

State:	Pennsylvania	Filing Company:	QCC Insurance Company
TOI/Sub-TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
Product Name:	QCC Individual PPO effective 1-1-2022		
Project Name/Number:	/		

Supporting Document Schedules

Satisfied - Item:	ACA Public Rate Filing PDF
Comments:	
Attachment(s):	Public Rate Filing QCC Consumer 20210916.pdf
Item Status:	
Status Date:	



May 18, 2021 – Revised September 17, 2021

Ms. Tracie Gray, 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 1/1/2022
INAC-132818429**

Dear Ms. Gray:

Attached is the 2022 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, 2022 through December 31, 2022.

Per the guidance provided in the 2022 ACA-Compliant Health Insurance Rate Filing Guidance provided by the Pennsylvania Insurance Department, we applied a factor of 1.01 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. The rates also consider the impact of the state's reinsurance program, including a Reinsurance Morbidity Adjustment of 0.999 (-0.1%). This submission incorporates the increase to the reinsurance percentage from 45% to 64% and the resulting reduction to the 2022 rates.

The proposed rates represent a 0.8% decrease over the previously approved 2021 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, 2022



5.	Average Rate Change Requested	-0.8%
6.	Range of Rate Changes Requested	-6.7% to -0.1%
7.	Total Annual Revenue Generated from the Proposed Rate Change	-\$2,467,671
8.	Products	PPO
9.	Rating Areas and Change from 2021	Rating Area 8; No Change
10.	Metal Levels and Catastrophic Plans	Gold, Silver, Bronze
11.	Current covered lives and policyholders as of February 1, 2021	41,995 lives
12.	Number of plans offered in 2022 and change from 2021	14 plans in 2022; 14 plans in 2021
13.	Corresponding contract form number, SERFF, and binder numbers	INLG-132821879, INLG-132821890, INLG-132821893 See appendix for form numbers
14.	HIOS Issuer ID # and submission tracking Number	HIOS Issuer ID # 31609; Tracking # 31609-2015250937999930376

Please contact **XXXXXXXXXXXXXX** at **XXXXXXXXXXXXXX** or **XXXXXXXXXXXXXX** with any questions regarding this filing.

Sincerely,

XXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXX

cc: **XXXXXXXXXXXXXXXXXXXXXX**
XXXXXXXXXXXXXXXXXXXXXX



APPENDIX

Form Numbers

08535.ON Rev. 1.22
08535-OC.ON Rev. 1.22
08535.OFF Rev. 1.22
08535-OC.OFF Rev. 1.22
08537.ON.PDEN Rev. 1.22
08537-OC.ON.PDEN Rev. 1.22
08537.OFF Rev. 1.22
08537-OC.OFF Rev. 1.22
08537.ON.PDEN.HSA Rev. 1.22
08537-OC.ON.PDEN.HSA Rev. 1.22
08537.OFF.PDEN.HSA Rev. 1.22
08537-OC.OFF.PDEN.HSA Rev. 1.22
PREV/SCH-II Rev. 1.22

Attachment I

Rate Change Summary

QCC Insurance Company, Inc. – Individual Plans

Rate request filing ID # INAC-132818429 - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at

<https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx>

Overview

Initial requested average rate change:	1.7% ¹
Revised requested average rate change:	-0.8% ¹
Range of requested rate change:	-6.7% to -0.1%
Effective date:	January 1, 2022
Mapped Members:	41,995
Available in:	Area 8

Key information

Jan. 2020-Dec. 2020 financial experience

Premiums	\$331,428,722
Claims	\$216,300,857
Administrative expenses	\$34,917,456
Taxes & fees	\$22,532,210
Company made (after taxes)	\$57,678,200

How it plans to spend your premium

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

Claims:	82%
Administrative:	13%
Taxes & fees:	3%
Profit:	2%

The company expects its annual medical costs to increase **9.5%**.

Explanation of requested rate change

QCC Insurance Company ("QCC") is revising premium rates for the Pennsylvania Consumer ACA compliant products, effective from January 1, 2022.

About 42,000 members will be affected.

Changes in Taxes and Fees:

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

¹ Note that the Initial requested average rate change reflects the insurer's rate change request, in July, after they have received information about the impact of a federal program called risk adjustment and finalization of the reinsurance program parameters.

Changes in Medical Service Costs:

Premium rates for health care insurance are increasing as the cost of health care service rise. Health care service costs increase as health care providers increase their fees, members use more health care services and supplies, and the types of health care services and supplies change, among other factors.

Financial Experience of the Product:

QCC is required by federal law to pay out a minimum of 80% percent of premium dollars for medical claims—this is referred to as the minimum Medical Loss Ratio (MLR). The rate action proposed in this filing is expected to achieve a Medical Loss Ratio of greater than 80% using the state's estimates for individual mandate and CSRs not being funded.

Changes in Benefits:

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.

Administrative Costs:

In addition, the Affordable Care Act (ACA) imposes taxes and other levies.

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):	1/1/2022 – 12/31/2022
Average Rate Change:	-0.8%
Range of Rate Changes:	-6.7% to -0.1%
Products:	PPO
Rating Areas:	Rating Area 8
Metal Levels:	Gold, Silver, Bronze, Catastrophic
Current Members:	41,995
Number of 2022 Plans:	14
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:	
Primary Contact Telephone Number:	
Primary Contact Email Address:	

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

January 1, 2015	14.90%	INAC- 129626643
January 1, 2016	4.53%	INAC- 129938930
January 1, 2017	28.38%	INAC- 130539917
January 1, 2018	28.80%	INAC- 131146005
January 1, 2019	-6.44%	INAC- 131478475
January 1, 2020	5.10%	INAC- 131927222
January 1, 2021	-3.90%	INAC- 132358777

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 -0.8%. The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2020 to calendar year 2022 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 -0.8%.

D. MEMBERSHIP COUNT

Table 1 illustrates the Experience Period member-months, Current Period members as of February 1, 2021, 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 2020 and paid through February 2021. Earned premiums and member months are for January through December 2020. 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 2020 risk transfer results.

In the URRT v5.3, 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 2017 through 2020 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 2020 for QCC in Consumer. Rebate payments will be made if applicable for the 2021 policy period. We do not anticipate 2022 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.
(Ex. X% of our members shifted from one metallic level to another in a historical period which is determined to move our average plan cost by y% in aggregate. We itemize this one-time cost impact of members shifting plans so it is not included in forward-looking trend projections.)

J. TERMINATED PLANS

No plans are being terminated in 2022.

2. RATE DEVELOPMENT AND CHANGE

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

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

Changes in Population Risk Morbidity

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

COVID-19 Impact

Development of Reinsurance Tables

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information was populated using 2020 QCC Individual claims data by individual member. 2020 claims

paid through February 2021 were completed and compiled into the Annual Incurred Claims Ranges shown on Tab II.a. of the Actuarial Memorandum Exhibit.

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information was populated by trending the data from the Experience Period table to 2022 using a 7% trend assumption on the incurred claims. The resulting impact is shown in Cell E7 of Tab II.b. of the Actuarial Memorandum Exhibit.

Changes in Other Factors

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

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

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

B. RETENTION ITEMS

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

Administrative Expenses		13.07%
General and Claims	10.40%	
Agent/Broker Fees and Commissions	1.87%	
Quality Improvement Initiatives	0.80%	
INAC-132818429	6	PA Actuarial Memorandum
QCC Consumer		May 18, 2021
		Revised September 17, 2021

Taxes and Fees		2.59%
RA User Fee	0.04%	
PCORI Fee	0.04%	
PA Premium Tax	2.00%	
Federal Income Tax	0.51%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		1.91%
Total Retention		17.57%

C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Table 7 compares the normalization factors used in this filing to those used in the 2021 filing. The changes in the factors reflect small differences from the projected populations in 2021 and 2022.

D. COMPONENTS OF RATE CHANGE

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

Data in Table 9 is consistent with the 2021 and 2022 URRT with the exceptions of Risk Adjustment and Reinsurance which were revised to project company-specific values.

3. PLAN RATE DEVELOPMENT

Table 10 is populated with plan information consistent with entries in the 2022 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 2021 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 2022 Rate Filing Justification.

May 18, 2021

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifvine Information

Carrier Name:	UCC Insurance Company, Inc.
Product(s):	PPD
Market Segment:	Individual
Rate Effective Date:	1/1/2020
Rate Period Start Date:	1/1/2020
Date of Most Recent Membership:	2/1/2021

Table 1. Number of Members

	Member months	Members	Member months
	Experience Period (Jan of 02-01-2020)	Current Period (Jan of 02-01-2021)	Projected Rating Period
Average Age	41.0	41.0	41.0
Total	468,369	43,995	503,840
0-4	48,395	4,495	48,540
5-9	38,391	3,377	40,524
10-14	36,124	2,861	36,864
15-19	30,614	2,714	31,808
20-24	33,458	3,118	37,632
25-29	31,688	2,937	34,864
30-34	36,114	3,225	38,200
35-39	46,715	4,781	51,372
40-44	62,593	5,187	68,444
45-49	67,586	5,876	73,512
50-54	74,612	6,118	80,620

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
\$ 303,517,336.44	\$ 129,405,817.38	\$ 126,434,739.08	468,369	\$ 11,420,861.14	\$ 288,051,458.08	\$	\$ (14,400,115.20)	\$ 2,006,330.44	\$ 11,738.04	\$ 20,243,841.14	\$
Experience Period Total Allowed EHB Claims + EHB Capitation (PMPM) (net of prescription drug rebates)											
Rate Ratio											
*Express Prescription Drug Rebates as a negative number											

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Damage*	Composite Trend	Weight*
Outpatient Hospital	1.37%	11.71%	0.00%	17.43%	21.78%
Outpatient Hospital	2.94%	11.71%	0.00%	17.05%	22.14%
Professional	2.50%	11.71%	0.00%	16.50%	21.98%
Other Medical	3.80%	11.71%	0.00%	16.54%	0.00%
Capitation				29.43%	0.70%
Prescription Drug	0.46%	11.71%		25.61%	26.33%
Total Annual Trend				19.43%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.626	

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

** Should equal 100% Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factor*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-17	\$ 24,025,151.08	\$ 24,025,151.08	1.0000	\$ 24,025,151.08	50,174	\$ 478.84	\$	\$ (467,877.44)	\$ 12,147,010.52	\$ 440.71
Feb-17	\$ 24,520,437.37	\$ 24,520,437.37	1.0000	\$ 24,520,437.37	50,361	\$ 486.91	\$	\$ (469,451.01)	\$ 13,121,451.55	\$ 410.51
Mar-17	\$ 29,361,127.41	\$ 29,361,127.41	1.0000	\$ 29,361,127.41	51,004	\$ 564.50	\$	\$ (468,424.58)	\$ 16,798,053.63	\$ 507.65
Apr-17	\$ 24,764,817.77	\$ 24,764,817.77	1.0000	\$ 24,764,817.77	51,301	\$ 481.52	\$	\$ (470,460.12)	\$ 10,120,453.14	\$ 359.92
May-17	\$ 27,870,511.84	\$ 27,870,511.84	1.0000	\$ 27,870,511.84	50,480	\$ 553.11	\$	\$ (541,996.81)	\$ 14,140,440.16	\$ 476.47
Jun-17	\$ 27,680,171.28	\$ 27,680,171.28	1.0000	\$ 27,680,171.28	49,804	\$ 542.94	\$	\$ (540,055.41)	\$ 14,061,095.00	\$ 464.65
Jul-17	\$ 24,841,661.77	\$ 24,841,661.77	1.0000	\$ 24,841,661.77	49,201	\$ 502.86	\$	\$ (546,464.06)	\$ 9,784,148.08	\$ 466.86
Aug-17	\$ 27,589,223.82	\$ 27,589,223.82	1.0000	\$ 27,589,223.82	48,554	\$ 567.21	\$	\$ (547,874.43)	\$ 12,396,202.82	\$ 655.70
Sep-17	\$ 26,151,657.05	\$ 26,151,657.05	1.0000	\$ 26,151,657.05	48,171	\$ 542.86	\$	\$ (538,011.40)	\$ 9,314,085.55	\$ 429.27
Oct-17	\$ 27,665,657.47	\$ 27,665,657.47	1.0000	\$ 27,665,657.47	47,620	\$ 568.40	\$	\$ (556,066.62)	\$ 14,174,934.63	\$ 654.67
Nov-17	\$ 26,000,070.89	\$ 26,000,070.89	1.0000	\$ 26,000,070.89	46,961	\$ 562.46	\$	\$ (551,464.52)	\$ 9,366,431.67	\$ 466.54
Dec-17	\$ 27,478,286.47	\$ 27,478,286.47	1.0000	\$ 27,478,286.47	46,543	\$ 586.73	\$	\$ (550,263.12)	\$ 10,377,968.54	\$ 666.95
Jan-18	\$ 23,201,123.58	\$ 23,201,123.58	1.0000	\$ 23,201,123.58	45,421	\$ 560.13	\$	\$ (495,081.47)	\$ 10,138,104.92	\$ 775.80
Feb-18	\$ 20,781,165.17	\$ 20,781,165.17	1.0000	\$ 20,781,165.17	46,641	\$ 491.12	\$	\$ (467,986.49)	\$ 6,499,524.97	\$ 421.03
Mar-18	\$ 23,125,756.29	\$ 23,125,756.29	1.0000	\$ 23,125,756.29	49,860	\$ 553.57	\$	\$ (511,959.73)	\$ 17,538,418.81	\$ 688.89
Apr-18	\$ 23,348,736.49	\$ 23,348,736.49	1.0000	\$ 23,348,736.49	49,491	\$ 469.31	\$	\$ (512,110.31)	\$ 17,366,396.77	\$ 469.48
May-18	\$ 25,260,100.36	\$ 25,260,100.36	1.0000	\$ 25,260,100.36	48,304	\$ 489.21	\$	\$ (510,381.63)	\$ 10,221,851.86	\$ 776.78
Jun-18	\$ 27,801,451.38	\$ 27,801,451.38	1.0000	\$ 27,801,451.38	48,423	\$ 580.52	\$	\$ (512,484.19)	\$ 16,570,641.19	\$ 651.08
Jul-18	\$ 24,681,111.18	\$ 24,681,111.18	1.0000	\$ 24,681,111.18	47,021	\$ 525.02	\$	\$ (510,727.05)	\$ 8,500,741.51	\$ 476.71
Aug-18	\$ 25,491,626.61	\$ 25,491,626.61	1.0000	\$ 25,491,626.61	47,204	\$ 478.12	\$	\$ (504,228.87)	\$ 10,285,552.48	\$ 778.74
Sep-18	\$ 23,817,750.06	\$ 23,817,750.06	1.0000	\$ 23,817,750.06	47,204	\$ 468.00	\$	\$ (516,305.67)	\$ 17,449,758.18	\$ 727.14
Oct-18	\$ 25,571,057.41	\$ 25,571,057.41	1.0000	\$ 25,571,057.41	46,591	\$ 718.45	\$	\$ (509,651.49)	\$ 10,140,748.23	\$ 816.21
Nov-18	\$ 22,123,278.31	\$ 22,123,278.31	1.0000	\$ 22,123,278.31	46,116	\$ 483.16	\$	\$ (513,080.12)	\$ 8,184,312.00	\$ 707.44
Dec-18	\$ 24,493,513.87	\$ 24,493,513.87	1.0000	\$ 24,493,513.87	45,361	\$ 465.12	\$	\$ (505,141.68)	\$ 10,305,114.64	\$ 700.97
Jan-19	\$ 18,051,258.87	\$ 18,051,258.87	1.0000	\$ 18,051,258.87	44,200	\$ 408.79	\$	\$ (490,291.68)	\$ 6,714,000.66	\$ 638.17
Feb-19	\$ 17,375,623.36	\$ 17,375,623.36	1.0000	\$ 17,375,623.36	44,264	\$ 400.65	\$	\$ (488,727.08)	\$ 6,688,973.78	\$ 579.36
Mar-19	\$ 20,097,130.80	\$ 20,097,130.80	1.0000	\$ 20,097,130.80	46,467	\$ 466.64	\$	\$ (489,897.97)	\$ 15,750,487.40	\$ 635.20
Apr-19	\$ 21,369,336.17	\$ 21,369,336.17	1.0000	\$ 21,369,336.17	49,991	\$ 424.90	\$	\$ (512,680.96)	\$ 10,577,932.60	\$ 464.80
May-19	\$ 21,203,943.56	\$ 21,203,943.56	1.0000	\$ 21,203,943.56	48,381	\$ 546.95	\$	\$ (510,540.83)	\$ 10,168,478.88	\$ 662.84
Jun-19	\$ 19,968,136.15	\$ 19,968,136.15	1.0000	\$ 19,968,136.15	48,567	\$ 467.35	\$	\$ (498,855.07)	\$ 12,890,077.20	\$ 588.56
Jul-19	\$ 21,065,652.16	\$ 21,065,652.16	1.0000	\$ 21,065,652.16	48,301	\$ 551.81	\$	\$ (515,084.08)	\$ 10,040,026.47	\$ 556.15
Aug-19	\$ 19,841,589.29	\$ 19,841,589.29	1.0000	\$ 19,841,589.29	47,884	\$ 541.89	\$	\$ (527,901.06)	\$ 11,584,536.45	\$ 674.12
Sep-19	\$ 18,789,228.31	\$ 18,789,228.31	1.0000	\$ 18,789,228.31	47,561	\$ 460.17	\$	\$ (514,777.60)	\$ 10,173,479.36	\$ 506.56
Oct-19	\$ 21,090,632.47	\$ 21,090,632.47	1.0000	\$ 21,090,632.47	47,101	\$ 565.95	\$	\$ (524,250.76)	\$ 14,637,110.01	\$ 662.84
Nov-19	\$ 18,815,881.67	\$ 18,815,881.67	1.0000	\$ 18,815,881.67	46,761	\$ 414.55	\$	\$ (504,966.97)	\$ 10,203,870.28	\$ 509.45
Dec-19	\$ 20,684,054.67	\$ 20,684,054.67	1.0000	\$ 20,684,054.67	46,110	\$ 474.17	\$	\$ (504,966.97)	\$ 14,818,506.88	\$ 653.84
Jan-20	\$ 17,117,862.16	\$ 17,117,862.16	1.0000	\$ 17,117,862.16	46,990	\$ 443.90	\$	\$ (498,796.57)	\$ 10,008,450.60	\$ 600.38
Feb-20	\$ 17,880,113.00	\$ 17,880,113.00	0.9991	\$ 17,880,113.00	46,211	\$ 417.46	\$	\$ (491,443.10)	\$ 11,311,554.97	\$ 580.92
Mar-20	\$ 17,693,478.31	\$ 17,693,478.31	0.9992	\$ 17,693,478.31	49,657	\$ 465.14	\$	\$ (1,500,634.90)	\$ 11,514,066.03	\$ 543.02
Apr-20	\$ 16,169,160.36	\$ 16,169,160.36	0.9984	\$ 16,169,160.36	49,461	\$ 407.24	\$	\$ (1,360,897.40)	\$ 12,395,110.94	\$ 453.38
May-20	\$ 16,708,553.09	\$ 16,708,553.09	0.9982	\$ 16,708,553.09	48,331	\$ 447.29	\$	\$ (1,311,724.22)	\$ 13,140,860.72	\$ 486.71
Jun-20	\$ 18,111,236.45	\$ 18,111,236.45	0.9993	\$ 18,111,236.45	48,094	\$ 461.95	\$	\$ (1,172,517.13)	\$ 12,465,510.49	\$ 509.05
Jul-20	\$ 18,713,111.55	\$ 18,713,111.55	0.9992	\$ 18,713,111.55	48,801	\$ 511.11	\$	\$ (1,121,701.45)	\$ 11,961,448.14	\$ 501.03
Aug-20	\$ 18,086,204.61	\$ 18,086,204.61	0.9991	\$ 18,086,204.61	48,884	\$ 484.17	\$	\$ (1,124,631.84)	\$ 12,124,727.84	\$ 549.41
Sep-20	\$ 18,091,249.26	\$ 18,091,249.26	0.9974	\$ 18,091,249.26	48,661	\$ 541.68	\$	\$ (1,124,481.62)	\$ 10,174,518.43	\$ 426.14
Oct-20	\$ 21,726,375.61	\$ 21,726,375.61	0.9993	\$ 21,726,375.61	48,387	\$ 577.34	\$	\$ (1,380,511.59)	\$ 15,077,837.31	\$ 654.87
Nov-20	\$ 20,072,349.66	\$ 20,072,349.66	0.9976	\$ 20,072,349.66	47,720	\$ 466.66	\$	\$ (1,370,666.72)	\$ 13,300,050.40	\$ 633.75
Dec-20	\$ 24,481,481.48	\$ 24,481,481.48	0.9941	\$ 24,481,481.48	47,400	\$ 497.46	\$	\$ (1,454,761.48)	\$ 14,503,526.86	\$ 693.48

* Express Completion Factor as a percentage

** Express Prescription Drug Rebates as a negative number

Center Name: QCC Insurance Company, Inc.
Product(s): PPO
Market Segment: Individual
Rate Effective Date: 1/1/2022

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-HHS portion of Allowed Claims	Total Prescription Drug Rebates*	Total HHS Capitation	Total Non-HHS Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 1,738,462.44	\$ 1,738,462.44	\$ 1,738,462.44	1,738,462.44	\$ 164,135.18	\$ 164,135.18	\$ 164,135.18	\$ 164,135.18	\$ 164,135.18	\$ 164,135.18	\$ 164,135.18	\$ 164,135.18
Experience Period Total Allowed HHS Claims + HHS Capitation PMPM (net of prescription drug rebates)											\$ 164,135.18
Loss Ratio											76.63%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Denials*	Composite Trend	Weight*
Inpatient Hospital	1.27%	0.51%	0.00%	8.92%	20.43%
Outpatient Hospital	1.24%	0.51%	0.00%	8.92%	18.73%
Physiological	2.50%	0.51%	0.00%	8.92%	24.02%
Other Medical	1.88%	0.51%	0.00%	8.92%	13.85%
Capitation					
Prescription Drugs	19.46%	0.51%	0.00%	16.55%	23.02%
Total Annual Trend				8.84%	100.00%
Monthly of Trend				1.48%	
Total Annual Trend Projection Factor					

*Trends Cost, Utilization, Induced Denials and Weight as percentage

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factor*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-17	\$ 66,756,130.30	1.0000	\$ 66,756,130.30	136,181	0	340.77	\$ (1,288,494.35)	\$ 62,783,413.15	\$ 422.02	
Feb-17	\$ 65,716,849.24	1.0000	\$ 65,716,849.24	138,199	0	331.21	\$ (1,263,446.38)	\$ 79,455,119.31	\$ 456.29	
Mar-17	\$ 78,098,499.47	1.0000	\$ 78,098,499.47	202,149	0	382.26	\$ (1,389,464.81)	\$ 80,488,464.81	\$ 465.42	
Apr-17	\$ 87,685,498.04	1.0000	\$ 87,685,498.04	230,891	0	336.81	\$ (1,355,007.31)	\$ 86,493,498.04	\$ 400.23	
May-17	\$ 76,587,027.46	1.0000	\$ 76,587,027.46	158,121	0	386.47	\$ (1,576,469.71)	\$ 80,611,473.83	\$ 452.29	
Jun-17	\$ 74,681,186.74	1.0000	\$ 74,681,186.74	156,417	0	485.41	\$ (1,549,128.82)	\$ 77,734,562.86	\$ 488.06	
Jul-17	\$ 71,277,880.98	1.0000	\$ 71,277,880.98	143,079	0	367.84	\$ (1,490,668.80)	\$ 81,885,244.11	\$ 424.50	
Aug-17	\$ 77,988,097.07	1.0000	\$ 77,988,097.07	151,081	0	406.97	\$ (1,575,184.45)	\$ 80,563,277.57	\$ 452.14	
Sep-17	\$ 72,214,900.09	1.0000	\$ 72,214,900.09	130,329	0	379.29	\$ (1,457,114.26)	\$ 81,728,888.15	\$ 426.15	
Oct-17	\$ 77,342,462.74	1.0000	\$ 77,342,462.74	138,148	0	410.74	\$ (1,613,128.81)	\$ 81,248,888.15	\$ 462.19	
Nov-17	\$ 72,455,921.98	1.0000	\$ 72,455,921.98	136,084	0	389.15	\$ (1,599,246.00)	\$ 81,107,791.01	\$ 441.24	
Dec-17	\$ 74,213,925.47	1.0000	\$ 74,213,925.47	131,683	0	458.81	\$ (1,714,438.05)	\$ 81,435,088.45	\$ 450.41	
Jan-18	\$ 75,717,171.36	1.0000	\$ 75,717,171.36	127,654	0	375.48	\$ (1,774,695.70)	\$ 80,948,561.18	\$ 459.41	
Feb-18	\$ 81,597,506.86	1.0000	\$ 81,597,506.86	134,686	0	316.76	\$ (1,577,439.58)	\$ 79,891,508.02	\$ 388.84	
Mar-18	\$ 88,763,818.95	1.0000	\$ 88,763,818.95	133,638	0	356.96	\$ (1,813,181.20)	\$ 81,978,464.41	\$ 420.03	
Apr-18	\$ 87,893,526.05	1.0000	\$ 87,893,526.05	131,827	0	353.61	\$ (1,788,085.71)	\$ 80,111,275.01	\$ 410.82	
May-18	\$ 74,861,511.81	1.0000	\$ 74,861,511.81	130,027	0	391.84	\$ (1,817,816.71)	\$ 77,665,616.18	\$ 458.74	
Jun-18	\$ 84,641,816.76	1.0000	\$ 84,641,816.76	147,841	0	404.46	\$ (1,744,426.32)	\$ 79,898,888.26	\$ 426.06	
Jul-18	\$ 80,061,264.49	1.0000	\$ 80,061,264.49	146,576	0	364.07	\$ (1,865,597.78)	\$ 78,881,169.11	\$ 424.49	
Aug-18	\$ 77,244,009.63	1.0000	\$ 77,244,009.63	145,363	0	413.31	\$ (1,569,171.71)	\$ 80,750,050.20	\$ 474.59	
Sep-18	\$ 88,961,066.76	1.0000	\$ 88,961,066.76	145,346	0	374.47	\$ (1,814,827.14)	\$ 79,241,814.37	\$ 426.27	
Oct-18	\$ 83,576,674.64	1.0000	\$ 83,576,674.64	144,243	0	433.69	\$ (1,603,268.54)	\$ 80,971,268.61	\$ 506.72	
Nov-18	\$ 74,648,128.43	1.0000	\$ 74,648,128.43	143,937	0	468.09	\$ (1,866,569.62)	\$ 83,711,446.31	\$ 457.64	
Dec-18	\$ 71,261,831.40	1.0000	\$ 71,261,831.40	140,941	0	384.02	\$ (2,033,726.67)	\$ 79,654,858.05	\$ 440.07	
Jan-19	\$ 65,389,230.98	1.0000	\$ 65,389,230.98	145,284	0	373.91	\$ (1,815,551.91)	\$ 83,977,979.44	\$ 453.81	
Feb-19	\$ 69,245,025.88	1.0000	\$ 69,245,025.88	174,802	0	344.45	\$ (1,664,114.14)	\$ 73,651,407.08	\$ 424.15	
Mar-19	\$ 84,241,764.69	1.0000	\$ 84,241,764.69	172,189	0	367.89	\$ (1,774,414.11)	\$ 76,799,650.60	\$ 445.42	
Apr-19	\$ 68,019,818.77	1.0000	\$ 68,019,818.77	170,516	0	399.05	\$ (1,882,730.80)	\$ 80,891,581.21	\$ 473.75	
May-19	\$ 65,764,911.18	1.0000	\$ 65,764,911.18	148,479	0	390.74	\$ (1,807,126.00)	\$ 77,618,618.01	\$ 462.06	
Jun-19	\$ 81,841,511.47	1.0000	\$ 81,841,511.47	146,461	0	434.61	\$ (1,714,446.40)	\$ 78,244,488.06	\$ 466.07	
Jul-19	\$ 66,671,216.47	1.0000	\$ 66,671,216.47	143,890	0	406.54	\$ (1,811,811.38)	\$ 78,471,498.81	\$ 468.50	
Aug-19	\$ 64,613,605.70	1.0000	\$ 64,613,605.70	141,867	0	379.24	\$ (1,889,195.01)	\$ 74,199,149.20	\$ 450.04	
Sep-19	\$ 60,888,728.81	1.0000	\$ 60,888,728.81	139,901	0	380.61	\$ (1,830,177.42)	\$ 69,641,514.74	\$ 436.38	
Oct-19	\$ 70,468,151.56	1.0000	\$ 70,468,151.56	138,461	0	416.49	\$ (1,861,398.11)	\$ 80,147,174.67	\$ 506.46	
Nov-19	\$ 62,434,819.97	1.0000	\$ 62,434,819.97	136,154	0	398.81	\$ (1,934,821.45)	\$ 70,784,966.40	\$ 452.21	
Dec-19	\$ 64,254,161.18	1.0000	\$ 64,254,161.18	133,816	0	417.74	\$ (2,047,680.03)	\$ 72,188,949.28	\$ 439.10	
Jan-20	\$ 61,305,693.18	1.0000	\$ 61,305,693.18	137,551	0	397.85	\$ (1,952,161.17)	\$ 75,763,613.94	\$ 482.12	
Feb-20	\$ 55,693,189.26	0.9921	\$ 55,189,256.82	132,248	0	362.49	\$ (1,826,148.07)	\$ 68,896,060.25	\$ 438.79	
Mar-20	\$ 53,609,716.96	0.9972	\$ 53,609,716.96	130,593	0	359.61	\$ (1,800,390.27)	\$ 60,799,188.79	\$ 450.72	
Apr-20	\$ 47,514,000.76	0.9964	\$ 47,680,231.14	149,729	0	318.48	\$ (1,458,306.71)	\$ 51,578,027.26	\$ 344.48	
May-20	\$ 50,006,724.17	0.9793	\$ 50,305,136.71	149,621	0	356.27	\$ (1,631,557.95)	\$ 50,655,116.05	\$ 388.84	
Jun-20	\$ 57,602,448.08	0.9841	\$ 58,004,080.19	148,741	0	391.26	\$ (1,643,914.66)	\$ 64,641,260.51	\$ 436.08	
Jul-20	\$ 60,824,048.78	0.9922	\$ 61,353,773.46	147,541	0	415.92	\$ (1,430,474.81)	\$ 63,488,377.14	\$ 452.12	
Aug-20	\$ 60,826,175.05	0.9987	\$ 61,510,146.16	146,767	0	419.23	\$ (1,414,466.21)	\$ 67,803,518.00	\$ 462.09	
Sep-20	\$ 62,611,000.48	0.9842	\$ 63,520,312.96	145,817	0	436.45	\$ (1,381,861.56)	\$ 70,286,573.36	\$ 486.02	
Oct-20	\$ 65,388,111.89	0.9791	\$ 67,382,154.39	144,691	0	416.91	\$ (1,403,728.08)	\$ 73,588,728.08	\$ 511.69	
Nov-20	\$ 61,824,028.81	0.9712	\$ 61,658,387.10	142,171	0	447.44	\$ (1,326,971.11)	\$ 69,174,140.81	\$ 487.61	
Dec-20	\$ 64,674,682.05	0.9597	\$ 66,764,619.70	139,740	0	477.87	\$ (1,717,518.13)	\$ 72,686,217.79	\$ 511.53	

*Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

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

Carrier Name: QCC Insurance Company, Inc.
Product(s): PPO
Market Segment: Individual
Rate Effective Date: 1/1/2022
Incurred Dates: 1/1/2020 to 12/31/2020

Attachment Point: \$60,000
Reinsurance Cap: \$100,000
Coinsurance Rate: 64%
Proj. Incurred Claim Impact: -6.9%

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2020 to 12/31/2020					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999	46,922	450,299	\$68,379,093	\$68,379,093
\$30,000	\$34,999	184	2,014	\$5,962,285	\$5,962,285
\$35,000	\$39,999	175	1,957	\$6,519,287	\$6,519,287
\$40,000	\$44,999	128	1,432	\$5,470,184	\$5,470,184
\$45,000	\$49,999	98	1,119	\$4,651,383	\$4,651,383
\$50,000	\$54,999	92	1,042	\$4,842,745	\$4,842,745
\$55,000	\$59,999	59	650	\$3,404,947	\$3,404,947
\$60,000	\$64,999	74	837	\$4,619,539	\$4,504,634
\$65,000	\$69,999	83	915	\$5,578,416	\$5,195,430
\$70,000	\$74,999	66	747	\$4,792,413	\$4,259,669
\$75,000	\$79,999	55	631	\$4,268,769	\$3,648,757
\$80,000	\$84,999	41	443	\$3,386,451	\$2,793,522
\$85,000	\$89,999	34	376	\$2,971,730	\$2,375,423
\$90,000	\$94,999	41	445	\$3,779,592	\$2,935,053
\$95,000	\$99,999	36	399	\$3,507,788	\$2,645,204
\$100,000	\$109,999	47	514	\$4,938,330	\$3,735,130
\$110,000	\$119,999	46	531	\$5,252,745	\$4,075,145
\$120,000	\$129,999	26	297	\$3,252,180	\$2,586,580
\$130,000	\$139,999	36	394	\$4,839,722	\$3,918,122
\$140,000	\$149,999	23	262	\$3,312,393	\$2,723,593
\$150,000	\$159,999	16	182	\$2,465,951	\$2,056,351
\$160,000	\$169,999	22	260	\$3,611,862	\$3,048,662
\$170,000	\$179,999	18	193	\$3,149,234	\$2,688,434
\$180,000	\$189,999	23	274	\$4,233,421	\$3,644,621
\$190,000	\$199,999	17	194	\$3,325,026	\$2,889,826
\$200,000	\$209,999	20	225	\$4,100,612	\$3,588,612
\$210,000	\$219,999	13	153	\$2,800,237	\$2,467,437
\$220,000	\$229,999	11	118	\$2,471,033	\$2,189,433
\$230,000	\$239,999	7	77	\$1,635,287	\$1,456,087
\$240,000	\$249,999	13	150	\$3,187,197	\$2,854,397
\$250,000	\$259,999	7	73	\$1,778,333	\$1,599,133
\$260,000	\$269,999	10	110	\$2,653,611	\$2,397,611
\$270,000	\$279,999	5	60	\$1,376,769	\$1,248,769
\$280,000	\$289,999	8	94	\$2,280,339	\$2,075,539
\$290,000	\$299,999	4	48	\$1,180,582	\$1,078,182
\$300,000	\$324,999	13	139	\$4,004,341	\$3,671,541
\$325,000	\$349,999	14	145	\$4,711,215	\$4,352,815
\$350,000	\$374,999	6	55	\$2,189,270	\$2,035,670
\$375,000	\$399,999	3	36	\$1,176,721	\$1,099,921
\$400,000	\$424,999	3	36	\$1,242,055	\$1,165,255
\$425,000	\$449,999	4	41	\$1,752,210	\$1,649,810
\$450,000	\$474,999	3	36	\$1,394,375	\$1,317,575
\$475,000	\$499,999	3	26	\$1,478,400	\$1,401,600
\$500,000	\$599,999	12	144	\$6,556,416	\$6,249,216
\$600,000	\$699,999	4	48	\$2,592,653	\$2,490,253
\$700,000	\$799,999	6	64	\$4,501,896	\$4,348,296
\$800,000	\$899,999	3	36	\$2,614,390	\$2,537,590
\$900,000	\$999,999	1	12	\$905,013	\$879,413
\$1,000,000+		3	36	\$3,540,622	\$3,463,822
Total		48,538	468,369	\$232,639,062	\$216,572,055

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: 1/1/2022

Attachment Point: \$60,000
Reinsurance Cap: \$100,000
Coinsurance Rate: 64%
Proj. Incurred Claim Impact: -7.1%
Proj. Morbidity Impact: -0.1%

Reinsurance Program Impact Continuance Table Development - Plan Year 2022					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999	46,726	448,149	\$72,041,380	\$72,041,380
\$30,000	\$34,999	220	2,391	\$7,079,314	\$7,079,314
\$35,000	\$39,999	157	1,744	\$5,872,664	\$5,872,664
\$40,000	\$44,999	158	1,768	\$6,674,625	\$6,674,625
\$45,000	\$49,999	106	1,192	\$5,040,288	\$5,040,288
\$50,000	\$54,999	101	1,122	\$5,267,912	\$5,267,912
\$55,000	\$59,999	80	922	\$4,595,549	\$4,595,549
\$60,000	\$64,999	71	794	\$4,419,968	\$4,317,589
\$65,000	\$69,999	55	611	\$3,726,128	\$3,453,406
\$70,000	\$74,999	67	764	\$4,851,846	\$4,319,464
\$75,000	\$79,999	73	796	\$5,634,219	\$4,831,519
\$80,000	\$84,999	59	667	\$4,882,976	\$4,023,472
\$85,000	\$89,999	47	538	\$4,116,940	\$3,286,898
\$90,000	\$94,999	40	440	\$3,695,885	\$2,866,519
\$95,000	\$99,999	34	377	\$3,314,157	\$2,498,696
\$100,000	\$109,999	68	738	\$7,144,406	\$5,403,606
\$110,000	\$119,999	48	527	\$5,502,273	\$4,273,473
\$120,000	\$129,999	45	505	\$5,631,446	\$4,479,446
\$130,000	\$139,999	33	383	\$4,424,443	\$3,579,643
\$140,000	\$149,999	23	263	\$3,351,675	\$2,762,875
\$150,000	\$159,999	30	327	\$4,624,774	\$3,856,774
\$160,000	\$169,999	23	262	\$3,771,451	\$3,182,651
\$170,000	\$179,999	15	176	\$2,622,572	\$2,238,572
\$180,000	\$189,999	21	242	\$3,911,059	\$3,373,459
\$190,000	\$199,999	14	154	\$2,739,498	\$2,381,098
\$200,000	\$209,999	20	231	\$4,129,495	\$3,617,495
\$210,000	\$219,999	11	130	\$2,349,411	\$2,067,811
\$220,000	\$229,999	21	242	\$4,724,943	\$4,187,343
\$230,000	\$239,999	13	141	\$3,056,127	\$2,723,327
\$240,000	\$249,999	13	155	\$3,173,424	\$2,840,624
\$250,000	\$259,999	13	140	\$3,321,913	\$2,989,113
\$260,000	\$269,999	6	72	\$1,588,903	\$1,435,303
\$270,000	\$279,999	9	100	\$2,488,954	\$2,258,554
\$280,000	\$289,999	9	94	\$2,567,372	\$2,336,972
\$290,000	\$299,999	5	58	\$1,470,701	\$1,342,701
\$300,000	\$324,999	17	192	\$5,280,261	\$4,845,061
\$325,000	\$349,999	16	191	\$5,418,213	\$5,008,613
\$350,000	\$374,999	8	79	\$2,911,053	\$2,706,253
\$375,000	\$399,999	11	110	\$4,246,815	\$3,965,215
\$400,000	\$424,999	7	67	\$2,907,013	\$2,727,813
\$425,000	\$449,999	1	12	\$438,968	\$413,368
\$450,000	\$474,999	4	48	\$1,845,517	\$1,743,117
\$475,000	\$499,999	4	41	\$1,978,828	\$1,876,428
\$500,000	\$599,999	10	110	\$5,537,305	\$5,281,305
\$600,000	\$699,999	10	120	\$6,468,683	\$6,212,683
\$700,000	\$799,999	3	36	\$2,269,872	\$2,193,072
\$800,000	\$899,999	6	64	\$5,154,221	\$5,000,621
\$900,000	\$999,999	2	24	\$1,964,679	\$1,913,479
\$1,000,000+		5	60	\$6,118,343	\$5,990,343
Total		48,538	468,369	\$266,348,462	\$247,377,505

PA Rate Template Part II
Rate Development and Change

Carrier Name:
Product#:
Market Segment:
Rate Effective Date:

CCC Insurance Company, Inc.
PPO
Individual
1/1/2022

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

Development of the Projected Index Rate	Actual Experience Data	Manual Data
Total Allowed EIB Claims + EIB Cancellation PMPM (out of association drive rebates) PMPM	\$ 168,22	\$ 153,97
Two year trend projection factor	1.426	1.181
Unadjusted Projected Allowed EIB Claims PMPM	\$ 832.97	\$ 615.36
Index Risk Pool Adjustment Factors		
Change in Mortality - Impact of Reinsurance Program	0.000	0.000
Change in Mortality - All Other	0.000	0.000
Total Non-Mortality Changes	0.001	1.340
Change in Demographics	0.001	0.000
Change in Network	0.000	1.441
Change in Benefits	1.000	1.000
Change in Other	1.000	1.000
Total Adjusted Projected Allowed EIB Claims PMPM	\$ 875.00	\$ 875.00
Creditability Factors	0%	100%
Blended Projected EIB Claims PMPM	\$ 875	\$ 875.00
Development of the Market-Adjusted Index Rate and Total Allowed Claims		
Adjusted Projected Allowed EIB Claims PMPM	\$ 875.00	
Projected Paid to Allowed Ratio	0.800	
Projected Incurred EIB Claims PMPM	\$ 577.50	
Market under Adjustments		
Projected Incurred Risk Adjustment PMPM	500.00	
Projected Incurred Excessive User Fees PMPM	\$ 66.66	
Projected Incurred Reinsurance Recoveries PMPM	\$ 66.33	
Market-Adjusted Projected Incurred EIB Claims PMPM	\$ 490.54	
Market-Adjusted Projected Allowed EIB Claims PMPM	\$ 748.21	Market-Adjusted Index Rate
Projected Allowed Non-EIB Claims PMPM	\$ 0.25	
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 490.79	
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 748.46	

Table 6. Retention

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	12.07%	\$77.80
General and Claims	10.40%	\$68.92
Agent/Broker Fees and Commissions	1.87%	\$11.12
Quality Improvement Initiatives	0.00%	\$0.70
Taxes and Fees	2.19%	\$13.40
Risk Adjustment User Fee	0.00%	\$0.24
PCORI Fee	0.04%	\$0.23
PA Premiums & Other Taxes (if applicable)	0.00%	\$11.92
Federal Income Tax	0.33%	\$3.03
Health Insurance Premium Fee (Prorated for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	1.93%	\$11.38
Total Retention	17.57%	\$104.58
Projected Required Reserve PMPM		\$ 595.28

Table 8. Components of Rate Change

Rate Components	2021	2022	Difference	Percent Change
A. Calculated Plan Adjusted Index Rate (PMAIR)	\$ 353.52	\$ 350.08	\$ -3.44	-0.9%
B. Base period allowed claims before normalization	\$ 428.04	\$ 513.97	\$ 85.93	20.1%
C. Normalization factor (percentage of change)	\$ 1271.01	\$ 1210.08	\$ -60.93	-4.8%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 364.57	\$ 300.86	\$ -63.70	-17.5%
D2. UMR Trend	\$ 108.40	\$ 93.55	\$ -14.85	-13.6%
D3. UMR Mortality	\$ 8.97	\$ 21.90	\$ 12.94	144.3%
D4. UMR Other	\$ 1.00	\$ 228.11	\$ 227.11	22711.1%
D5. Normalized UMR Risk Adjustment on an allowed basis	\$ 127.79	\$ 124.43	\$ -3.36	-2.6%
D6. Normalized Excess User Fee on an allowed basis	\$ 11.22	\$ 24.34	\$ 13.12	117.0%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ -	\$ 136.11	\$ 136.11	-
D8. Subtotal - Sum(D2-D7)	\$ 490.65	\$ 490.65	\$ -	-
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	\$ -	\$ -	0.0%
E2. Pricing AV	\$ 144.71	\$ 146.79	\$ 2.08	1.4%
E3. Benefit Enhancements	\$ 0.00	\$ 0.01	\$ 0.01	0.0%
E4. Catastrophic Eligibility	\$ -	\$ -	\$ -	0.0%
E5. Subtotal - Sum(E1-E4)	\$ 144.71	\$ 146.79	\$ 2.07	1.4%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 40.26	\$ 40.83	\$ 0.58	1.4%
F2. Taxes and Fees	\$ 8.81	\$ 9.07	\$ 0.26	3.0%
F3. Profit and/or Contingency	\$ 7.07	\$ 9.70	\$ 2.63	37.2%
F4. Subtotal - Sum(F1-F3)	\$ 56.14	\$ 60.61	\$ 4.47	7.9%
G. Change in Miscellaneous Items	\$ -	\$ -	\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 372.09	\$ 343.46	\$ -28.63	-7.7%

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 153.97	Index Rate of Experience Period on UMR
Blended General Premiums	\$ 1,308,258.47	
Blended Loss Ratio	20.85%	

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

Effective Date	1/1/2022	4/1/2022	7/1/2022	10/1/2022	Total Single Risk Pool
Adjusted Projected Allowed EIB Claims PMPM	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00	\$ 875.00
Months of Trend	0	0	0	0	0
Annual Trend	0.848%	0.848%	0.848%	0.848%	0.848%
Single Risk Pool Projected Allowed Claims	\$ 875.00	\$ 884.01	\$ 903.80	\$ 923.59	\$ -
Quarterly Trend Factor	1.000	1.002	1.004	1.006	0.000

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2021	2022
Average Age Factor	1.725	1.731
Average Gender Factor	1.001	1.000
Average Tobacco Factor	1.024	1.000
Average Health Status (Insured vs. Uninsured)	1.001	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 748.21	\$ 748.46
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 424.55	\$ 480.78

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

	2021	2022
Point-to-Allowed	2.682	0.650
UMR Trend (Total Allowed Trend Factor)	1.288	1.181
UMR Mortality	1.000	1.000
UMR "Other"	1.000	1.000
Risk Adjustment	0.640	0.620
Excess User Fee	14.4	16.3
Reinsurance Recoveries	0	41.3
Creditability	0	0
Network	1.000	1.000
Prison AV	0.000	0.000
Benefit Enhancements	1.000	1.000
Catastrophic Eligibility	1.000	1.000
Administrative Expenses	12.87%	13.07%
Taxes and Fees	2.49%	2.39%
Profit and/or Contingency	2.05%	1.91%

Carrier Name:	OCC Insurance Company Inc
Product(s):	PPD
Market Segment:	Individual
Rate Effective Date:	1/1/2022
Base Period Start Date	1/1/2020
Date of Most Recent Membership:	2/1/2021

Year - Current 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Carrier Name:	OCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2022

Line Number	H2H Plan ID Standard Contract	H2H Plan ID Contract	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID 1/1/2022 Plan H2H Plan ID 1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	2022 1st year H2H -Non-Traditional Premiums (NPMP)										2022 2nd year H2H -Non-Traditional Premiums (NPMP)										Change in 21 years and Non-Traditional Premiums (NPMP)									
							Average Rate by Rating by Rating					Average Rate by Rating by Rating					Average Rate by Rating by Rating					Average Rate by Rating by Rating					Average Rate by Rating by Rating					Average Rate by Rating by Rating				
Totals							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
This table only lists the data entered in Table 30.							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 1	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 2	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 3	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 4	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 5	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 6	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 7	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 8	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 9	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 10	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 11	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 12	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 13	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 14	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 15	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 16	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 17	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 18	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 19	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 20	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 21	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 22	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 23	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 24	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 25	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 26	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 27	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 28	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 29	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 30	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 31	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 32	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 33	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 34	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 35	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 36	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 37	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 38	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Line 39	1/1/2022 Plan H2H Plan ID	1/1/2022 Plan H2H Plan ID	Marketplace, State, Medicaid, CHIP, ACA, or Other	1/1/2022 Plan H2H Plan ID	Marketplace	Exchange	1	2	3	4	5	6	7	8	9	10	11																			

PA Rate Quarterly Template Part V Consumer Factors

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2022

Table 12. Age and Tobacco Factors

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

*PA follows the federal default age curve.

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

[illegible]

December 31.

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 Cho	8	Bucks, Chester, Delaware, Montgomery,
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On	Personal Cho	8	Bucks, Chester, Delaware, Montgomery,
31609PA0070004	Personal Choice PPO Bronze	PPO	Bronze	On	Personal Cho	8	Philadelphia
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On	Personal Cho	8	Bucks, Chester, Delaware, Montgomery,
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On	Personal Cho	8	Philadelphia
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On	Personal Cho	8	Bucks, Chester, Delaware, Montgomery,
31609PA0160007	Personal Choice EPO Gold	EPO	Gold	On	Personal Cho	8	Philadelphia
31609PA0180001	Personal Choice EPO Catastrophic	EPO	Catastrophic	Off	Personal Cho	8	Bucks, Chester, Delaware, Montgomery,
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Bronze	Off	Personal Cho	8	Philadelphia
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	Off	Personal Cho	8	Bucks, Chester, Delaware, Montgomery,
31609PA0180007	Personal Choice EPO Gold	EPO	Gold	Off	Personal Cho	8	Philadelphia
31609PA0190002	Personal Choice PPO Gold	PPO	Gold	Off	Personal Cho	8	Bucks, Chester, Delaware, Montgomery,
31609PA0190003	Personal Choice PPO Silver	PPO	Silver	Off	Personal Cho	8	Philadelphia
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	Off	Personal Cho	8	Bucks, Chester, Delaware, Montgomery,
							Philadelphia

Company Name	QCC Insurance Company
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[illegible]

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T		
1	Unified Rate Review v5.3																				
2																					
3	Company Legal Name:		QCC Insurance Company, Inc.												State:		PA				
4	HIOS Issuer ID:		31609														Market:		Individual		
5	Effective Date of Rate Change(s):		1/1/2022																		
6																					
7																					
8	Market Level Calculations (Same for all Plans)																				
9																					
10																					
11	Section I: Experience Period Data																				
12	Experience Period:		1/1/2020		to		12/31/2020														
13					Total		PMPM														
14	Allowed Claims				\$273,629,621.14		\$584.22														
15	Reinsurance				\$0.00		\$0.00														
16	Incurred Claims in Experience Period				\$216,208,936.04		\$461.62														
17	Risk Adjustment				\$29,242,811.21		\$62.44														
18	Experience Period Premium				\$302,517,236.44		\$645.90														
19	Experience Period Member Months				468,369																
20																					
21	Section II: Projections																				
22																					
23	Benefit Category		Experience Period Index Rate PMPM		Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM												
24	Inpatient Hospital		\$127.22	1.033	1.137	1.033	1.137	\$175.50													
25	Outpatient Hospital		\$129.37	1.029	1.137	1.029	1.137	\$177.09													
26	Professional		\$169.31	1.025	1.137	1.025	1.137	\$229.96													
27	Other Medical		\$0.00	1.025	1.137	1.025	1.137	\$0.00													
28	Capitation		\$4.37	1.000	1.300	1.000	1.300	\$7.39													
29	Prescription Drug		\$153.95	1.105	1.137	1.105	1.137	\$243.01													
30	Total		\$584.22					\$832.94													
31																					
32	Morbidity Adjustment				1.061																
33	Demographic Shift				0.991																
34	Plan Design Changes				1.000																
35	Other				0.999																
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2022		\$874.92																
37																					
38	Manual EHB Allowed Claims PMPM				\$875.90																
39	Applied Credibility %				0.00%																
40																					
41	Projected Period Totals																				
42	Projected Index Rate for		1/1/2022		\$875.90		\$441,401,046.00														
43	Reinsurance				\$62.41		\$31,450,895.40														
44	Risk Adjustment Payment/Charge				\$94.06		\$47,400,596.40														
45	Exchange User Fees				3.33%		\$12,488,776.41														
46	Market Adjusted Index Rate				\$744.21		\$375,038,330.61														
47																					
48	Projected Member Months				503,940																
49																					
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																				

Product-Plan Data Collection

Company Legal Name: QCC Insurance Company, Inc.
 HIOS Issuer ID: 31609
 Effective Date of Rate Change(s): 1/1/2022

State: PA
 Market: Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
 To validate, select the Validate button or Ctrl + Shift + I.
 To finalize, select the Finalize button or Ctrl + Shift + F.
 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 ID	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 Name	31609PA007										31609PA016										31609PA018										31609PA019									
1.3 Plan Name	Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice		Personal Choice					
1.4 Plan ID (Standard Component ID)	31609PA0070002		31609PA0070001		31609PA0070004		31609PA0160001		31609PA0160003		31609PA0160004		31609PA0160005		31609PA0160007		31609PA0180001		31609PA0180002		31609PA0180003		31609PA0180004		31609PA0180005		31609PA0180007		31609PA0190002		31609PA0190001		31609PA0190004							
1.5 Metal	Gold		Silver		Bronze		Catastrophic		Silver		Platinum		Bronze		Bronze		Gold		Catastrophic		Silver		Platinum		Bronze		Bronze		Gold		Gold		Silver							
1.6 AV Metal Value	0.783		0.708		0.640		0.627		0.679		0.881		0.645		0.633		0.776		0.627		0.679		0.881		0.645		0.633		0.776		0.783		0.708							
1.7 Plan Category	Renewing		Renewing		Renewing		Renewing		Terminated		Terminated		Renewing		Renewing		Renewing		Renewing		Terminated		Terminated		Renewing		Renewing		Renewing		Renewing		Renewing							
1.8 Plan Type	PPO		PPO		PPO		EPO		EPO		EPO		EPO		EPO		EPO		EPO		EPO		EPO		EPO		EPO		EPO		EPO		PPO							
1.9 Exchange Plan?	Yes		Yes		Yes		Yes		No		No		Yes		Yes		Yes		No		No		No		No		No		No		No		No							
1.10 Effective Date of Proposed Rates	1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022		1/1/2022							
1.11 Cumulative Rate Change % (over 12 mos prior)	-0.09%		-1.14%		-0.24%		-1.31%		0.00%		0.00%		-0.28%		-1.27%		-6.73%		-1.31%		0.00%		0.00%		-0.28%		-1.27%		-6.73%		-0.09%		-1.14%							
1.12 Product Rate Increase %																																								
1.13 Submission Level Rate Increase %	-0.51%										-1.00%												-1.50%										-0.35%							
										-0.79%										-1.50%										-0.35%										

Worksheet 1 Totals

Worksheet 1 Totals		Section II: Experience Period and Current Plan Level Information																			
2.1 Plan ID (Standard Component ID)		Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0160001	31609PA0160003	31609PA0160004	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0180001	31609PA0180002	31609PA0180003	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0190002	31609PA0190003	31609PA0190004	
\$273,629,621	2.2 Allowed Claims	\$273,629,621	\$31,185,462	\$31,845,880	\$22,788,106	\$748,450	\$2,324,225	\$4,670,617	\$32,199,134	\$28,090,735	\$0	\$194,874	\$628,251	\$15,979,099	\$29,179,707	\$5,477,071	\$0	\$47,534,149	\$11,004,626	\$9,779,236	
\$273,629,621	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$273,629,621	2.4 Member Cost Sharing	\$57,420,685	\$19,977,995	\$4,417,212	\$6,334,805	\$240,798	\$255,180	\$269,706	\$8,448,543	\$10,363,794	\$0	\$84,805	\$159,716	\$995,634	\$7,011,784	\$2,084,163	\$0	\$6,388,381	\$1,032,668	\$3,360,499	
\$273,629,621	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$216,208,936	2.6 Incurred Claims	\$216,208,936	\$27,212,467	\$27,428,668	\$16,453,301	\$507,652	\$2,069,045	\$4,400,510	\$23,750,591	\$17,726,940	\$0	\$110,070	\$468,135	\$14,983,465	\$22,167,927	\$3,392,908	\$0	\$41,145,748	\$7,971,957	\$6,418,738	
\$29,242,811	2.7 Risk Adjustment Transfer Amount	\$29,242,811	\$14,260,245	\$9,302,688	\$6,596,177	\$266,247	\$345,183	\$2,334,647	\$6,139,261	\$16,970,595	\$0	\$129,505	\$159,726	\$10,558,118	\$4,778,438	\$2,898,626	\$0	\$20,461,058	\$2,223,772	\$1,862,180	
\$302,517,236	2.8 Premium	\$302,517,236	\$22,778,350	\$29,079,192	\$31,868,853	\$1,039,827	\$1,682,212	\$2,029,363	\$41,812,219	\$57,438,459	\$0	\$220,629	\$832,537	\$9,995,503	\$24,655,082	\$8,752,498	\$0	\$41,355,688	\$15,272,465	\$13,704,557	
468,369	2.9 Experience Period Member Months	468,369	24,597	32,751	50,776	3,608	1,953	1,750	75,443	119,947	0	771	871	8,666	42,958	16,836	0	45,762	18,155	23,525	
	2.10 Current Enrollment	41,995	2,229	2,851	4,540	250	0	0	5,890	12,806	124	67	0	3,448	1,506	599	0	3,896	1,616	2,493	
	2.11 Current Premium PMPM	\$608.71	\$898.21	\$849.34	\$600.51	\$277.95	\$0.00	\$0.00	\$537.39	\$459.00	\$920.87	\$275.16	\$0.00	\$0.00	\$556.07	\$493.11	\$884.95	\$890.36	\$804.17	\$555.06	
	2.12 Loss Ratio	65.17%	73.47%	71.46%	65.10%	65.62%	102.05%	100.85%	66.58%	43.80%	#DIV/0!	119.48%	69.64%	72.90%	75.32%	57.96%	#DIV/0!	66.56%	45.56%	54.20%	
Per Member Per Month																					
	2.13 Allowed Claims	\$584.22	\$1,267.86	\$972.36	\$448.80	\$207.44	\$1,190.08	\$2,658.92	\$426.80	\$234.19	#DIV/0!	\$252.76	\$721.30	\$1,843.88	\$675.36	\$325.32	#DIV/0!	\$1,038.73	\$606.15	\$415.70	
	2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	2.15 Member Cost Sharing	\$122.60	\$161.52	\$134.87	\$124.76	\$66.74	\$130.66	\$154.12	\$111.99	\$86.40	#DIV/0!	\$109.99	\$183.37	\$114.89	\$163.22	\$123.79	#DIV/0!	\$139.60	\$167.04	\$142.85	
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	2.17 Incurred Claims	\$461.62	\$1,106.33	\$837.49	\$324.04	\$140.70	\$1,059.42	\$2,514.81	\$314.82	\$147.79	#DIV/0!	\$142.76	\$537.93	\$1,728.99	\$516.04	\$201.53	#DIV/0!	\$899.13	\$439.11	\$272.85	
	2.18 Risk Adjustment Transfer Amount	\$62.44	\$579.76	\$284.04	\$129.91	\$73.79	\$176.75	\$1,334.08	\$81.38	\$141.48	#DIV/0!	\$166.67	\$181.38	\$1,218.34	\$111.23	\$172.17	#DIV/0!	\$447.12	\$122.49	\$79.16	
	2.19 Premium	\$645.90	\$926.06	\$887.89	\$627.64	\$288.30	\$861.35	\$1,159.64	\$554.22	\$473.87	#DIV/0!	\$286.16	\$955.84	\$1,153.42	\$573.83	\$539.87	#DIV/0!	\$903.71	\$841.23	\$582.55	

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)	31609PA0070002	31609PA0070001	31609PA0070004	31609PA0160001	31609PA0160003	31609PA
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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

URRT Part II – Consumer Friendly Justification

Scope and Range of the Rate Increase:

QCC Insurance Company ("QCC") is revising premium rates for the Pennsylvania Consumer ACA compliant products, effective from January 1, 2022. The proposed revisions to each plan are shown on the second page of this exhibit.

About 42,000 members will be affected.

Financial Experience of the Product:

QCC is required by federal law to pay out a minimum of 80% percent of premium dollars for medical claims—this is referred to as the minimum Medical Loss Ratio (MLR). The rate action proposed in this filing is expected to achieve a Medical Loss Ratio of greater than 80% using the state's estimates for individual mandate and CSRs not being funded.

Changes in Taxes and Fees:

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

Changes in Medical Service Costs:

Premium rates for health care insurance are increasing as the cost of health care service rise. Health care service costs increase as health care providers increase their fees, members use more health care services and supplies, and the types of health care services and supplies change, among other factors.

We are projecting that claims will increase by 9.5% in 2022. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

Morbidity was increased by an additional 5.2% to account for the impact of COVID-19 on overall projected claims. This represents the estimated increase for claims returning to more typical levels, which were reduced during the past year due to the pandemic. In addition, trend includes approximately an additional 2.8% to account for higher claims in 2022 related to COVID-related expenses and claims which have been delayed from 2020 and 2021 due to the pandemic.

A reinsurance program administered by the state will be effective beginning January 1, 2021. We project that this will reduce rates by approximately 7.7%.

Changes in Benefits:

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.

Administrative Costs:

The premium rates presented in this filing include a 2% contribution to reserves. Furthermore, the Affordable Care Act (ACA) imposes taxes and other levies.

URRT Part II – Consumer Friendly Justification

HIOS ID	Plan Name	2022 % Change
31609PA0160007	Personal Choice EPO Gold	-6.7%
31609PA0070002	Personal Choice PPO Gold	-0.1%
31609PA0070003	Personal Choice PPO Silver	-1.1%
31609PA0070004	Personal Choice PPO Bronze	-0.2%
31609PA0160005	Personal Choice EPO Bronze Reserve	-0.3%
31609PA0160001	Personal Choice EPO Catastrophic	-1.3%
31609PA0180005	Personal Choice EPO Bronze Basic	-1.3%
31609PA0180007	Personal Choice EPO Gold	-6.7%
31609PA0190002	Personal Choice PPO Gold	-0.1%
31609PA0190003	Personal Choice PPO Silver	-1.1%
31609PA0190004	Personal Choice PPO Bronze	-0.2%
31609PA0180001	Personal Choice Catastrophic	-1.3%
31609PA0180004	Personal Choice EPO Bronze Reserve	-0.3%
31609PA0160006	Personal Choice EPO Bronze Basic	1.3%

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): 1/1/2022

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: XXXXXXXXXXXXX

Primary Contact Telephone Number: XXXXXXXXXXXXX

Primary Contact Email Address: XXXXXXXXXXXXX

PROPOSED RATE INCREASE

The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2020 to calendar year 2022 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 9.5% in 2022. 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 7.7%.

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 -0.8%. The minimum increase is -6.7% and the maximum increase is -0.1%.

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 2020 and paid through February 2021. Earned premiums and member months are for January through December 2020. 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 2020 through December 2020 and paid through February 2021 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 2020 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2020 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 2020 paid through February 2021.

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 2020 through December 2020 is projected to the future rating period by several factors.

Morbidity Adjustment

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 2020 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 2021 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 2021. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

TERMINATED PLANS

There are no plans being terminated in 2022.

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, **XXXXXXXXXXXX**, 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.

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

May 18, 2021

Financial Statement Analysis - Q3 2024									
Company		Revenue		Profit		Market		Growth	
Entity	Segment	Q3 2024	Q3 2023	Q3 2024	Q3 2023	Value	Index	YoY %	QoQ %
Alpha Corp	Product A	1200000	1150000	250000	240000	1.2	1.1	10.0%	5.0%
	Product B	800000	780000	180000	170000	0.8	0.7	8.0%	4.0%
	Product C	500000	480000	100000	95000	0.5	0.4	6.0%	3.0%
	Product D	300000	290000	60000	58000	0.3	0.2	4.0%	2.0%
	Product E	200000	190000	40000	38000	0.2	0.1	3.0%	1.5%
	Product F	150000	140000	30000	28000	0.15	0.1	2.0%	1.0%
	Product G	100000	95000	20000	19000	0.1	0.05	1.5%	0.8%
	Product H	80000	75000	16000	15000	0.08	0.04	1.0%	0.5%
	Product I	60000	55000	12000	11000	0.06	0.03	0.8%	0.4%
	Product J	40000	38000	8000	7500	0.04	0.02	0.5%	0.2%
Beta Inc	Product A	900000	880000	180000	170000	0.9	0.8	7.0%	3.5%
	Product B	600000	580000	120000	110000	0.6	0.5	5.0%	2.5%
	Product C	400000	380000	80000	75000	0.4	0.3	4.0%	2.0%
	Product D	250000	230000	50000	45000	0.25	0.2	3.0%	1.5%
	Product E	180000	160000	36000	32000	0.18	0.15	2.0%	1.0%
	Product F	120000	110000	24000	22000	0.12	0.1	1.5%	0.8%
	Product G	80000	75000	16000	15000	0.08	0.07	1.0%	0.5%
	Product H	50000	48000	10000	9500	0.05	0.04	0.8%	0.4%
	Product I	30000	28000	6000	5500	0.03	0.02	0.5%	0.2%
	Product J	20000	18000	4000	3500	0.02	0.01	0.3%	0.1%
Gamma Ltd	Product A	700000	680000	140000	130000	0.7	0.6	5.0%	2.5%
	Product B	450000	430000	90000	85000	0.45	0.4	4.0%	2.0%
	Product C	300000	280000	60000	55000	0.3	0.25	3.0%	1.5%
	Product D	180000	160000	36000	32000	0.18	0.15	2.0%	1.0%
	Product E	120000	110000	24000	22000	0.12	0.1	1.5%	0.8%
	Product F	80000	75000	16000	15000	0.08	0.07	1.0%	0.5%
	Product G	50000	48000	10000	9500	0.05	0.04	0.8%	0.4%
	Product H	30000	28000	6000	5500	0.03	0.02	0.5%	0.2%
	Product I	20000	18000	4000	3500	0.02	0.01	0.3%	0.1%
	Product J	10000	9000	2000	1800	0.01	0.005	0.1%	0.05%
Delta Co	Product A	500000	480000	100000	95000	0.5	0.4	4.0%	2.0%
	Product B	350000	330000	70000	65000	0.35	0.3	3.0%	1.5%
	Product C	220000	200000	44000	40000	0.22	0.2	2.0%	1.0%
	Product D	140000	120000	28000	24000	0.14	0.12	1.5%	0.8%
	Product E	90000	80000	18000	16000	0.09	0.08	1.0%	0.5%
	Product F	60000	55000	12000	11000	0.06	0.05	0.8%	0.4%
	Product G	40000	38000	8000	7500	0.04	0.03	0.5%	0.2%
	Product H	25000	23000	5000	4500	0.025	0.02	0.3%	0.1%
	Product I	15000	14000	3000	2800	0.015	0.01	0.2%	0.1%
	Product J	8000	7000	1600	1400	0.008	0.005	0.1%	0.05%
Epsilon LLC	Product A	300000	280000	60000	55000	0.3	0.25	2.0%	1.0%
	Product B	200000	180000	40000	36000	0.2	0.18	1.5%	0.8%
	Product C	120000	110000	24000	22000	0.12	0.1	1.0%	0.5%
	Product D	80000	75000	16000	15000	0.08	0.07	0.8%	0.4%
	Product E	50000	48000	10000	9500	0.05	0.04	0.5%	0.2%
	Product F	30000	28000	6000	5500	0.03	0.02	0.3%	0.1%
	Product G	20000	18000	4000	3500	0.02	0.01	0.2%	0.1%
	Product H	12000	11000	2400	2200	0.012	0.01	0.1%	0.05%
	Product I	8000	7000	1600	1400	0.008	0.005	0.1%	0.05%
	Product J	4000	3500	800	700	0.004	0.002	0.05%	0.02%
Zeta Corp	Product A	150000	140000	30000	28000	0.15	0.1	1.0%	0.5%
	Product B	100000	95000	20000	19000	0.1	0.05	0.8%	0.4%
	Product C	60000	55000	12000	11000	0.06	0.05	0.5%	0.2%
	Product D	40000	38000	8000	7500	0.04	0.03	0.3%	0.1%
	Product E	25000	23000	5000	4500	0.025	0.02	0.2%	0.1%
	Product F	15000	14000	3000	2800	0.015	0.01	0.1%	0.05%
	Product G	10000	9000	2000	1800	0.01	0.005	0.05%	0.02%
	Product H	6000	5500	1200	1100	0.006	0.005	0.05%	0.02%
	Product I	4000	3500	800	700	0.004	0.002	0.02%	0.01%
	Product J	2000	1800	400	350	0.002	0.001	0.01%	0.005%

Project Overview		Financial Summary		Operational Data		Compliance & Audit	
Project ID	Project Name	Budget (USD)	Actual Cost (USD)	Units Produced	Quality Score	Audit Status	Compliance Level
001	Alpha Project	1000000	980000	15000	95	Pass	High
002	Beta Project	850000	860000	12000	92	Pass	Medium
003	Gamma Project	1200000	1150000	18000	98	Pass	High
004	Delta Project	950000	970000	14000	90	Pass	Medium
005	Epsilon Project	1100000	1080000	16000	96	Pass	High
006	Zeta Project	780000	790000	11000	93	Pass	Medium
007	Eta Project	1300000	1280000	19000	97	Pass	High
008	Theta Project	900000	910000	13000	91	Pass	Medium
009	Iota Project	1050000	1030000	15500	94	Pass	High
010	Kappa Project	880000	890000	12500	92	Pass	Medium
011	Lambda Project	1150000	1130000	17000	96	Pass	High
012	Mu Project	750000	760000	10500	93	Pass	Medium
013	Nu Project	1250000	1220000	18500	97	Pass	High
014	Xi Project	920000	930000	13500	91	Pass	Medium
015	Omicron Project	1080000	1060000	15800	95	Pass	High
016	Pi Project	820000	830000	11500	92	Pass	Medium
017	Rho Project	1180000	1160000	17500	96	Pass	High
018	Sigma Project	980000	990000	14500	90	Pass	Medium
019	Tau Project	1020000	1010000	15200	94	Pass	High
020	Upsilon Project	870000	880000	12200	92	Pass	Medium
021	Phi Project	1120000	1100000	16500	95	Pass	High
022	Chi Project	790000	800000	10800	93	Pass	Medium
023	Psi Project	1220000	1200000	18200	97	Pass	High
024	Omega Project	940000	950000	13800	91	Pass	Medium
025	Alpha Project	1000000	980000	15000	95	Pass	High
026	Beta Project	850000	860000	12000	92	Pass	Medium
027	Gamma Project	1200000	1150000	18000	98	Pass	High
028	Delta Project	950000	970000	14000	90	Pass	Medium
029	Epsilon Project	1100000	1080000	16000	96	Pass	High
030	Zeta Project	780000	790000	11000	93	Pass	Medium
031	Eta Project	1300000	1280000	19000	97	Pass	High
032	Theta Project	900000	910000	13000	91	Pass	Medium
033	Iota Project	1050000	1030000	15500	94	Pass	High
034	Kappa Project	880000	890000	12500	92	Pass	Medium
035	Lambda Project	1150000	1130000	17000	96	Pass	High
036	Mu Project	750000	760000	10500	93	Pass	Medium
037	Nu Project	1250000	1220000	18500	97	Pass	High
038	Xi Project	920000	930000	13500	91	Pass	Medium
039	Omicron Project	1080000	1060000	15800	95	Pass	High
040	Pi Project	820000	830000	11500	92	Pass	Medium
041	Rho Project	1180000	1160000	17500	96	Pass	High
042	Sigma Project	980000	990000	14500	90	Pass	Medium
043	Tau Project	1020000	1010000	15200	94	Pass	High
044	Upsilon Project	870000	880000	12200	92	Pass	Medium
045	Phi Project	1120000	1100000	16500	95	Pass	High
046	Chi Project	790000	800000	10800	93	Pass	Medium
047	Psi Project	1220000	1200000	18200	97	Pass	High
048	Omega Project	940000	950000	13800	91	Pass	Medium
049	Alpha Project	1000000	980000	15000	95	Pass	High
050	Beta Project	850000	860000	12000	92	Pass	Medium
051	Gamma Project	1200000	1150000	18000	98	Pass	High
052	Delta Project	950000	970000	14000	90	Pass	Medium
053	Epsilon Project	1100000	1080000	16000	96	Pass	High
054	Zeta Project	780000	790000	11000	93	Pass	Medium
055	Eta Project	1300000	1280000	19000	97		

[illegible]

Financial Statement									
Period		Revenue		Expenses		Profit		Balance	
Start	End	Actual	Budget	Actual	Budget	Actual	Budget	Actual	Budget
2023-01-01	2023-01-31	100000	100000	50000	50000	50000	50000	50000	50000
2023-02-01	2023-02-28	120000	120000	60000	60000	60000	60000	110000	110000
2023-03-01	2023-03-31	150000	150000	75000	75000	75000	75000	185000	185000
2023-04-01	2023-04-30	180000	180000	90000	90000	90000	90000	275000	275000
2023-05-01	2023-05-31	200000	200000	100000	100000	100000	100000	375000	375000
2023-06-01	2023-06-30	220000	220000	110000	110000	110000	110000	485000	485000
2023-07-01	2023-07-31	250000	250000	125000	125000	125000	125000	610000	610000
2023-08-01	2023-08-31	280000	280000	140000	140000	140000	140000	750000	750000
2023-09-01	2023-09-30	300000	300000	150000	150000	150000	150000	900000	900000
2023-10-01	2023-10-31	320000	320000	160000	160000	160000	160000	1060000	1060000
2023-11-01	2023-11-30	350000	350000	175000	175000	175000	175000	1235000	1235000
2023-12-01	2023-12-31	380000	380000	190000	190000	190000	190000	1425000	1425000
2024-01-01	2024-01-31	400000	400000	200000	200000	200000	200000	1625000	1625000
2024-02-01	2024-02-28	420000	420000	210000	210000	210000	210000	1835000	1835000
2024-03-01	2024-03-31	450000	450000	225000	225000	225000	225000	2060000	2060000
2024-04-01	2024-04-30	480000	480000	240000	240000	240000	240000	2300000	2300000
2024-05-01	2024-05-31	500000	500000	250000	250000	250000	250000	2550000	2550000
2024-06-01	2024-06-30	520000	520000	260000	260000	260000	260000	2810000	2810000
2024-07-01	2024-07-31	550000	550000	275000	275000	275000	275000	3085000	3085000
2024-08-01	2024-08-31	580000	580000	290000	290000	290000	290000	3375000	3375000
2024-09-01	2024-09-30	600000	600000	300000	300000	300000	300000	3675000	3675000
2024-10-01	2024-10-31	620000	620000	310000	310000	310000	310000	3985000	3985000
2024-11-01	2024-11-30	650000	650000	325000	325000	325000	325000	4310000	4310000
2024-12-01	2024-12-31	680000	680000	340000	340000	340000	340000	4650000	4650000
2025-01-01	2025-01-31	700000	700000	350000	350000	350000	350000	5000000	5000000
2025-02-01	2025-02-28	720000	720000	360000	360000	360000	360000	5360000	5360000
2025-03-01	2025-03-31	750000	750000	375000	375000	375000	375000	5735000	5735000
2025-04-01	2025-04-30	780000	780000	390000	390000	390000	390000	6125000	6125000
2025-05-01	2025-05-31	800000	800000	400000	400000	400000	400000	6525000	6525000
2025-06-01	2025-06-30	820000	820000	410000	410000	410000	410000	6935000	6935000
2025-07-01	2025-07-31	850000	850000	425000	425000	425000	425000	7360000	7360000
2025-08-01	2025-08-31	880000	880000	440000	440000	440000	440000	7800000	7800000
2025-09-01	2025-09-30	900000	900000	450000	450000	450000	450000	8250000	8250000
2025-10-01	2025-10-31	920000	920000	460000	460000	460000	460000	8710000	8710000
2025-11-01	2025-11-30	950000	950000	475000	475000	475000	475000	9185000	9185000
2025-12-01	2025-12-31	980000	980000	490000	490000	490000	490000	9675000	9675000
2026-01-01	2026-01-31	1000000	1000000	500000	500000	500000	500000	10175000	10175000
2026-02-01	2026-02-28	1020000	1020000	510000	510000	510000	510000	10685000	10685000
2026-03-01	2026-03-31	1050000	1050000	525000	525000	525000	525000	11210000	11210000
2026-04-01	2026-04-30	1080000	1080000	540000	540000	540000	540000	11750000	11750000
2026-05-01	2026-05-31	1100000	1100000	550000	550000	550000	550000	12300000	12300000
2026-06-01	2026-06-30	1120000	1120000	560000	560000	560000	560000	12860000	12860000
2026-07-01	2026-07-31	1150000	1150000	575000	575000	575000	575000	13435000	13435000
2026-08-01	2026-08-31	1180000	1180000	590000	590000	590000	590000	14025000	14025000
2026-09-01	2026-09-30	1200000	1200000	600000	600000	600000	600000	14625000	14625000
2026-10-01	2026-10-31	1220000	1220000	610000	610000	610000	610000	15235000	15235000
2026-11-01	2026-11-30	1250000	1250000	625000	625000	625000	625000	15860000	15860000
2026-12-01	2026-12-31	1280000	1280000	640000	640000	640000	640000	16500000	16500000
2027-01-01	2027-01-31	1300000	1300000	650000	650000	650000	650000	17150000	17150000
2027-02-01	2027-02-28	1320000	1320000	660000	660000	660000	660000	17810000	17810000
2027-03-01	2027-03-31	1350000	1350000	675000	675000	675000	675000	18485000	18485000
2027-04-01	2027-04-30	1380000	1380000	690000	690000	690000	690000	19175000	19175000
2027-05-01	2027-05-31	1400000	1400000	700000	700000	700000	700000	19875000	19875000
2027-06-01	2027-06-30	1420000	1420000	710000	710000	710000	710000	20585000	20585000
2027-07-01	2027-07-31	1450000	1450000	725000	725000	725000	725000	21310000	21310000
2027-08-01	2027-08-31	1480000	1480000	740000	740000	740000	740000	22050000	22050000
2027-09-01	2027-09-30	1500000	1500000	750000	750000	750000	750000	22800000	22800000
2027-10-01	2027-10-31	1520000	1520000	760000	760000	760000	760000	23560000	23560000
2027-11-01	2027-11-30	1550000	1550000	775000	775000	775000	775000	24335000	24335000
2027-12-01	2027-12-31	1580000	1580000	790000	790000	790000	790000	25125000	25125000
2028-01-01	2028-01-31	1600000	1600000	800000	800000	800000	800000	25925000	25925000
2028-02-01	2028-02-28	1620000	1620000	810000	810000	810000	810000	26735000	26735000
2028-03-01	2028-03-31	1650000	1650000	825000	825000	825000	825000	27560000	27560000
2028-04-01	2028-04-30	1680000	1680000	840000	840000	840000	840000	28400000	28400000
2028-05-01	2028-05-31	1700000	1700000	850000	850000	850000	850000	29250000	29250000
2028-06-01	2028-06-30	1720000	1720000	860000	860000	860000	860000	30110000	30110000
2028-07-01	2028-07-31	1750000	1750000	875000	875000	875000	875000	30985000	30985000
2028-08-01	2028-08-31	1780000	1780000	890000	890000	890000	890000	31875000	31875000
2028-09-01	2028-09-30	1800000	1800000	900000	900000	900000	900000	32775000	32775000
2028-10-01	2028-10-31	1820000	1820000	910000	910000	910000	910000	33685000	33685000
2028-11-01	2028-11-30	1850000	1850000	925000	925000	925000	925000	34610000	34610000
2028-12-01	2028-12-31	1880000	1880000	940000	940000	940000	940000	35550000	35550000
2029-01-01	2029-01-31	1900000	1900000	950000	950000	950000	950000	36500000	36500000
2029-02-01	2029-02-28	1920000	1920000	960000	960000	960000	960000	37460000	37460000
2029-03-01	2029-03-31	1950000	1950000	975000	975000	975000	975000	38435000	38435000
2029-04-01	2029-04-30	1980000	1980000	990000	990000	990000	990000	39425000	39425000
2029-05-01	2029-05-31	2000000	2000000	1000000	1000000	1000000	1000000	40425000	40425000
2029-06-01	2029-06-30	2020000	2020000	1010000	1010000	1010000	1010000	41435000	41435000
2029-07-01	2029-07-31	2050000	2050000	1025000	1025000	1025000	1025000	42460000	42460000
2029-08-01	2029-08-31	2080000	2080000	1040000	1040000	1040000	1040000	43500000	43500000
2029-09-01	2029-09-30	2100000	2100000	1050000	1050000	1050000	1050000	44550000	44550000
2029-10-01	2029-10-31	2120000	2120000	1060000	1060000	1060000	1060000	45610000	45610000
2029-11-01	2029-11-30	2150000	2150000	1075000	1075000	1075000	1075000	46685000	46685000
2029-12-01	2029-12-31	2180000	2180000	1090000	1090000	1090000	1090000	47775000	47775000
2030-01-01	2030-01-31	2200000	2200000	1100000	1100000	1100000	1100000	48875000	48875000
2030-02-01	2030-02-28	2220000	2220000	1110000	1110000	1110000	1110000	49985000	49985000
2030-03-01	2030-03-31	2250000	2250000	1125000	1125000	1125000	1125000	51110000	51110000
2030-04-01	2030-04-30	2280000	2280000	1140000	1140000	1140000	1140000	52250000	52250000
2030-05-01	2030-05-31	2300000	2300000	1150000	1150000	1150000	1150000	53400000	53400000
2030-06-01	2030-06-30	2320000	2320000	1160000	1160000	1160000	1160000	54560000	54560000
2030-07-01	2030-07-31	2350000	2350000	1175000	1175000	1175000	1175000	55735000	55735000
2030-08-01	2030-08-31	2380000	2380000	1190000	1190000	1190000	1190000	56925000	56925000
2030-09-01	2030-09-30	2400000	2400000	1200000	1200000	1200000	1200000	58125000	58125000
2030-10-01	2030-10-31	2420000	2420000	1210000	1210000	1210000	1210000	59335000	59335000
2030-11-01	2030-11-30	2450000	2450000	1225000	1225000	1225000	1225000	60560000	60560000
2030-12-01									

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Financial Statement Analysis - Q3 2024									
Company		Revenue		Profit		Market		Growth	
Symbol	Industry	Q3 2024	YTD 2024	Q3 2024	YTD 2024	Cap. Mkt.	Vol. Mkt.	QoQ %	YoY %
MSFT	Technology	10000000000	30000000000	2500000000	7500000000	150000000000	12000000000	5.2%	12.1%
GOOGL	Technology	9500000000	28000000000	2300000000	7000000000	140000000000	11000000000	4.8%	11.5%
AMZN	Technology	9000000000	27000000000	2200000000	6800000000	130000000000	10000000000	5.5%	13.0%
FB	Technology	8500000000	25000000000	2100000000	6500000000	120000000000	9000000000	4.5%	10.8%
APPL	Technology	8000000000	24000000000	2000000000	6300000000	110000000000	8000000000	5.0%	11.2%
BRK.A	Finance	7500000000	22000000000	1900000000	6000000000	100000000000	7000000000	3.8%	9.5%
WMT	Retail	7000000000	21000000000	1800000000	5800000000	90000000000	6000000000	4.0%	10.0%
DIS	Media	6500000000	20000000000	1700000000	5600000000	80000000000	5000000000	3.5%	9.0%
CRM	Software	6000000000	19000000000	1600000000	5400000000	70000000000	4000000000	4.2%	10.5%
ORCL	Software	5500000000	18000000000	1500000000	5200000000	60000000000	3000000000	3.9%	9.8%
IBM	Software	5000000000	17000000000	1400000000	5000000000	50000000000	2000000000	3.6%	9.2%
INTC	Software	4500000000	16000000000	1300000000	4800000000	40000000000	1000000000	3.3%	8.8%
QCOM	Software	4000000000	15000000000	1200000000	4600000000	30000000000	1000000000	3.7%	9.5%
TXN	Software	3500000000	14000000000	1100000000	4400000000	20000000000	1000000000	3.4%	9.1%
ADBE	Software	3000000000	13000000000	1000000000	4200000000	10000000000	1000000000	3.1%	8.7%
SNOW	Software	2500000000	12000000000	900000000	4000000000	5000000000	1000000000	2.9%	8.4%
NET	Software	2000000000	11000000000	800000000	3800000000	4000000000	1000000000	2.7%	8.1%
PLTR	Software	1500000000	10000000000	700000000	3600000000	3000000000	1000000000	2.5%	7.8%
DOCU	Software	1000000000	9000000000	600000000	3400000000	2000000000	1000000000	2.3%	7.5%
OKTA	Software	500000000	8000000000	300000000	3200000000	1000000000	1000000000	2.1%	7.2%
SPOT	Media	400000000	7000000000	200000000	3000000000	500000000	1000000000	1.9%	6.9%
ROST	Retail	300000000	6000000000	150000000	2800000000	400000000	1000000000	1.7%	6.6%
ETSY	Retail	200000000	5000000000	100000000	2600000000	300000000	1000000000	1.5%	6.3%
EBAY	Retail	100000000	4000000000	50000000	2400000000	200000000	1000000000	1.3%	6.0%
WYNN	Gaming	50000000	3000000000	25000000	2200000000	100000000	1000000000	1.1%	5.7%
SGA	Gaming	40000000	2000000000	20000000	2000000000	80000000	1000000000	0.9%	5.4%
WDC	Storage	30000000	1000000000	15000000	1800000000	60000000	1000000000	0.7%	5.1%
STX	Logistics	20000000	800000000	10000000	1600000000	40000000	1000000000	0.5%	4.8%
JBHT	Logistics	10000000	600000000	5000000	1400000000	20000000	1000000000	0.3%	4.5%
UPS	Logistics	5000000	400000000	2500000	1200000000	10000000	1000000000	0.1%	4.2%
FEDEX	Logistics	4000000	300000000	2000000	1000000000	8000000	1000000000	0.1%	4.0%
UNITED	Airlines	3000000	200000000	1500000	800000000	6000000	1000000000	0.1%	3.8%
AA	Airlines	2000000	100000000	1000000	600000000	4000000	1000000000	0.1%	3.5%
DL	Airlines	1000000	50000000	500000	400000000	2000000	1000000000	0.1%	3.2%
UAL	Airlines	500000	20000000	250000	200000000	1000000	1000000000	0.1%	3.0%
SWIRL	Food	400000	10000000	200000	150000000	800000	1000000000	0.1%	2.8%
CHS	Food	300000	8000000	150000	120000000	600000	1000000000	0.1%	2.5%
ADM	Food	200000	6000000	100000	100000000	400000	1000000000	0.1%	2.2%
ARCR	Food	100000	4000000	50000	80000000	200000	1000000000	0.1%	2.0%
CHW	Food	50000	2000000	25000	60000000	100000	1000000000	0.1%	1.8%
CHS	Food	40000	1500000	20000	50000000	80000	1000000000	0.1%	1.5%
CHS	Food	30000	1000000	15000	40000000	60000	1000000000	0.1%	1.2%
CHS	Food	20000	800000	10000	30000000	40000	1000000000	0.1%	1.0%
CHS	Food	10000	600000	5000	20000000	20000	1000000000	0.1%	0.8%
CHS	Food	5000	400000	2500	15000000	10000	1000000000	0.1%	0.5%
CHS	Food	4000	300000	2000	10000000	8000	1000000000	0.1%	0.3%
CHS	Food	3000	200000	1500	8000000	6000	1000000000	0.1%	0.1%
CHS	Food	2000	150000	1000	6000000	4000	1000000000	0.1%	0.1%
CHS	Food	1000	100000	500	4000000	2000	1000000000	0.1%	0.1%
CHS	Food	500	50000	250	2000000	1000	1000000000	0.1%	0.1%
CHS	Food	400	40000	200	1500000	800	1000000000	0.1%	0.1%
CHS	Food	300	30000	150	1000000	600	1000000000	0.1%	0.1%
CHS	Food	200	20000	100	800000	400	1000000000	0.1%	0.1%
CHS	Food	100	10000	50	600000	200	1000000000	0.1%	0.1%
CHS	Food	50	5000	25	400000	100	1000000000	0.1%	0.1%
CHS	Food	40	4000	20	300000	80	1000000000	0.1%	0.1%
CHS	Food	30	3000	15	200000	60	1000000000	0.1%	0.1%
CHS	Food	20	2000	10	150000	40	1000000000	0.1%	0.1%
CHS	Food	10	1000	5	100000	20	1000000000	0.1%	0.1%
CHS	Food	5	500	2	50000	10	1000000000	0.1%	0.1%
CHS	Food	4	400	2	40000	8	1000000000	0.1%	0.1%
CHS	Food	3	300	1	30000	6	1000000000	0.1%	0.1%
CHS	Food	2	200	1	20000	4	1000000000	0.1%	0.1%
CHS	Food	1	100	0	10000	2	1000000000	0.1%	0.1%
CHS	Food	0	0	0	0	0	1000000000	0.1%	0.1%

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Cover Page

HIOS Issuer ID: 31609

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

This single PDF file contains three 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

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 1/1/2022. 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 of inpatient hospital services for these plans differs by facility and professional claims. Inpatient hospital services account for about 21% of allowed costs in the AV calculation.

The cost-sharing for laboratory outpatient and professional services varies by site of service. Laboratory outpatient and professional services account for roughly 3% of allowed costs in the AV calculation.

The outpatient facility fee cost-sharing for 31609PA0070003 and 31609PA0190003 varies by site of service. Services have different coinsurances for a free-standing facility setting and a hospital setting. Outpatient facility fee accounts for roughly 14% of allowed costs in the AV calculation.

The cost sharing of primary care for these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 3% of allowed costs in the AV calculation.

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

The cost-sharing for occupational and physical therapy for 31609PA0190002, 31609PA0070002, 31609PA0190003, 31609PA0070003 varies by site of service. Occupational and physical therapy accounts for roughly 2% of allowed costs in the AV calculation.

The cost-sharing for x-rays and diagnostic imaging for 31609PA0190002, 31609PA0070002, 31609PA0190003, 31609PA0070003 varies by site of service. X-rays and diagnostic imaging accounts for roughly 4% of allowed costs in the AV calculation.

The cost-sharing for imaging (CT/PET scans, MRIs) varies by site of service. Imaging accounts for roughly 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 laboratory (for plans with no deductible), x-rays, imaging, inpatient hospital cost-sharing, and outpatient facility site of service cost-sharing.

Method 156.135(b)(3) was used for laboratory site of service cost-sharing (for plans with deductibles).

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:

We used our commercial PPO and HMO data incurred between July 2019 and June 2020.

For the freestanding and hospital utilization data for outpatient facility, we used our commercial PPO and HMO data incurred between July 2019 and June 2020.

For the freestanding and hospital utilization data for laboratory services, we used our commercial PPO data incurred between July 2019 and June 2020.

For the physical therapy and radiology site-of-service utilization, we used our commercial PPO data incurred between July 2019 and June 2020.

However, due to COVID-19's disruption on utilization patterns and with the 2022 AV calculator being unchanged from the 2021 AV calculator, we have decided to use last year's assumptions.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2020 and December 2020.

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

Combination of Copays for Primary Care and Specialist

Primary Care Copay Differential

For primary care, our recent data indicated that 85% of utilization came from office visits in person and 15% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

HIOS_ID	Cost - sharing		AV Input
	PCP	Virtual PCP	
31609PA0190002, 31609PA0070002	\$30	\$20	\$ 28.50
31609PA0190003, 31609PA0070003	\$30	\$20	\$ 28.50
31609PA0190003-04	\$30	\$20	\$ 28.50
31609PA0190003-05	\$25	\$20	\$ 24.25
31609PA0190003-06	\$5	\$0	\$ 4.25
31609PA0190004, 31609PA0070004	\$50	\$35	\$ 47.75

Specialist Copay Differential

For specialist visits, our recent data indicated that 90% of utilization came from office visits in person and 10% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

HIOS_ID	Cost - sharing		AV Input
	SP	Virtual SP	
31609PA0190002, 31609PA0070002	\$65	\$45	\$ 63.00
31609PA0190003, 31609PA0070003	\$70	\$50	\$ 68.00
31609PA0190003-04	\$70	\$50	\$ 68.00
31609PA0190003-05	\$50	\$35	\$ 48.50
31609PA0190003-06	\$10	\$5	\$ 9.50

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.

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

AVC Continuation Table	Gold
PMPY for IP	\$1,516
Admit PMPY	0.06
Claim per Admit	\$23,897
Average LOS (days)	4.6
Effective Copay Factor for 5-days	0.46

Assumption from Data	
% Facility Cost	84%
% Professional Cost	16%

Calculations	
Professional Claim per Admit	\$3,823
Professional Claim per Day	\$824
Equiv. Copay per Day no max	\$165
Equiv. Copay per Day, 5-day max	\$356
Total Copay per Day, 5-day max	\$1,106

Combination of Coinsurance for IP Hospital

The coinsurance for inpatient hospital facility claims were blended with the coinsurance on professional claims to calculate equivalent coinsurance for inpatient claims. Based on our data, we assumed that 84% of the cost was from facility claims and the remaining 16% was from professional claims.

HIOS IDs	31609PA0070003, 31609PA0190003	31609PA0070004, 31609PA0190004
Facility	25%	25%
Professional	30%	50%
Blend	74.2%	71.0%

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the facility and professional inpatient coinsurances. They are included in this justification solely because their standard component is a unique plan design, and the Plans and Benefits template required indicating the same for these cost sharing variations. 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 20% of units are at a hospital setting with an average unit cost of \$53.60, while 80% of units are at a freestanding setting with an average unit cost of \$20.16. Taking a weighted average of a 50% issuer coinsurance applied to \$53.60 and a 100% issuer coinsurance applied to \$20.16 produced an average issuer paid amount of \$21.21 out of an average cost of \$25.44, giving an effective issuer coinsurance of 83.37% 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
Hospital	50.0%
ASC	70.0%
Blend	54.0%

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the hospital and ambulatory surgery center coinsurances. They are included in this justification solely because their standard component is a unique plan design, and the Plans and Benefits template required indicating the same for these cost-sharing variations. In fact, the actual benefit coinsurance amounts were entered directly into the AV calculator.

Occupational and Physical Therapy Site-of-service Differential

For the physical therapy site of service cost-sharing, our recent data indicated that 88% 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 45% 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 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.

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

For the imaging site of service cost-sharing, our recent data indicated that 45% 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 25% 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
31609PA0190002, 31609PA0070002	Phys. Ther.	\$65	\$95	\$68.60
	X-rays	\$60	\$90	\$76.50
	Imaging	\$120	\$160	\$142.00
31609PA0190003, 31609PA0070003	Phys. Ther.	\$70	\$100	\$73.60
	X-rays	30%	50%	54%
	Imaging	30%	50%	55%

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: _____ 5/14/2021

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 1/1/2022. 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):

31609PA0160006, 31609PA0180005 exempt the first three outpatient mental health visits from the deductible. It has an outpatient mental health copay of \$20 for the first three visits without applying the copays to the deductible. Beyond three visits, outpatient mental health is covered 100% after the deductible.

31609PA0180001, 31609PA0160001 exempt the first three outpatient mental health visits from the deductible. It has an outpatient mental health copay of \$50 for the first three visits without applying the copays to the deductible. Beyond three visits, outpatient mental health is covered 100% after the deductible.

Outpatient mental health accounts for about 2% of allowed costs in the AV calculation.

The cost sharing of primary care for these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 3% 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 outpatient mental health 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:***OP Surgery Copay/Coinsurance:***

For the outpatient mental health utilization data, we used our commercial PPO data incurred between July 2019 and June 2020.

However, due to COVID-19's disruption on utilization patterns and with the 2022 AV calculator being unchanged from the 2021 AV calculator, we have decided to use last year's assumptions.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2020 and December 2020.

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:

Using the bronze continuance table in the Final 2022 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 \$20 or \$50 depending on a plan for the first three visits times the proportion of visits within the first three visits, which according to our experienced period between July 2019 and June 2020 for commercial PPO is 12.48%, and the average cost per service from the AV Calculator times the remaining proportion of visits.

	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001
Cost per Visit	\$98.50	\$98.50
Copay for Visits 1-3:	\$20.00	\$50.00
Visits 1-3 Proportion:	12.48%	12.48%
Eff. Member Copay	\$88.70	\$92.43

Primary Care Copay Differential

For primary care, our recent data indicated that 85% of utilization came from office visits in person and 15% 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
31609PA0180005, 31609PA0160006	\$20	\$15	\$ 19.25
31609PA0180001, 31609PA0160001	\$50	\$35	\$ 47.75

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: _____ 5/14/2021

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): 31609PA0160007, 31609PA0180007

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 1/1/2022. 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 of inpatient hospital services for these plans differs by facility and professional claims. Inpatient hospital services account for about 21% of allowed costs in the AV calculation.

The cost-sharing for laboratory outpatient and professional services varies by site of service. Lab work done at the office or a free-standing facility has zero cost-sharing, and lab work done by a hospital has 50% coinsurance. Laboratory outpatient and professional services account for roughly 3% of allowed costs in the AV calculation.

The cost-sharing for occupational and physical therapy varies by site of service. Occupational and physical therapy accounts for roughly 2% of allowed costs in the AV calculation.

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

The cost-sharing for imaging (CT/PET scans, MRIs) varies by site of service. Imaging accounts for roughly 2% of allowed costs in the AV calculation.

The cost sharing of primary care for these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 3% of allowed costs in the AV calculation.

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

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

Method 156.135(b)(2) was used for laboratory (for plans with no deductible), x-rays, imaging, inpatient hospital cost-sharing, and outpatient facility site of service 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:

We used our commercial PPO and HMO data incurred between July 2019 and June 2020.

For the freestanding and hospital utilization data for laboratory services, we used our commercial PPO data incurred between July 2019 and June 2020.

For the physical therapy and radiology site-of-service utilization, we used our commercial PPO data incurred between July 2019 and June 2020.

However, due to COVID-19's disruption on utilization patterns and with the 2022 AV calculator being unchanged from the 2021 AV calculator, we have decided to use last year's assumptions.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2020 and December 2020.

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

Combination of Copays for Primary Care and Specialist

Primary Care Copay Differential

For primary care, our recent data indicated that 85% of utilization came from office visits in person and 15% 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		AV Input
	PCP	Virtual PCP	
31609PA0180005, 31609PA0160006	\$35	\$25	\$ 33.50

Specialist Copay Differential

For specialist visits, our recent data indicated that 90% of utilization came from office visits in person and 10% 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		AV Input
	SP	Virtual SP	
31609PA0190002, 31609PA0070002	\$65	\$45	\$ 63.00

Combination of Coinsurance for IP Hospital

The coinsurance for inpatient hospital facility claims were blended with the coinsurance on professional claims to calculate equivalent coinsurance for inpatient claims. Based on our data, we assumed that 84% of the cost was from facility claims and the remaining 16% was from professional claims.

HIOS IDs	31609PA0160007, 31609PA0180007	
	Facility	25%
	Professional	20%
Blend		75.8%

Laboratory Site-of-service Differential for Plans with No Deductible

For the lab site of service cost-sharing, our recent data suggested that 20% of units are at a hospital setting with an average unit cost of \$53.60, while 80% of units are at a freestanding setting with an average unit cost of \$20.16. Taking a weighted average of a 50% issuer coinsurance applied to \$53.60 and a 100% issuer coinsurance applied to \$20.16 produced an average issuer paid amount of \$21.21 out of an average cost of \$25.44, giving an effective issuer coinsurance of 83.37% which was entered into the AV calculator.

Occupational and Physical Therapy Site-of-service Differential

For the physical therapy site of service cost-sharing, our recent data indicated that 88% 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 45% 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 Copay Differential

For the imaging site of service cost-sharing, our recent data indicated that 45% 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.

		Cost-sharing		
HIOS ID	Service Type	Preferred Site	Non-preferred Site	AV Input
31609PA0180007, 31609PA0160007	Phys. Ther.	\$65	\$95	\$68.60
	X-rays	\$60	\$90	\$76.50
	Imaging	\$120	\$160	\$142.00

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: 5/14/2021

AV screenshots redacted.

A Reinsurance Morbidity Adjustment of 0.999 was used as requested in the guidance.
An Individual Morbidity Adjustment of 1.01 was used as requested in the guidance.
A COVID-19 Morbidity Adjustment of 1.052 was used in the rate calculation.

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.

	2021 Filing	2022 Filing	Change
Age Factor	1.720	1.721	1.000
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.014	1.004	0.991
Total change			0.991

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	1.029
	EPO	0.978

REDACTION JUSTIFICATION

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 7 and 8)

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

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

Cover Letter

Redacted names and contact information (page 2)

AV Screenshots

Entire File Redacted

Unique AV Justification file

Redacted name of opining actuary (pages 7, 19, and 27)

Redacted AV Screenshots (pages 8-16, 20-23, and 28-29)


2021 and 2022 Service Area


Issuer: QCC Insurance Company

Market: Individual



Key (*modify as needed*)

 : On-exchange service area

 : Off-exchange only service area

The following questions were provided by the Department’s consulting actuary:

1. The following questions are related to the projected risk adjustment transfer amount:

- a. Please explain and provide the quantitative development of the projected risk adjustment transfer amount PMPM equal to \$62.00.**

The calculation is shown on Tab Q1a of the “QCC Consumer Response to June 10 Obj” excel worksheet.

- b. Please compare the projected 2022 risk adjustment transfer amount PMPM to the anticipated 2020 risk adjustment transfer amount PMPM, identifying the specific driver(s) of any differences between the two values and providing detailed support for those differences.**

We request that this response be deferred until the updated 2020 risk adjustment is released.

2. The following questions are related to the proposed annual trend rate included in the filing:

- a. Please provide the actual observed trends based on historical allowed claims experience for each benefit category as well as in aggregate for years 2018, 2019, 2020, and 2021 (year to date). We realize 2021 trends will be partially based on estimated claim costs. In providing your response, for each calendar year, provide the total member months, allowed claims, and any normalization adjustments that should be applied to the claims experience. Please provide both raw and COVID-19 adjusted values for 2020 and 2021, as applicable.**

We have added historical trend information in Tab Q2 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

- b. Please compare the proposed annual trend rate to the actual observed trend rates per your response above. To the extent they are significantly different, please explain and justify why it is reasonable that they should be different.**

Please refer to Tab Q2 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

- c. Please provide qualitative and quantitative support for the additional 2.8% adjustment to account for higher claims in 2022 related to COVID-related expenses and claims delayed from 2020 and 2021 due to the pandemic. If external studies were utilized to develop the 2.8% assumption, please provide specific references to those studies that were utilized. Further, please clarify whether the additional 2.8% adjustment is on an annual basis (e.g., an additional 2.8% was added to the base annual trend rate) or cumulative (e.g., an additional 1.4% was added to the base annual trend rate).**

The 2.8% is our projected increase from 2021 to 2022 for additional costs related to COVID-19 going forward. These include costs related to care for new variants, further incidence in the unvaccinated population, and the excess costs for care that has been delayed in 2020 and 2021. The 2.8% is not applied to two years’ of trend as it reflects increases from 2021 to 2022.

- 3. The filing documents indicate that morbidity was increased by an additional 5.2% to account for the impact of COVID-19 on overall projected claims. Please provide both qualitative and**

quantitative support for this increase, including a numerical development of the adjustment and detailed description of the methodology that was utilized in calculating it.

Please refer to the information in Tab Q3 of the “QCC Consumer Response to June 10 Obj” excel worksheet. This illustrates the impact compared to normal claim levels in 2020 related to the pandemic. For the year 2020, this was 5.2%. The additional 5.2% applied to morbidity is the return to normal pre-COVID-19 claim levels for 2021.

- 4. Please provide support for and demonstrate the numerical development of the change in network factor as reported on the ‘Rate Development & Change’ tab of the PA Rate Template.**

To be more consistent with our pricing methodology we have created Manual Data by pooling the experience of QCC with KHPE, as our companies are offering coverage to exactly the same populations geographically and customers may choose to enroll in plans from either entity. The pooling results in less difference and volatility in the claim trend rates between QCC and KHPE when kept separate. The network factor includes an adjustment that results in the appropriate rate differential between QCC and KHPE plans.

It is unlikely that this factor will remain constant over time, due to the impact of Risk Adjustment, as well as the mixes of the different provider networks offered by the two entities. A summary of the factors is shown on Tab Q4 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

- 5. Please provide an explanation and exhibit supporting the numerical development of the projected 2022 MLR that shows compliance with the 80% minimum MLR. Include all components of the numerator and denominator, and indicate how components not already supported were determined.**

The calculation of the MLR is shown on Tab Q5 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

- 6. As indicated in Item 14 of the Revisions section of the guidance, the Department requests an MLR comparison between the actual and pricing values for the most recent 3 calendar years of complete data (I.e. 2017-2019 for plan year 2022). Section E, Item #3 of the guidance describes the requested information that should be included in the actuarial memorandum. Please provide the requested comparison of the projected vs. actual MLR for each of calendar years 2017, 2018, and 2019.**

Please refer to Tab Q6 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

- 7. For each month between January 2021 and the most recent date available (e.g., June 11, 2021), please provide the average count of Individual ACA enrollment, split by On-Exchange APTC, On-Exchange non-APTC, and Off-Exchange members. Please provide the enrollment data for each available month separately.**

Please see tab Q7 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

- 8. For the On-Exchange non-APTC members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.**

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Response Date June 22, 2021

We fully expect that all of the On-Exchange non-APTC members eligible to take advantage of potential subsidies enhanced through ARPA will do so. The Pennie website provides guidance to allow them to receive the subsidy.

- 9. For the Off-Exchange members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.**

Please see tab Q9 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

The following questions are based on the Department’s review:

- 10. Please confirm that you have tested to ensure that the rates in Table 11 of the PA AM Exhibits, PA Plan Design Summary and Rate Table, Federal Rates Template, and binder are identical.**

We tested the rates in the exhibits and rate tables to assure that they were identical.

- 11. Please provide an exhibit that quantitatively shows a comparison of the actual to projected claim cost PMPMs for calendar years 2017-2020, as applicable.**

Please refer to Tab Q2 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

- 12. The requested trend for this filing is above the average for all Pennsylvania issuers in this market. Please provide a short list of bullet points that discuss the main causes/drivers of this higher-than-average trend.**

Our trend is based on our projections for 2022 costs and includes both unit cost and utilization assumptions, as it does in other years. However, with calendar year 2020 being the experience period and what trend is applied to, it is not unexpected that there are differences in insurers. Different insurers may have been affected by COVID-19 to different degrees, which affects the 2020 experience period, and their projection for “return to normal” may be different than others’. In addition to the COVID impact differences, the Philadelphia market is significantly more expensive than the PA statewide market and also trends at a different rate.

- 13. As stated in Item 12 of the Revisions section of the guidance, the Department requested a detailed explanation and support for any adjustments to the experience data, and/or projected data due to the impact of COVID. This explanation should be included in the actuarial memorandum. More detail is provided in Section D, Part 2a of the guidance.**

In Section 2.A. of the Actuarial Memorandum, the “COVID-19” impact section discusses our assumptions for the impact on COVID-19, including the additional cost to return to more typical claim levels and the projected impact on claims beginning in 2022. We have also included additional information in Tab Q3 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

- 14. Please provide the quantitative impact and a narrative description of all significant factors driving the proposed rate increase. As an example, these factors could include:**
- Single risk pool experience which is more adverse than that assumed in the current rates
 - Medical inflation

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- **Increased utilization**
- **Prospective changes to benefits covered by the product or successor products**
- **New taxes and fees imposed on the issuer**
- **Anticipated changes in the average morbidity of the covered population that is market-wide, as opposed to issuer specific morbidity that is reflected in risk adjustment**

Please see tab Q14 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

- 15. Please reconcile the ultimate incurred claims and allowed claims between the rate exhibits and URRT; the difference appears to be the Total Prescription Drug Rebates and Total EHB Capitation amounts shown in cell I36 and J36 of the Data tab of the rate exhibits.**

The amounts reconcile as indicated in this question. Please note that the Allowed Claims in Cell F14 of Section 1 of Worksheet 1 of the URRT Part I are equal to the amount in Cell M37 of Table 2 in Tab I Data of the Actuarial Memorandum Rate Exhibits.

- 16. Please provide an explanation and support for the development of the administrative expense load shown in the actuarial memorandum and Table 6, including general and claims expenses and agent/broker fees and commissions.**

Please see tab Q16 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

- 17. The administrative expenses assumed in this filing are above average among Pennsylvania issuers in this market. Please provide a short list of bullet points that discuss the main causes/drivers of this higher-than-average expense load.**

The costs for operating in the Philadelphia market are higher than costs in the rest of the state. This is reflected in our administrative costs as well.

- 18. Please provide quantitative development and support of each component of the following adjustments included in Table 5 of the PA Rate Template, for both the experience and manual rate.**

- a. Change in Morbidity – All Other**
- b. Change in Demographics**
- c. Change in Network; indicate the methodology and assumptions used to determine each of the two components of the change in network factor calculation (i.e. a constant for the market and a factor to regulate the relationship between KHPE and QCC).**

Please see tab Q18 of the “QCC Consumer Response to June 10 Obj” excel worksheet. These values show the calculation of the values in Column C of Table 5. The values in Column D are blended with the values from KHPE, plus the network factor includes the adjustment to result in the appropriate rate differential between QCC and KHPE plans.

As noted in Q4, it is unlikely that this factor will remain constant over time, due to the impact of Risk Adjustment, as well as the mixes of the different provider networks offered by the two entities.

- 19. Please provide an explanation for the large differences that are shown for several plans between the Metallic Tier AV (Column H) and the Pricing AV (Column K) in Table 10.**

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The metal AV is to determine compliance with Actuarial Value and is not a Pricing AV. 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. This means that 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.

20. Please provide an exhibit that demonstrates that the criteria for the expanded bronze plans has been met.

Please see tab Q20 of the “QCC Consumer Response to June 10 Obj” excel worksheet.

21. Per the Pennsylvania Final Rate Filing Guidance, it is anticipated that the profit listed in Table 6 will be an after-tax amount; therefore, the federal income tax percentage of 0.42% shown in Table 6 in cell C57 is understated. Given that the profit of 2% is an after-tax profit, please either update the estimated federal income tax percentage to 0.5316456% if the company wishes to assume an after-tax profit of 2.0%, or revise the after-tax profit to 1.58% if the company wishes to maintain its current federal income tax assumption of 0.42%, and update all exhibits and documents that are impacted by a change in the federal income tax or profit assumption.

We have revised the profit and federal income tax in Tables 6 and 10 to allocate correctly between the two entries. From the combined total of 2.42%, we attributed 0.5082% to federal income tax (21% of the total) and the remaining 1.9118% to profit (79% of the total). The resulting rates are unchanged.

22. Please provide the methodology and assumptions used to determine the impact of the American Rescue Plan on the company’s projected morbidity and overall rating methodology and assumptions for plan year 2022, if any, including where in the rating methodology this impact is reflected.

We do not anticipate significant morbidity nor impacts to the rating methodology in 2022 due to ARP. Since the ARP affected 2021 enrollment as well, we are anticipating similar enrollment in 2022 as we saw in 2021 after the passage of the ARP.

23. The Department estimates a user fee of 3% for individual business, pro-rated to reflect the proportion of the total business issued on exchange. Please a worksheet showing the methodology and assumptions used to determine the exchange user fee of \$16.33 pmpm in Table 5, cell C32, as this number is hard-coded.

The calculation is shown on Tab Q23 of the “QCC Consumer Response to June 10 Obj” excel worksheet. We are anticipating that about 90% of enrollees will purchase On-Exchange coverage, which is reflected in the calculation. There is a small difference due to the calculation originally being before we completed our Actuarial Memo Rate Exhibits. We are justifying the data from the Rate Exhibits which produced a slightly different result.

24. In instances where the CSR adjustment does not appear to be consistent with the metal level and exchange status of the plan, please provide an explanation for the non-funding of CSR adjustment factor shown in Column P of Table 10. If identical plans are being offered on and off exchange, indicate why this is preferable to a single plan offered on/off exchange.

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Plan 31609PA0190003 is the off-exchange version of Plan 31609PA0070003 and is rated consistently. The benefits in the on and off-exchange versions are identical with the exception of an elective abortion benefit contained in the off-exchange version. We followed guidance from CMS in filing them with separate HIOS ID numbers.

Metal	BMMO	PLRS	ARF	GCF	IDF	AV	Product w Risk	Product w/o Risk	
Plat	-								
Gold	82,296	3.006	1.606		1.031	1.080	0.800	3.346	1.430
Silver	53,604	2.386	1.715		1.031	1.030	0.700	2.533	1.275
Bronze	364,236	0.990	1.748		1.031	1.000	0.600	1.020	1.081
Total	500,136	1.471	1.721		1.031	1.016	0.644	1.565	1.159
Est. StateWide Average		1.477	\$ 546.59	1.81	1.00	1.033	0.695	1.526	1.297

62.00

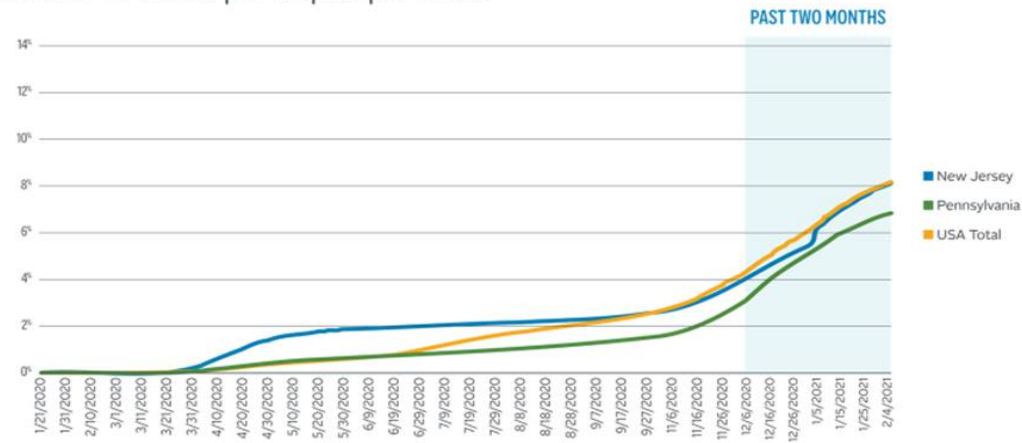
Entity - Unit cost trends (2a)	Segment	2018	2019	2020	2021
CommI QCC - Consumer					
	Inpatient	2.7%	3.2%	3.9%	3.0%
	Outpatient	1.9%	2.7%	2.6%	2.5%
	Professional	1.7%	1.7%	2.1%	2.5%
	Total	1.9%	2.3%	2.8%	2.7%

QCC Consumer - Actual (2b)

Member Months		PMPM Premium	PMPM Allowed Claims	PMPM Incurred Claims	Premium Trend	Allowed Claims Trend	Incurred Claims Trend	MAIR	
2017	591,059	\$ 558.04	\$ 645.76	\$ 536.84				\$ 704.82	
2018	461,347	\$ 749.36	\$ 725.11	\$ 605.44	34.28%	12.29%	12.78%	\$ 751.14	6.57%
2019	466,084	\$ 653.59	\$ 628.27	\$ 510.33	-12.78%	-13.36%	-15.71%	\$ 760.28	1.22% <- Membership differences
2020	468,369	\$ 645.90	\$ 579.89	\$ 492.37	-1.18%	-7.70%	-3.52%	\$ 757.47	-0.37% <- Membership differences

2020 COVID-19 Directly related claims

COVID-19 Cases per Capita per State



Sources: State and local health agencies

4

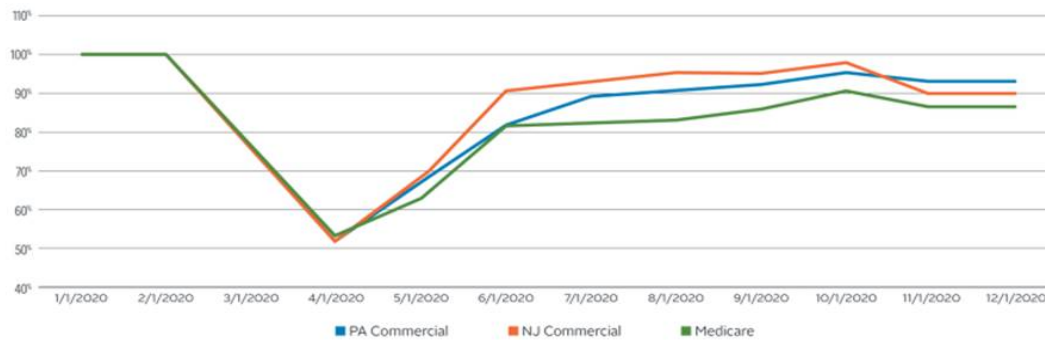
2020 Experience

COVID Adjustment by Month

Jan	0.00%
Feb	0.00%
Mar	-14.60%
April	-25.60%
May	-16.80%
June	-8.50%
July	-6.80%
Aug	-2.50%
Sep	1.10%
Oct	3.10%
Nov	4.00%
Dec	4.10%
	-5.20% <- Total

Avoided and Deferred Care: 2020

% of Normal Paid Claims



5

Data from Tables 5 and 10 of the Actuarial Memo Rate Exhibits

<u>Consumer</u>					
	<u>Projected Lives</u>	<u>Age 21 rate</u>	<u>Premium</u>	<u>Network factor</u>	<u>Calibration factor</u>
QCC	41,995	\$ 359.41	\$621.11	1.350	1.728
KHPE	111,584	\$ 350.51	\$604.94	0.867	1.726
Composite Factor				1.0015	

$$\text{Federal MLR} = \frac{(\text{Projected Claims, after Risk Adjustment} + \text{Quality Improvement Expense} - \text{Risk Adj Prog User Fee})}{(\text{Premium, before Risk Adjustment} - \text{HCR Taxes \& Fees} - \text{Federal Income Tax} - \text{Premium Tax})}$$

	QCC Consumer
Projected Claims PMPM (After Reinsurance)	\$ 511.99
Premium PMPM	\$ 621.11
Quality Improvement Expense PMPM	\$ 4.97
Exchange User Fee PMPM	\$ 16.33
HIF PMPM	\$ -
Federal Income Tax PMPM	\$ 3.16
Premium Tax PMPM	\$ 12.42
Federal MLR	87.7%

Calendar Year	MLR		Member Months		
	Actual	Pricing	Actual	Pricing	
2017	82.4%	94.3%	591,059	643,552	
2018	69.8%	89.4%	461,347	638,460	<- Membership growth in certain plans lowered MLR by more than expected
2019	74.1%	85.8%	466,084	492,072	<- Membership losses in certain plans raised MLR by less than expected

QCC Consumer

FROM PID ENROLLMENT SURVEY (Does not include retroactive terminations)

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Average
On Exchange	29,646	29,117	28,926	29,048	29,173	29,182
Off Exchange	13,454	13,343	13,306	13,322	13,181	13,321
Total	43,100	42,460	42,232	42,370	42,354	42,503
	69%	69%	68%	69%	69%	

FROM APTC QUERY (includes YTD retroactive terminations)

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Average
On APTC	20,121	21,246	21,224	21,489	21,758	21,168
On Non-APTC	7,291	7,161	7,050	7,168	7,399	7,214
Off	13,165	13,304	13,258	13,253	13,180	13,232
Total	40,577	41,711	41,532	41,910	42,337	41,613

Projection of off exchange members moving to on exchange in 2022.

Consumer Plans KHPE & QCC Combined

	As of Feb 2021	Projected 2022		
On	68.5%	89.6%	<=	Percentage of on exchange members assumed in user fee calculation
Off	31.5%	10.4%		
	100%	100%		

Percentage of off exchange members moving to on exchange:

67.0%

	Change
Cost Trend	4.29%
Utilization Trend	4.87%
Benefit Changes	-0.77%
Taxes & Fees	0.35%
COVID - 2022 impact	2.80%
Actual vs. Expected	-9.88%
Rate Change	1.67%

Administrative Expenses		13.07%
General and Claims	10.40%	
Agent/Broker Fees and Commissions	1.87%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		2.59%
RA User Fee	0.04%	
PCORI Fee	0.04%	
PA Premium Tax	2.00%	
Federal Income Tax	0.51%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		1.91%
Total Retention		17.57%

Change in Morbidity			Change in Demographic			Change in Network
Single Risk Pool	COVID-19 Impact	Change in Morbidity	2020 Avg Age Factor	2020 Avg Age Factor	Change in Demographic	Unnormalized Weighted Avg Network Factor
1.01	1.052	1.063	1.736	1.721	0.991	0.999

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

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

Calculation of 2022 Exchange User Fee

User Fee = 3%

Projected Average Premium (KHPE and QCC Combined) = \$ 609.36 \$ 604.94 111,584 KHPE

\$ 621.11 41,995 QCC

Proportion of business on-exchange = 89.58%

Projected PMPM User Fee = \$ 16.38

\$ 16.33

The following questions were provided by the Department's consulting actuary:

1. The 'Q1a' tab of the file "QCC Consumer Response to June 10 Obj.xlsx" provides a numerical development of the projected 2022 risk adjustment transfer PMPM.
 - a. Please provide this same exhibit for the calculation of the 2020 risk adjustment transfer PMPM.
 - b. Please identify and support any significant differences in the components of the risk adjustment calculation between 2020 and 2022 on an issuer and/or statewide basis.

Please see Tab Q1 of the "QCC Consumer Response to July 6 Obj" excel worksheet.

2. The 'Q2' tab of the file "QCC Consumer Response to June 10 Obj.xlsx" provides historical trend information. However, it is unclear how the pricing trends utilized in this filing are consistent with the historical trend information included in this exhibit. Please provide additional support demonstrating how the pricing trends utilized in this filing are consistent with the historical trend information included in the 'Q2' tab. If they are not consistent, please explain and justify why it is reasonable that they are not.

We have updated the trends. The revised trends are 8.84%, down from 9.50% in the previous submission.

3. The response to Question 2c of the first round of objections provides a qualitative description of the 2.8% COVID adjustment applied to trend. Please provide additional numerical support for this assumption. Based on the response provided, it is unclear how it was determined that a 2.8% adjustment is a reasonable assumption to reflect future costs of care related to new variants, further incidence in the unvaccinated population, and the excess costs for care that has been delayed in 2020 and 2021.

In consultation with our clinical and Informatics areas, our trend area modeled 4 possible scenarios based on 3 possible severity levels to determine the 2.8%.

The scenarios were

- 1) New variants emerge at a high rate that sends us back into stay-at-home orders "new variant" scenario
- 2) Unvaccinated spread leads to high rates of COVID-hospitalization
- 3) Vaccines are effective and widespread and excess care returns quickly as things open back up ("Herd Immunity and Excess Return of Care" scenario)
- 4) Vaccines are effective and widespread but excess care returns slowly as things open back up ("Herd Immunity and Excess Return of Care w/Shifts" scenario)

We then selected what we thought was likely. We went with Scenario 3 at high severity. A graphic illustration is included in Tab Q3 of the "QCC Consumer Response to July 6 Obj" excel worksheet.

4. The 'Q4' tab of the file "QCC Consumer Response to June 10 Obj.xlsx" provides the network factors for QCC and KHPE but does not provide specific support for these factors. Please provide numerical support for the 1.350 network factor for QCC and the 0.867 network factor for KHPE. In providing your response, please also include a detailed description outlining how the estimated network factors were developed.

To be more consistent with our pricing methodology we have created Manual Data by pooling the experience of QCC with KHPE, as our companies are offering coverage to exactly the same

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populations geographically and customers may choose to enroll in plans from either entity. The pooling results in less difference and volatility in the claim trend rates between QCC and KHPE when kept separate. The network factor includes an adjustment that results in the appropriate rate differential between QCC and KHPE plans.

It is unlikely that this factor will remain constant over time, due to the impact of Risk Adjustment, as well as the mixes of the different provider networks offered by the two entities.

Please note that due to the change to the reinsurance parameters, we adjusted the QCC network factor to equal 1.343 to maintain the correct rate relationship with KHPE.

5. **The ‘Q6’ tab of the file “QCC Consumer Response to June 10 Obj.xlsx” provides the actual and pricing MLRs for 2017 through 2019. In each year, the actual MLR is significantly lower than the pricing MLR. Please demonstrate how these results were taken into consideration in the development of the proposed rates to ensure that the actual MLR will align more closely with the pricing MLR in CY 2022.**

We start with the claims and premium for 2020 in the URRT and that is the basis for the starting point of our pricing. So any historic MLR favorability is adjusted for in the starting premium and claims.

The following three questions were asked as Questions 7, 8, and 9 in Round 1; please provide updated information regarding these three items, or indicate that no updated information is available:

6. **For each month between January 2021 and the most recent date available, please provide the average count of Individual ACA enrollment, split by On-Exchange APTC, On-Exchange non-APTC, and Off-Exchange members. Please provide the enrollment data for each available month separately.**

Please refer to Tab Q6 of the “QCC Consumer Response to July 6 Obj” excel worksheet.

7. **For the On-Exchange non-APTC members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.**

We fully expect that all of the On-Exchange non-APTC members eligible to take advantage of potential subsidies enhanced through ARPA will do so. The Pennie website provides guidance to allow them to receive the subsidy.

8. **For the Off-Exchange members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.**

Consistent with our June 22 response, we anticipate that 67% of currently enrolled Off-Exchange members will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.

The following items are the result of the Department's review of the company's Round 1 responses:

- 9. Please provide an exhibit showing the actual experience for calendar years 2016-2020 and the projection experience for 2021 and 2022 for the following categories: Member Months, Total Administrative Expenses, Total Incurred Claims, Total Premium, Total Actual Paid Taxes and Fees, Profit, Total Underwriting Gain/Loss and Underwriting Gain/Loss PMPM.**

We do not have this data readily available at the level that is being requested, therefore we are unable to provide a response to this question. We also view this data as proprietary, and since the filing responses are made public, we think it would be inappropriate to provide this information if it were readily available.

- 10. Does this company have any transitional membership? If so, has there recently been a significant drop in transitional membership? Do you anticipate a drop in 2022?**

We do not have any transitional membership. We therefore do not anticipate any change in 2022 since we have no transitional membership.

- 11. Please update the 2020 experience period risk adjustment amount, in Table 2, to reflect the final CMS risk adjustment amount released on June 30th.**

We have made this update.

- 12. If the projected risk adjustment transfer amount in Table 5 will be modified due to the final CMS transfer amount published on June 30th, please provide narrative and detailed supporting data to justify the proposed changes.**

The published June 30 risk adjusted transfer amount is extremely similar to our earlier projection. Therefore, we are not updating the projected amount in Table 5.

- 13. Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, and Federal Rate Templates submitted with your round 2 responses are identical.**

We tested the rates in the exhibits and rate tables to assure that they were identical.

- 14. In the PAAM Exhibits, II.a.Reins Table – Exp tab, please update the Coinsurance Rate, in cell E5, to 45%.**

We have made this update. Please note that we had entered 60% (1 – 40%) in our initial submission. This revision causes the impact of reinsurance to decrease and the resulting rates to increase. Instead of revising rates, we have offset this increase by reducing our trend assumption.

- 15. Please provide a list of any assumptions that have changed because of the change in the coinsurance rate indicating the rationale for and supporting the magnitude of the changes.**

We do not anticipate any additional changes to our assumptions resulting from the change in the coinsurance rate. As noted in our response to question 2, we did lower our trend assumption. As noted in response to question 4, we also updated our network factor.

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- 16. Please be aware that the final coinsurance parameters will be communicated on Friday, July 16th. The revised exhibits and rates will then be due on Tuesday, July 20th.**

We acknowledge receiving this information.

- 17. Please ensure that the 7/13/21 versions of the following items are posted in SERFF with your July 13th response to this data call.**

- a. **Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.** – This letter, no rate changes.
- b. **PA Actuarial Memorandum**– No changes
- c. **PA Actuarial Memorandum Exhibits** – Update included
- d. **Department’s Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values – do not enter “NA” in cells for which there is no rate).** – No changes
- e. **URRT** – Update included
- f. **Federal Rate Template**– No changes
- g. **Part III: Actuarial Memorandum**– No changes
- h. **Updated Rate Change Request Summary (Attachment I)** – No changes
- i. **Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).** – Update included

The updated components are included with this response.

- 18. As requested in Item 11 of the Round 1 data request, please provide an exhibit that quantitatively shows a comparison of the actual to projected claim cost PMPMs for calendar years 2017-2020. This chart should include columns for the year, actual claim costs, previously projected claim costs, and the percentage differential between the actual and projected costs.**

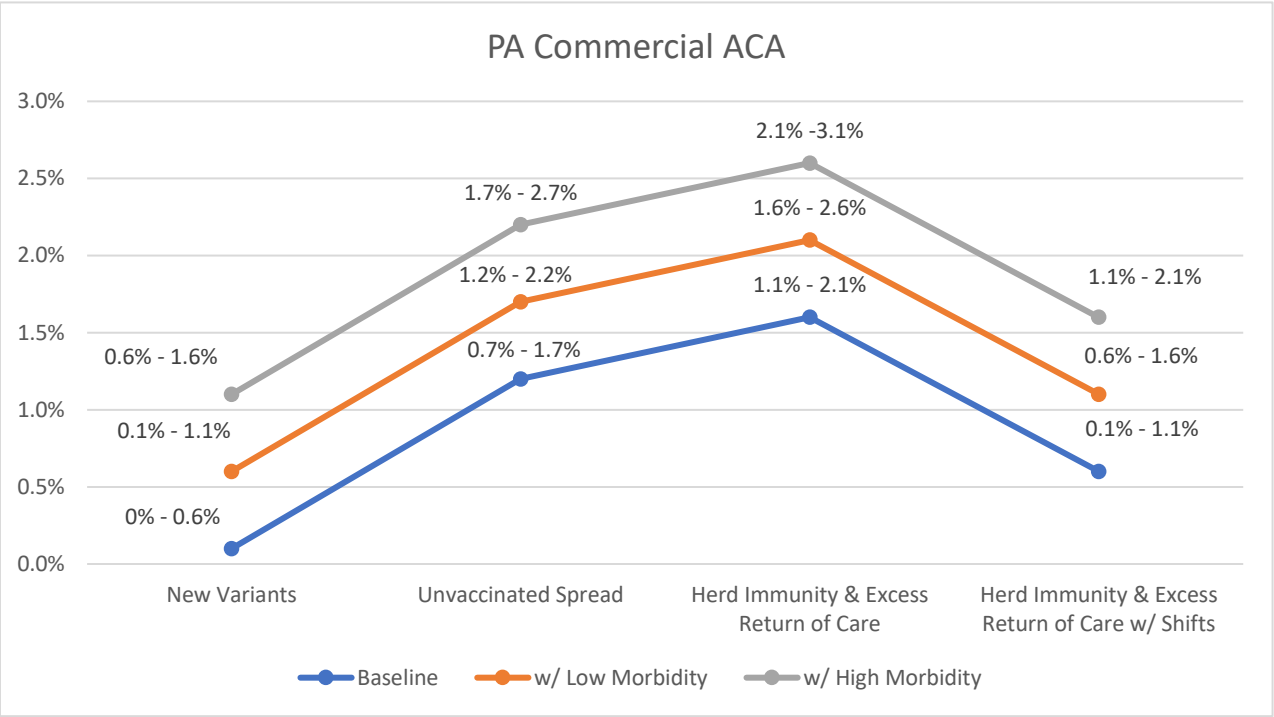
Please see tab Q18 of the “QCC Consumer Response to July 6 Obj” excel worksheet.

- 19. Regarding your response to Question 17, please provide further support for the assumption that the administrative expense percentage is higher in Philadelphia than in areas of the state, given the cost differences in various areas.**

We are researching this issue with our FP&A area. We will follow up with a response once it is available.

QCC Consumer

Metal	BMMO	PLRS	ARF	GCF	IDF	AV	Product w Risk	Product w/o Risk	
Plat	10,416	4.472	1.538		1.046	1.150	0.900	5.380	1.665
Gold	70,359	2.738	1.606		1.046	1.080	0.800	3.094	1.452
Silver	53,727	2.415	1.715		1.046	1.030	0.700	2.603	1.294
Bronze	333,839	0.914	1.748		1.046	1.000	0.600	0.956	1.097
Total	468,341	1.439	1.718		1.046	1.019	0.648	1.564	1.186
Est. StateWide Average		1.446	\$ 531.19	1.81	1.00	1.033	0.695	1.494	1.297



FROM APTC QUERY (includes YTD retroactive terminations)

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Average
On APTC	20,126	21,272	21,219	21,311	21,599	23,273	21,467
On Non-APTC	7,290	7,154	7,043	7,138	7,284	5,974	6,981
Off	13,156	13,296	13,251	13,241	13,090	12,874	13,151
Total	40,572	41,722	41,513	41,690	41,973	42,121	41,599

QCC Consumer

Member Months			PMPM	PMPM	PMPM	Premium	Allowed	Incurred	MAIR	
			Premium	Allowed	Incurred		Claims	Claims		
				Claims	Claims	Trend	Trend	Trend		
2017	591,059	\$ 558.04	\$ 645.76	\$ 536.84					704.82	
2018	461,347	\$ 749.36	\$ 725.11	\$ 605.44	34.28%	12.29%	12.78%		751.14	6.57%
2019	466,084	\$ 653.59	\$ 628.27	\$ 510.33	-12.78%	-13.36%	-15.71%		760.28	1.22% <- Membership differences
2020	468,369	\$ 645.90	\$ 579.89	\$ 492.37	-1.18%	-7.70%	-3.52%		757.47	-0.37% <- Membership differences

$$\text{Federal MLR} = \frac{(\text{Projected Claims, after Risk Adjustment} + \text{Quality Improvement Expense} - \text{Risk Adj Prog User Fee})}{(\text{Premium, before Risk Adjustment} - \text{HCR Taxes \& Fees} - \text{Federal Income Tax} - \text{Premium Tax})}$$

	QCC Consumer
Projected Claims PMPM (After Reinsurance)	\$ 511.99
Premium PMPM	\$ 621.11
Quality Improvement Expense PMPM	\$ 4.97
Exchange User Fee PMPM	\$ 16.33
HIF PMPM	\$ -
Federal Income Tax PMPM	\$ 3.16
Premium Tax PMPM	\$ 12.42
Federal MLR	87.7%

The following questions were provided by the Department’s consulting actuary:

- 1. The response to Question 2 of the July 13th responses indicates that the pricing trend has been revised to 8.84%. However, it is still unclear how this pricing trend is consistent with the historical trend information provided in the ‘Q2’ tab of the file “KHPE Consumer Response to June 10 Obj.xlsx.” This historical trend information would suggest a trend more in line with -1.4%, calculated as the average annual allowed claims trend from 2017-2019. While we would not recommend utilizing a negative trend in the development of pricing, we would also not expect the pricing trend to be so much higher than actual experience would suggest. Please provide additional support demonstrating why the 8.84% trend is reasonable and why the company is comfortable with this assumption, given that information provided suggests that a significantly lower trend assumption would be more consistent with historical trend levels.**

We have provided additional trend information in Tab Q1 of the “QCC Consumer Response to July 16 Obj” excel worksheet. This information does not include the impact of COVID. Our projected trends are more in line with the actual experience than the -1.4% mentioned above.

The following item is the result of the Department’s review:

- 2. Please revise the Attachment 1 and Public pdf exhibits so that the percentages shown in the “How it plans to spend your premium” are consistent with the figures shown in the filing, particularly Table 6 of the PAAME.**

We have revised the exhibits and included them with this response.

		2018	2019	2020	2021	2022
QCC	Consumer	2.1%	2.5%	2.8%	2.7%	3.1%

Historical & Projected Utilization

		2019	2020	2021	2022
	Consumer	4.2%	9.6%	5.7%	4.8%

The Emerging Rx category includes new drugs including Lumevoq, which treats a rare eye condition (Leber hereditary optic neuropathy), estimated to cost \$750,000 per dose. Also included is Roctavian, for treatment of Hemophilia A, estimated to cost \$3,000,000 per dose.

Combined

		2019	2020	2021	2022
KHPE	Consumer	6.8%	12.7%	8.6%	8.1%

8.84%

<== from AM Exhibit (Manual)

Completeness and Redaction Justification Checklist

Issuer Name: QCC Insurance Company, Inc.

Market: Individual PPO

SERFF ID: INAC-132818429

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	X			
	RFJ Part III – Actuarial Memorandum	X	Y	31-39	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			
C.	Rate Change Request Summary	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	Y	7	Y
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N	7-8	N/A
D.1.C.	Average Rate Change	X	N	8	N/A
D.1.D.	Membership Count	X	N	8	N/A
	<i>PA Act. Exhibits Table 1</i>	X	N	15	N/A
D.1.E.	Benefit Changes	X	N	8	N/A
D.1.F.	Experience Period Claims & Premium	X	N	8-9	N/A
	<i>PA Act. Exhibits Table 2</i>	X	N	15	N/A
D.1.G.	Credibility of Data	X	N	9	N/A
	<i>PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)</i>	X	N	16	N/A
D.1.H.	Trend Identification	X	N	9-10	N/A
	<i>PA Act. Exhibits Table 3</i>	X	N	15	N/A
D.1.I.	Historical Experience	X	N	10	N/A
	<i>PA Act. Exhibits Table 4</i>	X	N	15	N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N	10-12	N/A
	<i>PA Act. Exhibits Table 5</i>	X	N	19	N/A
D.2.B.	Retention Items	X	N	12	N/A
	<i>PA Act. Exhibits Table 6</i>	X	N	19	N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	12	N/A
	<i>PA Act. Exhibits Table 7</i>	X	N	19	N/A
D.2.D.	Components of Rate Change	X	N	12	N/A
	<i>PA Act. Exhibits Table 8</i>	X	N	19	N/A
	<i>PA Act. Exhibits Table 9</i>	X	N	19	N/A
D.3.	Plan Rate Development	X	N	12-13	N/A
	<i>PA Act. Exhibits Table 10</i>	X	N	20	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	13	N/A
	<i>PA Act. Exhibits Table 11</i>	X	N	21	N/A
D.5.A.	Age and Tobacco Factors	X	N	13	N/A
	<i>PA Act. Exhibits Table 12</i>	X	N	22	N/A
D.5.B.	Geographic Factors	X	N	13	N/A
	<i>PA Act. Exhibits Table 13</i>	X	N	22	N/A
D.5.C.	Network Factors	X	N	13	N/A
	<i>PA Act. Exhibits Table 14</i>	X	N	22	N/A
D.5.D.	Service Area Composition	X	N	13	N/A
D.5.E.	Composite Rating	X	N	13	N/A
D.6.	Actuarial Certifications	X	Y	13-14	Y
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N	23-25	N/A
	Service Area Map	X	N	71	N/A
Redaction Justification (must be submitted if any information is redacted)		X			Y