1901 Market Street
Philadelphia, PA 19103-1480

Independence

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 0% coinsurance parameter for the reinsurance program.

The proposed rates represent a 3.6% increase 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	3.6%
6.	Range of Rate Changes Requested	2.7% to 3.9%

Independence

7.	Total Annual Revenue Generated from the Proposed Rate Change	$9,968,543
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	17 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] at [redacted] or [redacted] with any questions regarding this filing.

Sincerely,

Independence

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:	3.6%
Range of Rate Changes:	2.7% to 3.9%
Products:	PPO
Rating Areas:	Rating Area 8
Metal Levels:	Gold, Silver, Bronze, Catastrophic
Current Members:	35,089
Number of 2024 Plans:	17
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 3.6%. The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2022 to calendar year 2024 are incorporated into the pricing and reflected in the Unified Rate Review Template.

The change in 21-year-old Non-Tobacco Premium PMPM calculated in Table 11, Cell AN13 is 3.6%.

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

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 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

No plans are being terminated during 2024:

2. RATE DEVELOPMENT AND CHANGE

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

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

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

COVID-19 Impact
[redacted]

Development of Reinsurance Tables

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information was populated using 2022 QCC Individual claims data by individual member. 2022 claims paid through February 2023 were completed and complied 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		12.98%
General and Claims	10.40%	
Agent/Broker Fees and Commissions	1.78%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		2.64%
RA User Fee	0.05%	
PCORI Fee	0.06%	
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 form other sections of the Rate Exhibits. The results in Row H are similar to the values in Row A of Table 8.

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

E. MLR DEMONSTRATION

Projected Claims PMPM (After Reinsurance)	$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.

[redacted]
May 17, 2023

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	QCC Insurance Company, Inc.		
ProductId:	PPO		
Market Seement:	Individual		
Rate Effective Date:	1/1/2024	to	12/31/2024
Base Period Start Date:	1/1/2022	to	12/31/2022
Date of Most Recent Membership:	2/1/2023		

Table 1. Number of Members

	Member-months Experience Period	Members Current Period (as of 02-01-2023)	Member-months Projected Rating Period
Average Age	42.0	42.0	42.0
Total	436,775	35,089	421,068
<18	44,360	3,637	43,644
18-24	36,173	2,976	35,712
25-29	37,417	2,841	34,092
30-34	36,309	2,878	34,536
35-39	31,788	2,593	31,116
40-44	30,951	2,512	30,144
45-49	31,102	2,481	29,796
50-54	43,760	3,417	41,004
55-59	56,116	4,563	54,756
60-63	65,170	5,279	63,348
64+	23,629	1,910	22,920

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
$ 278,673,501.89	$ 258,530,841.79	$ 261,926,498.97	436,775	$ 66,989,894.12	$ 328,916,393.09	$ -	$ (27,370,411.86)	$ 3,758,772.97	$ 118,304.05	$ 40,744,001.83	$ 18,327,933.61
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											$ 699.00
Loss Ratio											**68.87%**

**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%	12.26%	18.59%
Outpatient Hospital	4.51%	6.80%	0.00%	11.62%	20.83%
Professional	2.89%	6.80%	0.00%	9.88%	24.88%
Other Medical	2.89%	6.80%	0.00%	9.88%	0.00%
Capitation				2.05%	13.19%
Prescription Drugs	-0.97%	6.80%	0.00%	5.76%	22.51%
Total Annual Trend				8.78%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.183	

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

*** Should equal URRT Trend*

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-19		$ 18,051,259.87	1.0000	$ 18,051,259.87	42,000	$ 429.79		$ (492,291.09)	$ 26,719,003.95	$ 636.17
Feb-19		$ 17,757,623.26	1.0000	$ 17,757,623.26	41,254	$ 430.45		$ (448,797.59)	$ 23,646,973.78	$ 573.20
Mar-19		$ 20,097,530.80	1.0000	$ 20,097,530.80	40,467	$ 496.64		$ (492,899.97)	$ 25,704,687.40	$ 635.20
Apr-19		$ 21,363,236.17	1.0000	$ 21,363,236.17	39,991	$ 534.20		$ (522,688.96)	$ 26,577,913.64	$ 664.60
May-19		$ 21,292,942.55	1.0000	$ 21,292,942.55	39,398	$ 540.46		$ (530,540.85)	$ 26,108,279.98	$ 662.68
Jun-19		$ 18,968,106.13	1.0000	$ 18,968,106.13	38,925	$ 487.30		$ (498,859.07)	$ 22,890,077.30	$ 588.06
Jul-19		$ 21,065,054.35	1.0000	$ 21,065,054.35	38,397	$ 548.61		$ (543,604.99)	$ 25,120,826.42	$ 654.24
Aug-19		$ 19,823,589.29	1.0000	$ 19,823,589.29	37,984	$ 521.89		$ (527,901.06)	$ 23,594,536.49	$ 621.17
Sep-19		$ 18,789,229.31	1.0000	$ 18,789,229.31	37,566	$ 500.17		$ (514,777.60)	$ 22,173,279.96	$ 590.25
Oct-19		$ 21,050,632.47	1.0000	$ 21,050,632.47	37,195	$ 565.95		$ (574,250.76)	$ 24,637,132.01	$ 662.38
Nov-19		$ 18,913,443.67	1.0000	$ 18,913,443.67	36,757	$ 514.55		$ (544,966.97)	$ 22,033,859.28	$ 599.45
Dec-19	$ 304,626,833.47	$ 20,684,025.67	1.0000	$ 20,684,025.67	36,150	$ 572.17	$ 61,241,780.13	$ (581,994.57)	$ 23,618,309.98	$ 653.34
Jan-20		$ 17,873,443.87	1.0000	$ 17,873,443.87	40,990	$ 436.04		$ (1,446,354.33)	$ 25,074,892.80	$ 611.73
Feb-20		$ 18,739,034.44	1.0000	$ 18,739,034.44	40,211	$ 466.02		$ (1,418,835.90)	$ 24,391,037.63	$ 606.58
Mar-20		$ 17,713,962.82	1.0000	$ 17,713,962.82	39,657	$ 446.68		$ (1,399,304.13)	$ 21,690,890.38	$ 546.96
Apr-20		$ 16,357,323.06	1.0000	$ 16,357,323.06	39,462	$ 414.51		$ (1,511,941.50)	$ 18,016,958.89	$ 456.56
May-20		$ 16,699,447.43	1.0000	$ 16,699,447.43	39,339	$ 424.50		$ (1,507,070.70)	$ 18,833,919.74	$ 478.76
Jun-20		$ 19,113,214.55	1.0000	$ 19,113,214.55	39,094	$ 488.90		$ (1,497,760.66)	$ 21,973,378.06	$ 562.07
Jul-20		$ 19,872,416.54	1.0000	$ 19,872,416.54	38,887	$ 511.03		$ (1,570,688.68)	$ 22,713,977.58	$ 584.10
Aug-20		$ 19,304,319.98	1.0000	$ 19,304,319.98	38,849	$ 496.91		$ (1,569,112.45)	$ 21,983,604.59	$ 565.87
Sep-20		$ 20,994,772.30	1.0000	$ 20,994,772.30	38,663	$ 543.02		$ (1,561,829.73)	$ 23,849,267.68	$ 616.85
Oct-20		$ 22,036,797.44	1.0000	$ 22,036,797.44	38,287	$ 575.57		$ (1,706,333.26)	$ 24,701,934.64	$ 645.18
Nov-20		$ 21,556,883.96	1.0000	$ 21,556,883.96	37,770	$ 570.74		$ (1,683,129.66)	$ 23,690,596.15	$ 627.23
Dec-20	$ 302,517,736.44	$ 22,670,309.14	1.0000	$ 22,670,309.14	37,160	$ 610.07	$ 57,284,681.86	$ (1,656,171.34)	$ 24,767,666.91	$ 666.51
Jan-21		$ 16,739,589.49	1.0000	$ 16,739,589.49	40,561	$ 413.70		$ (1,455,109.25)	$ 23,266,861.73	$ 573.63
Feb-21		$ 16,728,031.24	1.0000	$ 16,728,031.24	41,675	$ 401.39		$ (1,494,712.50)	$ 22,057,854.60	$ 529.26
Mar-21		$ 21,865,563.08	1.0000	$ 21,865,563.08	41,437	$ 527.68		$ (1,486,254.19)	$ 27,675,830.02	$ 667.90
Apr-21		$ 21,344,347.61	1.0000	$ 21,344,347.61	41,593	$ 513.17		$ (1,652,699.76)	$ 26,034,789.29	$ 625.94
May-21		$ 22,427,963.77	1.0000	$ 22,427,963.77	41,678	$ 538.12		$ (1,655,326.20)	$ 26,448,155.69	$ 634.58
Jun-21		$ 23,231,730.54	1.0000	$ 23,231,730.54	41,466	$ 560.26		$ (1,647,299.16)	$ 27,258,586.82	$ 657.37
Jul-21		$ 20,804,963.27	1.0000	$ 20,804,963.27	41,316	$ 503.56		$ (1,722,262.22)	$ 24,339,070.67	$ 589.10
Aug-21		$ 22,885,701.59	1.0000	$ 22,885,701.59	41,346	$ 553.52		$ (1,722,898.93)	$ 26,468,682.42	$ 640.18
Sep-21		$ 22,712,357.52	1.0000	$ 22,712,357.52	41,733	$ 544.23		$ (1,738,792.78)	$ 25,870,188.34	$ 619.90
Oct-21		$ 24,412,722.19	1.0000	$ 24,412,722.19	41,538	$ 587.72		$ (1,855,750.32)	$ 27,316,323.28	$ 657.62
Nov-21		$ 24,257,500.02	1.0000	$ 24,257,500.02	41,432	$ 585.48		$ (1,851,085.14)	$ 27,107,589.48	$ 654.27
Dec-21	$ 307,125,622.77	$ 25,162,316.60	1.0000	$ 25,162,316.60	41,245	$ 610.07	$ 68,984,823.62	$ (1,842,703.72)	$ 27,588,984.03	$ 668.90
Jan-22		$ 18,988,717.82	1.0000	$ 18,988,717.82	38,453	$ 493.82		$ (2,267,536.24)	$ 25,237,953.91	$ 656.33
Feb-22		$ 19,981,917.59	0.9964	$ 20,053,326.19	38,246	$ 524.32		$ (2,255,290.43)	$ 25,098,515.06	$ 656.24
Mar-22		$ 21,490,139.41	0.9964	$ 21,566,929.96	37,644	$ 572.92		$ (2,219,509.61)	$ 26,778,202.01	$ 711.35
Apr-22		$ 21,674,149.73	0.9947	$ 21,789,740.31	37,082	$ 587.61		$ (2,273,592.16)	$ 25,518,461.94	$ 688.16
May-22		$ 23,376,755.54	0.9937	$ 23,524,658.23	36,761	$ 639.94		$ (2,253,933.05)	$ 26,931,685.66	$ 732.62
Jun-22		$ 22,519,198.85	0.9916	$ 22,710,058.69	36,358	$ 625.17		$ (2,229,194.14)	$ 25,753,602.71	$ 708.31
Jul-22		$ 20,767,379.90	0.9883	$ 21,012,315.30	36,070	$ 582.54		$ (2,269,141.96)	$ 23,390,070.32	$ 648.46
Aug-22		$ 21,582,138.10	0.9882	$ 21,840,164.61	35,814	$ 609.82		$ (2,253,305.74)	$ 24,509,217.77	$ 684.35
Sep-22		$ 21,732,456.16	0.9848	$ 22,066,850.10	35,531	$ 621.06		$ (2,235,453.67)	$ 24,282,096.36	$ 683.41
Oct-22		$ 21,752,700.74	0.9805	$ 22,184,500.86	35,236	$ 629.60		$ (2,387,891.05)	$ 24,132,587.01	$ 684.88
Nov-22		$ 22,011,914.29	0.9725	$ 22,634,486.84	34,967	$ 647.31		$ (2,370,488.69)	$ 24,628,828.18	$ 704.34
Dec-22	$ 278,673,501.89	$ 22,633,173.66	0.9617	$ 23,534,750.08	34,613	$ 679.94	$ 66,989,894.12	$ (2,355,075.12)	$ 25,284,760.31	$ 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

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
$ 1,042,320,735.81	$ 804,865,680.83	$ 813,522,457.38	1,785,539	$ 162,300,693.08	$ 975,823,150.47	$ -	$ (87,034,102.59)	$ 133,463,180.41	$ 295,656.41	$ 18,175,705.92	$ 49,507,878.22
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 572.52**
Loss Ratio											**76.45%**

**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%	6.80%	0.00%	12.26%	18.59%
Outpatient Hospital	4.51%	6.80%	0.00%	11.62%	20.83%
Professional	2.89%	6.80%	0.00%	9.88%	24.88%
Other Medical	2.89%	6.80%	0.00%	9.88%	0.00%
Capitation				2.05%	13.19%
Prescription Drugs	-0.97%	6.80%	0.00%	5.76%	22.51%
Total Annual Trend				8.78%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.183	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-19		$ 36,102,519.74	1.0000	$ 36,102,519.74	84,000	$ 429.79		$ (984,582.18)	$ 51,438,007.90	$ 636.17
Feb-19		$ 35,515,246.52	1.0000	$ 35,515,246.52	82,508	$ 430.45		$ (897,595.19)	$ 47,293,947.55	$ 573.20
Mar-19		$ 40,195,061.60	1.0000	$ 40,195,061.60	80,934	$ 496.64		$ (985,799.95)	$ 51,409,374.79	$ 635.20
Apr-19		$ 42,726,472.34	1.0000	$ 42,726,472.34	79,982	$ 534.20		$ (1,045,377.92)	$ 53,155,827.28	$ 664.60
May-19		$ 42,585,885.10	1.0000	$ 42,585,885.10	78,796	$ 540.46		$ (1,061,081.70)	$ 52,216,559.96	$ 662.68
Jun-19		$ 37,936,212.26	1.0000	$ 37,936,212.26	77,850	$ 487.30		$ (997,718.14)	$ 45,780,154.60	$ 588.06
Jul-19		$ 42,130,108.70	1.0000	$ 42,130,108.70	76,794	$ 548.61		$ (1,087,209.98)	$ 50,241,652.84	$ 654.24
Aug-19		$ 39,647,178.58	1.0000	$ 39,647,178.58	75,968	$ 521.89		$ (1,055,802.11)	$ 47,189,072.99	$ 621.17
Sep-19		$ 37,578,458.62	1.0000	$ 37,578,458.62	75,132	$ 500.17		$ (1,029,555.20)	$ 44,346,559.92	$ 590.25
Oct-19		$ 42,101,264.94	1.0000	$ 42,101,264.94	74,390	$ 565.95		$ (1,148,501.52)	$ 49,274,264.02	$ 662.38
Nov-19		$ 37,826,887.34	1.0000	$ 37,826,887.34	73,514	$ 514.55		$ (1,080,933.95)	$ 44,067,718.55	$ 599.45
Dec-19	$ 609,253,666.94	$ 41,368,051.34	1.0000	$ 41,368,051.34	72,300	$ 572.17	$ 122,483,560.26	$ (1,163,989.15)	$ 47,236,619.95	$ 653.34
Jan-20		$ 35,746,887.74	1.0000	$ 35,746,887.74	81,980	$ 436.04		$ (2,892,708.67)	$ 50,149,785.59	$ 611.73
Feb-20		$ 37,478,068.88	1.0000	$ 37,478,068.88	80,422	$ 466.02		$ (2,837,671.73)	$ 48,782,075.27	$ 606.58
Mar-20		$ 35,427,925.64	1.0000	$ 35,427,925.64	79,314	$ 446.68		$ (2,798,608.25)	$ 43,381,780.77	$ 546.96
Apr-20		$ 32,714,646.12	1.0000	$ 32,714,646.12	78,924	$ 414.51		$ (3,023,883.00)	$ 36,033,917.78	$ 456.56
May-20		$ 33,398,894.86	1.0000	$ 33,398,894.86	78,678	$ 424.50		$ (3,014,141.40)	$ 37,667,839.48	$ 478.76
Jun-20		$ 38,226,429.10	1.0000	$ 38,226,429.10	78,188	$ 488.90		$ (2,995,521.31)	$ 43,946,756.13	$ 562.07
Jul-20		$ 39,744,833.08	1.0000	$ 39,744,833.08	77,274	$ 511.03		$ (3,141,377.36)	$ 45,427,955.16	$ 584.10
Aug-20		$ 38,608,639.96	1.0000	$ 38,608,639.96	77,698	$ 496.91		$ (3,138,224.91)	$ 43,967,209.17	$ 565.87
Sep-20		$ 41,989,544.60	1.0000	$ 41,989,544.60	77,326	$ 543.02		$ (3,123,659.46)	$ 47,698,535.36	$ 616.83
Oct-20		$ 44,073,594.88	1.0000	$ 44,073,594.88	76,574	$ 575.57		$ (3,412,466.52)	$ 49,403,869.28	$ 645.18
Nov-20		$ 43,113,767.92	1.0000	$ 43,113,767.92	75,540	$ 570.74		$ (3,366,359.31)	$ 47,381,192.31	$ 627.23
Dec-20	$ 605,034,472.88	$ 45,340,618.28	1.0000	$ 45,340,618.28	74,320	$ 610.07	$ 114,569,363.72	$ (3,312,342.69)	$ 49,535,333.81	$ 666.51
Jan-21		$ 55,605,291.82	1.0000	$ 55,605,291.82	81,122	$ 685.45		$ (5,177,075.95)	$ 67,768,892.00	$ 835.39
Feb-21		$ 54,806,468.81	1.0000	$ 54,806,468.81	83,350	$ 657.55		$ (5,285,149.47)	$ 64,449,253.88	$ 773.24
Mar-21		$ 71,754,704.61	1.0000	$ 71,754,704.61	82,874	$ 865.83		$ (5,251,235.53)	$ 82,871,292.45	$ 999.97
Apr-21		$ 68,143,682.43	1.0000	$ 68,143,682.43	83,186	$ 819.17		$ (5,788,220.14)	$ 76,925,500.85	$ 924.74
May-21		$ 65,189,970.17	1.0000	$ 65,189,970.17	83,356	$ 782.07		$ (5,817,521.29)	$ 72,396,646.19	$ 868.52
Jun-21		$ 69,710,918.28	1.0000	$ 69,710,918.28	82,932	$ 840.56		$ (5,852,339.55)	$ 77,333,527.67	$ 932.49
Jul-21		$ 67,650,477.52	1.0000	$ 67,650,477.52	82,632	$ 818.70		$ (6,038,221.27)	$ 73,952,259.74	$ 894.96
Aug-21		$ 73,586,320.11	1.0000	$ 73,586,320.11	82,692	$ 889.88		$ (6,087,318.17)	$ 79,701,551.56	$ 963.84
Sep-21		$ 74,264,376.64	1.0000	$ 74,264,376.64	83,466	$ 889.76		$ (6,128,998.83)	$ 79,567,390.29	$ 953.29
Oct-21		$ 75,848,290.10	1.0000	$ 75,848,290.10	83,078	$ 913.00		$ (6,302,747.17)	$ 80,910,834.50	$ 973.94
Nov-21		$ 76,681,852.34	1.0000	$ 76,681,852.34	82,864	$ 925.39		$ (6,258,979.73)	$ 81,366,559.80	$ 981.93
Dec-21	$ 614,251,245.54	$ 76,508,969.68	1.0000	$ 76,508,969.68	82,490	$ 927.49	$ 157,874,127.85	$ (6,198,953.89)	$ 80,195,180.44	$ 972.18
Jan-22		$ 61,875,412.22	1.0000	$ 61,875,412.22	154,040	$ 401.68		$ (7,212,190.76)	$ 72,807,907.26	$ 472.66
Feb-22		$ 62,505,476.46	0.9979	$ 62,634,362.95	155,268	$ 403.40		$ (7,261,587.92)	$ 71,725,736.98	$ 461.95
Mar-22		$ 70,663,687.76	0.9977	$ 70,823,754.91	153,233	$ 462.20		$ (7,164,505.78)	$ 80,914,328.04	$ 528.05
Apr-22		$ 67,403,625.69	0.9968	$ 67,623,328.07	151,421	$ 446.59		$ (7,492,156.62)	$ 74,710,298.91	$ 493.39
May-22		$ 69,403,677.06	0.9959	$ 69,690,286.24	149,892	$ 464.94		$ (7,417,400.47)	$ 75,972,178.06	$ 506.85
Jun-22		$ 69,731,660.40	0.9948	$ 70,098,336.92	148,729	$ 471.32		$ (7,358,255.70)	$ 76,249,229.93	$ 512.67
Jul-22		$ 66,279,052.73	0.9933	$ 66,726,937.36	147,981	$ 450.92		$ (7,164,182.25)	$ 71,455,418.69	$ 482.87
Aug-22		$ 68,714,263.36	0.9915	$ 69,303,039.13	147,240	$ 470.68		$ (7,127,367.84)	$ 74,748,158.26	$ 507.66
Sep-22		$ 67,977,346.57	0.9877	$ 68,824,795.21	146,396	$ 470.13		$ (7,085,381.38)	$ 73,308,008.74	$ 500.75
Oct-22		$ 66,492,395.28	0.9826	$ 67,668,507.16	145,264	$ 465.83		$ (7,303,681.49)	$ 71,410,480.25	$ 491.59
Nov-22		$ 67,417,894.93	0.9739	$ 69,225,353.36	143,984	$ 480.73		$ (7,249,347.75)	$ 73,000,937.95	$ 507.00
Dec-22	$ 1,042,320,735.81	$ 66,401,188.37	0.9619	$ 69,028,343.86	142,089	$ 485.81	$ 162,300,693.08	$ (7,198,044.64)	$ 72,486,364.80	$ 510.15

** Express Completion Factor as a percentage*
***Express Prescripton 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**

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2022 to 12/31/2022		
Annual Incurred Claims Range		**Total Incurred Claims with Reinsurance**
$0	$29,999	$439,106,099
$30,000	$34,999	$25,065,010
$35,000	$39,999	$23,622,059
$40,000	$44,999	$19,895,900
$45,000	$49,999	$18,760,386
$50,000	$54,999	$15,871,543
$55,000	$59,999	$15,397,898
$60,000	$64,999	$14,684,799
$65,000	$69,999	$15,196,232
$70,000	$74,999	$15,081,808
$75,000	$79,999	$13,783,749
$80,000	$84,999	$13,819,393
$85,000	$89,999	$12,346,861
$90,000	$94,999	$10,170,367
$95,000	$99,999	$12,068,312
$100,000	$109,999	$15,309,346
$110,000	$119,999	$16,217,275
$120,000	$129,999	$15,220,692
$130,000	$139,999	$11,821,379
$140,000	$149,999	$12,590,982
$150,000	$159,999	$10,228,166
$160,000	$169,999	$11,570,312
$170,000	$179,999	$9,618,945
$180,000	$189,999	$11,077,584
$190,000	$199,999	$8,759,355
$200,000	$209,999	$6,978,624
$210,000	$219,999	$9,686,157
$220,000	$229,999	$9,916,755
$230,000	$239,999	$6,598,803
$240,000	$249,999	$6,837,705
$250,000	$259,999	$5,594,639
$260,000	$269,999	$5,285,312
$270,000	$279,999	$7,149,603
$280,000	$289,999	$4,277,472
$290,000	$299,999	$2,931,399
$300,000	$324,999	$8,054,140
$325,000	$349,999	$8,427,848
$350,000	$374,999	$6,563,718
$375,000	$399,999	$7,798,976
$400,000	$424,999	$4,962,632
$425,000	$449,999	$3,508,075
$450,000	$474,999	$4,643,598
$475,000	$499,999	$4,407,822
$500,000	$599,999	$7,740,811
$600,000	$699,999	$6,634,340
$700,000	$799,999	$7,409,383
$800,000	$899,999	$4,208,435
$900,000	$999,999	$6,691,847
$1,000,000+		$13,393,091
Total		**$946,985,638**

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

Reinsurance Program Impact Continuance Table Development - Plan Year 2024		
Annual Incurred Claims Range		Total Incurred Claims with Reinsurance
$0	$29,999	$509,843,448
$30,000	$34,999	$29,128,295
$35,000	$39,999	$24,441,688
$40,000	$44,999	$23,199,969
$45,000	$49,999	$24,122,452
$50,000	$54,999	$20,263,088
$55,000	$59,999	$18,020,231
$60,000	$64,999	$19,002,468
$65,000	$69,999	$15,530,484
$70,000	$74,999	$14,998,861
$75,000	$79,999	$14,381,131
$80,000	$84,999	$14,656,519
$85,000	$89,999	$15,542,109
$90,000	$94,999	$15,614,181
$95,000	$99,999	$13,347,893
$100,000	$109,999	$26,220,847
$110,000	$119,999	$22,713,636
$120,000	$129,999	$19,110,062
$130,000	$139,999	$16,140,530
$140,000	$149,999	$17,282,551
$150,000	$159,999	$15,700,348
$160,000	$169,999	$12,357,258
$170,000	$179,999	$12,459,373
$180,000	$189,999	$11,847,370
$190,000	$199,999	$9,379,366
$200,000	$209,999	$11,714,137
$210,000	$219,999	$10,325,330
$220,000	$229,999	$10,353,789
$230,000	$239,999	$11,516,501
$240,000	$249,999	$8,105,648
$250,000	$259,999	$6,380,930
$260,000	$269,999	$9,029,102
$270,000	$279,999	$10,198,630
$280,000	$289,999	$9,141,599
$290,000	$299,999	$5,918,377
$300,000	$324,999	$15,821,090
$325,000	$349,999	$15,172,912
$350,000	$374,999	$10,445,129
$375,000	$399,999	$9,698,408
$400,000	$424,999	$6,656,016
$425,000	$449,999	$6,551,257
$450,000	$474,999	$6,477,642
$475,000	$499,999	$7,806,447
$500,000	$599,999	$17,952,384
$600,000	$699,999	$10,159,597
$700,000	$799,999	$6,636,295
$800,000	$899,999	$7,655,134
$900,000	$999,999	$8,404,666
$1,000,000+		$30,473,607
Total		**$1,187,898,784**

PA Rate Template Part II
Rate Development and Change

Carrier Name: QCC Insurance Company, Inc.
Product(s): PPO
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 Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	$ 699.00	$ 572.52	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor	1.183	1.183	
Unadjusted Projected Allowed EHB Claims PMPM	$ 827.13	$ 677.46	
Single Risk Pool Adjustment Factors:			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other	1.000	1.000	<- See URRT Instructions
Total Non-Morbidity Changes	1.001	1.376	
Change in Demographics	0.999	0.991	<- See URRT Instructions
Change in Network	1.003	1.388	
Change in Benefits	1.000	1.000	<- See URRT Instructions
Change in Other	1.000	1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	$ 828.29	$ 932.44	
Credibility Factors	8%	100%	<- See Instructions
Blended Projected EHB Claims PMPM		$ 932.44	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	$ 932.44		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.687		
Projected Incurred EHB Claims PMPM	$ 640.89		
Market-wide Adjustments:			
Projected Incurred Risk Adjustment PMPM	$103.63		
Projected Incurred Exchange User Fees PMPM	$13.45		
Projected Incurred Reinsurance Recoveries PMPM	$0.00		
Market-Adjusted Projected Incurred EHB Claims PMPM	$ 550.71		
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 801.24		<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	$ 0.25		
Market-Adjusted Projected Incurred Total Claims PMPM	$ 550.88		
Market-Adjusted Projected Allowed Total Claims PMPM	$ 801.49		

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	$ 572.52	<- Index Rate of Experience Period on URRT
Blended Earned Premium	$ 1,042,320,735.81	
Blended Loss Ratio	75.45%	

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 Single Risk Pool
# of Member Months Renewing in Quarter					-
Adjusted Projected Allowed EHB Claims PMPM	$ 932.44	$ 932.44	$ 932.44	$ 932.44	$ 932.44
Months of Trend		3	6	9	
Annual Trend	8.78%	8.78%	8.78%	8.78%	
Single Risk Pool Projected Allowed Claims	$ 932.44	$ 952.26	$ 972.51	$ 993.19	$ -
Quarterly Trend Factor	1.000	1.021	1.043	1.065	0.000

Table 6. Retention

Retention Items - *Express in percentages*	Percentages	PMPM Amounts
Administrative Expenses	13.02%	$87.03
General and Claims	10.44%	$69.81
Agent/Broker Fees and Commissions	1.78%	$11.88
Quality Improvement Initiatives	0.80%	$5.35
Taxes and Fees	2.60%	$17.38
Risk Adjustment User Fee	0.03%	$0.21
PCORI Fee	0.04%	$0.25
PA Premium & Other Taxes (if applicable)	2.00%	$13.37
Federal Income Tax	0.53%	$3.55
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	$0.00
Profit/Contingency (after tax)	2.00%	$13.36
Total Retention	17.61%	$117.78
Projected Required Revenue PMPM	$ 668.66	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2023	2024
Average Age Factor	1.730	1.743
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.004	1.004
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	$ 760.22	$ 801.49
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	$ 437.60	$ 457.87

Table 8. Components of Rate Change

Rate Components	2023	2024	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	$ 376.07	$ 389.46	$ 13.39	3.6%
B. Base period allowed claims before normalization	$ 569.62	$ 572.52	$ 2.90	0.8%
C. Normalization factor component of change	$ (241.73)	$ (245.45)	$ (3.72)	-1.0%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	$ 327.89	$ 327.06	$ (0.82)	-0.2%
D2. URRT Trend	$ 56.93	$ 59.95	$ 3.02	0.8%
D3. URRT Morbidity	$ -	$ -	$ -	0.0%
D4. URRT Other	$ 124.12	$ 145.66	$ 21.54	5.7%
D5. Normalized URRT Risk Adjustment on an allowed basis	$ (60.08)	$ (86.14)	$ (26.06)	-6.9%
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	$ (22.11)	$ -	$ 22.11	5.9%
D8. Subtotal - Sum(D1:D7)	$ 437.46	$ 457.72	$ 20.27	5.4%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	$ 0.00	$ -	$ (0.00)	0.0%
E2. Pricing AV	$ (140.82)	$ (143.12)	$ (2.30)	-0.6%
E3. Benefit Richness	$ 0.00	$ -	$ (0.00)	0.0%
E4. Catastrophic Eligibility	$ -	$ -	$ -	0.0%
E5. Subtotal - Sum(E1:E4)	$ (140.82)	$ (143.12)	$ (2.30)	-0.6%
F. Change in Retention Components				
F1. Administrative Expenses	$ 48.95	$ 50.69	$ 1.75	0.5%
F2. Taxes and Fees	$ 9.79	$ 10.12	$ 0.33	0.1%
F3. Profit and/or Contingency	$ 7.52	$ 7.78	$ 0.27	0.1%
F4. Subtotal - Sum(F1:F3)	$ 66.25	$ 68.60	$ 2.35	0.6%
G. Change in Miscellaneous Items	$ -	$ -	$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	$ 362.89	$ 383.20	$ 20.31	5.4%

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

	2023	2024	
Paid-to-Allowed	0.678	0.687	
URRT Trend (Total Applied Trend Factor)	1.174	1.183	<- URRT W1, S2
URRT Morbidity	1.000	1.000	<- URRT W1, S2
URRT "Other"	1.323	1.376	<- URRT W1, S2
Risk Adjustment	$ (70.77)	$ (103.63)	<- URRT W1, S3
Exchange User Fee	$ 12.85	$ 13.45	<- URRT W1, S3
Reinsurance Recoveries	$ 26.28	$ -	<- URRT W1, S3
Capitation	$ -	$ -	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.678	0.687	<- For 2023 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	1.000	1.000	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	13.02%	13.02%	
Taxes and Fees	2.60%	2.60%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III
Table 10. Plan Rates

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2024
Base Period Start Date	1/1/2022
Date of Most Recent Membership:	2/1/2023
Market Adjusted Index Rate:	$ 801.24

Calibration	
Age Calibration Factor	1.743
Geographic Calibration Factor	1.000
Tobacco Calibration Factor	1.004
Aggregate Calibration Factor	1.750

Total Covered Lives @ 02-01-2023
35,089

Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2023 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2024	1/1/2024 HIOS Plan ID (If 1/1/2023 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off
Totals - Current Membership							0.687		
Total - Projected Membership							0.687		
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A
Plan 1	31609PA0070002	PPO	Personal Choice PPO Gold	E	0	Gold	0.8033646	Approach 1	On
Plan 2	31609PA0070003	PPO	Personal Choice PPO Silver	E	0	Silver	0.7153144	Approach 1	On
Plan 3	31609PA0070004	PPO	Personal Choice PPO Bronze	E	0	Expanded B	0.6456585	Approach 1	On
Plan 4	31609PA0070011	PPO	Personal Choice PPO Gold Classic	E	0	Gold	0.7850812	Approach 1	On
Plan 5	31609PA0070012	PPO	Personal Choice PPO Gold Preferred	N	0	Gold	0.8199289	Approach 1	On
Plan 6	31609PA0160001	EPO	Personal Choice EPO Catastrophic	E	0	Catastrophi	0.6206828	Approach 1	On
Plan 7	31609PA0160005	EPO	Personal Choice EPO Bronze Reserve	E	0	Expanded B	0.6406723	Approach 1	On
Plan 8	31609PA0160006	EPO	Personal Choice EPO Bronze Basic	E	0	Expanded B	0.6382782	Approach 1	On
Plan 9	31609PA0160009	EPO	Personal Choice EPO Bronze Classic	N	0	Expanded B	0.6491302	Approach 1	On
Plan 10	31609PA0180001	EPO	Personal Choice EPO Catastrophic	E	0	Catastrophi	0.6206828	Approach 1	Off
Plan 11	31609PA0180004	EPO	Personal Choice EPO Bronze Reserve	E	0	Expanded B	0.6406723	Approach 1	Off
Plan 12	31609PA0180005	EPO	Personal Choice EPO Bronze Basic	E	0	Expanded B	0.6382782	Approach 1	Off
Plan 13	31609PA0190002	PPO	Personal Choice PPO Gold	E	0	Gold	0.8033646	Approach 1	Off
Plan 14	31609PA0190003	PPO	Personal Choice PPO Silver	E	0	Silver	0.7153144	Approach 1	Off
Plan 15	31609PA0190004	PPO	Personal Choice PPO Bronze	E	0	Expanded B	0.6456585	Approach 1	Off
Plan 16	31609PA0190006	PPO	Personal Choice PPO Gold Preferred	N	0	Gold	0.8199289	Approach 1	Off
Plan 17	31609PA0180008	EPO	Personal Choice EPO Bronze Classic	N	0	Expanded B	0.6491302	Approach 1	Off

45 CFR Part 156.8 (d) (2) Allowable Factors

Plan Number	Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium	Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency
Totals - Current Membership	0.687	1.000	1.000	1.000	1.000	1.028	$ 561.66	13.0%	2.6%	2.0%
Total - Projected Membership	0.687	1.000	1.000	1.000	1.000	1.028	$ 561.66	13.0%	2.6%	2.0%
Transitional Plans	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Plan 1	0.918	1.112	1.000	1.023	1.000	1.000	$836.68	13.0%	2.6%	2.0%
Plan 2	0.679	1.048	1.000	1.023	1.000	1.220	$711.40	13.0%	2.6%	2.0%
Plan 3	0.615	0.958	1.000	1.023	1.000	1.000	$483.42	13.0%	2.6%	2.0%
Plan 4	0.817	1.042	1.000	1.023	1.000	1.000	$697.77	13.0%	2.6%	2.0%
Plan 5	0.958	1.146	1.000	1.023	1.000	1.000	$900.40	13.0%	2.6%	2.0%
Plan 6	0.532	0.947	1.000	0.972	1.000	1.000	$392.35	13.0%	2.6%	2.0%
Plan 7	0.598	0.955	1.000	0.972	1.000	1.000	$444.89	13.0%	2.6%	2.0%
Plan 8	0.543	0.947	1.000	0.972	1.000	1.000	$400.35	13.0%	2.6%	2.0%
Plan 9	0.603	0.956	1.000	0.972	1.000	1.000	$449.19	13.0%	2.6%	2.0%
Plan 10	0.532	0.946	1.001	0.972	1.000	1.000	$392.35	13.0%	2.6%	2.0%
Plan 11	0.598	0.955	1.001	0.972	1.000	1.000	$444.89	13.0%	2.6%	2.0%
Plan 12	0.542	0.947	1.001	0.972	1.000	1.000	$400.35	13.0%	2.6%	2.0%
Plan 13	0.917	1.112	1.001	1.023	1.000	1.000	$836.68	13.0%	2.6%	2.0%
Plan 14	0.678	1.048	1.001	1.023	1.000	1.220	$711.40	13.0%	2.6%	2.0%
Plan 15	0.615	0.958	1.001	1.023	1.000	1.000	$483.42	13.0%	2.6%	2.0%
Plan 16	0.958	1.146	1.001	1.023	1.000	1.000	$900.41	13.0%	2.6%	2.0%
Plan 17	0.603	0.956	1.001	0.972	1.000	1.000	$449.19	13.0%	2.6%	2.0%

Plan Number	Total Covered Lives Mapped into 2024 Plans @ 02-01-2023	Total Projected Lives	2023 Calibrated Plan Adjusted Index Rate PMPM	2024 Calibrated Plan Adjusted Index Rate PMPM	Proposed Rate Change Compared to Prior 12 months	% of Total Covered Lives
Totals - Current Membership	35,089	35,089	$ 376.07	$ 389.46	3.6%	
Transitional Plans	-		N/A	N/A	N/A	N/A
Plan 1	3,008	3,008	$ 558.30	$ 580.16	3.9%	8.6%
Plan 2	2,992	2,992	$ 474.71	$ 493.30	3.9%	8.5%
Plan 3	4,463	4,463	$ 324.92	$ 335.21	3.2%	12.7%
Plan 4	542	542	$ 467.33	$ 483.84	3.5%	1.5%
Plan 5	-	-	$ -	$ 624.35	0.0%	0.0%
Plan 6	51	51	$ 264.83	$ 272.06	2.7%	0.1%
Plan 7	3,951	3,951	$ 296.87	$ 308.49	3.9%	11.3%
Plan 8	7,614	7,614	$ 270.27	$ 277.61	2.7%	21.7%
Plan 9	-	-	$ -	$ 311.47	0.0%	0.0%
Plan 10	15	15	$ 264.83	$ 272.06	2.7%	0.0%
Plan 11	2,804	2,804	$ 296.87	$ 308.49	3.9%	8.0%
Plan 12	1,408	1,408	$ 270.27	$ 277.61	2.7%	4.0%
Plan 13	4,407	4,407	$ 558.30	$ 580.16	3.9%	12.6%
Plan 14	1,506	1,506	$ 474.71	$ 493.30	3.9%	4.3%
Plan 15	2,328	2,328	$ 324.92	$ 335.21	3.2%	6.6%
Plan 16	-	-	$ -	$ 624.35	0.0%	0.0%
Plan 17	-	-	$ -	$ 311.47	0.0%	0.0%

02-01-2023 Number of Covered Lives by Rating Area

Plan Number	1	2	3	4	5	6	7	8	9	Total	2024 Continued/ Discontinued Plans Indicator	De Minimis Check
Totals - Current Membership	-	-	-	-	-	-	-	35,089	-	35,089		
Transitional Plans										-	0	
Plan 1								3,008		3,008	1	yes
Plan 2								2,992		2,992	1	yes
Plan 3								4,463		4,463	1	yes
Plan 4								542		542	1	yes
Plan 5								-		-	1	yes
Plan 6								51		51	1	no
Plan 7								3,951		3,951	1	yes
Plan 8								7,614		7,614	1	yes
Plan 9								-		-	1	yes
Plan 10								15		15	1	no
Plan 11								2,804		2,804	1	yes
Plan 12								1,408		1,408	1	yes
Plan 13								4,407		4,407	1	yes
Plan 14								1,506		1,506	1	yes
Plan 15								2,328		2,328	1	yes
Plan 16								-		-	1	yes
Plan 17								-		-	1	yes

Plans 18 through 300 (every remaining row, all columns):

Plan Number	Pure Premium	Total Covered Lives Mapped into 2024 Plans @ 02-01-2023	2024 Calibrated Plan Adjusted Index Rate PMPM	Proposed Rate Change Compared to Prior 12 months	% of Total Covered Lives	Total	2024 Continued/ Discontinued Plans Indicator
Plan 18	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 19	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 20	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 21	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 22	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 23	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 24	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 25	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 26	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 27	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 28	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 29	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 30	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 31	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 32	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 33	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 34	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 35	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 36	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 37	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 38	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 39	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 40	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 41	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 42	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 43	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 44	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 45	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 46	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 47	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 48	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 49	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 50	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 51	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 52	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 53	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 54	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 55	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 56	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 57	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 58	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 59	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 60	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 61	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 62	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 63	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 64	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 65	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 66	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 67	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 68	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 69	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 70	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 71	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 72	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 73	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 74	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 75	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 76	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 77	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 78	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 79	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 80	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 81	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 82	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 83	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 84	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 85	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 86	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 87	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 88	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 89	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 90	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 91	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 92	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 93	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 94	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 95	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 96	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 97	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 98	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 99	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 100	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 101	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 102	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 103	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 104	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 105	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 106	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 107	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 108	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 109	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 110	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 111	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 112	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 113	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 114	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 115	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 116	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 117	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 118	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 119	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 120	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 121	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 122	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 123	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 124	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 125	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 126	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 127	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 128	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 129	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 130	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 131	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 132	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 133	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 134	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 135	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 136	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 137	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 138	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 139	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 140	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 141	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 142	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 143	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 144	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 145	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 146	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 147	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 148	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 149	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 150	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 151	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 152	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 153	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 154	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 155	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 156	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 157	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 158	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 159	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 160	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 161	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 162	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 163	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 164	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 165	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 166	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 167	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 168	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 169	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 170	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 171	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 172	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 173	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 174	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 175	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 176	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 177	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 178	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 179	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 180	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 181	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 182	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 183	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 184	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 185	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 186	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 187	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 188	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 189	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 190	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 191	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 192	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 193	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 194	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 195	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 196	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 197	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 198	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 199	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 200	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 201	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 202	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 203	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 204	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 205	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 206	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 207	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 208	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 209	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 210	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 211	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 212	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 213	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 214	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 215	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 216	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 217	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 218	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 219	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 220	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 221	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 222	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 223	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 224	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 225	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 226	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 227	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 228	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 229	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 230	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 231	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 232	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 233	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 234	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 235	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 236	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 237	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 238	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 239	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 240	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 241	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 242	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 243	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 244	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 245	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 246	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 247	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 248	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 249	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 250	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 251	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 252	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 253	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 254	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 255	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 256	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 257	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 258	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 259	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 260	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 261	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 262	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 263	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 264	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 265	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 266	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 267	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 268	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 269	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 270	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 271	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 272	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 273	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 274	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 275	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 276	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 277	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 278	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 279	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 280	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 281	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 282	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 283	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 284	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 285	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 286	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 287	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 288	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 289	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 290	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 291	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 292	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 293	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 294	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 295	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 296	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 297	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 298	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 299	$0.00	-	$ -	0.0%	0.0%	-	0
Plan 300	$0.00	-	$ -	0.0%	0.0%	-	0

PA Rate Template Part IV A - Individual

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

Company Name:	[Insert Company Name]
NAIC Group Code:	[NAIC]
NAIC Company Code:	[NAIC]
Product Name:	[Product Name]
Market Name:	[Market]

Plan Number	Health Benefit Deductible (Individual)	Out-of-Pocket Maximum (Including Deductible) (Individual)	Co-Insurance (Percentage of Allowed Charges)	Co-Payment Maximum Out-of-Pocket (Individual) (Including Deductible)	Annual Limit	Metal Level
	Please refer to the Definitions Worksheet for these terms					
[Plan 1]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 2]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 3]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 4]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 5]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 6]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 7]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 8]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 9]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 10]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 11]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 12]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 13]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 14]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 15]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 16]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 17]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 18]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 19]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 20]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 21]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 22]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 23]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 24]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 25]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 26]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 27]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 28]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 29]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 30]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 31]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 32]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 33]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 34]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 35]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 36]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 37]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 38]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 39]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 40]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 41]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 42]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 43]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 44]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 45]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 46]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 47]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 48]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 49]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 50]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 51]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 52]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 53]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 54]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 55]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 56]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 57]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 58]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 59]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 60]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 61]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 62]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 63]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 64]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 65]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 66]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 67]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 68]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 69]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 70]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 71]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 72]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 73]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 74]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 75]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 76]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 77]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 78]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
[Plan 79]	[Deductible]	[Out-of-Pocket Max]	[Co-Ins]	[Co-Pay Max]	[Limit]	[Metal]
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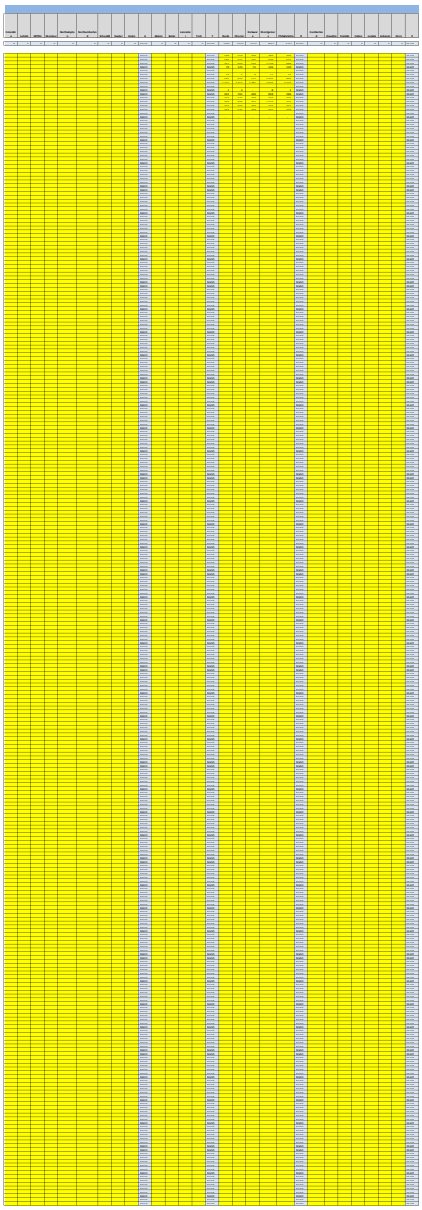


PA Rate Quarterly Template Part V
Consumer Factors

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

Table 12. Age and Tobacco Factors

Projection Period Age and Tobacco Factors						
Age Band	Age Factor	Tobacco Factor		Age Band	Age Factor	Tobacco Factor
0-14	0.765			40	1.278	1.230
15	0.833			41	1.302	1.230
16	0.859			42	1.325	1.230
17	0.885			43	1.357	1.230
18	0.913			44	1.397	1.230
19	0.941			45	1.444	1.230
20	0.970			46	1.500	1.230
21	1.000	1.130		47	1.563	1.230
22	1.000	1.130		48	1.635	1.230
23	1.000	1.130		49	1.706	1.230
24	1.000	1.130		50	1.786	1.380
25	1.004	1.130		51	1.865	1.380
26	1.024	1.130		52	1.952	1.380
27	1.048	1.130		53	2.040	1.380
28	1.087	1.130		54	2.135	1.380
29	1.119	1.130		55	2.230	1.380
30	1.135	1.180		56	2.333	1.380
31	1.159	1.180		57	2.437	1.380
32	1.183	1.180		58	2.548	1.380
33	1.198	1.180		59	2.603	1.380
34	1.214	1.180		60	2.714	1.380
35	1.222	1.180		61	2.810	1.380
36	1.230	1.180		62	2.873	1.380
37	1.238	1.180		63	2.952	1.380
38	1.246	1.180		64+	3.000	1.380
39	1.262	1.180				

*PA follows the federal default age curve.

Table 13. Geographic Factors

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

Table 14. Network Factors

Projection Period Network Factors				
Network Name	Rating Area	Current Factor	Proposed Factor	Approval Date
PPO	Rating Area 8	1.000	1.000	5/6/1997
EPO	Rating Area 8	0.950	0.950	5/6/1997

PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	3.56%
Revised Requested Average Rate Change:	3.56%
Minimum Requested Rate Change:	2.72%
Maximum Requested Rate Change:	3.92%
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:	QCC Insurance Company
Market:	Individual
Product:	PPO
Effective Date of Rates:	January 1, 2024

Ending date of Rates: December 31, 2024

HIOS Plan ID (On Exchange)=>	31609PA0070002		31609PA0070003		31609PA0070004		31609PA0070011		31609PA0070012		31609PA0160001		31609PA0160005		31609PA0160006		31609PA0160009		31609PA0180001		31609PA0180004		31609PA0180005		31609PA0190002		31609PA0190003		31609PA0190004		31609PA0190006		31609PA0180008	
HIOS Plan ID (Off Exchange)=>																																		
Plan Marketing Name =>	Personal Choice PPO Gold		ersonal Choice PPO Silver Class		Personal Choice PPO Bronze		Personal Choice PPO Gold Class		ersonal Choice PPO Gold Prefer		ersonal Choice EPO Catastroph		ersonal Choice EPO Bronze Rese		ersonal Choice EPO Bronze Bas		ersonal Choice EPO Bronze Clas		ersonal Choice EPO Catastroph		ersonal Choice EPO Bronze Rese		ersonal Choice EPO Bronze Bas		Personal Choice PPO Gold		ersonal Choice PPO Silver Class		Personal Choice PPO Bronze		rsonal Choice PPO Gold Prefer		ersonal Choice EPO Bronze Clas	
Form # =>	08535.ON Rev. 1.24		08535.ON Rev. 1.24		08535.ON Rev. 1.24		08535.ON Rev. 1.24		08535.ON Rev. 1.24		08537.ON.PDEN Rev. 1.24		08537.ON.PDEN.HSA Rev. 1.24		08537.ON.PDEN Rev. 1.24		08535.ON Rev. 1.24		08537.OFF Rev. 1.24		08537.OFF.PDEN.HSA Rev. 1.24		08537.OFF Rev. 1.24		08535.OFF Rev. 1.24		08535.OFF Rev. 1.24		08535.OFF Rev. 1.24		08535.OFF Rev. 1.24		08537.OFF Rev. 1.24	
Rating Area =>	8		8		8		8		8		8		8		8		8		8		8		8		8		8		8		8		8	
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		Bronze		Gold		Gold		Catastrophic		Bronze		Bronze		Bronze		Catastrophic		Bronze		Bronze		Gold		Silver		Bronze		Gold		Bronze	
Deductible =>	$0		$3,500		$6,000		$1,250		$0		$9,450		$7,050		$9,450		$4,200		$9,100		$7,450		$9,100		$0		$3,500		$6,000		$0		$4,200	
Coinsurance =>	20%		30%		50%		20%		20%		0%		0%		0%		50%		0%		0%		0%		20%		30%		50%		20%		50%	
Copays =>	$30/$65		$30/$75 no ded		$50 no ded/50% after ded		$50 no ded/20% 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		$30/$75 no ded		$50 no ded/50% after ded		$15/$15		$65/$65 no ded	
OOP Maximum =>	$8,250		$8,500		$9,450		$9,450		$8,000		$9,450		$7,450		$9,450		$9,450		$9,450		$7,450		$9,450		$8,250		$8,500		$9,450		$8,000		$9,450	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	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	$443.82	$443.82	$377.37	$377.37	$256.44	$256.44	$370.14	$370.14	$477.63	$477.63	$208.13	$208.13	$235.99	$235.99	$212.37	$212.37	$238.27	$238.27	$208.13	$208.13	$235.99	$235.99	$212.37	$212.37	$443.82	$443.82	$377.37	$377.37	$256.44	$256.44	$477.63	$477.63	$238.27	$238.27
15	$483.27	$483.27	$410.92	$410.92	$279.23	$279.23	$403.04	$403.04	$520.08	$520.08	$226.63	$226.63	$256.97	$256.97	$231.25	$231.25	$259.45	$259.45	$226.63	$226.63	$256.97	$256.97	$231.25	$231.25	$483.27	$483.27	$410.92	$410.92	$279.23	$279.23	$520.08	$520.08	$259.45	$259.45
16	$498.36	$498.36	$423.74	$423.74	$287.95	$287.95	$415.62	$415.62	$536.32	$536.32	$233.70	$233.70	$264.99	$264.99	$238.47	$238.47	$267.55	$267.55	$233.70	$233.70	$264.99	$264.99	$238.47	$238.47	$498.36	$498.36	$423.74	$423.74	$287.95	$287.95	$536.32	$536.32	$267.55	$267.55
17	$513.44	$513.44	$436.57	$436.57	$296.66	$296.66	$428.20	$428.20	$552.55	$552.55	$240.77	$240.77	$273.01	$273.01	$245.68	$245.68	$275.65	$275.65	$240.77	$240.77	$273.01	$273.01	$245.68	$245.68	$513.44	$513.44	$436.57	$436.57	$296.66	$296.66	$552.55	$552.55	$275.65	$275.65
18	$529.69	$529.69	$450.38	$450.38	$306.05	$306.05	$441.75	$441.75	$570.03	$570.03	$248.39	$248.39	$281.65	$281.65	$253.46	$253.46	$284.37	$284.37	$248.39	$248.39	$281.65	$281.65	$253.46	$253.46	$529.69	$529.69	$450.38	$450.38	$306.05	$306.05	$570.03	$570.03	$284.37	$284.37
19	$545.93	$545.93	$464.20	$464.20	$315.43	$315.43	$455.29	$455.29	$587.51	$587.51	$256.01	$256.01	$290.29	$290.29	$261.23	$261.23	$293.09	$293.09	$256.01	$256.01	$290.29	$290.29	$261.23	$261.23	$545.93	$545.93	$464.20	$464.20	$315.43	$315.43	$587.51	$587.51	$293.09	$293.09
20	$562.76	$562.76	$478.50	$478.50	$325.15	$325.15	$469.32	$469.32	$605.62	$605.62	$263.90	$263.90	$299.24	$299.24	$269.28	$269.28	$302.13	$302.13	$263.90	$263.90	$299.24	$299.24	$269.28	$269.28	$562.76	$562.76	$478.50	$478.50	$325.15	$325.15	$605.62	$605.62	$302.13	$302.13
21	$580.16	$652.68	$493.30	$554.96	$335.21	$377.11	$483.84	$544.32	$624.35	$702.39	$272.06	$306.07	$308.49	$347.05	$277.61	$312.31	$311.47	$350.40	$272.06	$306.07	$308.49	$347.05	$277.61	$312.31	$580.16	$652.68	$493.30	$554.96	$335.21	$377.11	$624.35	$702.39	$311.47	$350.40
22	$580.16	$652.68	$493.30	$554.96	$335.21	$377.11	$483.84	$544.32	$624.35	$702.39	$272.06	$306.07	$308.49	$347.05	$277.61	$312.31	$311.47	$350.40	$272.06	$306.07	$308.49	$347.05	$277.61	$312.31	$580.16	$652.68	$493.30	$554.96	$335.21	$377.11	$624.35	$702.39	$311.47	$350.40
23	$580.16	$652.68	$493.30	$554.96	$335.21	$377.11	$483.84	$544.32	$624.35	$702.39	$272.06	$306.07	$308.49	$347.05	$277.61	$312.31	$311.47	$350.40	$272.06	$306.07	$308.49	$347.05	$277.61	$312.31	$580.16	$652.68	$493.30	$554.96	$335.21	$377.11	$624.35	$702.39	$311.47	$350.40
24	$580.16	$652.68	$493.30	$554.96	$335.21	$377.11	$483.84	$544.32	$624.35	$702.39	$272.06	$306.07	$308.49	$347.05	$277.61	$312.31	$311.47	$350.40	$272.06	$306.07	$308.49	$347.05	$277.61	$312.31	$580.16	$652.68	$493.30	$554.96	$335.21	$377.11	$624.35	$702.39	$311.47	$350.40
25	$582.48	$655.29	$495.27	$557.18	$336.55	$378.62	$485.78	$546.50	$626.85	$705.20	$273.15	$307.29	$309.72	$348.44	$278.72	$313.56	$312.72	$351.81	$273.15	$307.29	$309.72	$348.44	$278.72	$313.56	$582.48	$655.29	$495.27	$557.18	$336.55	$378.62	$626.85	$705.20	$312.72	$351.81
26	$594.08	$668.34	$505.14	$568.28	$343.26	$386.16	$495.45	$557.38	$639.33	$719.25	$278.59	$313.41	$315.89	$355.38	$284.27	$319.81	$318.95	$358.81	$278.59	$313.41	$315.89	$355.38	$284.27	$319.81	$594.08	$668.34	$505.14	$568.28	$343.26	$386.16	$639.33	$719.25	$318.95	$358.81
27	$608.01	$684.01	$516.98	$581.60	$351.30	$395.21	$507.06	$570.45	$654.32	$736.11	$285.12	$320.76	$323.30	$363.71	$290.94	$327.30	$326.42	$367.22	$285.12	$320.76	$323.30	$363.71	$290.94	$327.30	$608.01	$684.01	$516.98	$581.60	$351.30	$395.21	$654.32	$736.11	$326.42	$367.22
28	$630.63	$709.46	$536.22	$603.24	$364.37	$409.92	$525.93	$591.68	$678.67	$763.50	$295.73	$332.70	$335.33	$377.24	$301.76	$339.48	$338.57	$380.89	$295.73	$332.70	$335.33	$377.24	$301.76	$339.48	$630.63	$709.46	$536.22	$603.24	$364.37	$409.92	$678.67	$763.50	$338.57	$380.89
29	$649.20	$730.35	$552.00	$621.00	$375.10	$421.99	$541.42	$609.09	$698.65	$785.98	$304.44	$342.49	$345.20	$388.35	$310.65	$349.48	$348.53	$392.10	$304.44	$342.49	$345.20	$388.35	$310.65	$349.48	$649.20	$730.35	$552.00	$621.00	$375.10	$421.99	$698.65	$785.98	$348.53	$392.10
30	$658.48	$773.72	$559.90	$657.88	$380.46	$447.04	$549.16	$645.26	$708.64	$832.65	$308.79	$362.83	$350.14	$411.41	$315.09	$370.23	$353.52	$415.38	$308.79	$362.83	$350.14	$411.41	$315.09	$370.23	$658.48	$773.72	$559.90	$657.88	$380.46	$447.04	$708.64	$832.65	$353.52	$415.38
31	$672.41	$790.08	$571.73	$671.79	$388.51	$456.50	$560.77	$658.91	$723.62	$850.26	$315.32	$370.50	$357.54	$420.11	$321.75	$378.06	$360.99	$424.17	$315.32	$370.50	$357.54	$420.11	$321.75	$378.06	$672.41	$790.08	$571.73	$671.79	$388.51	$456.50	$723.62	$850.26	$360.99	$424.17
32	$686.33	$806.44	$583.57	$685.70	$396.55	$465.95	$572.38	$672.55	$738.61	$867.86	$321.85	$378.17	$364.94	$428.81	$328.41	$385.88	$368.47	$432.95	$321.85	$378.17	$364.94	$428.81	$328.41	$385.88	$686.33	$806.44	$583.57	$685.70	$396.55	$465.95	$738.61	$867.86	$368.47	$432.95
33	$695.03	$816.66	$590.97	$694.39	$401.58	$471.86	$579.64	$681.08	$747.97	$878.87	$325.93	$382.97	$369.57	$434.25	$332.58	$390.78	$373.14	$438.44	$325.93	$382.97	$369.57	$434.25	$332.58	$390.78	$695.03	$816.66	$590.97	$694.39	$401.58	$471.86	$747.97	$878.87	$373.14	$438.44
34	$704.31	$827.57	$598.87	$703.67	$406.94	$478.16	$587.38	$690.17	$757.96	$890.60	$330.28	$388.08	$374.51	$440.05	$337.02	$396.00	$378.12	$444.30	$330.28	$388.08	$374.51	$440.05	$337.02	$396.00	$704.31	$827.57	$598.87	$703.67	$406.94	$478.16	$757.96	$890.60	$378.12	$444.30
35	$708.96	$833.02	$602.81	$708.30	$409.63	$481.31	$591.25	$694.72	$762.96	$896.47	$332.46	$390.64	$376.97	$442.95	$339.24	$398.61	$380.62	$447.22	$332.46	$390.64	$376.97	$442.95	$339.24	$398.61	$708.96	$833.02	$602.81	$708.30	$409.63	$481.31	$762.96	$896.47	$380.62	$447.22
36	$713.60	$838.48	$606.76	$712.94	$412.31	$484.46	$595.12	$699.27	$767.95	$902.34	$334.63	$393.19	$379.44	$445.85	$341.46	$401.22	$383.11	$450.15	$334.63	$393.19	$379.44	$445.85	$341.46	$401.22	$713.60	$838.48	$606.76	$712.94	$412.31	$484.46	$767.95	$902.34	$383.11	$450.15
37	$718.24	$843.93	$610.71	$717.58	$414.99	$487.61	$598.99	$703.82	$772.95	$908.21	$336.81	$395.75	$381.91	$448.74	$343.68	$403.83	$385.60	$453.08	$336.81	$395.75	$381.91	$448.74	$343.68	$403.83	$718.24	$843.93	$610.71	$717.58	$414.99	$487.61	$772.95	$908.21	$385.60	$453.08
38	$722.88	$849.38	$614.65	$722.22	$417.67	$490.76	$602.86	$708.37	$777.94	$914.08	$338.99	$398.31	$384.38	$451.64	$345.90	$406.43	$388.09	$456.01	$338.99	$398.31	$384.38	$451.64	$345.90	$406.43	$722.88	$849.38	$614.65	$722.22	$417.67	$490.76	$777.94	$914.08	$388.09	$456.01
39	$732.16	$860.29	$622.54	$731.49	$423.04	$497.07	$610.61	$717.46	$787.93	$925.82	$343.24	$403.42	$389.31	$457.44	$350.34	$411.65	$393.08	$461.86	$343.24	$403.42	$389.31	$457.44	$350.34	$411.65	$732.16	$860.29	$622.54	$731.49	$423.04	$497.07	$787.93	$925.82	$393.08	$461.86
40	$741.44	$908.27	$630.44	$772.29	$428.40	$524.79	$618.35	$757.48	$797.92	$977.45	$347.69	$425.92	$394.25	$482.96	$354.79	$434.61	$398.06	$487.62	$347.69	$425.92	$394.25	$482.96	$354.79	$434.61	$741.44	$908.27	$630.44	$772.29	$428.40	$524.79	$797.92	$977.45	$398.06	$487.62
41	$755.37	$925.33	$642.28	$786.79	$436.44	$534.64	$629.96	$771.70	$812.90	$995.81	$354.22	$433.92	$401.65	$492.03	$361.45	$442.77	$405.53	$496.78	$354.22	$433.92	$401.65	$492.03	$361.45	$442.77	$755.37	$925.33	$642.28	$786.79	$436.44	$534.64	$812.90	$995.81	$405.53	$496.78
42	$768.71	$941.67	$653.62	$800.69	$444.15	$544.09	$641.09	$785.33	$827.26	$1,013.40	$360.48	$441.59	$408.75	$500.72	$367.83	$450.60	$412.70	$505.55	$360.48	$441.59	$408.75	$500.72	$367.83	$450.60	$768.71	$941.67	$653.62	$800.69	$444.15	$544.09	$827.26	$1,013.40	$412.70	$505.55
43	$787.28	$964.41	$669.41	$820.02	$454.88	$557.23	$656.57	$804.30	$847.24	$1,037.87	$369.19	$452.25	$418.62	$512.81	$376.72	$461.48	$422.66	$517.76	$369.19	$452.25	$418.62	$512.81	$376.72	$461.48	$787.28	$964.41	$669.41	$820.02	$454.88	$557.23	$847.24	$1,037.87	$422.66	$517.76
44	$810.48	$992.84	$689.14	$844.20	$468.29	$573.65	$675.92	$828.01	$872.22	$1,068.47	$380.07	$465.58	$430.96	$527.93	$387.82	$475.08	$435.12	$533.03	$380.07	$465.58	$430.96	$527.93	$387.82	$475.08	$810.48	$992.84	$689.14	$844.20	$468.29	$573.65	$872.22	$1,068.47	$435.12	$533.03
45	$837.75	$1,026.25	$712.33	$872.60	$484.04	$592.95	$698.66	$855.86	$901.56	$1,104.41	$392.85	$481.25	$445.46	$545.69	$400.87	$491.06	$449.76	$550.96	$392.85	$481.25	$445.46	$545.69	$400.87	$491.06	$837.75	$1,026.25	$712.33	$872.60	$484.04	$592.95	$901.56	$1,104.41	$449.76	$550.96
46	$870.24	$1,066.04	$739.95	$906.44	$502.82	$615.95	$725.76	$889.06	$936.53	$1,147.24	$408.09	$499.91	$462.74	$566.85	$416.42	$510.11	$467.21	$572.33	$408.09	$499.91	$462.74	$566.85	$416.42	$510.11	$870.24	$1,066.04	$739.95	$906.44	$502.82	$615.95	$936.53	$1,147.24	$467.21	$572.33
47	$906.79	$1,110.82	$771.03	$944.51	$523.93	$641.82	$756.24	$926.40	$975.86	$1,195.43	$425.23	$520.91	$482.17	$590.66	$433.90	$531.53	$486.83	$596.36	$425.23	$520.91	$482.17	$590.66	$433.90	$531.53	$906.79	$1,110.82	$771.03	$944.51	$523.93	$641.82	$975.86	$1,195.43	$486.83	$596.36
48	$948.56	$1,161.99	$806.55	$988.02	$548.07	$671.38	$791.08	$969.07	$1,020.81	$1,250.50	$444.82	$544.90	$504.38	$617.87	$453.89	$556.02	$509.25	$623.84	$444.82	$544.90	$504.38	$617.87	$453.89	$556.02	$948.56	$1,161.99	$806.55	$988.02	$548.07	$671.38	$1,020.81	$1,250.50	$509.25	$623.84
49	$989.75	$1,212.45	$841.57	$1,030.92	$571.87	$700.54	$825.43	$1,011.15	$1,065.14	$1,304.80	$464.13	$568.56	$526.28	$644.70	$473.60	$580.16	$531.37	$650.93	$464.13	$568.56	$526.28	$644.70	$473.60	$580.16	$989.75	$1,212.45	$841.57	$1,030.92	$571.87	$700.54	$1,065.14	$1,304.80	$531.37	$650.93
50	$1,036.17	$1,424.73	$881.03	$1,211.42	$598.69	$823.19	$864.14	$1,188.19	$1,115.09	$1,533.25	$485.90	$668.11	$550.96	$757.57	$495.81	$681.74	$556.29	$764.89	$485.90	$668.11	$550.96	$757.57	$495.81	$681.74	$1,036.17	$1,424.73	$881.03	$1,211.42	$598.69	$823.19	$1,115.09	$1,533.25	$556.29	$764.89
51	$1,082.00	$1,487.75	$920.00	$1,265.01	$625.17	$859.60	$902.36	$1,240.75	$1,164.41	$1,601.07	$507.39	$697.66	$575.33	$791.08	$517.74	$711.90	$580.89	$798.73	$507.39	$697.66	$575.33	$791.08	$517.74	$711.90	$1,082.00	$1,487.75	$920.00	$1,265.01	$625.17	$859.60	$1,164.41	$1,601.07	$580.89	$798.73
52	$1,132.47	$1,557.15	$962.92	$1,324.02	$654.33	$899.70	$944.46	$1,298.63	$1,218.73	$1,675.76	$531.06	$730.21	$602.17	$827.99	$541.89	$745.11	$607.99	$835.99	$531.06	$730.21	$602.17	$827.99	$541.89	$745.11	$1,132.47	$1,557.15	$962.92	$1,324.02	$654.33	$899.70	$1,218.73	$1,675.76	$607.99	$835.99
53	$1,183.53	$1,627.35	$1,006.33	$1,383.71	$683.83	$940.26	$987.03	$1,357.17	$1,273.67	$1,751.30	$555.00	$763.13	$629.32	$865.31	$566.32	$778.70	$635.40	$873.67	$555.00	$763.13	$629.32	$865.31	$566.32	$778.70	$1,183.53	$1,627.35	$1,006.33	$1,383.71	$683.83	$940.26	$1,273.67	$1,751.30	$635.40	$873.67
54	$1,238.64	$1,703.13	$1,053.20	$1,448.14	$715.67	$984.05	$1,033.00	$1,420.37	$1,332.99	$1,832.86	$580.85	$798.67	$658.63	$905.61	$592.70	$814.96	$664.99	$914.36	$580.85	$798.67	$658.63	$905.61	$592.70	$814.96	$1,238.64	$1,703.13	$1,053.20	$1,448.14	$715.67	$984.05	$1,332.99	$1,832.86	$664.99	$914.36
55	$1,293.76	$1,778.92	$1,100.06	$1,512.58	$747.52	$1,027.84	$1,078.96	$1,483.57	$1,392.30	$1,914.41	$606.69	$834.20	$687.93	$945.91	$619.07	$851.22	$694.58	$955.04	$606.69	$834.20	$687.93	$945.91	$619.07	$851.22	$1,293.76	$1,778.92	$1,100.06	$1,512.58	$747.52	$1,027.84	$1,392.30	$1,914.41	$694.58	$955.04
56	$1,353.51	$1,861.08	$1,150.87	$1,582.44	$782.04	$1,075.31	$1,128.80	$1,552.10	$1,456.61	$2,002.84	$634.72	$872.73	$719.71	$989.60	$647.66	$890.54	$726.66	$999.16	$634.72	$872.73	$719.71	$989.60	$647.66	$890.54	$1,353.51	$1,861.08	$1,150.87	$1,582.44	$782.04	$1,075.31	$1,456.61	$2,002.84	$726.66	$999.16
57	$1,413.85	$1,944.04	$1,202.17	$1,652.99	$816.91	$1,123.25	$1,179.12	$1,621.29	$1,521.54	$2,092.12	$663.01	$911.64	$751.79	$1,033.71	$676.54	$930.24	$759.05	$1,043.70	$663.01	$911.64	$751.79	$1,033.71	$676.54	$930.24	$1,413.85	$1,944.04	$1,202.17	$1,652.99	$816.91	$1,123.25	$1,521.54	$2,092.12	$759.05	$1,043.70
58	$1,478.25	$2,032.59	$1,256.93	$1,728.28	$854.12	$1,174.41	$1,232.82	$1,695.13	$1,590.84	$2,187.41	$693.21	$953.16	$786.03	$1,080.79	$707.35	$972.61	$793.63	$1,091.24	$693.21	$953.16	$786.03	$1,080.79	$707.35	$972.61	$1,478.25	$2,032.59	$1,256.93	$1,728.28	$854.12	$1,174.41	$1,590.84	$2,187.41	$793.63	$1,091.24
59	$1,510.16	$2,076.47	$1,284.06	$1,765.58	$872.55	$1,199.76	$1,259.44	$1,731.72	$1,625.18	$2,234.63	$708.17	$973.74	$803.00	$1,104.12	$722.62	$993.60	$810.76	$1,114.79	$708.17	$973.74	$803.00	$1,104.12	$722.62	$993.60	$1,510.16	$2,076.47	$1,284.06	$1,765.58	$872.55	$1,199.76	$1,625.18	$2,234.63	$810.76	$1,114.79
60	$1,574.55	$2,165.01	$1,338.82	$1,840.87	$909.76	$1,250.92	$1,313.14	$1,805.57	$1,694.49	$2,329.92	$738.37	$1,015.26	$837.24	$1,151.21	$753.43	$1,035.97	$845.33	$1,162.33	$738.37	$1,015.26	$837.24	$1,151.21	$753.43	$1,035.97	$1,574.55	$2,165.01	$1,338.82	$1,840.87	$909.76	$1,250.92	$1,694.49	$2,329.92	$845.33	$1,162.33
61	$1,630.25	$2,241.59	$1,386.17	$1,905.99	$941.94	$1,295.17	$1,359.59	$1,869.44	$1,754.42	$2,412.33	$764.49	$1,051.17	$866.86	$1,191.93	$780.08	$1,072.62	$875.23	$1,203.44	$764.49	$1,051.17	$866.86	$1,191.93	$780.08	$1,072.62	$1,630.25	$2,241.59	$1,386.17	$1,905.99	$941.94	$1,295.17	$1,754.42	$2,412.33	$875.23	$1,203.44
62	$1,666.80	$2,291.85	$1,417.25	$1,948.72	$963.06	$1,324.21	$1,390.07	$1,911.35	$1,793.76	$2,466.42	$781.63	$1,074.74	$886.29	$1,218.65	$797.57	$1,096.66	$894.85	$1,230.42	$781.63	$1,074.74	$886.29	$1,218.65	$797.57	$1,096.66	$1,666.80	$2,291.85	$1,417.25	$1,948.72	$963.06	$1,324.21	$1,793.76	$2,466.42	$894.85	$1,230.42
63	$1,712.63	$2,354.87	$1,456.22	$2,002.30	$989.54	$1,360.62	$1,428.30	$1,963.91	$1,843.08	$2,534.24	$803.12	$1,104.29	$910.66	$1,252.16	$819.50	$1,126.82	$919.46	$1,264.26	$803.12	$1,104.29	$910.66	$1,252.16	$819.50	$1,126.82	$1,712.63	$2,354.87	$1,456.22	$2,002.30	$989.54	$1,360.62	$1,843.08	$2,534.24	$919.46	$1,264.26
64+	$1,740.48	$2,393.16	$1,479.90	$2,034.86	$1,005.63	$1,382.74	$1,451.52	$1,995.84	$1,873.05	$2,575.44	$816.18	$1,122.25	$925.47	$1,272.52	$832.83	$1,145.14	$934.41	$1,284.81	$816.18	$1,122.25	$925.47	$1,272.52	$832.83	$1,145.14	$1,740.48	$2,393.16	$1,479.90	$2,034.86	$1,005.63	$1,382.74	$1,873.05	$2,575.44	$934.41	$1,284.81

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	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070004	Personal Choice PPO Bronze	PPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070011	Personal Choice PPO Gold Classic	PPO	Gold	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070012	Personal Choice PPO Gold Deluxe	PPO	Gold	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160009	Personal Choice EPO Bronze Classic	EPO	Bronze	On	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	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	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
31609PA0190003	Personal Choice PPO Silver	PPO	Silver	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	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	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

Company Name QCC Insurance Company
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

					RATING AREA 8				
	02-01-2023 Number of Covered Lives by Rating County				6,064	7,219	5,339	8,987	7,434
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Bucks	Chester	Delaware	Montgomery	Philadelphia
31609PA0070002	Personal Choice PPO Gold	PPO	Gold	On	$580.16	$580.16	$580.16	$580.16	$580.16
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On	$493.30	$493.30	$493.30	$493.30	$493.30
31609PA0070004	Personal Choice PPO Bronze	PPO	Bronze	On	$335.21	$335.21	$335.21	$335.21	$335.21
31609PA0070011	Personal Choice PPO Gold Classic	PPO	Gold	On	$483.84	$483.84	$483.84	$483.84	$483.84
31609PA0070012	Personal Choice PPO Gold Deluxe	PPO	Gold	On	$624.35	$624.35	$624.35	$624.35	$624.35
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On	$272.06	$272.06	$272.06	$272.06	$272.06
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On	$308.49	$308.49	$308.49	$308.49	$308.49
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On	$277.61	$277.61	$277.61	$277.61	$277.61
31609PA0160009	Personal Choice EPO Bronze Classic	EPO	Bronze	On	$311.47	$311.47	$311.47	$311.47	$311.47
31609PA0180001	Personal Choice EPO Catastrophic	EPO	Catastrophic	Off	$272.06	$272.06	$272.06	$272.06	$272.06
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Bronze	Off	$308.49	$308.49	$308.49	$308.49	$308.49
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	Off	$277.61	$277.61	$277.61	$277.61	$277.61
31609PA0190002	Personal Choice PPO Gold	PPO	Gold	Off	$580.16	$580.16	$580.16	$580.16	$580.16
31609PA0190003	Personal Choice PPO Silver	PPO	Silver	Off	$493.30	$493.30	$493.30	$493.30	$493.30
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	Off	$335.21	$335.21	$335.21	$335.21	$335.21
31609PA0190006	Personal Choice PPO Gold	PPO	Gold	Off	$624.35	$624.35	$624.35	$624.35	$624.35
31609PA0180008	Personal Choice EPO Bronze Classic	EPO	Bronze	Off	$311.47	$311.47	$311.47	$311.47	$311.47

RATING AREA 1

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

RATING AREA 2

Elk	Cameron	Potter
0	0	0

RATING AREA 3

Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming
0	0	0	0	0	0	0	0	0	0	0	0	0

RATING AREA 4

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

RATING AREA 5

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

RATING AREA 6

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

RATING AREA 7

Adams	Berks	Lancaster	York
0	0	0	0

RATING AREA 9

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

Unified Rate Review v6.0

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

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

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2022 to 12/31/2022

	Total	PMPM
Allowed Claims	$305,423,058.25	$699.27
Reinsurance	$18,327,933.61	$41.96
Incurred Claims in Experience Period	$220,105,230.52	$503.93
Risk Adjustment	$40,744,001.83	$93.28
Experience Period Premium	$278,873,501.89	$638.48
Experience Period Member Months	436,775	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	$129.91	1.051	1.068	1.051	1.068	$163.68
Outpatient Hospital	$145.60	1.045	1.068	1.045	1.068	$181.36
Professional	$173.91	1.029	1.068	1.029	1.068	$210.04
Other Medical	$0.00	1.029	1.068	1.029	1.068	$0.00
Capitation	$92.20	1.000	1.020	1.000	1.020	$95.92
Prescription Drug	$157.38	0.990	1.068	0.990	1.068	$175.94
Total	$699.00					**$826.94**

Morbidity Adjustment	1.000
Demographic Shift	0.999
Plan Design Changes	1.000
Other	1.003
Adjusted Trended EHB Allowed Claims PMPM for **1/1/2024**	**$828.59**

Manual EHB Allowed Claims PMPM	$932.44
Applied Credibility %	0.00%

		Projected Period Totals
Projected Index Rate for **1/1/2024**	**$932.44**	$392,620,645.92
Reinsurance	$0.00	$0.00
Risk Adjustment Payment/Charge	$150.77	$63,484,422.36
Exchange User Fees	2.42%	$8,162,632.31
Market Adjusted Index Rate	**$801.06**	**$337,298,855.87**

Projected Member Months	**421,068**

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

Product/Plan Level Calculations

Field #	**Section I: General Product and Plan Information**																				
1.1	Product Name		Personal Choice ON Exchange PPO Indiv					Personal Choice ON Exchange EPO					Personal Choice OFF Exchange EPO					Personal Choice OFF Exchange PPO Indiv			
1.2	Product ID		31609PA007					31609PA016					31609PA018					31609PA019			
1.3	Plan Name		PPO Gold	PPO Silver	PPO Bronze	PPO Gold Classic	PPO Gold Deluxe	EPO Catastrophic	EPO Bronze	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 Deluxe
1.4	Plan ID (Standard Component ID)		31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006
1.5	Metal		Gold	Silver	Bronze	Gold	Gold	Catastrophic	Bronze	Bronze	Gold	Bronze	Catastrophic	Bronze	Bronze	Gold	Bronze	Gold	Silver	Bronze	Gold
1.6	AV Metal Value		0.803	0.715	0.646	0.785	0.820	0.621	0.641	0.638	0.000	0.649	0.621	0.641	0.638	0.000	0.649	0.803	0.715	0.646	0.820
1.7	Plan Category		Renewing	Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	Terminated	New	Renewing	Renewing	Renewing	Terminated	New	Renewing	Renewing	Renewing	New
1.8	Plan Type		PPO	PPO	PPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO	PPO
1.9	Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No	No	No	No	No	No
1.10	Effective Date of Proposed Rates		1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024	1/1/2024
1.11	Cumulative Rate Change % (over 12 mos prior)		4.95%	4.95%	4.20%	4.56%	0.00%	3.75%	4.95%	3.74%	0.00%	0.00%	3.75%	4.95%	3.74%	0.00%	0.00%	4.95%	4.95%	4.19%	0.00%
1.12	Product Rate Increase %		4.70%					4.19%					4.59%					4.80%			
1.13	Submission Level Rate Increase %		4.58%																		

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
$305,423,058	2.2 Allowed Claims	$305,423,058	$43,087,542	$39,476,688	$27,805,966	$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	$14,183,488	$0
$18,327,934	2.3 Reinsurance	$18,327,933	$2,366,189	$2,456,686	$1,567,661	$0	$0	$0	$1,734,707	$1,677,909	$301,104	$0	$26,399	$1,637,385	$360,747	$677,917	$0	$4,058,644	$656,897	$805,688	$0
	2.4 Member Cost Sharing	$66,989,894	$5,749,587	$6,262,624	$8,002,939	$0	$0	$118,363	$7,841,811	$12,028,171	$359,409	$0	$94,197	$6,786,435	$2,575,397	$1,074,343	$0	$7,791,875	$3,651,036	$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
$220,105,231	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
$40,744,002	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
$278,873,502	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	$14,452,566	$0
436,775	2.9 Experience Period Member Months	436,775	33,320	38,633	50,140	0	0	1,092	52,075	107,546	1,826	0	702	35,217	17,692	6,388	0	46,897	18,898	26,349	0
	2.10 Current Enrollment	34,547	3,008	2,992	4,463	0	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 Premium PMPM	$648.22	$910.28	$843.18	$593.24	$0.00	$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%	88.64%	#DIV/0!	73.93%	48.47%	56.27%	#DIV/0!
	Per Member Per Month																				
	2.13 Allowed Claims	$699.27	$1,293.14	$1,021.84	$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	$150.59	$111.84	$196.83	#DIV/0!	$134.18	$192.70	$145.57	$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	$1,049.57	$796.14	$363.69	#DIV/0!	#DIV/0!	$94.28	$354.41	$175.07	$1,498.17	#DIV/0!	$806.51	$524.35	$217.93	$1,311.77	#DIV/0!	$1,010.06	$458.12	$331.10	#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	$225.54	-$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		$801.06																		
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	0.8670	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	0.9719	0.9719	0.9719	0.0000	0.9719	1.0231	1.0231	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	0.0000	1.0000	1.0010	1.0010	1.0010	0.0000	1.0010	1.0010	1.0010	1.0010	1.0010
	Administrative Costs																				
3.6	Administrative Expense		12.98%	12.98%	12.98%	12.98%	12.98%	12.98%	12.98%	12.98%	0.00%	12.98%	12.98%	12.98%	12.98%	0.00%	12.98%	12.98%	12.98%	12.98%	12.98%
3.7	Taxes and Fees		2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	0.00%	2.64%	2.64%	2.64%	2.64%	0.00%	2.64%	2.64%	2.64%	2.64%	2.64%
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	0.0000	1.0000	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10	**Plan Adjusted Index Rate**		$1,015.45	$863.33	$586.66	$846.82	$1,092.75	$476.12	$539.92	$485.86	$0.00	$545.11	$476.13	$539.89	$485.87	$0.00	$545.09	$1,015.37	$863.40	$586.65	$1,092.74
3.11	Age Calibration Factor	0.5738	0.5738																		
3.12	Geographic Calibration Factor	1.0000	1.0000																		
3.13	Tobacco Calibration Factor	0.9957	0.9957																		
3.14	**Calibrated Plan Adjusted Index Rate**		$580.16	$493.25	$335.18	$483.82	$624.32	$272.03	$308.47	$277.59	$0.00	$311.44	$272.03	$308.46	$277.59	$0.00	$311.43	$580.11	$493.29	$335.17	$624.32

	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	$379,220,105	$36,491,466	$34,396,444	$47,317,966	$6,195,348	$0	$510,795	$39,878,967	$76,312,288	$0	$0	$150,363	$28,324,488	$14,123,902	$0	$0	$53,492,880	$17,323,677	$24,701,521	$0
4.3	Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.4	Member Cost Sharing	$102,397,797	$2,735,057	$5,362,170	$16,340,412	$1,025,351	$0	$213,098	$14,300,150	$31,129,876	$0	$0	$62,805	$10,171,366	$5,768,651	$0	$0	$4,036,390	$2,709,528	$8,542,944	$0
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	$276,822,308	$33,756,409	$29,034,274	$30,977,554	$5,169,997	$0	$297,697	$25,578,817	$45,182,412	$0	$0	$87,558	$18,153,122	$8,355,252	$0	$0	$49,456,490	$14,614,150	$16,158,578	$0
4.7	Risk Adjustment Transfer Amount	$43,635,548	$3,740,652	$3,720,755	$5,550,043	$674,014	$0	$63,422	$4,913,336	$9,468,525	$0	$0	$18,654	$3,486,964	$1,750,943	$0	$0	$5,480,403	$1,872,813	$2,895,026	$0
4.8	Premium	$289,970,117	$37,031,638	$31,316,860	$31,743,513	$5,564,522	$0	$294,394	$25,862,573	$44,849,845	$0	$0	$86,587	$18,353,565	$8,293,965	$0	$0	$54,250,523	$15,764,316	$16,557,816	$0
4.9	Projected Member Months	421,068	36,096	35,904	53,556	6,504	0	612	47,412	91,368	0	0	180	33,648	16,896	0	0	52,884	18,072	27,936	0
4.10	Loss Ratio	82.98%	82.79%	82.87%	83.06%	82.87%	#DIV/0!	83.20%	83.11%	83.18%	#DIV/0!	#DIV/0!	83.20%	83.12%	83.18%	#DIV/0!	#DIV/0!	82.80%	82.86%	83.07%	#DIV/0!
	Per Member Per Month																				
4.11	Allowed Claims	$900.61	$1,010.96	$958.01	$883.52	$952.54	#DIV/0!	$834.63	$841.12	$835.22	#DIV/0!	#DIV/0!	$835.35	$841.79	$835.93	#DIV/0!	#DIV/0!	$1,011.51	$958.59	$884.22	#DIV/0!
4.12	Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!
4.13	Member Cost Sharing	$243.19	$75.77	$149.35	$305.11	$157.65	#DIV/0!	$348.20	$301.61	$340.71	#DIV/0!	#DIV/0!	$348.92	$302.29	$341.42	#DIV/0!	#DIV/0!	$76.33	$149.93	$305.80	#DIV/0!
4.14	Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!
4.15	Incurred Claims	$657.43	$935.18	$808.66	$578.41	$794.90	#DIV/0!	$486.43	$539.50	$494.51	#DIV/0!	#DIV/0!	$486.43	$539.50	$494.51	#DIV/0!	#DIV/0!	$935.19	$808.66	$578.41	#DIV/0!
4.16	Risk Adjustment Transfer Amount	$103.63	$103.63	$103.63	$103.63	$103.63	#DIV/0!	$103.63	$103.63	$103.63	#DIV/0!	#DIV/0!	$103.63	$103.63	$103.63	#DIV/0!	#DIV/0!	$103.63	$103.63	$103.63	#DIV/0!
4.17	Premium	$688.65	$1,025.92	$872.24	$592.72	$855.55	#DIV/0!	$481.04	$545.49	$490.87	#DIV/0!	#DIV/0!	$481.04	$545.46	$490.88	#DIV/0!	#DIV/0!	$1,025.84	$872.31	$592.71	#DIV/0!

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 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 4.6%. The minimum increase is 3.7% and the maximum increase is 5.0%.

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

[redacted]

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 Ib. 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

No plans are being terminated during 2024.

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

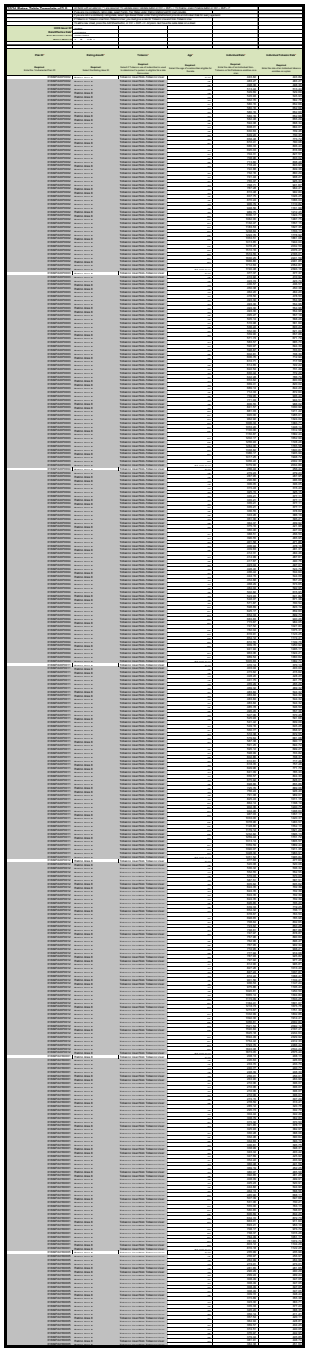
I, [redacted], am Director & Actuary of Commercial Markets for the Independence Blue Cross Family of Companies. I am a member of the Society of Actuaries and the American Academy of Actuaries in good standing with the education and experience necessary to perform the work necessary and meet the Qualification 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.

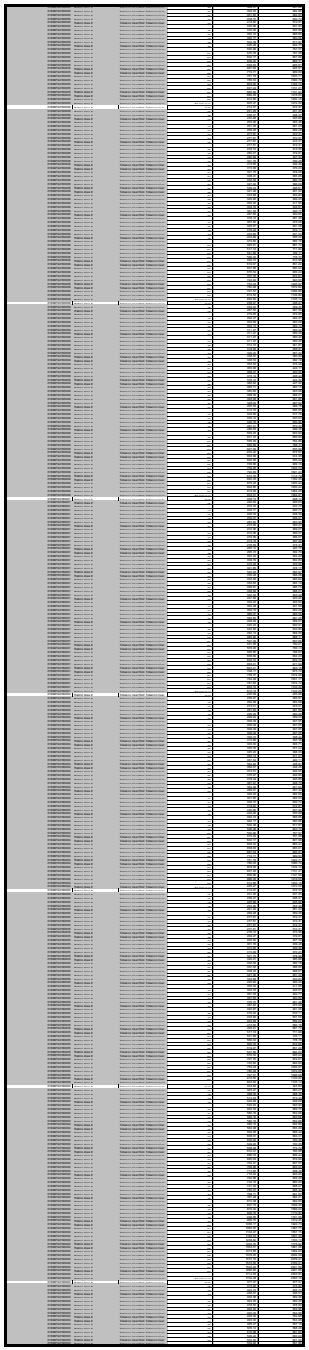
The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the premium rates and allowable rating factors. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified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

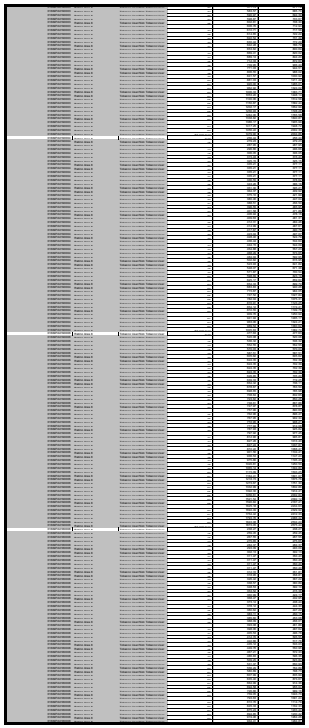
I hereby certify that, to the best of my knowledge and judgment, the following:

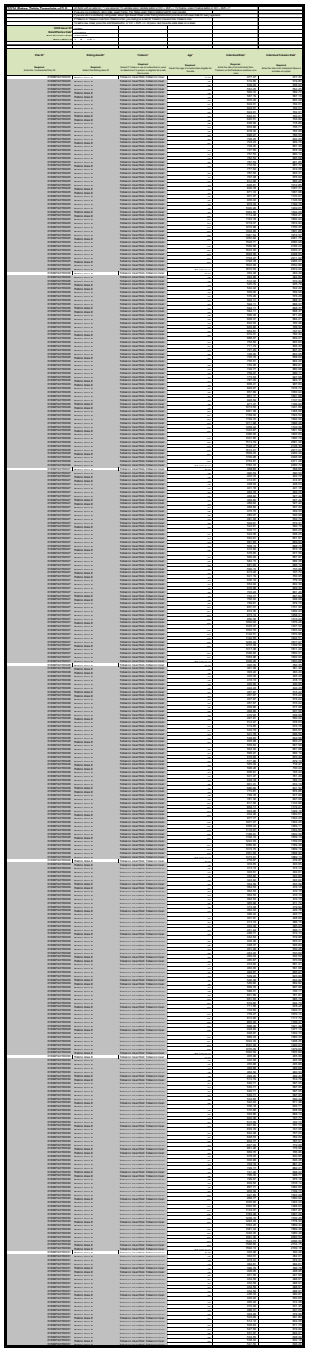
- The projected index rate is:
  - —In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
  - —Developed in compliance with applicable Actuarial Standards of Practice;
  - —Reasonable in relation to the benefits provided and the population anticipated 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.

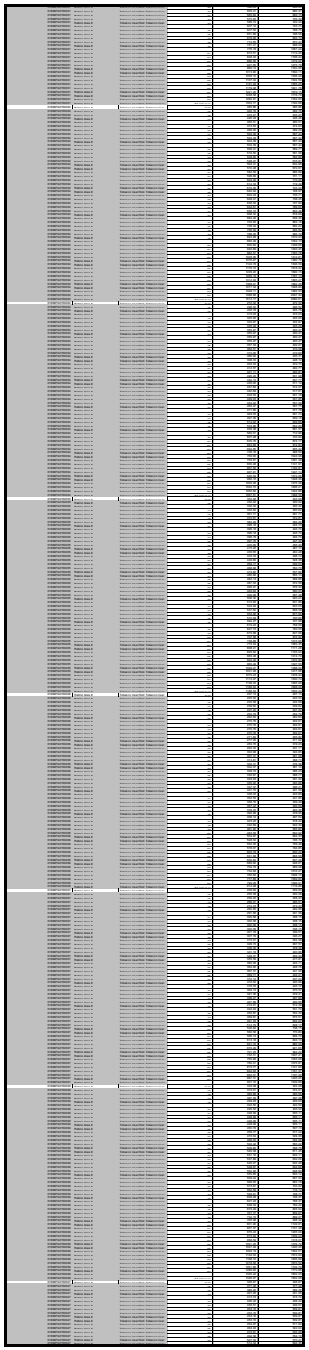
[redacted]

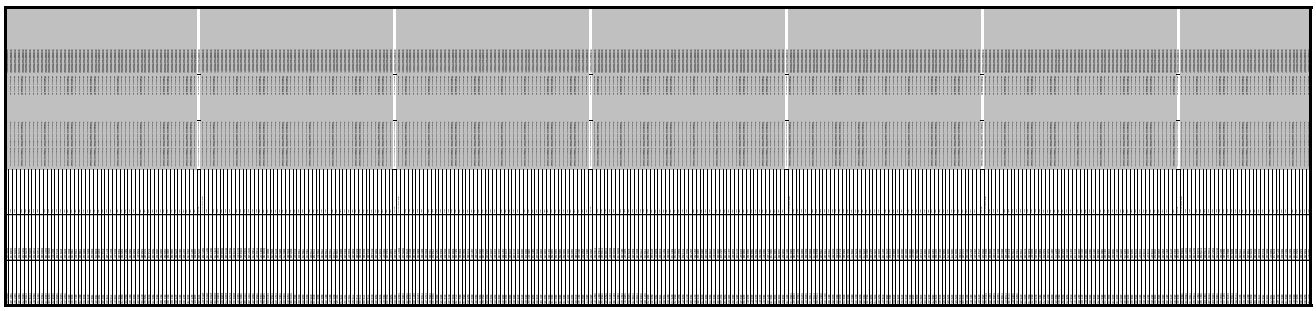


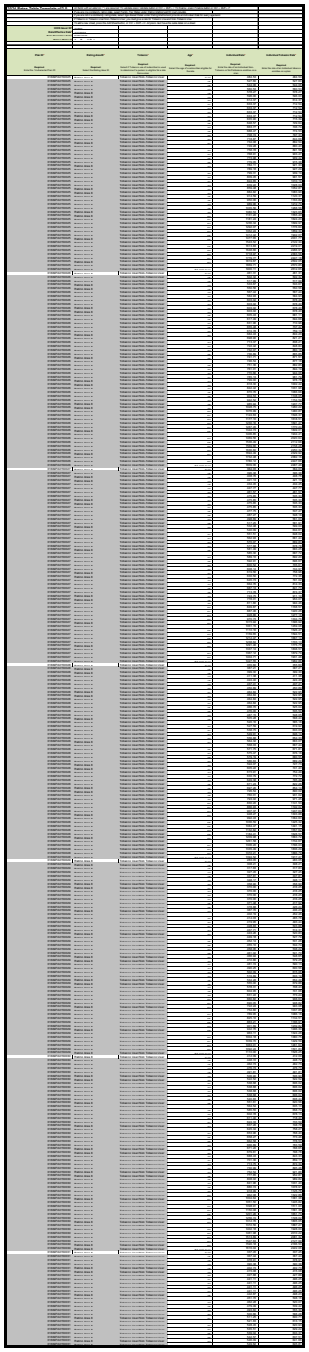


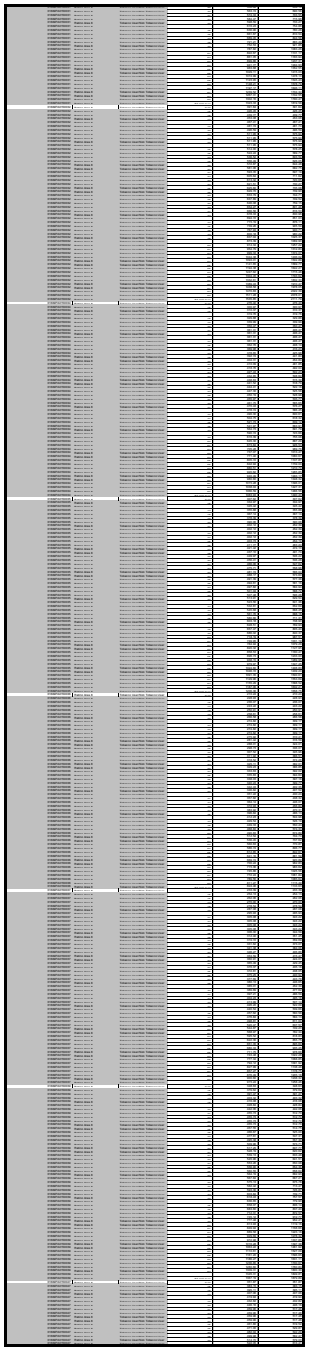


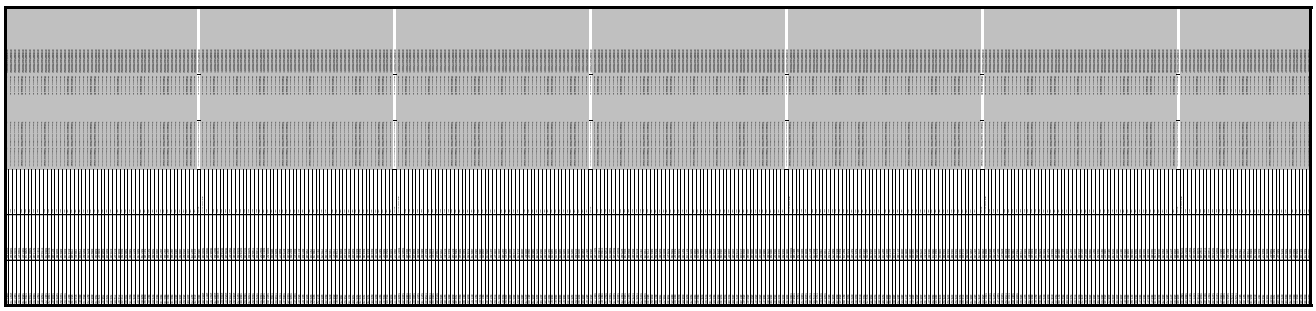


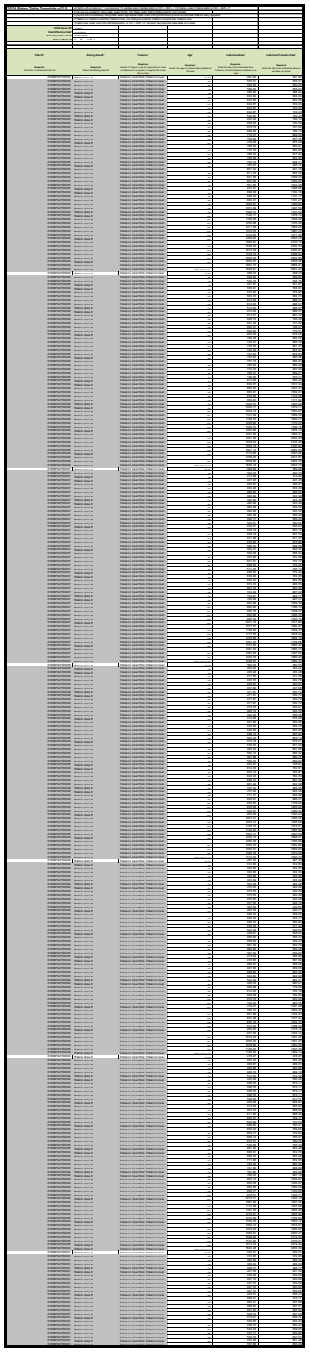


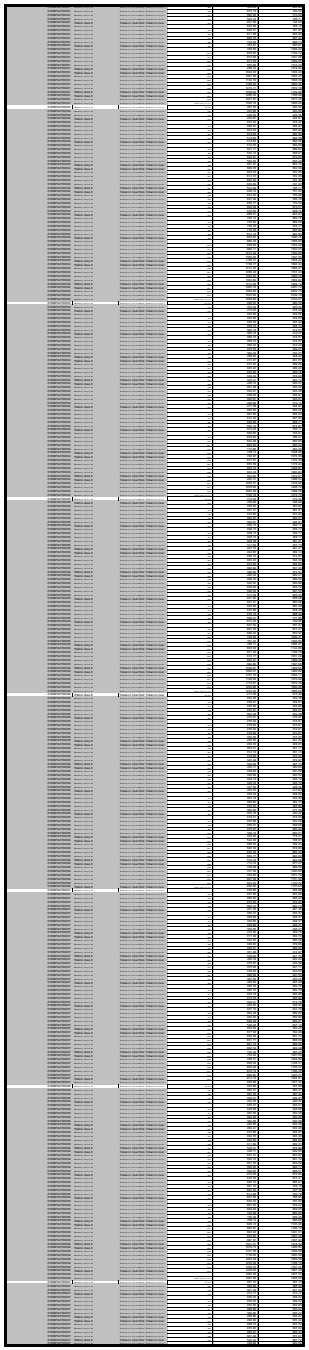


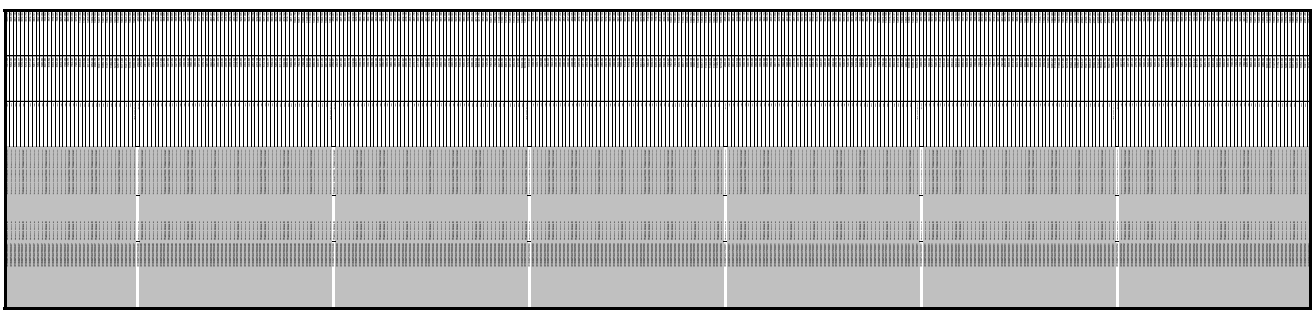


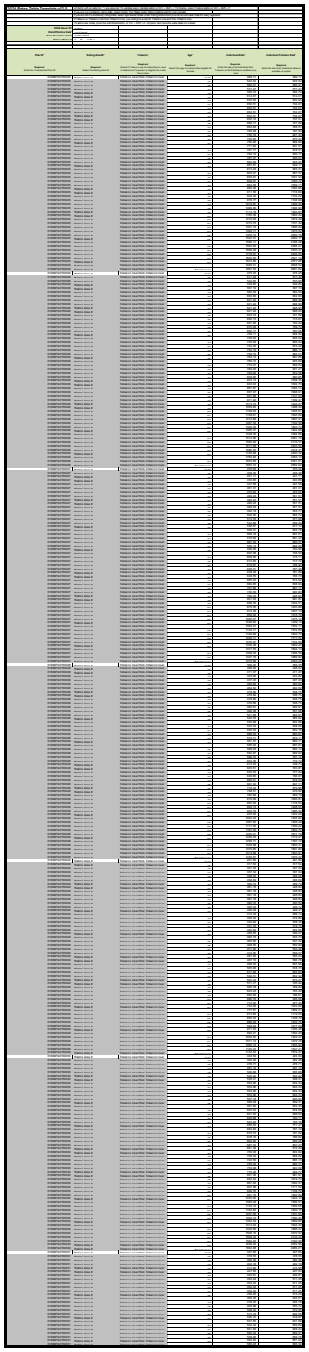


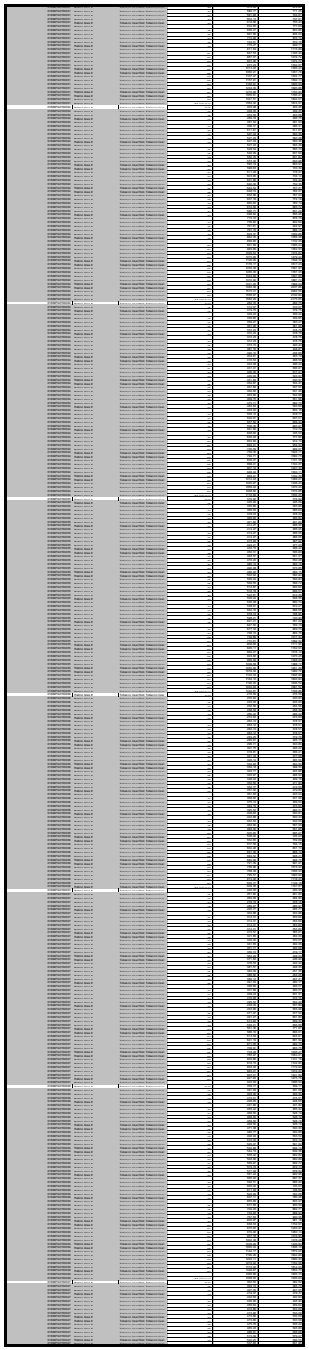


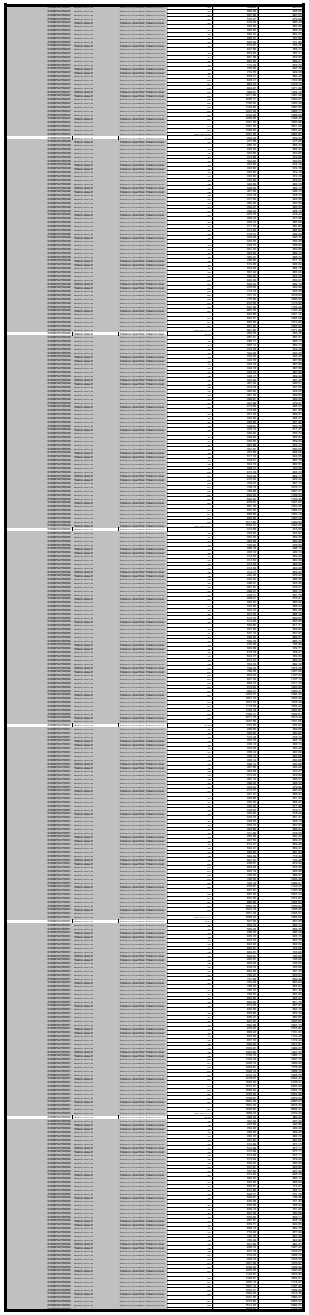












Cover Page

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 professionalclaims. 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 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.

	Cost - sharing		
HIOS_ID	PCP	Virtual PCP	AV Input
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
31609PA0070004, 31609PA0190004	$50	$35	$ 47.00
31609PA0070011	$50	$35	$ 47.00
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.

	Cost - sharing		
HIOS_ID	SP	Virtual SP	AV Input
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.

		Cost-sharing		
HIOS ID	Service Type	Preferred Site	Non-preferred Site	AV Input
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.

	Cost - sharing		
HIOS_ID	**MH/SA Office**	**MH/SA Other**	**AV Input**
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.

	Cost - sharing		
HIOS_ID	Low-Cost Generic	Generic	AV Input
31609PA0070002, 31609PA0190002	$3	$15	$ 10.20
31609PA0070003, 31609PA0190003	$3	$20	$ 13.20
31609PA0070004, 31609PA0190004	$3	$25	$ 16.20
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: 5/5/2023

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 parametersof 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.

	Cost - sharing		
HIOS _ID	**PCP**	**Virtual PCP**	**AV Input**
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.

	Cost - sharing		
HIOS_ID	**Low-Cost Generic**	**Generic**	**AV Input**
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: 5/5/2023

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.

	Cost - sharing		
HIOS_ID	**MH/SA Office**	**MH/SA Other**	**AV Input**
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: 5/5/2023

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.

	Cost - sharing		
HIOS_ID	**PCP**	**Virtual PCP**	**AV Input**
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.

	Cost - sharing		
HIOS_ID	**SP**	**Virtual SP**	**AV Input**
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.

	Cost - sharing			
HIOS_ID	**Low-Cost Generic**	**Generic**	**Low-Cost Generic Cost**	**AV Input**
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: 5/5/2023

AV screenshots redacted.

A Reinsurance Morbidity Adjustment of 1.000 was used as requested in the guidance.
An Individual Morbidity Adjustment of 1.000 was used as requested in the guidance.
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 Filing	2024 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

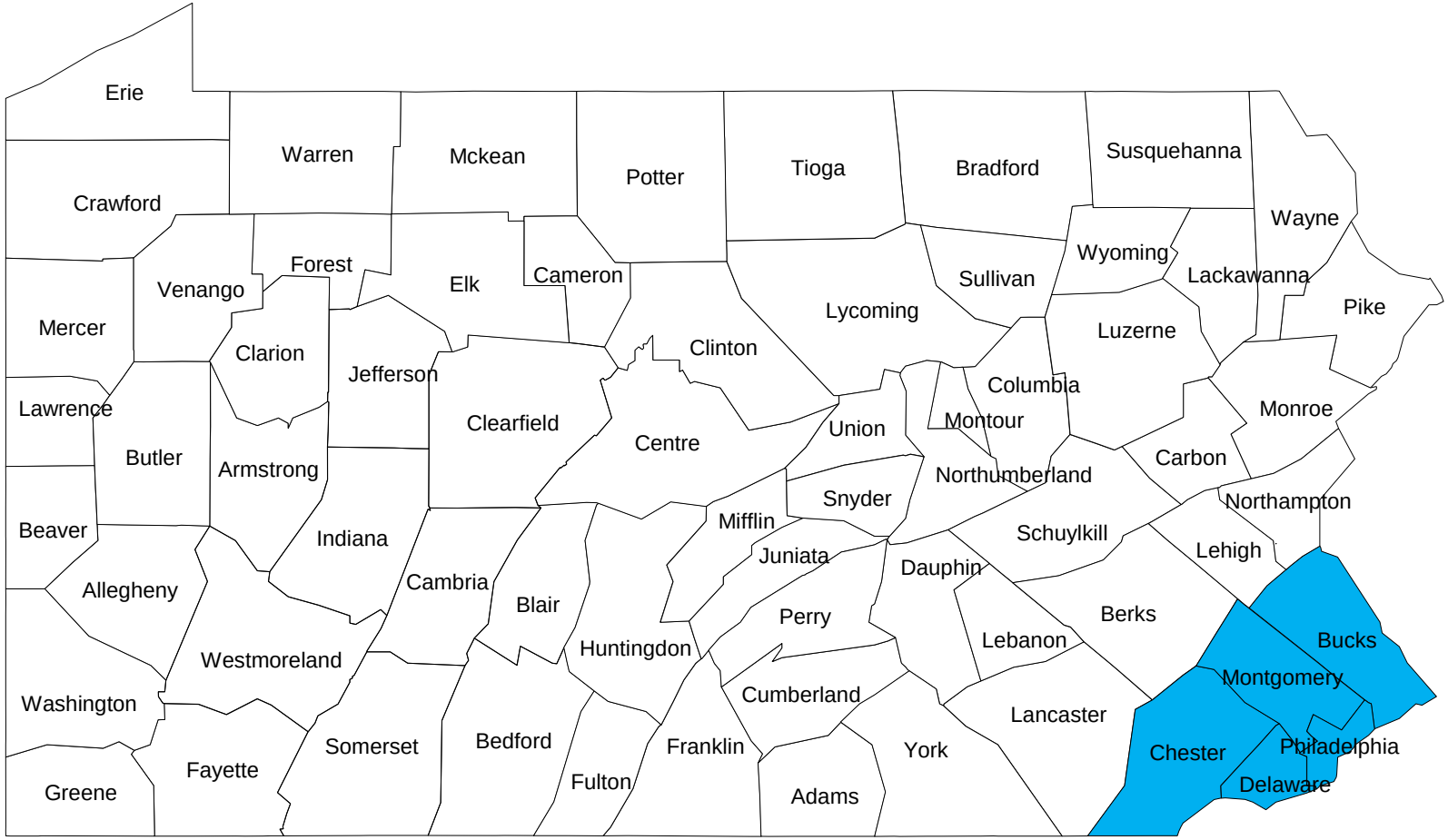
Unique AV Justification file

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)

	MLR		Member Months	
Calendar Year	**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:

QCC	HIOS IDs	Plan Marketing Name	FDC Generic Rx	FDC Primary Care Services	HSA Plan
	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
	PA Act. Exhibits Table 1	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
	PA Act. Exhibits Table 2	X	N	13	N/A
D.1.G.	Credibility of Data	X	N	7	N/A
	PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)	X	N	14	N/A
D.1.H.	Trend Identification	X	N	7	N/A
	PA Act. Exhibits Table 3	X	N	13	N/A
D.1.I.	Historical Experience	X	N	7	N/A
	PA Act. Exhibits Table 4	X	N	13	N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N	8	N/A
	PA Act. Exhibits Table 5	X	N	17	N/A
D.2.B.	Retention Items	X	N	9-10	N/A
	PA Act. Exhibits Table 6	X	N	17	N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	10	N/A
	PA Act. Exhibits Table 7	X	N	17	N/A
D.2.D.	Components of Rate Change	X	N	10	N/A
	PA Act. Exhibits Table 8	X	N	17	N/A
	PA Act. Exhibits Table 9	X	N	17	N/A
D.3.	Plan Rate Development	X	N	10-11	N/A
	PA Act. Exhibits Table 10	X	N	18	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	11	N/A
	PA Act. Exhibits Table 11	X	N	19-20	N/A
D.5.A.	Age and Tobacco Factors	X	N	11	N/A
	PA Act. Exhibits Table 12	X	N	21	N/A
D.5.B.	Geographic Factors	X	N	11	N/A
	PA Act. Exhibits Table 13	X	N	21	N/A
D.5.C.	Network Factors	X	N	11	N/A
	PA Act. Exhibits Table 14	X	N	21	N/A
D.5.D	*Rate Change Request Summary*	X	N	22	N/A
	PA Act. Exhibits Table 15	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