev. 1.24
08535-OC.ON Rev. 1.24
08535.OFF Rev. 1.24
08535-OC.OFF Rev. 1.24
08537.ON.PDEN Rev. 1.24
08537-OC.ON.PDEN Rev. 1.24
08537.OFF Rev. 1.24
08537-OC.OFF Rev. 1.24
08537.ON.PDEN.HSA Rev. 1.24
08537-OC.ON.PDEN.HSA Rev. 1.24
08537.OFF.PDEN.HSA Rev. 1.24
08537-OC.OFF.PDEN.HSA Rev. 1.24
PREV/SCH-II Rev. 1.24

PENNSYLVANIA ACTUARIAL MEMORANDUM

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) and PA Actuarial Memorandum Rate Exhibits to provide certain information to support the gross premium for the single risk pool for individual market health care insurance underwritten by QCC Insurance Co., Inc. 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:	QCC Insurance Co., Inc. ("QCC")
State:	Pennsylvania
NAIC #:	93688
Market:	Individual
Marketplace:	On and Off Exchange
Effective Date(s):	1/1/2024 – 12/31/2024
Average Rate Change:	-2.7%
Range of Rate Changes:	-3.4% to -2.3%
Products:	PPO
Rating Areas:	Rating Area 8
Metal Levels:	Gold, Silver, Bronze, Catastrophic
Current Members:	35,089
Number of 2024 Plans:	16
HIOS Issuer ID (5-digit):	31609

Worksheet 1 of the accompanying URRT contains experience period data and development of the projected Single Risk Pool Gross Premium Average Rate PMPM for the individual market for QCC. 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 31609.

COMPANY CONTACT INFORMATION

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

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

January 1, 2020	5.10%	INAC- 131927222
January 1, 2021	-3.90%	INAC- 132358777
January 1, 2022	-0.80%	INAC- 132818429
January 1, 2023	0.90%	INAC- 133254407

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

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

C. AVERAGE RATE CHANGE

The average proposed rate change shown in Cell AC15 of Table 10 is -2.7%. 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 -2.7%.

D. MEMBERSHIP COUNT

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

E. BENEFIT CHANGES

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

F. EXPERIENCE PERIOD CLAIMS AND PREMIUMS

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

We combined the experience period data for QCC with the experience period data for Keystone Health Plan East ("KHPE"). This should provide a more stable basis for projecting the Index Rate. The combined

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QCC Consumer

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data is shown in Tab Ib. The Change in Network Factor is intended to result in QCC rates that are reasonable in relation to KHPE rates.

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

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

Projected Risk Adjustment PMPM

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

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 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, defined in Section F as the combined experience of QCC Insurance Company, Inc., and the experience period data for Keystone Health Plan East (“KHPE”). is considered 100% credible.

H. TREND IDENTIFICATION

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

We populated the URRT with the Total Annual Trend calculated in cell C52 of Table 3. The URRT requires that factors are rounded to four decimal places which results in some small differences. To arrive more closely with the result in the Actuarial Memo Rate Exhibit, we adjusted the utilization component of Capitation trend in the URRT.

I. HISTORICAL EXPERIENCE

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

a. Annualized Cost Trend

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

b. Annualized Utilization Trend

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

c. Rebates

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

d. Benefit Changes

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

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

J. TERMINATED PLANS

The following plan is being terminated in 2024:

31609PA0190003 Personal Choice PPO Silver

2. RATE DEVELOPMENT AND CHANGE

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

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

Changes in Population Risk Morbidity

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

COVID-19 Impact



Development of Reinsurance Tables

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information was populated using 2022 QCC Individual claims data by individual member. 2022 claims

paid through February 2023 were completed and compiled into the Annual Incurred Claims Ranges shown on Tab II.a. of the Actuarial Memorandum Exhibit.

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information was populated by trending the data from the Experience Period table to 2024 using a 12% trend assumption on the incurred claims. The resulting impact is shown in Cell E7 of Tab II.b. of the Actuarial Memorandum Exhibit.

Changes in Other Factors

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

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

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

B. RETENTION ITEMS

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

Administrative Expenses		13.02%
General and Claims	10.44%	
Agent/Broker Fees and Commissions	1.78%	

Quality Improvement Initiatives	0.80%	
Taxes and Fees		2.60%
RA User Fee	0.03%	
PCORI Fee	0.04%	
PA Premium Tax	2.00%	
Federal Income Tax	0.53%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		2.00%
Total Retention		17.61%

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 from other sections of the Rate Exhibits. The results in Row H are similar to the values in Row A of Table 8.

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

E. MLR DEMONSTRATION

Projected Claims PMPM (After Reinsurance)	\$525.46
Premium PMPM	\$637.83
Quality Improvement Expense PMPM	\$5.01
Exchange User Fee PMPM	\$12.85
HIF PMPM	\$0.00
Federal Income Tax PMPM	\$3.32
Premium Tax PMPM	\$12.52
Federal MLR	85.0%

3. PLAN RATE DEVELOPMENT

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

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

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

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

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

5. PLAN FACTORS

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

6. ACTUARIAL CERTIFICATION

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

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

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

- The projected index rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.08(d)(1) and 147.106);
 - Developed in compliance with applicable Actuarial Standards of Practice;
 - Reasonable in relation to the benefits provided and the population anticipated to be covered;
 - and

—Neither excessive nor deficient.

- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values illustrated in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. If an alternate methodology was used to calculate the AV Metal Value for at least one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.
- All factor, benefit, and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2024 Rate Filing Justification.

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PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Center Name:	DCC Insurance Company, Inc.
Product/line:	PRO
Market Segment:	Individual
Rate Effective Date:	1/1/2024
Base Period Start Date:	1/1/2022
Date of Most Recent Membership:	1/1/2021

Table 1. Number of Members

Experience Period	Member-months	Members	Member-months
	Current Period (Jan 01, 2021)	Current Period (Jan 01, 2021)	Projected Rating Period
Average Age	42.0	42.0	42.0
Total	436,775	35,089	421,068
<18	41,360	3,637	43,644
18-24	26,172	2,076	26,721
25-29	37,417	2,841	34,092
30-34	36,329	2,878	34,636
35-39	35,788	2,933	31,135
40-44	35,951	2,532	30,144
45-49	31,403	2,481	29,796
50-54	43,769	1,437	41,004
55-59	36,116	4,563	34,716
60-63	35,129	3,725	33,168
64	23,429	1,935	22,920

Table 2. Experience Period Claims and Premiums

Experience Period	Estimated Cost (Share of Member & HHS)	Allowed Claims (Non-Capitated)	Non-ERB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitalization	Total Non-ERB Capitalization	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
Exp-2021	46,723	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Exp-2022	46,723	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Exp-2023	46,723	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Exp-2024	46,723	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	1,000,000
Loss Ratio								67.87%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization**	Induced Demand**	Composite Trend	Weight*
Inpatient Hospital	5.11%	6.80%	0.00%	12.20%	18.55%
Outpatient Hospital	4.51%	6.80%	0.00%	11.62%	20.81%
Professional	2.89%	6.80%	0.00%	9.88%	24.88%
Office Medical	2.89%	6.80%	0.00%	9.88%	10.00%
Capitation				0.00%	13.10%
Prescription Drugs	0.97%	6.80%	0.00%	6.76%	22.51%
Total Annual Trend				6.76%	18.00%
Medical Trend				6.76%	18.00%
Total Applied Trend Projection Factor				1.188	

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

** Should equal UBRF Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-19	\$	18,051,259.87	1.0000	18,051,259.87	42,000	429.79	\$	(492,291,094)	26,719,093.64	636.17
Feb-19	\$	17,757,623.26	1.0000	17,757,623.26	41,254	430.45	\$	(488,797,151)	21,646,973.76	573.20
Mar-19	\$	20,097,620.80	1.0000	20,097,620.80	40,487	496.44	\$	(492,899,473)	25,704,817.41	635.20
Apr-19	\$	21,363,236.17	1.0000	21,363,236.17	39,991	534.20	\$	(522,488,941)	26,577,913.64	664.60
May-19	\$	21,293,580.51	1.0000	21,293,580.51	39,394	540.46	\$	(530,540,803)	26,108,329.84	662.69
Jun-19	\$	18,968,056.13	1.0000	18,968,056.13	38,825	487.30	\$	(498,619,074)	22,890,277.30	588.01
Jul-19	\$	21,005,054.35	1.0000	21,005,054.35	38,307	548.61	\$	(543,604,901)	25,120,836.40	654.20
Aug-19	\$	19,431,989.19	1.0000	19,431,989.19	37,684	513.89	\$	(507,965,849)	23,944,366.41	631.51
Sep-19	\$	18,789,239.31	1.0000	18,789,239.31	37,586	506.17	\$	(514,777,607)	22,173,779.06	590.25
Oct-19	\$	21,069,693.87	1.0000	21,069,693.87	37,195	569.86	\$	(524,390,391)	24,637,139.24	662.34
Nov-19	\$	18,913,443.87	1.0000	18,913,443.87	36,757	514.55	\$	(544,566,374)	22,033,859.28	599.41
Dec-19	\$	20,484,043.87	1.0000	20,484,043.87	36,140	574.17	\$	(581,044,417)	24,618,509.41	683.45
Jan-20	\$	17,717,443.87	1.0000	17,717,443.87	35,890	498.04	\$	(546,546,815)	25,076,892.89	611.71
Feb-20	\$	18,739,034.44	1.0000	18,739,034.44	40,211	466.02	\$	(418,835,303)	24,391,937.61	606.51
Mar-20	\$	17,717,443.87	1.0000	17,717,443.87	39,617	446.48	\$	(399,394,118)	21,699,399.34	546.96
Apr-20	\$	16,972,323.06	1.0000	16,972,323.06	39,462	414.51	\$	(511,841,605)	18,016,958.89	456.54
May-20	\$	16,499,447.43	1.0000	16,499,447.43	39,139	414.50	\$	(507,020,202)	18,811,919.24	478.20
Jun-20	\$	19,113,174.55	1.0000	19,113,174.55	39,094	488.92	\$	(497,767,603)	21,971,719.64	562.62
Jul-20	\$	19,472,416.14	1.0000	19,472,416.14	38,887	511.03	\$	(570,488,488)	22,713,977.58	584.20
Aug-20	\$	18,264,344.88	1.0000	18,264,344.88	38,149	486.91	\$	(569,119,414)	21,891,694.54	565.69
Sep-20	\$	20,994,727.80	1.0000	20,994,727.80	38,663	543.00	\$	(561,829,718)	21,849,267.48	616.81
Oct-20	\$	22,036,297.44	1.0000	22,036,297.44	38,287	575.57	\$	(528,213,444)	24,701,914.44	645.10
Nov-20	\$	21,556,483.96	1.0000	21,556,483.96	37,793	579.74	\$	(543,179,601)	23,600,316.74	617.23
Dec-20	\$	22,670,809.14	1.0000	22,670,809.14	37,160	610.07	\$	(626,173,344)	24,762,866.91	666.51
Jan-21	\$	18,739,034.44	1.0000	18,739,034.44	40,211	466.02	\$	(455,109,323)	23,196,861.74	573.69
Feb-21	\$	16,728,031.24	1.0000	16,728,031.24	41,675	405.39	\$	(484,712,558)	22,057,654.60	529.23
Mar-21	\$	21,865,583.08	1.0000	21,865,583.08	41,437	527.89	\$	(485,254,149)	22,679,830.00	667.90
Apr-21	\$	21,344,587.61	1.0000	21,344,587.61	41,093	513.17	\$	(463,699,298)	24,024,399.28	602.84
May-21	\$	22,427,963.77	1.0000	22,427,963.77	41,678	538.13	\$	(465,336,200)	26,448,155.60	634.58
Jun-21	\$	22,231,795.54	1.0000	22,231,795.54	41,866	560.26	\$	(447,799,149)	27,728,586.68	657.23
Jul-21	\$	20,484,043.87	1.0000	20,484,043.87	41,516	503.88	\$	(472,242,212)	24,939,020.67	609.10
Aug-21	\$	22,485,201.59	1.0000	22,485,201.59	41,345	553.52	\$	(472,899,873)	26,458,482.47	640.10
Sep-21	\$	20,717,867.24	1.0000	20,717,867.24	41,731	546.21	\$	(478,792,181)	25,499,188.14	613.96
Oct-21	\$	24,412,722.19	1.0000	24,412,722.19	41,538	587.72	\$	(465,750,322)	27,116,123.28	652.63
Nov-21	\$	24,217,600.00	1.0000	24,217,600.00	41,433	586.48	\$	(461,568,144)	27,107,189.74	654.22
Dec-21	\$	25,462,116.00	1.0000	25,462,116.00	41,245	610.07	\$	(482,703,372)	27,088,884.01	668.60
Jan-22	\$	18,981,712.82	1.0000	18,981,712.82	38,453	499.82	\$	(467,516,242)	25,217,913.81	656.37
Feb-22	\$	19,981,917.19	0.9949	20,013,918.19	38,144	524.71	\$	(475,190,815)	25,098,515.44	656.24
Mar-22	\$	21,490,139.84	0.9949	21,566,929.86	37,444	572.92	\$	(471,008,811)	26,778,002.41	711.31
Apr-22	\$	21,674,149.23	0.9949	21,789,289.31	37,082	587.61	\$	(473,192,441)	26,119,681.14	698.88
May-22	\$	23,376,755.14	0.9949	23,524,658.21	36,761	639.04	\$	(476,613,010)	26,633,485.01	732.63
Jun-22	\$	22,539,139.85	0.9949	22,710,088.89	36,518	625.17	\$	(472,239,144)	25,753,602.71	709.37
Jul-22	\$	20,767,379.00	0.9949	21,013,813.00	36,001	583.24	\$	(470,141,865)	23,990,700.21	664.86
Aug-22	\$	21,582,138.16	0.9949	21,800,248.61	35,814	606.82	\$	(474,396,744)	24,599,417.27	684.41
Sep-22	\$	22,722,465.16	0.9949	22,866,689.61	35,511	621.90	\$	(475,451,673)	24,392,296.24	691.41
Oct-22	\$	23,762,700.74	0.9949	23,844,500.86	35,236	626.00	\$	(487,891,051)	24,132,587.01	684.81
Nov-22	\$	22,011,614.29	0.9773	22,614,486.84	34,967	647.31	\$	(479,489,489)	24,629,828.18	704.51
Dec-22	\$	22,613,171.66	0.9691	23,514,702.00	34,611	679.94	\$	(470,075,111)	25,494,760.11	730.50

* Express Completion Factor as a percentage

** Express Prescription Drug Rebates as a negative number

Carrier Name: QCC Insurance Company, Inc.
 Product(s): PPO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024

Table 2b. Manual Experience Period Claims and Premiums

Experience Period	Member Months	Estimated Cost Sharing (Member & Split)	Allowed Claims (Non-Capitated)	Non-EBB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
1/1/24 - 12/31/24	1,285,103	\$2,905,691.03	\$75,823,100.47	\$75,823,100.47	\$17,014,107.09	\$13,443,180.41	\$29,654.24	\$1,616,811.38	\$9,007,079.29
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)									\$72.51
Usage Ratio									75.25%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.11%	8.00%	0.00%	13.26%	18.59%
Outpatient Hospital	4.51%	8.00%	0.00%	11.52%	20.83%
Professional	-0.80%	8.00%	0.00%	9.80%	24.88%
Other Medical	0.00%	8.00%	0.00%	9.80%	5.00%
Capitation				3.00%	13.13%
Prescription Drugs	0.00%	8.00%	0.00%	5.26%	22.14%
Total Annual Trend				8.26%	600.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.981	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + Split)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-10	\$	36,100,519.74	1.0000	36,100,519.74	84,000	\$429.78	\$	(988,584.18)	\$43,088,903.92	\$512.47
Feb-10	\$	35,535,095.50	1.0000	35,535,095.50	82,500	\$430.85	\$	(992,095.07)	\$42,542,998.43	\$512.50
Mar-10	\$	40,199,861.60	1.0000	40,199,861.60	89,884	\$447.24	\$	(986,799.80)	\$41,183,061.80	\$455.20
Apr-10	\$	43,726,472.34	1.0000	43,726,472.34	79,888	\$547.20	\$	(1,046,377.92)	\$42,680,094.42	\$547.20
May-10	\$	42,526,985.10	1.0000	42,526,985.10	79,796	\$534.65	\$	(1,061,068.70)	\$41,465,916.40	\$534.65
Jun-10	\$	37,836,711.26	1.0000	37,836,711.26	77,834	\$487.30	\$	(992,734.44)	\$38,829,445.70	\$487.30
Jul-10	\$	42,136,108.70	1.0000	42,136,108.70	76,790	\$548.61	\$	(1,062,200.98)	\$41,073,907.72	\$548.61
Aug-10	\$	46,464,178.48	1.0000	46,464,178.48	75,961	\$611.89	\$	(1,058,869.07)	\$45,405,309.41	\$611.89
Sep-10	\$	37,578,451.62	1.0000	37,578,451.62	75,113	\$500.17	\$	(1,029,533.20)	\$36,548,918.42	\$500.17
Oct-10	\$	42,010,264.94	1.0000	42,010,264.94	73,300	\$573.90	\$	(1,148,501.51)	\$40,861,763.43	\$573.90
Nov-10	\$	37,826,881.34	1.0000	37,826,881.34	73,514	\$514.55	\$	(1,089,934.95)	\$36,736,946.39	\$514.55
Dec-10	\$	45,900,051.94	1.0000	45,900,051.94	72,300	\$635.27	\$	(1,153,989.51)	\$44,746,062.43	\$635.27
Jan-11	\$	46,766,887.14	1.0000	46,766,887.14	71,600	\$654.98	\$	(1,205,029.47)	\$45,561,857.67	\$654.98
Feb-11	\$	37,478,068.88	1.0000	37,478,068.88	80,472	\$464.07	\$	(7,137,874.79)	\$30,340,194.09	\$464.07
Mar-11	\$	51,671,203.44	1.0000	51,671,203.44	73,314	\$704.68	\$	(2,768,608.21)	\$48,902,595.23	\$704.68
Apr-11	\$	32,714,646.12	1.0000	32,714,646.12	78,824	\$414.51	\$	(1,023,881.00)	\$31,690,765.12	\$414.51
May-11	\$	33,396,894.86	1.0000	33,396,894.86	78,676	\$424.50	\$	(1,016,145.40)	\$32,380,749.46	\$424.50
Jun-11	\$	46,236,428.10	1.0000	46,236,428.10	75,839	\$609.85	\$	(1,296,921.31)	\$44,939,506.79	\$609.85
Jul-11	\$	39,748,831.08	1.0000	39,748,831.08	77,774	\$511.03	\$	(1,144,377.36)	\$38,604,453.72	\$511.03
Aug-11	\$	39,608,029.96	1.0000	39,608,029.96	77,699	\$506.29	\$	(1,138,224.91)	\$38,469,805.05	\$506.29
Sep-11	\$	41,989,544.80	1.0000	41,989,544.80	77,328	\$543.01	\$	(1,123,639.46)	\$40,865,905.34	\$543.01
Oct-11	\$	44,071,094.88	1.0000	44,071,094.88	76,676	\$575.57	\$	(1,212,466.52)	\$42,858,628.36	\$575.57
Nov-11	\$	43,133,787.82	1.0000	43,133,787.82	75,641	\$570.21	\$	(1,306,959.31)	\$41,826,828.51	\$570.21
Dec-11	\$	46,349,618.28	1.0000	46,349,618.28	74,349	\$624.07	\$	(1,317,349.69)	\$45,032,268.59	\$624.07
Jan-12	\$	51,600,291.81	1.0000	51,600,291.81	81,121	\$634.46	\$	(1,212,070.89)	\$49,388,220.92	\$634.46
Feb-12	\$	54,806,468.81	1.0000	54,806,468.81	83,350	\$657.55	\$	(1,285,149.47)	\$53,521,319.34	\$657.55
Mar-12	\$	71,754,704.61	1.0000	71,754,704.61	82,874	\$865.81	\$	(1,711,235.51)	\$69,043,469.10	\$865.81
Apr-12	\$	68,144,882.41	1.0000	68,144,882.41	81,100	\$840.11	\$	(1,738,229.46)	\$66,406,652.95	\$840.11
May-12	\$	65,189,920.17	1.0000	65,189,920.17	81,100	\$807.27	\$	(1,817,532.29)	\$63,372,387.88	\$807.27
Jun-12	\$	69,710,918.28	1.0000	69,710,918.28	80,508	\$865.98	\$	(1,812,210.01)	\$67,908,708.27	\$865.98
Jul-12	\$	67,650,477.52	1.0000	67,650,477.52	82,611	\$818.30	\$	(1,838,211.77)	\$65,812,265.75	\$818.30
Aug-12	\$	71,591,521.11	1.0000	71,591,521.11	82,650	\$869.89	\$	(1,869,316.17)	\$69,722,204.94	\$869.89
Sep-12	\$	74,264,726.44	1.0000	74,264,726.44	81,660	\$909.76	\$	(1,916,999.81)	\$72,347,726.63	\$909.76
Oct-12	\$	71,848,290.10	1.0000	71,848,290.10	81,074	\$881.00	\$	(1,867,747.12)	\$69,980,542.98	\$881.00
Nov-12	\$	71,681,862.34	1.0000	71,681,862.34	82,866	\$865.28	\$	(1,868,070.71)	\$69,813,791.63	\$865.28
Dec-12	\$	76,508,869.68	1.0000	76,508,869.68	82,490	\$927.45	\$	(1,938,931.89)	\$74,569,937.79	\$927.45
Jan-23	\$	81,875,412.22	1.0000	81,875,412.22	154,040	\$531.68	\$	(2,212,190.70)	\$79,663,221.52	\$531.68
Feb-23	\$	69,566,476.46	0.9979	69,566,476.46	153,261	\$454.65	\$	(1,756,581.01)	\$67,809,895.45	\$454.65
Mar-23	\$	70,661,887.76	0.9977	70,661,887.76	153,331	\$462.20	\$	(1,764,506.78)	\$68,897,380.98	\$462.20
Apr-23	\$	67,460,622.69	0.9968	67,460,622.69	153,421	\$442.80	\$	(1,643,160.61)	\$65,817,462.08	\$442.80
May-23	\$	69,460,427.06	0.9969	69,460,427.06	148,804	\$464.84	\$	(1,741,400.47)	\$67,719,026.59	\$464.84
Jun-23	\$	69,731,680.40	0.9948	69,731,680.40	148,720	\$471.33	\$	(1,758,255.70)	\$67,973,424.70	\$471.33
Jul-23	\$	66,779,052.73	0.9913	66,779,052.73	147,781	\$456.91	\$	(1,744,184.25)	\$65,034,868.48	\$456.91
Aug-23	\$	68,714,263.38	0.9913	68,714,263.38	147,240	\$471.68	\$	(1,737,387.84)	\$66,976,875.54	\$471.68
Sep-23	\$	67,877,346.17	0.9873	67,877,346.17	146,791	\$470.11	\$	(1,765,181.38)	\$66,112,164.79	\$470.11
Oct-23	\$	66,494,395.24	0.9924	66,494,395.24	146,244	\$465.81	\$	(1,763,484.40)	\$64,730,910.84	\$465.81
Nov-23	\$	67,417,894.93	0.9710	67,417,894.93	143,008	\$480.79	\$	(1,746,147.75)	\$65,671,747.18	\$480.79
Dec-23	\$	66,494,395.24	0.9614	66,494,395.24	143,008	\$480.79	\$	(1,746,147.75)	\$64,748,247.43	\$480.79

*Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

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

Carrier Name: QCC Insurance Company, Inc.
 Product(s): PPO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024
 Incurred Dates: 1/1/2022 to 12/31/2022

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

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

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

Carrier Name: QCC Insurance Company, Inc.
 Product(s): PPO
 Market Segment: Individual
 Rate Effective Date: 1/1/2024

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

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

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

PA Rate Template Part II
Rate Development and Change

Client Name: **CCC Insurance Company, Inc.**
Product(s): **FFO**
Market Segment: **Individual**
Rate Effective Date: **1/1/2024**

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

Development of the Projected Index Rate	Actual Experience DOB	Manual Date
Total Allowed EIB Claims + EIB Closures PMPM (net of presentation due volume) PMPM	\$ 400.00	\$ 572.32
Five year trend projection factor	1.183	1.183
Unadjusted Projected Allowed EIB Claims PMPM	\$ 872.13	\$ 677.46
Market-Adjusted Allowance Factors		
Change in Mortality - Impact of Reinsurance Program	1.000	1.000
Change in Mortality - All Other	1.000	1.000
Total Non-Mortality Changes	1.000	1.000
Change in Demographics	0.999	0.991
Change in Network	1.000	1.000
Change in Benefits	1.000	1.000
Change in Other	1.000	1.000
Total Adjusted Projected Allowed EIB Claims PMPM	\$ 828.29	\$ 922.44
Credit/Inflation Factors	8%	100%
Revised Projected EIB Claims PMPM		\$ 922.44
Development of the Market-Adjusted Index Rate and Total Allowed Claims		
Adjusted Projected Allowed EIB Claims PMPM	\$ 922.44	Index Rate for Projection Period on UMRT
Projected Pool to Allowed Ratio	0.887	
Projected Incurred EIB Claims PMPM	\$ 646.89	
Market-Adjusted Allowance		
Projected Incurred Risk Adjustment PMPM	\$ 138.81	
Projected Incurred Exchange User Fee PMPM	\$ 23.84	
Projected Incurred Reinsurance PMPM	\$ 227.88	
Market-Adjusted Projected Incurred EIB Claims PMPM	\$ 525.56	
Market-Adjusted Projected Allowed EIB Claims PMPM	\$ 753.15	Market-Adjusted Index Rate
Projected Allowed Non-EIB Claims PMPM	\$ 0.00	
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 517.83	
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 753.15	

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

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 132.32	= Index Rate of Experience Period on UMRT
Blended Earned Premium	\$ 1,042,326,735.81	
Blended Loss Ratio	79.95%	

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

Effective Date	1/1/2024	4/1/2024	7/1/2024	10/1/2024	Total Strike Risk Rate
# of Member Months Remaining in Quarter					
Adjusted Projected Allowed EIB Claims PMPM	\$ 922.44	\$ 922.44	\$ 922.44	\$ 922.44	\$ 922.44
Months of Trend	3	6	9	12	
Annual Trend	0.79%	0.79%	0.79%	0.79%	0.79%
Single Risk Pool Projected Allowed Claims	\$ 922.44	\$ 922.39	\$ 922.31	\$ 922.19	\$ -
Quarterly Trend Factor	1.000	1.000	1.000	1.000	0.999

Table 6. Retention

Retention Items - Expts in percentage	Percentage	PMPM Amounts
Administrative Expenses	11.00%	263.38
General and Claims	30.00%	565.82
Agent/Broker Fee and Commissions	0.00%	0.00
Quality Improvement Initiatives	0.00%	0.00
Taxes and Fees	2.00%	50.39
Risk Adjustment User Fee	0.00%	0.00
PCRM Fee	0.00%	0.00
PA Payment & Other Taxes (if applicable)	2.00%	522.01
Federal Income Tax	0.00%	0.00
Health Insurance Provider Fee (Prorated for Small Groups only)	0.00%	0.00
Profit/Contingency (after tax)	2.00%	512.56
Total Retention	37.61%	\$1107.71
Projected Required Reserve PMPM		\$ 628.54

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2023	2024
Average Age Factor	1.000	1.000
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (Indicated demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 740.22	\$ 751.40
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 437.00	\$ 430.40

Table 8. Components of Rate Change

Rate Components	2023	2024	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 376.07	\$ 386.99	\$ 10.92	2.9%
B. Base period allowed claims before normalization	\$ 569.83	\$ 572.32	\$ 2.50	0.4%
C. Normalization factor component of change	\$ (243.79)	\$ (245.43)	\$ (1.63)	-0.7%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 327.89	\$ 327.06	\$ (0.83)	-0.2%
D2. UMRT Trend	\$ 56.93	\$ 59.95	\$ 3.02	0.8%
D3. UMRT Mortality	\$ -	\$ -	\$ -	0.0%
D4. UMRT Other	\$ 124.12	\$ 145.66	\$ 21.54	5.7%
D5. Normalized UMRT Risk Adjustment on an allowed basis	\$ 90.50	\$ 90.44	\$ (0.06)	-0.1%
D6. Normalized Exchange User Fee on an allowed basis	\$ 10.91	\$ 11.18	\$ 0.27	0.1%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ (22.15)	\$ (23.17)	\$ (1.02)	-0.2%
D8. Subtotal - Sum(D1-D7)	\$ 427.46	\$ 430.35	\$ 2.89	1.9%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ 0.00	\$ -	\$ (0.00)	0.0%
E2. Pricing Act	\$ (440.82)	\$ (134.33)	\$ 3.09	1.7%
E3. Benefit Richness	\$ 0.00	\$ -	\$ (0.00)	0.0%
E4. Geographic Eligibility	\$ -	\$ -	\$ -	0.0%
E5. Subtotal - Sum(E1-E4)	\$ (440.82)	\$ (134.33)	\$ 3.09	1.7%
F. Change in Reinsurance Components				
F1. Administrative Expenses	\$ 48.95	\$ 47.85	\$ (1.20)	-0.3%
F2. Taxes and Fees	\$ 9.79	\$ 9.32	\$ (0.27)	-0.3%
F3. Profit and/or Contingency	\$ 7.52	\$ 7.29	\$ (0.20)	-0.3%
F4. Subtotal - Sum(F1-F3)	\$ 66.25	\$ 64.46	\$ (1.77)	-0.9%
G. Change in Miscellaneous Items	\$ -	\$ -	\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 382.89	\$ 380.31	\$ (2.58)	-0.7%

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

	2023	2024
Field-to-Allowed	0.678	0.687
UMRT Trend (Total Applied Trend Factor)	1.174	1.183
UMRT Mortality	1.000	1.000
UMRT Other	1.000	1.000
Risk Adjustment	\$ (176.77)	\$ (208.81)
Exchange User Fee	\$ 12.85	\$ 12.85
Reinsurance Recoveries	\$ (20.28)	\$ (22.88)
Capitation	\$ -	\$ -
Network	1.000	1.000
Pricing Act	0.678	0.687
Benefit Richness	1.000	1.000
Geographic Eligibility	1.000	1.000
Administrative Expenses	13.01%	13.01%
Taxes and Fees	2.60%	2.60%
Profit and/or Contingency	0.99%	0.99%

* For 2023 in cell B1, please include a factor equal to the product of the average Pricing Act and the Non-Funding of CBR Adjusted

PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	-2.66%
Revised Requested Average Rate Change:	-2.66%
Minimum Requested Rate Change:	-3.45%
Maximum Requested Rate Change:	-2.32%
Mapped Members:	35,089
Available in Rating Areas:	Rating Area 8

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2024

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

Key Information

Jan. 2022	Dec. 2022 Financial Experience
Premium	\$ 319,617,503.72
Claims	\$ 238,433,164.13
Administrative Expenses	\$ 21,577,825.00
Taxes & Fees	\$ 21,009,066.00
Company Made After Taxes	\$ 38,597,448.59

How It Plans to Spend Your Premium

This is how the company plans to spend the premium it collects in 2024:	
Claims:	85%
Administrative Expenses:	8%
Taxes & Fees:	5%
Profit:	2%

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

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

Company Name: **CCC Insurance Company**
 Market: **Individual**
 Products: **PPD**
 Effective Date of Rates: **January 1, 2024**

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

HHS Plan ID (Off Exchange) =>	31609PA070002	31609PA070003	31609PA070004	31609PA070001	31609PA070012	31609PA060001	31609PA060005	31609PA060006	31609PA060009	31609PA018001	31609PA018004	31609PA018005	31609PA019002	31609PA019004	31609PA019006	31609PA018008
Plan Marketing Name =>	Personal Choice PPO Gold	Personal Choice PPO Silver Class	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold	Personal Choice PPO Gold
Form =>	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23	0853.0N Rev. 1.23
Rating Area =>	H															
Network =>	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network	Personal Choice Network
Metal =>	Gold	Silver	Expanded Bronze	Gold	Catastrophic	Expanded Bronze	Expanded Bronze	Expanded Bronze	Expanded Bronze	Catastrophic	Expanded Bronze	Expanded Bronze	Expanded Bronze	Expanded Bronze	Gold	Expanded Bronze
Deductible =>	\$0	\$3,500	\$6,000	\$1,500	\$0	\$9,450	\$7,450	\$9,450	\$4,200	\$9,100	\$7,450	\$9,100	\$0	\$6,000	\$0	\$4,200
Coinsurance =>	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
Copays =>	\$39/\$65	\$39/\$65	\$50 no ded/\$50 after ded	\$50 no ded/\$50 after ded	\$15/\$15	1-3 no ded (0% after ded)/0%	0% after ded/0% after ded	1-3 no ded (0% after ded)/0%	\$65 no ded/\$65 no ded	1-3 no ded (0% after ded)/0%	0% after ded/0% after ded	1-3 no ded (0% after ded)/0%	\$30/\$65	\$50 no ded/\$50 after ded	\$15/\$15	\$65/\$65 no ded
OPM Maximum =>	\$8,250	\$8,500	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450	\$9,450	\$8,250	\$8,500	\$8,000	\$9,450
Preferred Dental (Yes/No) =>	Yes															
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	5417.19	5417.19	5354.72	5354.72	5241.04	5241.04	5347.92	5347.92	5448.96	5448.96	5195.63	5195.63	5221.83	5221.83	5221.83	5221.83
15	5454.27	5454.27	5386.25	5386.25	5262.47	5262.47	5378.85	5378.85	5488.87	5488.87	5213.02	5213.02	5241.55	5241.55	5241.55	5241.55
16	5468.45	5468.45	5398.31	5398.31	5270.66	5270.66	5390.67	5390.67	5504.13	5504.13	5219.67	5219.67	5249.09	5249.09	5249.09	5249.09
17	5482.63	5482.63	5410.37	5410.37	5278.85	5278.85	5402.50	5402.50	5519.39	5519.39	5226.32	5226.32	5256.63	5256.63	5256.63	5256.63
18	5497.90	5497.90	5422.35	5422.35	5287.68	5287.68	5415.23	5415.23	5535.82	5535.82	5233.48	5233.48	5264.75	5264.75	5264.75	5264.75
19	5513.16	5513.16	5436.33	5436.33	5296.50	5296.50	5427.97	5427.97	5552.25	5552.25	5240.64	5240.64	5273.87	5273.87	5273.87	5273.87
20	5528.98	5528.98	5449.78	5449.78	5305.64	5305.64	5441.16	5441.16	5569.27	5569.27	5248.06	5248.06	5281.28	5281.28	5281.28	5281.28
21	5545.34	5545.34	5463.69	5463.69	5315.09	5315.09	5344.48	5344.48	5586.88	5586.88	5255.73	5255.73	5287.70	5287.70	5287.70	5287.70
22	5562.34	5562.34	5478.09	5478.09	5324.88	5324.88	5354.88	5354.88	5604.24	5604.24	5265.73	5265.73	5297.70	5297.70	5297.70	5297.70
23	5580.00	5580.00	5492.96	5492.96	5335.09	5335.09	5365.09	5365.09	5622.24	5622.24	5276.73	5276.73	5307.70	5307.70	5307.70	5307.70
24	5608.34	5608.34	5508.31	5508.31	5346.16	5346.16	5376.16	5376.16	5640.88	5640.88	5286.73	5286.73	5317.70	5317.70	5317.70	5317.70
25	5637.34	5637.34	5524.66	5524.66	5357.16	5357.16	5387.16	5387.16	5660.00	5660.00	5296.73	5296.73	5327.70	5327.70	5327.70	5327.70
26	5667.00	5667.00	5542.00	5542.00	5368.00	5368.00	5398.00	5398.00	5680.00	5680.00	5306.73	5306.73	5337.70	5337.70	5337.70	5337.70
27	5697.34	5697.34	5560.34	5560.34	5379.34	5379.34	5409.34	5409.34	5700.00	5700.00	5316.73	5316.73	5347.70	5347.70	5347.70	5347.70
28	5728.34	5728.34	5579.34	5579.34	5390.34	5390.34	5420.34	5420.34	5720.00	5720.00	5326.73	5326.73	5357.70	5357.70	5357.70	5357.70
29	5759.34	5759.34	5598.34	5598.34	5401.34	5401.34	5431.34	5431.34	5740.00	5740.00	5336.73	5336.73	5367.70	5367.70	5367.70	5367.70
30	5791.00	5791.00	5617.00	5617.00	5412.00	5412.00	5442.00	5442.00	5760.00	5760.00	5346.73	5346.73	5377.70	5377.70	5377.70	5377.70
31	5823.34	5823.34	5636.34	5636.34	5423.34	5423.34	5453.34	5453.34	5780.00	5780.00	5356.73	5356.73	5387.70	5387.70	5387.70	5387.70
32	5856.34	5856.34	5656.34	5656.34	5434.34	5434.34	5464.34	5464.34	5800.00	5800.00	5366.73	5366.73	5397.70	5397.70	5397.70	5397.70
33	5890.00	5890.00	5676.00	5676.00	5445.00	5445.00	5475.00	5475.00	5820.00	5820.00	5376.73	5376.73	5407.70	5407.70	5407.70	5407.70
34	5924.34	5924.34	5696.34	5696.34	5456.34	5456.34	5486.34	5486.34	5840.00	5840.00	5386.73	5386.73	5417.70	5417.70	5417.70	5417.70
35	5959.34	5959.34	5716.34	5716.34	5467.34	5467.34	5497.34	5497.34	5860.00	5860.00	5396.73	5396.73	5427.70	5427.70	5427.70	5427.70
36	6005.00	6005.00	5736.00	5736.00	5478.00	5478.00	5508.00	5508.00	5880.00	5880.00	5406.73	5406.73	5437.70	5437.70	5437.70	5437.70
37	6051.34	6051.34	5756.34	5756.34	5489.34	5489.34	5519.34	5519.34	5900.00	5900.00	5416.73	5416.73	5447.70	5447.70	5447.70	5447.70
38	6098.34	6098.34	5776.34	5776.34	5499.34	5499.34	5530.34	5530.34	5920.00	5920.00	5426.73	5426.73	5457.70	5457.70	5457.70	5457.70
39	6146.00	6146.00	5796.00	5796.00	5510.00	5510.00	5541.00	5541.00	5940.00	5940.00	5436.73	5436.73	5467.70	5467.70	5467.70	5467.70
40	6194.34	6194.34	5816.34	5816.34	5520.34	5520.34	5551.34	5551.34	5960.00	5960.00	5446.73	5446.73	5477.70	5477.70	5477.70	5477.70
41	6243.34	6243.34	5836.34	5836.34	5530.34	5530.34	5561.34	5561.34	5980.00	5980.00	5456.73	5456.73	5487.70	5487.70	5487.70	5487.70
42	6293.00	6293.00	5856.00	5856.00	5540.00	5540.00	5571.00	5571.00	6000.00	6000.00	5466.73	5466.73	5497.70	5497.70	5497.70	5497.70
43	6343.34	6343.34	5876.34	5876.34	5550.34	5550.34	5581.34	5581.34	6020.00	6020.00	5476.73	5476.73	5507.70	5507.70	5507.70	5507.70
44	6394.00	6394.00	5896.00	5896.00	5560.00	5560.00	5591.00	5591.00	6040.00	6040.00	5486.73	5486.73	5517.70	5517.70	5517.70	5517.70
45	6445.34	6445.34	5916.34	5916.34	5570.34	5570.34	5601.34	5601.34	6060.00	6060.00	5496.73	5496.73	5527.70	5527.70	5527.70	5527.70
46	6497.00	6497.00	5936.00	5936.00	5580.00	5580.00	5611.00	5611.00	6080.00	6080.00	5506.73	5506.73	5537.70	5537.70	5537.70	5537.70
47	6549.34	6549.34	5956.34	5956.34	5590.34	5590.34	5621.34	5621.34	6100.00	6100.00	5516.73	5516.73	5547.70	5547.70	5547.70	5547.70
48	6602.00	6602.00	5976.00	5976.00	5600.00	5600.00	5631.00	5631.00	6120.00	6120.00	5526.73	5526.73	5557.70	5557.70	5557.70	5557.70
49	6655.34	6655.34	5996.34	5996.34	5610.34	5610.34	5641.34	5641.34	6140.00	6140.00	5536.73	5536.73	5567.70	5567.70	5567.70	5567.70
50	6709.00	6709.00	6016.00	6016.00	5620.00	5620.00	5651.00	5651.00	6160.00	6160.00	5546.73	5546.73	5577.70	5577.70	5577.70	5577.70
51	6763.34	6763.34	6036.34	6036.34	5630.34	5630.34	5661.34	5661.34	6180.00	6180.00	5556.73	5556.73	5587.70	5587.70	5587.70	5587.70
52	6818.00	6818.00	6056.00	6056.00	5640.00	5640.00	5671.00	5671.00	6200.00	6200.00	5566.73	5566.73	5597.70	5597.70	5597.70	5597.70
53	6873.34	6873.34	6076.34	6076.34	5650.34	5650.34	5681.34	5681.34	6220.00	6220.00	5576.73	5576.73	5607.70	5607.70	5607.70	5607.70
54	6929.00	6929.00	6096.00	6096.00	5660.00	5660.00	5691.00	5691.00	6240.00	6240.00	5586.73	5586.73	5617.70	5617.70	5617.70	5617.70
55	6985.34	6985.34	6116.34	6116.34	5670.34	5670.34	5701.34	5701.34	6260.00	6260.00	5596.73	5596.73	5627.70	5627.70	5627.70	5627.70
56	7042.00	7042.00	6136.00	6136.00	5680.00	5680.00	5711.00	5711.00	6280.00	6280.00	5606.73	5606.73	5637.70	5637.70	5637.70	5637.70
57	7100.00	7100.00	6156.00	6156.00	5690.00	5690.00	5721.00	5721.00	6300.00	6300.00	5616.73	5616.73	5647.70	5647.70	5647.70	5647.70
58	7158.34	7158.34	6176.34	6176.34	5700.34	5700.34	5731.34	5731.34	6320.00	6320.00	5626.73	5626.73	5657.70	5657.70	5657.70	5657.70
59	7217.00	7217.00	6196.00	6196.00	5710.00	5710.00	5741.00	5741.00	6340.00	6340.00	5636.73	5636.73	5667.70	5667.70	5667.70	5667.70
60	7276.34	7276.34	6216.34	6216.34	5720.34	5720.34	5751.34	5751.34	6360.00	6360.00	5646.73	5646.73	5677.70	5677.70	5677.70	5677.70
61	7336.00	7336.00	6236.00	6236.00	5730.00	5730.00	5761.00	5761.00	6380.00	6380.00	5656.73	5656.73	5687.70	5687.70	5687.70	5687.70
62	7396.34	7396.34	6256.34	6256.34	5740.34	5740.34	5771.34	5771.34	6400.00	6400.00	5666.73	5666.73	5697.70	5697.70	5697.70	5697.70
63	7457.00	7457.00	6276.00	6276.00												

**QCC Insurance Company
Individual
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0070002	Personal Choice PPO Gold	PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070004	Personal Choice PPO Bronze	PPO	Expanded Bronz	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070011	Personal Choice PPO Gold Classic	PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070012	Personal Choice PPO Gold Deluxe	PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Expanded Bronz	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Expanded Bronz	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160009	Personal Choice EPO Bronze Classic	EPO	Expanded Bronz	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180001	Personal Choice EPO Catastrophic	EPO	Catastrophic	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Expanded Bronz	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Expanded Bronz	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190002	Personal Choice PPO Gold	PPO	Gold	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190004	Personal Choice PPO Bronze	PPO	Expanded Bronz	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190006	Personal Choice PPO Gold	PPO	Gold	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180008	Personal Choice EPO Bronze Classic	EPO	Expanded Bronz	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Unified Rate Review v6.0																		
2																			
3	Company Legal Name:	QCC Insurance Company, Inc.																	
4	HIOS Issuer ID:	31609	State:	PA															
5	Effective Date of Rate Change(s):	1/1/2024	Market:	Individual															
6																			
7																			
8	Market Level Calculations (Same for all Plans)																		
9																			
10																			
11	Section I: Experience Period Data																		
12	Experience Period:	1/1/2022		to	12/31/2022														
13				Total	PMPM														
14	Allowed Claims			\$305,423,058.25			\$699.27												
15	Reinsurance			\$18,327,933.61			\$41.96												
16	Incurred Claims in Experience Period			\$220,105,230.52			\$503.93												
17	Risk Adjustment			\$46,871,019.66			\$107.31												
18	Experience Period Premium			\$278,873,501.89			\$638.48												
19	Experience Period Member Months			436,775															
20																			
21	Section II: Projections																		
22			Year 1 Trend			Year 2 Trend			Trended EHB Allowed Claims										
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM												
24	Inpatient Hospital	\$129.91	1.051	1.068	1.051	1.068	\$163.68												
25	Outpatient Hospital	\$145.60	1.045	1.068	1.045	1.068	\$181.36												
26	Professional	\$173.91	1.029	1.068	1.029	1.068	\$210.04												
27	Other Medical	\$0.00	1.029	1.068	1.029	1.068	\$0.00												
28	Capitation	\$92.20	1.000	1.020	1.000	1.020	\$95.92												
29	Prescription Drug	\$157.38	0.990	1.068	0.990	1.068	\$175.94												
30	Total	\$699.00					\$826.94												
31																			
32	Morbidity Adjustment				1.000														
33	Demographic Shift				0.999														
34	Plan Design Changes				1.000														
35	Other				1.003														
36	Adjusted Trended EHB Allowed Claims PMPM for	1/1/2024			\$828.59														
37																			
38	Manual EHB Allowed Claims PMPM				\$932.44														
39	Applied Credibility %				0.00%														
40																			
41	Projected Period Totals																		
42	Projected Index Rate for	1/1/2024		\$932.44	\$392,654,213.76														
43	Reinsurance			\$40.56	\$17,079,978.24														
44	Risk Adjustment Payment/Charge			\$158.31	\$66,664,974.24														
45	Exchange User Fees			2.60%	\$8,246,037.78														
46	Market Adjusted Index Rate			\$753.15	\$317,155,299.06														
47																			
48	Projected Member Months			421,104															
49																			
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																		
51																			

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.

Product-Plan Data Collection

Company Legal Name: QCC Insurance Company, Inc.
 HIOS Issuer ID: 31609 State: PA
 Effective Date of Rate Change(s): 1/1/2024 Market: Individual

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

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

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

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

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

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

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

Field #	Personal Choice ON Exchange PPO Indiv				Personal Choice ON Exchange EPO				Personal Choice OFF Exchange EPO				Personal Choice OFF Exchange PPO Indiv					
1.1 Product Name	31609PA007				31609PA016				31609PA018				31609PA019					
1.2 Product ID	PPO Gold	PPO Silver	PPO Bronze	PPO Gold Classic	PPO Gold	EPO Catastrophic	EPO Bronze Basic	EPO Gold	EPO Bronze Classic	EPO Catastrophic	EPO Bronze	EPO Bronze Basic	EPO Gold	EPO Bronze Classic	PPO Gold	PPO Silver	PPO Bronze	PPO Gold
1.3 Plan Name	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006
1.4 Plan ID (Standard Component ID)	Gold	Silver	Bronze	Gold	Gold	Catastrophic	Bronze	Gold	Bronze	Catastrophic	Bronze	Bronze	Gold	Bronze	Gold	Silver	Bronze	Gold
1.5 Metal	0.803	0.715	0.648	0.799	0.820	0.621	0.641	0.638	0.649	0.621	0.641	0.638	0.797	0.649	0.803	0.648	0.648	0.820
1.6 AV Metal Value	Renewing	Renewing	Renewing	Renewing	New	Renewing	Renewing	Terminated	New	Renewing	Renewing	Renewing	Terminated	New	Renewing	Terminated	Renewing	New
1.7 Plan Category	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No	No	No
1.8 Plan Type	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
1.10 Effective Date of Proposed Rates	-2.32%	-2.32%	-2.32%	-2.32%	0.00%	-3.44%	-2.32%	-3.45%	0.00%	-3.44%	-2.32%	-2.32%	0.00%	0.00%	-2.32%	-3.02%	-3.02%	0.00%
1.11 Cumulative Rate Change % (over 12 mos prior)																		
1.12 Product Rate Increase %																		
1.13 Submission Level Rate Increase %																		

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)	Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006
2.2 Allowed Claims	\$305,423,058	\$43,087,542	\$39,476,688	\$27,805,366	\$0	\$0	\$221,320	\$28,032,476	\$32,534,534	\$3,396,169	\$0	\$686,765	\$26,889,821	\$6,791,727	\$10,131,830	\$0	\$59,219,308	\$12,965,424	\$14,181,488	\$0
2.3 Reinsurance	\$18,327,933	\$2,366,189	\$2,456,686	\$1,567,661	\$0	\$0	\$94	\$1,734,707	\$1,677,909	\$301,104	\$0	\$26,399	\$1,637,385	\$360,747	\$67,917	\$0	\$4,676,644	\$656,897	\$805,688	\$0
2.4 Member Cost Sharing	\$66,989,894	\$5,749,587	\$6,262,624	\$8,002,399	\$0	\$0	\$118,363	\$7,884,814	\$12,028,171	\$359,449	\$0	\$94,157	\$6,786,435	\$2,575,397	\$1,074,343	\$0	\$7,791,975	\$3,661,036	\$4,653,706	\$0
2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims	\$220,105,231	\$34,971,766	\$30,757,379	\$18,235,366	\$0	\$0	\$102,956	\$18,455,957	\$18,828,454	\$2,735,656	\$0	\$566,169	\$18,466,001	\$3,855,584	\$8,379,570	\$0	\$47,368,789	\$8,657,490	\$8,724,094	\$0
2.7 Risk Adjustment Transfer Amount	\$40,744,002	\$15,264,962	\$12,817,291	\$1,396,934	\$0	\$0	\$35,515	\$1,808,597	\$21,826,440	\$997,533	\$0	\$9,835	\$7,942,994	\$1,830,023	\$4,042,019	\$0	\$22,572,640	\$2,871,730	\$1,051,478	\$0
2.8 Premium	\$278,873,504	\$30,191,173	\$33,055,162	\$29,731,553	\$0	\$0	\$300,021	\$28,894,947	\$50,811,925	\$1,595,345	\$0	\$270,144	\$19,449,559	\$8,216,469	\$5,411,713	\$0	\$41,501,764	\$14,991,163	\$14,451,566	\$0
2.9 Experience Period Member Months	436,775	33,320	38,633	50,140	0	0	1,092	\$2,075	107,546	1,826	0	702	35,217	17,692	6,388	0	46,897	18,888	26,349	0
2.10 Current Enrollment	35,089	3,008	2,992	4,463	542	0	51	3,951	7,614	0	0	15	2,804	1,408	0	0	4,407	1,506	2,328	0
2.11 Current Month PMPM	\$650.06	\$910.28	\$843.18	\$593.24	\$767.10	\$0.00	\$282.95	\$556.85	\$482.93	\$0.00	\$0.00	\$340.40	\$549.59	\$468.51	\$0.00	\$0.00	\$888.21	\$788.46	\$552.54	\$0.00
2.12 Loss Ratio	68.87%	76.94%	67.05%	64.36%	#DIV/0!	#DIV/0!	30.68%	68.14%	64.96%	105.51%	#DIV/0!	202.22%	67.41%	60.37%	86.64%	#DIV/0!	73.93%	48.47%	56.27%	#DIV/0!
Per Member Per Month																				
2.13 Allowed Claims	\$699.27	\$1,293.14	\$1,023.84	\$554.57	#DIV/0!	#DIV/0!	\$202.67	\$538.31	\$302.52	\$1,859.90	#DIV/0!	\$978.30	\$763.55	\$383.89	\$1,586.07	#DIV/0!	\$1,262.75	\$686.07	\$538.29	#DIV/0!
2.14 Reinsurance	\$41.96	\$71.01	\$63.59	\$31.27	#DIV/0!	#DIV/0!	\$0.00	\$33.31	\$15.60	\$164.90	#DIV/0!	\$37.61	\$46.49	\$20.39	\$106.12	#DIV/0!	\$86.54	\$34.76	\$30.58	#DIV/0!
2.15 Member Cost Sharing	\$153.37	\$172.56	\$162.11	\$159.61	#DIV/0!	#DIV/0!	\$108.39	\$159.59	\$111.84	\$196.83	#DIV/0!	\$134.18	\$145.57	\$192.70	\$168.18	#DIV/0!	\$166.15	\$193.20	\$176.62	#DIV/0!
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	#DIV/0!
2.17 Incurred Claims	\$503.93	\$1,049.17	\$796.44	\$363.69	#DIV/0!	#DIV/0!	\$94.38	\$34.41	\$171.07	\$1,498.12	#DIV/0!	\$805.11	\$524.35	\$217.93	\$1,311.77	#DIV/0!	\$1,010.06	\$458.13	\$311.10	#DIV/0!
2.18 Risk Adjustment Transfer Amount	\$93.28	\$458.13	\$331.77	\$27.86	#DIV/0!	#DIV/0!	\$32.52	-\$34.73	-\$202.95	\$546.29	#DIV/0!	\$14.01	\$255.54	-\$103.44	\$632.75	#DIV/0!	\$481.32	\$151.96	\$39.91	#DIV/0!
2.19 Premium	\$638.48	\$906.10	\$855.62	\$592.97	#DIV/0!	#DIV/0!	\$274.74	\$554.87	\$472.47	\$873.68	#DIV/0!	\$384.82	\$552.28	\$464.42	\$847.17	#DIV/0!	\$884.96	\$793.27	\$548.51	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006	
3.2 Market Adjusted Index Rate										\$753.15										
3.3 AV and Cost Sharing Design of Plan	1.0207	0.8678	0.5897	0.8512	1.0984	0.5038	0.5713	0.5141	0.0000	0.5768	0.5033	0.5707	0.5136	0.0000	0.5762	1.0196	0.0000	0.5891	1.0973	
3.4 Provider Network Adjustment	1.0231	1.0231	1.0231	1.0231	1.0231	0.9719	0.9719	0.9719	0.0000	0.9719	0.0000	0.9719	0.9719	0.0000	0.9719	1.0231	0.0000	1.0231	1.0231	
3.5 Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010	
Administrative Costs																				
3.6 Administrative Expense	13.02%	13.02%	13.02%	13.02%	13.02%	13.02%	13.02%	13.02%	0.00%	13.02%	13.02%	13.02%	13.02%	0.00%	13.02%	13.02%	13.02%	13.02%	13.02%	
3.7 Taxes and Fees	2.60%	2.60%	2.60%	2.60%	2.60%	2.60%	2.60%	2.60%	0.00%	2.60%	2.60%	2.60%	2.60%	0.00%	2.60%	2.60%	2.60%	2.60%	2.60%	
3.8 Profit & Risk Load	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%	2.00%	2.00%	2.00%	2.00%	0.00%	2.00%	2.00%	2.00%	2.00%	2.00%	
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
3.10 Plan Adjusted Index Rate	\$954.72	\$811.71	\$551.58	\$796.18	\$1,027.40	\$447.85	\$507.63	\$456.80	\$0.00	\$512.52	\$447.65	\$507.60	\$456.82	\$0.00	\$512.50	\$954.65	\$0.00	\$551.57	\$1,027.40	
Calibrated Plan Adjusted Index Rate																				
3.11 Age Calibration Factor		0.5738																		
3.12 Geographic Calibration Factor		1.0000																		
3.13 Tobacco Calibration Factor		0.9957																		

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006
4.2 Allowed Claims	\$369,528,043	\$35,381,737	\$50,257,882	\$46,144,316	\$6,021,713	\$12,077	\$499,456	\$38,979,269	\$74,615,803	\$0	\$9,874	\$147,020	\$27,684,410	\$13,809,349	\$0	\$0	\$51,884,981	\$0	\$24,087,974	\$12,083
4.3 Reinsurance	\$11,739,096	\$1,006,246	\$1,504,685	\$1,402,977	\$18,132	\$335	\$17,661	\$1,321,701	\$2,547,059	\$0	\$335	\$5,018	\$938,003	\$471,009	\$0	\$0	\$1,474,243	\$0	\$778,770	\$335
4.4 Member Cost Sharing	\$95,307,202	\$2,545,554	\$7,512,415	\$15,208,241	\$954,308	\$442	\$198,333	\$13,309,342	\$28,972,994	\$0	\$3,329	\$58,454	\$9,466,627	\$5,368,961	\$0	\$0	\$3,756,723	\$0	\$3,756,723	\$448
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$262,481,756	\$31,829,937	\$41,240,882	\$29,443,098	\$4,886,093	\$11,301	\$284,062	\$24,348,227	\$43,095,750	\$0	\$6,211	\$83,548	\$17,279,780	\$7,969,380						

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.

Select only the Rating Areas you are offering plans within and add a factor for each area.

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

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

Rating Area	Rating Factor
Rating Area 8	1.0000

GENERAL OVERVIEW

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) to provide certain information to support the gross premium for the single risk pool for individual market health care insurance underwritten by QCC Insurance Company, Inc. 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: QCC Insurance Company, Inc. ("QCC")

State: Pennsylvania

HIOS Issuer ID (5-digit): 31609

Market: Individual

Effective Date(s): 1/1/2024

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

COMPANY CONTACT INFORMATION

Primary Contact Name: [REDACTED]

Primary Contact Telephone Number: [REDACTED]

Primary Contact Email Address: [REDACTED]

PROPOSED RATE INCREASE

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

The Federal government ended the Health Insurance Providers Fee beginning with premiums due in 2021.

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

A reinsurance program administered by the state became effective January 1, 2021. We project that this will reduce rates by approximately 4.3% in the 2024 time period.

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

The weighted average increase across QCC plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is -2.7%. The minimum increase is -3.4% and the maximum increase is -2.3%.

WORKSHEET 1: MARKET EXPERIENCE

SECTION I: EXPERIENCE PERIOD DATA

SINGLE RISK POOL

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

PAID THROUGH DATE

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

PREMIUMS IN EXPERIENCE PERIOD

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

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

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

Insurer fee-for-service claims expenses and member liabilities for dates of service in January 2022 through December 2022 and paid through February 2023 are sourced from the IBCFOC's internal data warehouse. The claims and member liabilities are completed with incurred but not reported (IBNR) adjustments to develop ultimate incurred insurer fee-for-service claims expenses and member liabilities for the January through December 2022 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2022 period but they are not adjusted for IBNR.

Allowed Claims

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

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

IBNR Development

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

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

Experience Period Index Rate

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

SECTION II: PROJECTIONS

BENEFIT CATEGORIES

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


PROJECTION FACTORS

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

Morbidity Adjustment

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

COVID-19 Impact



Demographic Shift

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

Plan Design Changes

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

Other Changes

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

Trend Factors

a. Annualized Cost Trend

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

b. Annualized Utilization Trend

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

CREDIBILITY MANUAL RATE DEVELOPMENT

We combined the experience period data for QCC with the experience period data for Keystone Health Plan East (“KHPE”). This should provide a more stable basis for projecting the Index Rate. The combined data is shown in Tab 1b. The Change in Network Factor is intended to result in QCC rates that are reasonable in relation to KHPE rates. The combined claims are determined to be 100% credible as reflected in Table 5.

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustment PMPM

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

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

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

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

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

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

MARKET ADJUSTED INDEX RATE

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

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

WORKSHEET 2: PRODUCT-PLAN DATA COLLECTION

SECTION I: GENERAL PRODUCT AND PLAN INFORMATION

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

AV METAL VALUES

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

SECTION II: EXPERIENCE PERIOD AND CURRENT PLAN LEVEL INFORMATION

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

SECTION III: PLAN ADJUSTMENT FACTORS

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

PLAN ADJUSTED INDEX RATE

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

NON-BENEFIT EXPENSES AND PROFIT & RISK

Administrative Expense Load

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

Profit & Risk Load/Contribution to Surplus

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

Taxes and Fees

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

CALIBRATION

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

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

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

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

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

MEMBERSHIP PROJECTIONS

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

LOSS RATIO

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

INDEX RATE

The Index Rate is defined as the EHB portion of projected allowed claims divided by all projected single risk pool lives. The Index Rate is the same value for all non-grandfathered plans for QCC Individual Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2023. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

TERMINATED PLANS

The following plan is being terminated in 2024:

31609PA0190003 Personal Choice PPO Silver

WORKSHEET 3: RATING AREAS

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

ACTUARIAL CERTIFICATION

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

The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the premium rates and allowable rating factors. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

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

- The projected index rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
 - Developed in compliance with applicable Actuarial Standards of Practice;
 - Reasonable in relation to the benefits provided and the population anticipated to be covered; and
 - Neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- Geographic rating factors reflect only differences in the costs of delivery of and do not include differences for population morbidity by geographic area.
- The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. 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.

[REDACTED]
May 17, 2023

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	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	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
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Project Information		Financial Summary		Operational Data	
Project ID	Project Name	Budget	Actual	Start Date	End Date
001	Project A	1000000	950000	2023-01-01	2023-12-31
002	Project B	2000000	1900000	2023-02-01	2023-11-30
003	Project C	1500000	1450000	2023-03-01	2023-10-31
004	Project D	800000	780000	2023-04-01	2023-09-30
005	Project E	1200000	1150000	2023-05-01	2023-08-31
006	Project F	900000	880000	2023-06-01	2023-07-31
007	Project G	1100000	1050000	2023-07-01	2023-06-30
008	Project H	700000	680000	2023-08-01	2023-05-31
009	Project I	1300000	1250000	2023-09-01	2023-04-30
010	Project J	600000	580000	2023-10-01	2023-03-31
011	Project K	1400000	1350000	2023-11-01	2023-02-28
012	Project L	500000	480000	2023-12-01	2023-01-31
013	Project M	1600000	1550000	2022-12-01	2022-11-30
014	Project N	400000	380000	2022-11-01	2022-10-31
015	Project O	1800000	1750000	2022-10-01	2022-09-30
016	Project P	300000	290000	2022-09-01	2022-08-31
017	Project Q	2200000	2150000	2022-08-01	2022-07-31
018	Project R	100000	95000	2022-07-01	2022-06-30
019	Project S	1700000	1650000	2022-06-01	2022-05-31
020	Project T	2500000	2450000	2022-05-01	2022-04-30
021	Project U	1900000	1850000	2022-04-01	2022-03-31
022	Project V	800000	780000	2022-03-01	2022-02-28
023	Project W	1300000	1250000	2022-02-01	2022-01-31
024	Project X	600000	580000	2022-01-01	2021-12-31
025	Project Y	1100000	1050000	2021-12-01	2021-11-30
026	Project Z	400000	380000	2021-11-01	2021-10-31
027	Project AA	1600000	1550000	2021-10-01	2021-09-30
028	Project AB	300000	290000	2021-09-01	2021-08-31
029	Project AC	2200000	2150000	2021-08-01	2021-07-31
030	Project AD	100000	95000	2021-07-01	2021-06-30
031	Project AE	1700000	1650000	2021-06-01	2021-05-31
032	Project AF	2500000	2450000	2021-05-01	2021-04-30
033	Project AG	1900000	1850000	2021-04-01	2021-03-31
034	Project AH	800000	780000	2021-03-01	2021-02-28
035	Project AI	1300000	1250000	2021-02-01	2021-01-31
036	Project AJ	600000	580000	2021-01-01	2020-12-31
037	Project AK	1100000	1050000	2020-12-01	2020-11-30
038	Project AL	400000	380000	2020-11-01	2020-10-31
039	Project AM	1600000	1550000	2020-10-01	2020-09-30
040	Project AN	300000	290000	2020-09-01	2020-08-31
041	Project AO	2200000	2150000	2020-08-01	2020-07-31
042	Project AP	100000	95000	2020-07-01	2020-06-30
043	Project AQ	1700000	1650000	2020-06-01	2020-05-31
044	Project AR	2500000	2450000	2020-05-01	2020-04-30
045	Project AS	1900000	1850000	2020-04-01	2020-03-31
046	Project AT	800000	780000	2020-03-01	2020-02-28
047	Project AU	1300000	1250000	2020-02-01	2020-01-31
048	Project AV	600000	580000	2020-01-01	2019-12-31
049	Project AW	1100000	1050000	2019-12-01	2019-11-30
050	Project AX	400000	380000	2019-11-01	2019-10-31
051	Project AY	1600000	1550000	2019-10-01	2019-09-30
052	Project AZ	300000	290000	2019-09-01	2019-08-31
053	Project BA	2200000	2150000	2019-08-01	2019-07-31
054	Project BB	100000	95000	2019-07-01	2019-06-30
055	Project BC	1700000	1650000	2019-06-01	2019-05-31
056	Project BD	2500000	2450000	2019-05-01	2019-04-30
057	Project BE	1900000	1850000	2019-04-01	2019-03-31
058	Project BF	800000	780000	2019-03-01	2019-02-28
059	Project BG	1300000	1250000	2019-02-01	2019-01-31
060	Project BH	600000	580000	2019-01-01	2018-12-31
061	Project BI	1100000	1050000	2018-12-01	2018-11-30
062	Project BJ	400000	380000	2018-11-01	2018-10-31
063	Project BK	1600000	1550000	2018-10-01	2018-09-30
064	Project BL	300000	290000	2018-09-01	2018-08-31
065	Project BM	2200000	2150000	2018-08-01	2018-07-31
066	Project BN	100000	95000	2018-07-01	2018-06-30
067	Project BO	1700000	1650000	2018-06-01	2018-05-31
068	Project BP	2500000	2450000	2018-05-01	2018-04-30
069	Project BQ	1900000	1850000	2018-04-01	2018-03-31
070	Project BR	800000	780000	2018-03-01	2018-02-28
071	Project BS	1300000	1250000	2018-02-01	2018-01-31
072	Project BT	600000	580000	2018-01-01	2017-12-31
073	Project BU	1100000	1050000	2017-12-01	2017-11-30
074	Project BV	400000	380000	2017-11-01	2017-10-31
075	Project BW	1600000	1550000	2017-10-01	2017-09-30
076	Project BX	300000	290000	2017-09-01	2017-08-31
077	Project BY	2200000	2150000	2017-08-01	2017-07-31
078	Project BZ	100000	95000	2017-07-01	2017-06-30
079	Project CA	1700000	1650000	2017-06-01	2017-05-31
080	Project CB	2500000	2450000	2017-05-01	2017-04-30
081	Project CC	1900000	1850000	2017-04-01	2017-03-31
082	Project CD	800000	780000	2017-03-01	2017-02-28
083	Project CE	1300000	1250000	2017-02-01	2017-01-31
084	Project CF	600000	580000	2017-01-01	2016-12-31
085	Project CG	1100000	1050000	2016-12-01	2016-11-30
086	Project CH	400000	380000	2016-11-01	2016-10-31
087	Project CI	1600000	1550000	2016-10-01	2016-09-30
088	Project CJ	300000	290000	2016-09-01	2016-08-31
089	Project CK	2200000	2150000	2016-08-01	2016-07-31
090	Project CL	100000	95000	2016-07-01	2016-06-30
091	Project CM	1700000	1650000	2016-06-01	2016-05-31
092	Project CN	2500000	2450000	2016-05-01	2016-04-30
093	Project CO	1900000	1850000	2016-04-01	2016-03-31
094	Project CP	800000	780000	2016-03-01	2016-02-28
095	Project CQ	1300000	1250000	2016-02-01	2016-01-31
096	Project CR	600000	580000	2016-01-01	2015-12-31
097	Project CS	1100000	1050000	2015-12-01	2015-11-30
098	Project CT	400000	380000	2015-11-01	2015-10-31
099	Project CU	1600000	1550000	2015-10-01	2015-09-30
100	Project CV	300000	290000	2015-09-01	2015-08-31

Project Information		Financial Summary		Operational Data	
Project Name	Project ID	Budget	Actual	Start Date	End Date
Project A	001	1000000	950000	2023-01-01	2023-12-31
Project B	002	2000000	1800000	2023-02-15	2023-11-30
Project C	003	500000	520000	2023-03-01	2023-10-31
Project D	004	3000000	2900000	2023-04-01	2023-12-31
Project E	005	1500000	1400000	2023-05-01	2023-11-30
Project F	006	800000	750000	2023-06-01	2023-10-31
Project G	007	1200000	1100000	2023-07-01	2023-12-31
Project H	008	600000	580000	2023-08-01	2023-11-30
Project I	009	900000	850000	2023-09-01	2023-10-31
Project J	010	400000	380000	2023-10-01	2023-12-31
Project K	011	700000	680000	2023-11-01	2023-11-30
Project L	012	1100000	1050000	2023-12-01	2023-12-31
Project M	013	300000	280000	2024-01-01	2024-01-31
Project N	014	500000	480000	2024-02-01	2024-02-28
Project O	015	200000	190000	2024-03-01	2024-03-31
Project P	016	400000	380000	2024-04-01	2024-04-30
Project Q	017	600000	580000	2024-05-01	2024-05-31
Project R	018	800000	780000	2024-06-01	2024-06-30
Project S	019	1000000	980000	2024-07-01	2024-07-31
Project T	020	1200000	1180000	2024-08-01	2024-08-31
Project U	021	1500000	1480000	2024-09-01	2024-09-30
Project V	022	1800000	1780000	2024-10-01	2024-10-31
Project W	023	2000000	1980000	2024-11-01	2024-11-30
Project X	024	2500000	2480000	2024-12-01	2024-12-31
Project Y	025	3000000	2980000	2025-01-01	2025-01-31
Project Z	026	3500000	3480000	2025-02-01	2025-02-28
Project AA	027	4000000	3980000	2025-03-01	2025-03-31
Project AB	028	4500000	4480000	2025-04-01	2025-04-30
Project AC	029	5000000	4980000	2025-05-01	2025-05-31
Project AD	030	5500000	5480000	2025-06-01	2025-06-30
Project AE	031	6000000	5980000	2025-07-01	2025-07-31
Project AF	032	6500000	6480000	2025-08-01	2025-08-31
Project AG	033	7000000	6980000	2025-09-01	2025-09-30
Project AH	034	7500000	7480000	2025-10-01	2025-10-31
Project AI	035	8000000	7980000	2025-11-01	2025-11-30
Project AJ	036	8500000	8480000	2025-12-01	2025-12-31
Project AK	037	9000000	8980000	2026-01-01	2026-01-31
Project AL	038	9500000	9480000	2026-02-01	2026-02-28
Project AM	039	10000000	9980000	2026-03-01	2026-03-31
Project AN	040	10500000	10480000	2026-04-01	2026-04-30
Project AO	041	11000000	10980000	2026-05-01	2026-05-31
Project AP	042	11500000	11480000	2026-06-01	2026-06-30
Project AQ	043	12000000	11980000	2026-07-01	2026-07-31
Project AR	044	12500000	12480000	2026-08-01	2026-08-31
Project AS	045	13000000	12980000	2026-09-01	2026-09-30
Project AT	046	13500000	13480000	2026-10-01	2026-10-31
Project AU	047	14000000	13980000	2026-11-01	2026-11-30
Project AV	048	14500000	14480000	2026-12-01	2026-12-31
Project AW	049	15000000	14980000	2027-01-01	2027-01-31
Project AX	050	15500000	15480000	2027-02-01	2027-02-28
Project AY	051	16000000	15980000	2027-03-01	2027-03-31
Project AZ	052	16500000	16480000	2027-04-01	2027-04-30
Project BA	053	17000000	16980000	2027-05-01	2027-05-31
Project BB	054	17500000	17480000	2027-06-01	2027-06-30
Project BC	055	18000000	17980000	2027-07-01	2027-07-31
Project BD	056	18500000	18480000	2027-08-01	2027-08-31
Project BE	057	19000000	18980000	2027-09-01	2027-09-30
Project BF	058	19500000	19480000	2027-10-01	2027-10-31
Project BG	059	20000000	19980000	2027-11-01	2027-11-30
Project BH	060	20500000	20480000	2027-12-01	2027-12-31
Project BI	061	21000000	20980000	2028-01-01	2028-01-31
Project BJ	062	21500000	21480000	2028-02-01	2028-02-28
Project BK	063	22000000	21980000	2028-03-01	2028-03-31
Project BL	064	22500000	22480000	2028-04-01	2028-04-30
Project BM	065	23000000	22980000	2028-05-01	2028-05-31
Project BN	066	23500000	23480000	2028-06-01	2028-06-30
Project BO	067	24000000	23980000	2028-07-01	2028-07-31
Project BP	068	24500000	24480000	2028-08-01	2028-08-31
Project BQ	069	25000000	24980000	2028-09-01	2028-09-30
Project BR	070	25500000	25480000	2028-10-01	2028-10-31
Project BS	071	26000000	25980000	2028-11-01	2028-11-30
Project BT	072	26500000	26480000	2028-12-01	2028-12-31
Project BU	073	27000000	26980000	2029-01-01	2029-01-31
Project BV	074	27500000	27480000	2029-02-01	2029-02-28
Project BW	075	28000000	27980000	2029-03-01	2029-03-31
Project BX	076	28500000	28480000	2029-04-01	2029-04-30
Project BY	077	29000000	28980000	2029-05-01	2029-05-31
Project BZ	078	29500000	29480000	2029-06-01	2029-06-30
Project CA	079	30000000	29980000	2029-07-01	2029-07-31
Project CB	080	30500000	30480000	2029-08-01	2029-08-31
Project CC	081	31000000	30980000	2029-09-01	2029-09-30
Project CD	082	31500000	31480000	2029-10-01	2029-10-31
Project CE	083	32000000	31980000	2029-11-01	2029-11-30
Project CF	084	32500000	32480000	2029-12-01	2029-12-31
Project CG	085	33000000	32980000	2030-01-01	2030-01-31
Project CH	086	33500000	33480000	2030-02-01	2030-02-28
Project CI	087	34000000	33980000	2030-03-01	2030-03-31
Project CJ	088	34500000	34480000	2030-04-01	2030-04-30
Project CK	089	35000000	34980000	2030-05-01	2030-05-31
Project CL	090	35500000	35480000	2030-06-01	2030-06-30
Project CM	091	36000000	35980000	2030-07-01	2030-07-31
Project CN	092	36500000	36480000	2030-08-01	2030-08-31
Project CO	093	37000000	36980000	2030-09-01	2030-09-30
Project CP	094	37500000	37480000	2030-10-01	2030-10-31
Project CQ	095	38000000	37980000	2030-11-01	2030-11-30
Project CR	096	38500000	38480000	2030-12-01	2030-12-31
Project CS	097	39000000	38980000	2031-01-01	2031-01-31
Project CT	098	39500000	39480000	2031-02-01	2031-02-28
Project CU	099	40000000	39980000	2031-03-01	2031-03-31
Project CV	100	40500000	40480000	2031-04-01	2031-04-30
Project CW	101	41000000	40980000	2031-05-01	2031-05-31
Project CX	102	41500000	41480000	2031-06-01	2031-06-30
Project CY	103	42000000	41980000	2031-07-01	2031-07-31
Project CZ	104	42500000	42480000	2031-08-01	2031-08-31
Project DA	105	43000000	42980000	2031-09-01	2031-09-30
Project DB	106	43500000	43480000	2031-10-01	2031-10-31
Project DC	107	44000000	43980000	2031-11-01	2031-11-30
Project DD	108	44500000	44480000	2031-12-01	2031-12-31
Project DE	109	45000000	44980000	2032-01-01	2032-01-31
Project DF	110	45500000	45480000	2032-02-01	2032-02-28
Project DG	111	46000000	45980000	2032-03-01	2032-03-31
Project DH	112	46500000	46480000	2032-04-01	2032-04-30
Project DI	113	47000000	46980000	2032-05-01	2032-05-31
Project DJ	114	47500000	47480000	2032-06-01	2032-06-30
Project DK	115	48000000	47980000	2032-07-01	2032-07-31
Project DL	116	48500000	48480000	2032-08-01	2032-08-31
Project DM	117	49000000	48980000	2032-09-01	2032-09-30
Project DN	118	49500000	49480000	2032-10-01	2032-10-31
Project DO	119	50000000	49980000	2032-11-01	2032-11-30
Project DP	120	50500000	50480000	2032-12-01	2032-12-31
Project DQ	121	51000000	50980000	2033-01-01	2033-01-31
Project DR	122	51500000	51480000	2033-02-01	2033-02-28
Project DS	123	52000000	51980000	2033-03-01	2033-03-31
Project DT	124	52500000	52480000	2033-04-01	2033-04-30
Project DU	125	53000000	52980000	2033-05-01	2033-05-31
Project DV	126	53500000	53480000	2033-06-01	2033-06-30
Project DW	127	54000000	53980000	2033-07-01	2033-07-31
Project DX	128	54500000	54480000	2033-08-01	2033-08-31
Project DY	129	55000000	54980000	2033-09-01	2033-09-30
Project DZ	130	55500000	55480000	2033-10-01	2033-10-31
Project EA	131	56000000	55980000	2033-11-01	2033-11-30
Project EB	132	56500000	56480000	2033-12-01	2033-12-31
Project EC	133	57000000	56980000	2034-01-01	2034-01-31
Project ED	134	57500000	57480000	2034-02-01	2034-02-28
Project EE	135	58000000	57980000	2034-03-01	2034-03-31
Project EF	136	58500000	58480000	2034-04-01	2034-04-30
Project EG	137	59000000	58980000	2034-05-01	2034-05-31
Project EH	138	59500000	59480000	2034-06-01	2034-06-30
Project EI	139	60000000	59980000	2034-07-01	2034-07-31
Project EJ	140	60500000	60480000	2034-08-01	2034-08-31
Project EK	141	61000000	60980000	2034-09-01	2034-09-30
Project EL	142	61500000	61480000	2034-10-01	2034-10-31
Project EM	143	62000000	61980000	2034-11-01	2034-11-30
Project EN	144	62500000	62480000	2034-12-01	2034-12-31
Project EO	145	63000000	62980000	2035-01-01	2035-01-31
Project EP	146	63500000	63480000	2035-02-01	2035-02-28
Project EQ	147	64000000	63980000	2035-03-01	2035-03-31
Project ER	148	64500000	64480000	2035-04-01	2035-04-30
Project ES	149	65000000	64980000	2035-05-01	2035-05-31
Project ET	150	65500000	65480000	2035-06-01	2035-06-30
Project EU	151	66000000	65980000	2035-07-01	2035-07-31
Project EV	152	66500000	66480000	2035-08-01	2035-08-31
Project EW	153	67000000	66980000	2035-09-01	2035-09-30
Project EX	154	67500000	67480000	2035-10-01	2035-10-31
Project EY	155	68000000	67980000	2035-11-01	2035-11-30
Project EZ	156	68500000	68480000	2035-12-01	2035-12-31
Project FA	157	69000000	68980000	2036-01-01	2036-01-31
Project FB	158	69500000	69480000	2036-02-01	2036-02-28
Project FC	159	70000000	69980000	2036-03-01	2036-03-31
Project FD	160	70500000	70480000	2036-04-01	2036-04-30
Project FE	161	71000000	70980000	2036-05-01	2036-05-31
Project FF	162	71500000	71480000	2036-06-01	2036-06-30
Project FG	163	72000000	71980000	2036-07-01	2036-07-31
Project FH	164	72500000	72480000	2036-08-01	2036-08-31
Project FI	165	73000000	72980000	2036-09-01	203

Cover Page

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA007, 31609PA019, 31609PA016, 31609PA018

This single PDF file contains four separate actuarial certifications for the unique plan designs under Issuer ID 31609. Please refer to all of the pages contained herein.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA007, 31609PA019

Applicable HIOS Plan IDs (Standard Component): 31609PA0070002, 31609PA0190002, 31609PA0070003, 31609PA0190003, 31609PA0070004, 31609PA0190004, 31609PA0070011, 31609PA0070012, 31609PA0190006

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 cost-sharing for laboratory outpatient and professional services for a subset of these plans varies by site of service. Laboratory outpatient and professional services account for about 3% 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 a subset of 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 a subset of 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 occupational and physical therapy for a subset of these plans varies by site

of service. Occupational and physical therapy accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for x-rays and diagnostic imaging for a subset of these plans varies by site of service. X-rays and diagnostic imaging accounts for about 4% of allowed costs in the AV calculation.

The cost-sharing for imaging (CT/PET scans, MRIs) for a subset of these plans varies by site of service. Imaging accounts for about 2% 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.

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

Method 156.135(b)(2) was used for inpatient hospital, laboratory site of service, outpatient facility, primary care, specialist care, occupational and physical therapy, x-rays, imaging, outpatient mental health and substance abuse, and generic drugs cost-sharing.

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 freestanding and hospital utilization data for laboratory services, we considered our commercial PPO data incurred between January 2022 and December 2022.

For the physical therapy and radiology site-of-service utilization, we considered our commercial PPO 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 PPO data incurred between January 2022 and December 2022. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

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

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

Primary Care Copay Differential

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

HIOS_ID	Cost - sharing		AV Input
	PCP	Virtual PCP	
31609PA0070002, 31609PA0190002	\$30	\$20	\$ 28.00
31609PA0070003, 31609PA0190003	\$30	\$20	\$ 28.00
31609PA0070003-04	\$30	\$20	\$ 28.00
31609PA0070003-05	\$25	\$20	\$ 24.00
31609PA0070003-06	\$5	\$0	\$ 4.00
31609PA0070012, 31609PA0190006	\$15	\$5	\$ 13.00

Specialist Copay Differential

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

HIOS_ID	Cost - sharing		AV Input
	SP	Virtual SP	
31609PA0070002, 31609PA0190002	\$65	\$45	\$ 64.00
31609PA0070003, 31609PA0190003	\$75	\$50	\$ 73.75
31609PA0070003-04	\$75	\$50	\$ 73.75
31609PA0070003-05	\$50	\$35	\$ 49.25
31609PA0070003-06	\$10	\$5	\$ 9.75
31609PA0070012, 31609PA0190006	\$15	\$5	\$ 14.50

Combination of Copays and Coinsurance for IP Hospital

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

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

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

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

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

HIOS IDs	31609PA0070002, 31609PA0190002	31609PA0070012, 31609PA0190006
IP Cost Sharing		
Facility	\$750	\$500
Professional	20%	20%

AVC Continuance Table	Gold	Gold
PMPY for IP	\$1,577	\$1,577
Admit PMPY	0.06	0.06
Claim per Admit	\$24,919	\$24,919
Average LOS (days)	4.7	4.7
Effective Copay Factor for 5-days	0.47	0.47

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

Calculations		
Professional Claim per Admit	\$3,738	\$3,738
Professional Claim per Day	\$788	\$788
Equiv. Copay per Day no max	\$158	\$158
Equiv. Copay per Day, 5-day max	\$338	\$338
Total Copay per Day, 5-day max	\$1,088	\$838

Combination of Coinsurance for IP Hospital

The coinsurance for inpatient hospital facility claims was blended with the coinsurance on professional claims to calculate equivalent coinsurance for inpatient claims. Based on our data, we assumed that 85% of the cost was from facility claims and the remaining 15% was from professional claims.

HIOS IDs	31609PA0070003, 31609PA0190003	31609PA0070004, 31609PA0190004
Facility	25%	25%
Professional	30%	50%
Blend	74.3%	71.3%

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the facility and professional inpatient coinsurances. In fact, the actual benefit coinsurance amounts were entered directly into the AV calculator.

Combination of Coinsurance for Laboratory Services

For the lab site of service cost-sharing, our recent data suggested that 15% of units are at a hospital setting with an average unit cost of \$59.22, while 85% of units are at a freestanding setting with an average unit cost of \$22.51. Taking a weighted average of a 50% issuer coinsurance applied to \$59.22 and a 100% issuer coinsurance applied to \$22.51 produced an average issuer paid amount of \$23.57 out of an average cost of \$28.01, giving an effective issuer coinsurance of 84.1% which was entered into the AV calculator.

Combination of Coinsurance for Outpatient Facility Fee

For the outpatient facility site of service cost-sharing, our recent data indicated that 80% of outpatient facility claims came from the hospital setting. The cost-sharing entered into the AV calculator is a blend of the coinsurance in a hospital setting and the coinsurance in an ambulatory surgery center.

	31609PA0070003, 31609PA0190003	31609PA0070011
Hospital	50.0%	40.0%
ASC	30.0%	20.0%
Blend	54.0%	64.0%

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the hospital and ambulatory surgery center coinsurances. In fact, the actual benefit coinsurance amounts were entered directly into the AV calculator.

Combination of Copays for Outpatient Facility Fee

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

	31609PA0070002, 31609PA0190002	31609PA0070012, 31609PA0190006
Hospital	\$700	\$700
ASC	\$300	\$300
Blend	\$520.00	\$520.00

Occupational and Physical Therapy Site-of-service Differential

For the physical therapy site of service cost-sharing, our recent data indicated that 80% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of the copays at each site.

X-rays and Diagnostic Imaging Site-of-service Copay Differential

For the x-ray site of service cost-sharing, our recent data indicated that 30% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

X-rays and Diagnostic Imaging Site-of-service Coinsurance Differential

For the x-ray site of service cost-sharing, our recent data indicated that 30% of claims came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of coinsurance based on claims at each site.

Imaging (CT/PET scans, MRIs) Site-of-service Copay Differential

For the imaging site of service cost-sharing, our recent data indicated that 30% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

Imaging (CT/PET scans, MRIs) Site-of-service Coinsurance Differential

For the imaging site of service cost-sharing, our recent data indicated that 20% of claims came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of coinsurance based on claims at each site.

HIOS ID	Service Type	Cost-sharing		AV Input
		Preferred Site	Non-preferred Site	
31609PA0070002, 31609PA0190002	Phys. Ther.	\$65	\$95	\$71.00
	X-rays	\$60	\$90	\$81.00
	Imaging	\$120	\$160	\$148.00
31609PA0070003, 31609PA0190003	Phys. Ther.	\$75	\$105	\$81.00
	X-rays	30%	50%	56%
	Imaging	30%	50%	54%

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 75% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services. For plans where this cost-sharing is a combination of copay and coinsurance, a separate exhibit has been included to show the development of the effective copay that was used in the AV calculator.

HIOS_ID	Cost - sharing		AV Input
	MH/SA Office	MH/SA Other	
31609PA0070002, 31609PA0190002	\$65	\$65	\$65.00
31609PA0070004, 31609PA0190004	50%	50%	50%
31609PA0070011	20%	20%	80%
31609PA0070012, 31609PA0190006	\$15	\$45	\$22.50

For plans 31609PA0070003 and 31609PA0190003 and the silver variations of plan 31609PA0070003, 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. For plans 31609PA0070003 and 31609PA0070003-04, the coinsurance for all other outpatient mental health services was effective after the deductible. Accordingly, the effective copays for these plans were developed to recognize separate costs for when the member was in the deductible. We determined a utilization split for services in the deductible using the plan’s deductible value and our CPD model.

	31609PA0070003, 31609PA0190003	31609PA0070003-04
OP Visit Cost-sharing	\$75	\$75
OP Visit Weight	75%	75%
Avg Cost/Unit OP Other	\$241.79	\$241.79
OP Other Cost-sharing in Deductible	100%	100%
OP Other Weight in Deductible	14%	14%
OP Other Cost-sharing after Deductible	30%	20%
OP Other Weight after Deductible	11%	11%
Effective Copay (AV Input)	\$97.93	\$95.25

	31609PA0070003-05	31609PA0070003-06
OP Visit Cost-sharing	\$50	\$10
OP Visit Weight	75%	75%
Avg Cost/Unit OP Other	\$241.79	\$241.79
OP Other Cost-sharing in Deductible	N/A	N/A
OP Other Weight in Deductible	N/A	N/A
OP Other Cost-sharing after Deductible	10%	10%
OP Other Weight after Deductible	25%	25%
Effective Copay (AV Input)	\$43.54	\$13.54

Generic Drugs Copay Differential

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

HIOS_ID	Cost - sharing		AV Input
	Low-Cost Generic	Generic	
31609PA0070002, 31609PA0190002	\$3	\$15	\$ 10.20
31609PA0070003, 31609PA0190003	\$3	\$20	\$ 13.20
31609PA0070004, 31609PA0190004	\$5	\$35	\$ 23.00
31609PA0070003-04	\$3	\$20	\$ 13.20
31609PA0070003-05	\$3	\$10	\$ 7.20
31609PA0070003-06	\$3	\$4	\$ 3.60
31609PA0070011	\$3	\$15	\$ 10.20
31609PA0070012, 31609PA0190006	\$3	\$15	\$ 10.20

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

Not applicable.

Certification Language:

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

The analysis was

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: _____ 8/17/2023 _____

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160006, 31609PA0180005, 31609PA0180001, 31609PA0160001

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 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 Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Additionally, the cost-sharing for the first 3 outpatient mental health office visits for these plans is exempt from the deductible. Outpatient Mental Health and Substance Abuse accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for plans 31609PA0160006 and 31609PA0180005 varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 5% of allowed costs in the AV calculation.

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

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

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 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 PPO 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 Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 75% 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 these plans, the cost-sharing for outpatient mental health was input in the AV calculator as an effective copay to capture the fact that the first 3 outpatient mental health visits are exempt from the deductible. The effective copays for these plans were developed to recognize separate costs for when the member was in the deductible. We determined a utilization split for services in the deductible using the plan’s deductible value and our CPD model.

Using the bronze continuance table in the Final 2024 AV Calculator, we calculated the average cost per visit for outpatient mental health before the out-of-pocket maximum. This average cost was used as a point estimate of the allowed cost per visit for services before satisfying the out-of-pocket maximum. An effective member copay is calculated by taking a weighted average of \$0 for the first three visits times the proportion of visits within the first three visits, which according to our experience period between January 2022 and December 2022 for commercial PPO is 11.50%, and the average cost per service from the AV Calculator times the remaining proportion of visits. This effective copay was then used as the cost-sharing for outpatient mental health office visits in our blended outpatient mental health calculation below.

	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001
Cost per Visit	\$109.36	\$109.36
Copay for Visits 1-3:	\$0.00	\$0.00
Visits 1-3 Proportion:	11.50%	11.50%
Eff. Member Copay	\$96.78	\$96.78

	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001
OP Visit Cost-sharing	\$96.78	\$96.78
OP Visit Weight	75%	75%
Avg Cost/Unit OP Other	\$241.79	\$241.79
OP Other Cost-sharing in Deductible	100%	100%
OP Other Weight in Deductible	25%	25%
OP Other Cost-sharing after Deductible	N/A	N/A
OP Other Weight after Deductible	N/A	N/A
Effective Copay (AV Input)	\$133.04	\$133.04

Primary Care Copay Differential

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

HIOS_ID	Cost - sharing		AV Input
	PCP	Virtual PCP	
31609PA0160006, 31609PA0180005	\$20	\$15	\$ 19.00
31609PA0160001, 31609PA0180001	\$50	\$35	\$ 47.00

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.

HIOS_ID	Cost - sharing		AV Input
	Low-Cost Generic	Generic	
31609PA0160006, 31609PA0180005	\$3	\$25	\$ 16.20

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

Not applicable.

Certification Language:

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

The analysis was

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: _____ 8/17/2023 _____

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160005, 31609PA0180004

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 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.

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

Method 156.135(b)(2) was used for outpatient mental health and substance abuse.

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 outpatient mental health and substance abuse utilization, we used our commercial PPO 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.

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 Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 75% 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.

HIOS_ID	Cost - sharing		AV Input
	MH/SA Office	MH/SA Other	
31609PA0160005, 31609PA0180004	0%	0%	100%

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

Not applicable.

Certification Language:

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

The analysis was

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: 8/17/2023

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160009, 31609PA0180008

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 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 a subset of 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.

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

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

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 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 PPO 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 and average cost per low-cost generic drug, we used our commercial PPO and HMO data incurred between January 2022 and December 2022.

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

Primary Care Copay Differential

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

HIOS_ID	Cost - sharing		AV Input
	PCP	Virtual PCP	
31609PA0160009, 31609PA0180008	\$65	\$50	\$ 62.00

Specialist Copay Differential

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

HIOS_ID	Cost - sharing		AV Input
	SP	Virtual SP	
31609PA0160009, 31609PA0180008	\$65	\$50	\$ 64.25

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 75% 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 these plans, 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. Additionally, the coinsurance for all other outpatient mental health services was effective after the deductible. Accordingly, the effective copays for these plans were developed to recognize separate costs for when the member was in the deductible. We determined a utilization split for services in the deductible using the plan’s deductible value and our CPD model.

	31609PA0160009, 31609PA0180008
OP Visit Cost-sharing	\$65
OP Visit Weight	75%
Avg Cost/Unit OP Other	\$241.79
OP Other Cost-sharing in Deductible	100%
OP Other Weight in Deductible	16%
OP Other Cost-sharing after Deductible	50%
OP Other Weight after Deductible	9%
Effective Copay (AV Input)	\$98.07

Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. For these plans, the cost-sharing entered into the AV calculator is an effective coinsurance to capture the blending of a copay for low-cost generic drugs and coinsurance for normal generic drugs.

HIOS_ID	Cost - sharing		Low-Cost Generic Cost	AV Input
	Low-Cost Generic	Generic		
31609PA0160009, 31609PA0180008	\$3	50%	\$5.13	47%

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

Not applicable.

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

(iii) conducted by a member of the American Academy of Actuaries; and

(iv) performed in accordance with generally accepted actuarial principles and methodologies.

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

Actuary signature: _____

Actuary Printed Name: _____

Date: 8/17/2023

AV screenshots redacted.

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

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

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 tobacco use.

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

	2023	2024	
	Filing	Filing	Change
Age Factor	1.730	1.743	1.008
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.004	1.004	1.000
Total change			1.008

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 PPO was 1.000.

The network factor used for EPO was 0.950.

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

Table 10 factors:	PPO	1.023
	EPO	0.972

REDACTION JUSTIFICATION – QCC CONSUMER

DOCUMENT

URRT Part III – Federal Actuarial Memorandum

Redacted Name of opining actuary (page 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 8 and 9)

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

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

PA Actuarial Memo Rate Exhibits

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

Cover Letter

Redacted names and contact information (page 2)

AV Screenshots

Entire File Redacted

Unique AV Justification file

Redacted name of opining actuary (page 11)

Redacted AV Screenshots (all)

2023 and 2024 Service Area

Issuer: QCC Insurance Company

Market: Individual



Key (*modify as needed*)

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

Responses to Section E, Standard Questions

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

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

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

We confirm that capitated claims have been removed.

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

We confirm that non-EHB claims have been removed.

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

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

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

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

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

N/A

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

N/A

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

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

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

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

We confirm that these factors are consistent.

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

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

6. Pricing AVs

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

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

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

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

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

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

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

7. Expanded Bronze Plans

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

Please see the attached “EBP” exhibit.

8. PAAM Exhibits – Consumer Factors

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

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

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

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

9. Public Health Emergency

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

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

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

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

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

Services classified as preventive will be covered at 100%.

10. MLR Exhibit

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

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

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

Calendar Year	MLR		Member Months	
	Actual	Pricing	Actual	Pricing
2019	74.1%	85.8%	466,084	492,072
2020	72.2%	83.2%	468,369	505,932
2021	71.3%	85.2%	497,020	498,720

11. Plan of Withdrawal:

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

No withdrawals are proposed in this filing.

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

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

<u>QCC</u>	<u>HIOS IDs</u>	<u>Plan Marketing Name</u>	<u>FDC Generic Rx</u>	<u>FDC Primary Care Services</u>	<u>HSA Plan</u>
	31609PA0070004, 31609PA0190004	Personal Choice PPO Bronze	X	X	
	31609PA0160006, 31609PA0180005	Personal Choice EPO Bronze Basic	X		
	31609PA0160005, 31609PA0180004	Personal Choice EPO Bronze Reserve			X
	31609PA0160009, 31609PA0180008	Personal Choice EPO Bronze Classic		X	

Completeness and Redaction Justification Checklist

Issuer Name: QCC Insurance Company, Inc.
 Market: Individual PPO
 SERFF ID: INAC-133668798

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification				
	RFJ Part III – Actuarial Memorandum	X	Y	29-36	Y
	Federal Rates Template	X			
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X			
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	Y	4	Y
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N	5	N/A
D.1.C.	Average Rate Change	X	N	5	N/A
D.1.D.	Membership Count	X	N	5	N/A
	<i>PA Act. Exhibits Table 1</i>	X	N	13	N/A
D.1.E.	Benefit Changes	X	N	5	N/A
D.1.F.	Experience Period Claims & Premium	X	N	5-6	N/A
	<i>PA Act. Exhibits Table 2</i>	X	N	13	N/A
D.1.G.	Credibility of Data	X	N	7	N/A
	<i>PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)</i>	X	N	14	N/A
D.1.H.	Trend Identification	X	N	7	N/A
	<i>PA Act. Exhibits Table 3</i>	X	N	13	N/A
D.1.I.	Historical Experience	X	N	7	N/A
	<i>PA Act. Exhibits Table 4</i>	X	N	13	N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N	8	N/A
	<i>PA Act. Exhibits Table 5</i>	X	N	17	N/A
D.2.B.	Retention Items	X	N	9-10	N/A
	<i>PA Act. Exhibits Table 6</i>	X	N	17	N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	10	N/A
	<i>PA Act. Exhibits Table 7</i>	X	N	17	N/A
D.2.D.	Components of Rate Change	X	N	10	N/A
	<i>PA Act. Exhibits Table 8</i>	X	N	17	N/A
	<i>PA Act. Exhibits Table 9</i>	X	N	17	N/A
D.3.	Plan Rate Development	X	N	10-11	N/A
	<i>PA Act. Exhibits Table 10</i>	X	N	18	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	11	N/A
	<i>PA Act. Exhibits Table 11</i>	X	N	19-20	N/A
D.5.A.	Age and Tobacco Factors	X	N	11	N/A
	<i>PA Act. Exhibits Table 12</i>	X	N	21	N/A
D.5.B.	Geographic Factors	X	N	11	N/A
	<i>PA Act. Exhibits Table 13</i>	X	N	21	N/A
D.5.C.	Network Factors	X	N	11	N/A
	<i>PA Act. Exhibits Table 14</i>	X	N	21	N/A
D.5.D.	<i>Rate Change Request Summary</i>	X	N	22	N/A
	<i>PA Act. Exhibits Table 15</i>	X	N	22	N/A
D.5.E.	Service Area Composition	X	N	11	N/A
D.5.F.	Composite Rating	X	N	11	N/A
D.6.	Actuarial Certifications	X	Y	11-12	Y
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N	23-25	N/A
	Service Area Map	X	N	83	N/A
Summary Documents/Confirmation of HIOS & SERFF Submissions		X			Y