

SERFF Tracking #:	INAC-132818434	State Tracking #:	INAC-132818434	Company Tracking #:	QCC SG 1-1-2022
State:	Pennsylvania	Filing Company:	QCC Insurance Company		
TOI/Sub-TOI:	H15G Group Health - Hospital/Surgical/Medical Expense/H15G.003 Small Group Only				
Product Name:	QCC Small Group 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 Small Group 20210810.pdf
Item Status:	
Status Date:	



May 18, 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.
Small Group PPO Rate Filing effective 1/1/2022
INAC-132818434**

Dear Ms. Gray:

QCC Insurance Company, Inc. (QCC) is proposing a reduction in Small Group Health Insurance rates effective January 1, 2022 and later.

Attached is the 2022 annual rate filing for PPO plans of QCC Insurance Company, Inc. (QCC) in the Small 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.

The proposed 2022 rates represent a 2.9% increase over the previously approved 2021 rates.

Information for the Pennsylvania Bulletin:

1.	Company Name and NAIC Number:	QCC Insurance Company, Inc. 93688
2.	Market	Small Group
3.	On or Off Exchange	Off
4.	Effective Date of Coverage	January 1, 2022
5.	Average Rate Change Requested	2.9%
6.	Range of Rate Changes Requested	2.3% to 3.9%
7.	Total Annual Revenue Generated from the Proposed Rate Change	\$16,297,786



8.	Products	PPO
9.	Rating Areas and Change from 2022	Rating Area 8; No Change
10.	Metal Levels and Catastrophic Plans	Platinum, Gold, Silver, Bronze
11.	Current covered lives and policyholders as of February 1, 2021	72,950 lives
12.	Number of plans offered in 2022 and change from 2021	18 plans in 2022; 18 plans in 2021
13.	Corresponding contract form number, SERFF, and binder numbers	Please see appendix.
14.	HIOS Issuer ID # and submission tracking Number	HIOS Issuer ID # 31609; Tracking # 31609-2015250937999930377

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

Sincerely,

[REDACTED]

cc:

[REDACTED]

APPENDIX

SERFF ID #s:

INLG-132821592

INLG-132821596

INBC-132821587

INBC-132821603

Form Numbers

16884.WR-III Rev. 1.22

16884-BC.SG.OFF Rev. 1.22

16884-BC.SG.OFF.HSA.HRA Rev. 1.22

17014.WR Rev. 1.22

17014-BC.SG.OFF.HSA Rev. 1.22

16905.WR.KDPOS Rev. 1.22

16905-BC.SG.KDPOS.OFF Rev. 1.22

16906.WR.ADPOS Rev. 1.22

16906-BC.SG.ADPOS.OFF Rev. 1.22

PREV/SCH-II Rev. 1.22

Attachment I

Rate Change Summary

QCC Insurance Company, Inc. – Small Group Plans

Rate request filing ID # INAC-132818434 - 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:	2.9% ¹
Revised requested average rate change:	N/A ¹
Range of requested rate change:	2.3% to 3.9%
Effective date:	January 1, 2022
Mapped Members:	72,950
Available in:	Area 8

Key information

Jan. 2020-Dec. 2020 financial experience

Premiums	\$556,837,529
Claims	\$372,963,217
Administrative expenses	\$43,875,584
Taxes & fees	\$54,226,804
Company made (after taxes)	\$85,771,924

How it plans to spend your premium

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

Claims:	81%
Administrative:	14%
Taxes & fees:	3%
Profit:	2%

The company expects its annual medical costs to increase **8.4%**.

Explanation of requested rate change

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

About 73,000 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 small group 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:	Small Group
Marketplace:	Off Exchange
Effective Date(s):	1/1/2022 – 3/31/2022, 4/1/2022 – 6/30/2022, 7/1/2022 – 9/30/2022, 10/1/2022 – 12/31/2022
Average Rate Change:	2.9%
Range of Rate Changes:	2.3% to 3.9%
Products:	PPO
Rating Areas:	Rating Area 8
Metal Levels:	Platinum, Gold, Silver, Bronze
Current Members:	72,950
Number of 2022 Plans:	18
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 small group 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	8.50%	INAC- 129626740
October 1, 2015	-0.30%	INAC- 130111048
January 1, 2016	6.51%	INAC- 129939280
January 1, 2017	5.00%	INAC- 130539936
July 1, 2017	2.00%	INAC- 130959332
January 1, 2018	9.41%	INAC- 131005785
July 1, 2018	0.05%	INAC- 131403779
January 1, 2019	-1.80%	INAC- 131478429
April 1, 2019	-0.09%	INAC- 131750255
July 1, 2019	-1.80%	INAC- 131860461
January 1, 2020	11.53%	INAC- 131927133
April 1, 2020	8.00%	INAC- 132132177
January 1, 2021	0.90%	INAC- 132358831
July 1, 2021	3.33%	INAC- 132762221

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

Proposed rate changes may vary by metallic tier and plan based on plan benefit changes.

C. AVERAGE RATE CHANGE

The average proposed rate change shown in Cell AC15 of Table 10 is 2.9%. 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 2.8%.

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 Small group 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.

Projected Risk Adjustment PMPM

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

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2020 risk transfer results.

In the URRT v5.1, it is necessary to divide Risk Adjustment by the Paid to Allowed factor when it is used in calculations based on Allowed Claims to produce calculations that are consistent with the Actuarial Memo Rate Exhibit.

G. CREDIBILITY OF DATA

The experience period data is considered 100% credible.

H. TREND IDENTIFICATION

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

We populated the URRT with the Total Annual Trend calculated in cell G52 of Table 3. The URRT requires that factors are rounded to four decimal places which results in some small differences.

I. HISTORICAL EXPERIENCE

Table 4 illustrates historical experience from 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 Small Group.

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 during 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 small group market-wide morbidity.

COVID-19 Impact

Changes in Other Factors

Experience period allowed claims are adjusted to account for differences in the single risk pool population underlying the experience and the anticipated population in the projection period pertaining to several factors not due to changes in morbidity or the costs and utilization of medical care. This

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

We incorporated the quarterly trend methodology from Table 5A into the URRT Part 1 Worksheet 1 Section II so that the calculated MAIR in the URRT was consistent with the MAIR calculated in the Actuarial Memo Rate Exhibits. The factor is also applied in the URRT Worksheet 2 Section 3, Plan Adjustment Factors, to correctly calculate the first quarter 2022 rates.

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

B. RETENTION ITEMS

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

Administrative Expenses		14.22%
General and Claims	8.45%	
Agent/Broker Fees and Commissions	4.97%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		2.58%
Risk Adjustment 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		18.71%

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 Benefit Richness Factors from the Actuarial Memo Rate Exhibit. We incorporated the first quarter factor from cell J34 of Table 5A of the Actuarial Memo Rate Exhibit. Again, please note that the URRT requires factors to be rounded to four decimal places, resulting in small differences.

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

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

5. PLAN FACTORS

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

Carrier Name:	CCC Insurance Company, Inc.		
Product(s):	PPO		
Market Segment:	Small Group		
Rate Effective Date:	1/1/2021	to	12/31/2022
Rate Period Start Date:	1/1/2020	to	12/31/2020
Date of Most Recent Membership:	7/1/2021		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2021)	Projected Rating Period
Average Age	35.9	35.9	35.9
Total	881,820	73,064	876,783
1-4	184,520	14,941	179,252
18-24	16,430	7,837	94,044
25-29	36,124	2,454	95,428
30-34	17,421	6,101	71,127
35-39	17,813	5,745	68,952
40-44	16,746	5,361	63,611
45-49	18,491	1,353	64,308
50-54	13,743	5,677	50,064
55-59	10,839	7,298	87,576
60-64	18,854	5,479	68,448
65+	14,367	2,406	51,452

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member's Share)	Allowed Claims (Non-Capitated)	Non-ERB portion of Allowed Claims	Total Prescription Drug Rebate*	Total ERB Capitation	Total Non-ERB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 115,642,538.45	\$ 187,707,841.58	\$ 310,111,084.04	881,820	\$3,144,361.84	\$ 475,348,988.78	\$	\$ 105,518,426.97	\$ 1,517,878.18	\$ 4,611,480.45	\$3,098,149.80	\$
Experience Period Total Allowed ERB Claims + ERB Capitation (PMPM (net of prescription drug rebates))											\$ 507.89
Loss Ratio											16.65%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Damage*	Composite Trend	Weight*
Inpatient Hospital	1.72%	13.22%	0.00%	17.43%	18.14%
Outpatient Hospital	1.61%	13.22%	0.00%	17.30%	22.85%
Professional	2.00%	13.22%	0.00%	16.60%	32.31%
Other Medical	2.00%	13.22%	0.00%	16.60%	0.00%
Capitated				15.67%	1.24%
Prescription Drugs	14.70%	13.22%		12.65%	21.43%
Total Annual Trend				15.87%	100.00%
Months of Trend				28	
Total Applied Trend Projection Factor				1.348	

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

** Should equal UBRF Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-17	\$	31,585,749.27	1.0000	31,585,749.27	75,145	\$	420.38	\$	35,654,456.78	527.84
Feb-17	\$	30,188,326.68	1.0000	30,188,326.68	75,145	\$	406.30	\$	36,088,122.55	491.96
Mar-17	\$	36,102,562.71	1.0000	36,102,562.71	75,145	\$	480.56	\$	42,567,728.49	565.64
Apr-17	\$	29,109,088.73	1.0000	29,109,088.73	74,162	\$	388.56	\$	34,660,064.91	465.13
May-17	\$	34,844,315.77	1.0000	34,844,315.77	75,072	\$	461.47	\$	41,044,734.48	536.36
Jun-17	\$	33,626,838.54	1.0000	33,626,838.54	75,044	\$	446.47	\$	39,716,216.24	505.48
Jul-17	\$	31,307,358.70	1.0000	31,307,358.70	74,084	\$	418.08	\$	36,511,758.91	477.89
Aug-17	\$	32,873,018.77	1.0000	32,873,018.77	75,203	\$	437.14	\$	38,354,531.11	510.14
Sep-17	\$	29,876,008.71	1.0000	29,876,008.71	74,061	\$	398.35	\$	35,449,432.14	488.38
Oct-17	\$	33,867,728.98	1.0000	33,867,728.98	76,868	\$	455.00	\$	38,763,007.68	520.47
Nov-17	\$	30,716,460.08	1.0000	30,716,460.08	76,192	\$	405.75	\$	37,075,714.29	500.53
Dec-17	\$	30,526,728.06	1.0000	30,526,728.06	73,421	\$	416.28	\$	37,480,438.36	486.38
Jan-18	\$	30,716,045.35	1.0000	30,716,045.35	73,477	\$	430.20	\$	37,884,102.51	510.02
Feb-18	\$	29,853,334.96	1.0000	29,853,334.96	73,174	\$	406.25	\$	37,003,181.03	497.55
Mar-18	\$	29,224,588.66	1.0000	29,224,588.66	70,763	\$	414.98	\$	36,181,387.28	501.87
Apr-18	\$	29,281,565.95	1.0000	29,281,565.95	69,701	\$	420.11	\$	35,400,154.72	509.18
May-18	\$	31,248,832.42	1.0000	31,248,832.42	69,118	\$	452.11	\$	36,445,328.59	542.50
Jun-18	\$	28,111,076.02	1.0000	28,111,076.02	68,410	\$	408.60	\$	33,018,218.24	486.64
Jul-18	\$	28,748,108.78	1.0000	28,748,108.78	68,778	\$	414.86	\$	34,041,064.11	491.88
Aug-18	\$	31,750,863.27	1.0000	31,750,863.27	69,089	\$	439.05	\$	36,294,644.51	527.82
Sep-18	\$	29,023,152.83	1.0000	29,023,152.83	69,431	\$	403.61	\$	33,168,848.77	477.73
Oct-18	\$	33,332,064.66	1.0000	33,332,064.66	69,668	\$	476.46	\$	36,284,811.90	561.88
Nov-18	\$	32,467,879.34	1.0000	32,467,879.34	69,724	\$	459.42	\$	35,409,273.21	517.98
Dec-18	\$	29,406,172.89	1.0000	29,406,172.89	70,727	\$	416.77	\$	35,013,854.64	495.05
Jan-19	\$	32,421,075.82	1.0000	32,421,075.82	71,502	\$	453.43	\$	36,517,387.51	542.66
Feb-19	\$	29,851,427.12	1.0000	29,851,427.12	71,494	\$	437.08	\$	35,450,007.44	511.95
Mar-19	\$	33,063,264.66	1.0000	33,063,264.66	71,746	\$	464.26	\$	36,144,447.72	556.44
Apr-19	\$	32,013,199.39	1.0000	32,013,199.39	72,080	\$	444.15	\$	35,073,079.08	509.35
May-19	\$	32,702,303.85	1.0000	32,702,303.85	72,044	\$	451.98	\$	35,776,469.51	544.04
Jun-19	\$	30,011,439.64	1.0000	30,011,439.64	72,629	\$	434.36	\$	34,011,349.65	489.26
Jul-19	\$	31,488,165.87	1.0000	31,488,165.87	73,062	\$	458.36	\$	35,706,424.41	514.05
Aug-19	\$	33,105,871.96	1.0000	33,105,871.96	73,492	\$	450.47	\$	37,224,022.81	513.72
Sep-19	\$	31,514,514.18	1.0000	31,514,514.18	73,145	\$	427.31	\$	35,041,661.01	507.23
Oct-19	\$	37,216,999.34	1.0000	37,216,999.34	76,368	\$	506.71	\$	40,844,846.16	589.48
Nov-19	\$	32,448,598.25	1.0000	32,448,598.25	76,863	\$	457.32	\$	36,456,311.45	517.09
Dec-19	\$	31,811,866.87	1.0000	31,811,866.87	75,098	\$	476.48	\$	35,081,064.69	515.63
Jan-20	\$	30,268,586.50	1.0000	30,268,586.50	75,879	\$	477.08	\$	34,013,427.20	507.02
Feb-20	\$	30,443,603.96	0.9998	30,443,603.96	75,484	\$	468.17	\$	34,877,453.61	507.25
Mar-20	\$	31,008,048.14	0.9998	31,008,713.47	75,484	\$	414.07	\$	35,373,766.01	488.43
Apr-20	\$	32,109,212.64	0.9998	32,119,445.05	76,556	\$	508.65	\$	37,103,133.13	519.23
May-20	\$	26,610,852.82	0.9981	26,615,201.45	74,410	\$	358.35	\$	32,370,603.85	489.14
Jun-20	\$	33,763,486.92	0.9995	33,872,538.92	73,661	\$	458.60	\$	36,473,733.82	520.36
Jul-20	\$	31,886,479.14	0.9991	31,898,724.36	74,066	\$	458.36	\$	35,648,426.61	500.66
Aug-20	\$	34,012,905.88	0.9912	34,207,449.15	73,565	\$	455.05	\$	37,070,003.81	525.94
Sep-20	\$	32,146,264.04	0.9894	32,620,723.93	73,584	\$	452.56	\$	35,771,087.16	511.46
Oct-20	\$	39,756,433.11	0.9892	39,868,529.28	76,868	\$	476.46	\$	40,582,887.88	589.85
Nov-20	\$	32,212,234.00	0.9878	32,401,493.12	75,232	\$	450.40	\$	37,103,162.66	515.38
Dec-20	\$	31,611,487.43	0.9802	34,033,930.92	72,451	\$	474.04	\$	35,405,039.88	516.73

*Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

Carrier Name: QCC Insurance Company, Inc.
Product(s): PPO
Market Segment: Small Group
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-ENB portion of Allowed Claims	Total Prescription Drug Rebates**	Total ENB Capitation	Total Non-ENB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recovery
1,177,844,926.41	65,826,419.46	65,826,419.46	3,477,422	100.00%	65,826,419.46	65,826,419.46	100,168,166.41	11,634,541.07	16,817,427.77	6,006,091.00	471.36
Experience Period Total Allowed ENB Claims + ENB Capitation (PMPM) (net of reinsurance drug rebates)											77,325
Loss Ratio											77.32%

**Excess Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composity Trend	Weight*
Inpatient Hospital	3.72%	8.23%	0.00%	12.42%	18.58%
Outpatient Hospital	5.61%	8.23%	0.00%	12.44%	19.29%
Professional	2.50%	8.23%	0.00%	10.94%	27.48%
Other Medical	5.0%	8.23%	0.00%	10.94%	1.00%
Capitation				11.47%	
Prescription Drugs	25.47%	8.23%	0.00%	7.23%	23.54%
Total Annual Trend				8.40%	1.00.00%
Months of Trend				24	
Total Annual Trend Projection Factor				1.17%	

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

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	\$	70,068,316.45	1.0000	70,068,316.45	105,630	358.15	\$	11,526,261.43	55,478,344.95	436.50
Feb-17	\$	61,480,966.82	1.0000	61,480,966.82	105,768	316.81	\$	11,389,826.47	75,338,310.46	387.80
Mar-17	\$	75,868,899.38	1.0000	75,868,899.38	105,106	389.86	\$	11,493,671.28	67,351,265.43	447.71
Apr-17	\$	64,473,641.06	1.0000	64,473,641.06	104,621	331.27	\$	11,454,738.09	75,525,429.79	388.08
May-17	\$	72,484,031.44	1.0000	72,484,031.44	104,644	377.26	\$	11,430,875.79	64,787,106.91	434.49
Jun-17	\$	70,364,127.41	1.0000	70,364,127.41	104,361	361.87	\$	11,448,872.46	61,564,146.06	427.81
Jul-17	\$	66,014,541.54	1.0000	66,014,541.54	103,187	341.36	\$	11,494,671.63	75,819,473.15	392.16
Aug-17	\$	72,216,901.46	1.0000	72,216,901.46	103,530	373.14	\$	11,441,798.63	61,110,518.46	430.50
Sep-17	\$	66,740,113.46	1.0000	66,740,113.46	103,446	345.03	\$	11,472,442.41	76,868,476.26	387.24
Oct-17	\$	71,546,112.46	1.0000	71,546,112.46	102,485	381.29	\$	11,398,847.24	61,248,611.40	432.88
Nov-17	\$	71,587,604.38	1.0000	71,587,604.38	102,111	372.61	\$	11,517,121.68	62,261,466.64	428.19
Dec-17	\$	65,524,218.42	1.0000	65,524,218.42	100,811	345.26	\$	11,424,477.48	76,250,064.06	396.41
Jan-18	\$	66,147,578.46	1.0000	66,147,578.46	100,794	345.93	\$	11,424,598.09	61,424,487.46	426.61
Feb-18	\$	61,703,564.43	1.0000	61,703,564.43	100,172	349.14	\$	11,458,513.79	75,489,251.92	385.41
Mar-18	\$	64,817,576.75	1.0000	64,817,576.75	100,201	351.89	\$	11,746,169.10	76,746,949.10	416.44
Apr-18	\$	66,310,227.42	1.0000	66,310,227.42	101,976	364.39	\$	11,720,448.61	78,321,532.44	430.40
May-18	\$	66,187,445.41	1.0000	66,187,445.41	100,893	362.26	\$	11,746,431.51	61,371,362.14	409.86
Jun-18	\$	64,026,485.46	1.0000	64,026,485.46	100,721	355.25	\$	11,649,235.10	75,431,757.07	419.53
Jul-18	\$	64,112,869.54	1.0000	64,112,869.54	100,446	348.88	\$	11,727,154.41	76,839,814.04	419.35
Aug-18	\$	69,242,667.26	1.0000	69,242,667.26	100,480	389.18	\$	11,653,436.11	60,607,824.66	451.64
Sep-18	\$	69,746,242.41	1.0000	69,746,242.41	100,558	391.46	\$	11,680,736.48	77,729,584.86	402.40
Oct-18	\$	70,266,277.78	1.0000	70,266,277.78	100,331	384.03	\$	11,646,120.44	61,646,993.48	416.34
Nov-18	\$	65,876,831.84	1.0000	65,876,831.84	100,411	358.15	\$	11,809,871.30	76,307,012.77	428.31
Dec-18	\$	68,746,001.06	1.0000	68,746,001.06	100,026	344.16	\$	11,814,216.48	76,439,881.06	413.56
Jan-19	\$	66,413,759.38	1.0000	66,413,759.38	100,420	370.06	\$	11,934,626.46	61,714,021.46	405.86
Feb-19	\$	61,087,022.06	1.0000	61,087,022.06	101,170	347.60	\$	11,710,473.37	76,420,820.04	345.00
Mar-19	\$	69,020,591.13	1.0000	69,020,591.13	101,146	389.92	\$	11,871,519.18	61,149,072.70	452.45
Apr-19	\$	68,001,437.36	1.0000	68,001,437.36	101,371	380.94	\$	11,920,446.46	61,081,441.14	402.04
May-19	\$	70,144,477.41	1.0000	70,144,477.41	101,411	386.66	\$	11,964,501.76	61,827,709.46	406.41
Jun-19	\$	61,436,156.15	1.0000	61,436,156.15	101,790	359.94	\$	11,817,738.40	75,081,466.70	413.54
Jul-19	\$	69,181,215.75	1.0000	69,181,215.75	101,904	381.42	\$	12,021,439.79	61,106,514.02	446.07
Aug-19	\$	69,598,983.77	1.0000	69,598,983.77	102,241	381.90	\$	12,046,143.00	61,346,208.29	446.34
Sep-19	\$	66,831,892.43	1.0000	66,831,892.43	102,491	366.22	\$	11,940,426.40	76,081,484.26	422.42
Oct-19	\$	74,862,290.39	1.0000	74,862,290.39	102,074	408.92	\$	12,126,646.30	62,346,916.30	477.30
Nov-19	\$	68,484,300.63	1.0000	68,484,300.63	101,580	373.04	\$	12,014,920.37	76,790,661.61	424.61
Dec-19	\$	71,275,218.46	1.0000	71,275,218.46	100,890	383.93	\$	12,154,021.47	61,956,449.92	409.14
Jan-20	\$	74,076,161.39	1.0000	74,076,161.39	100,710	392.66	\$	12,276,106.76	61,814,056.76	406.61
Feb-20	\$	71,468,047.34	0.9981	71,793,196.57	100,481	386.25	\$	11,968,472.26	61,065,696.96	444.44
Mar-20	\$	61,939,956.43	0.9983	64,068,442.73	100,675	351.05	\$	11,543,851.40	71,049,387.70	388.03
Apr-20	\$	69,344,637.04	0.9974	69,472,458.55	101,800	369.16	\$	11,935,558.41	54,000,670.00	269.79
May-20	\$	57,242,158.44	0.9961	57,461,287.34	102,038	344.64	\$	11,846,171.46	64,434,146.44	367.46
Jun-20	\$	66,050,005.10	0.9914	66,305,705.34	101,011	377.89	\$	11,914,449.23	75,331,465.67	427.81
Jul-20	\$	69,937,915.76	0.9929	70,419,128.77	100,866	389.46	\$	11,819,493.49	75,122,221.71	417.46
Aug-20	\$	69,683,937.97	0.9891	69,458,444.84	100,100	369.39	\$	11,790,729.43	76,045,816.67	413.14
Sep-20	\$	68,760,392.36	0.9883	69,788,532.46	100,470	366.40	\$	11,760,026.41	78,324,154.14	438.49
Oct-20	\$	71,192,361.40	0.9863	74,433,556.23	100,424	417.92	\$	11,744,606.14	61,645,602.17	420.13
Nov-20	\$	67,804,995.36	0.9772	69,746,980.61	100,010	381.01	\$	11,547,590.80	78,009,772.82	442.96
Dec-20	\$	68,314,481.46	0.9660	71,028,411.41	100,572	408.01	\$	11,894,484.38	60,544,184.46	406.44

*Excess Completion Factor as a percentage

**Excess Prescription Drug Rebates as a negative number

PA Rate Template Part II
Rate Development and Change

Company Name: GGC Insurance Company, Inc.
Product(s): PPO
Market Segment: Small Group
Rate Effective Date: 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 2020	Market Date
Total Allowed EIB Claims + EIB Creditors PMPM (out of association that reduced PMPM)	\$	1,343	127.09 \$ 471.36
Two year trend smoothing factor			1.0%
Unadjusted Projected Allowed EIB Claims PMPM	\$	588.84	\$ 553.87
Single Risk-Not-Adjusted Factors			
Change in Morbidity - Impact of Insurance Premium		1.00%	1.00%
Change in Morbidity - All Other		1.00%	1.00%
Total Non-Morbidity Changes		1.00%	1.00%
Change in Demographics		1.00%	1.00%
Change in Network		1.00%	1.00%
Change in Benefits		1.00%	1.00%
Change in Other		1.00%	1.00%
Total Adjusted Projected Allowed EIB Claims PMPM	\$	722.16	\$ 722.16
Credibility Factor		96%	
Development of EIB Claims PMPM			\$ 722.16
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EIB Claims PMPM	\$	722.16	
Projected Total Allowed Claims		\$ 268	
Projected Incurred EIB Claims PMPM	\$	536.91	
Projected Incurred EIB Claims PMPM		\$ 268	
Projected Incurred EIB Claims PMPM		\$ 268	
Projected Incurred EIB Claims PMPM		\$ 268	
Market-Adjusted Projected Allowed EIB Claims PMPM	\$	536.91	
Market-Adjusted Projected Allowed EIB Claims PMPM	\$	702.77	
Market-Adjusted Projected Allowed EIB Claims PMPM	\$	540	
Market-Adjusted Projected Incurred Total Claims PMPM	\$	129.60	
Market-Adjusted Projected Allowed Total Claims PMPM	\$	706.81	

Table 6. Retention

Retention (Ratio) - Expressed in percentage	Percentage	Market Allowed
Administrative Expenses	18.27%	\$62.63
General and Administrative	4.87%	\$16.68
Agent/Broker Fee and Commissions	4.87%	\$16.68
Quality Improvement Initiatives	4.87%	\$16.68
Taxes and Fees	4.87%	\$16.68
Risk Adjustment Level Fee	4.87%	\$16.68
PCRB Fee	4.87%	\$16.68
PA Premium & Other Taxes (if applicable)	4.87%	\$16.68
Federal Income Tax	4.87%	\$16.68
Health Insurance Premium Fee (Borrowed for Small Group and)	4.87%	\$16.68
Profit/Contingency (after tax)	18.27%	\$62.63
Total Retention	18.27%	\$62.63
Projected Required Revenue PMPM	\$	651.57

Table 8. Components of Rate Change

Rate Components		2021	2020	Change	Percent Change
A. Collected Risk-Adjusted Index Rate (PMPM)	\$	552.00	\$ 552.00	\$ 0.00	0.0%
B. Base period allowed claims before normalization	\$	-	\$ 471.36	\$ -471.36	-100.0%
C. Normalization factor component of change	\$	-	\$ (52.28)	\$ (52.28)	-10.9%
D. Change in Normalized Allowed Claims Adjustment Components					
D1. Base period allowed claims after normalization	\$	-	\$ 308.64	\$ -308.64	-70.0%
D2. UCR Morbidity	\$	-	\$ 18.88	\$ -18.88	-4.0%
D3. UCR Morbidity	\$	-	\$ 18.88	\$ -18.88	-4.0%
D4. UCR Morbidity	\$	-	\$ 18.88	\$ -18.88	-4.0%
D5. Normalized UCR Risk Adjustment on an allowed basis	\$	115.70	\$ (11.40)	\$ 127.10	11.2%
D6. Normalized Exchange (out of association) on an allowed basis	\$	-	\$ -	\$ 0.00	0.0%
D7. Normalized Exchange (out of association) on an allowed basis	\$	-	\$ -	\$ 0.00	0.0%
D8. Subtotal - Surplus (10)	\$	115.70	\$ 462.41	\$ -346.71	-30.0%
E. Change in Allowable Plan Adjusted Level Components					
E1. Network	\$	-	\$ -	\$ 0.00	0.0%
E2. Pricing At	\$	0.42	\$ (18.23)	\$ -18.65	-20.0%
E3. Benefit Adjustments	\$	0.00	\$ (0.00)	\$ 0.00	0.0%
E4. Catastrophic Eligibility	\$	-	\$ -	\$ 0.00	0.0%
E5. Subtotal - Surplus (14)	\$	0.42	\$ (18.23)	\$ -18.65	-20.0%
F. Change in Miscellaneous Components					
F1. Administrative Expenses	\$	61.42	\$ 61.42	\$ 0.00	0.0%
F2. Taxes and Fees	\$	61.42	\$ 61.42	\$ 0.00	0.0%
F3. Profit and/or Contingency	\$	61.42	\$ 61.42	\$ 0.00	0.0%
F4. Subtotal - Surplus (15)	\$	61.42	\$ 61.42	\$ 0.00	0.0%
G. Change in Miscellaneous Items	\$	-	\$ -	\$ 0.00	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line 4)	\$	70.00	\$ 421.36	\$ 351.36	86.0%

For informational purposes only - No input required.

Revised Base Period Unadjusted Claims before Normalization	\$	471.36
Revised Total Premiums	\$	1,000,000,000.00
Unadjusted EIB	\$	722.16

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 Index Rate
Adjusted Projected Allowed EIB Claims PMPM	\$ 552.00	\$ 552.00	\$ 552.00	\$ 552.00	\$ 552.00
Monthly of Trend	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Annual Trend	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Quarterly Trend/Adjust	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Retention (Ratio) - Expressed in percentage	Percentage	Market Allowed
Administrative Expenses	18.27%	\$62.63
General and Administrative	4.87%	\$16.68
Agent/Broker Fee and Commissions	4.87%	\$16.68
Quality Improvement Initiatives	4.87%	\$16.68
Taxes and Fees	4.87%	\$16.68
Risk Adjustment Level Fee	4.87%	\$16.68
PCRB Fee	4.87%	\$16.68
PA Premium & Other Taxes (if applicable)	4.87%	\$16.68
Federal Income Tax	4.87%	\$16.68
Health Insurance Premium Fee (Borrowed for Small Group and)	4.87%	\$16.68
Profit/Contingency (after tax)	18.27%	\$62.63
Total Retention	18.27%	\$62.63
Projected Required Revenue PMPM	\$	651.57

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

Rate Components		2021	2020	Change	Percent Change
A. Collected Risk-Adjusted Index Rate (PMPM)	\$	552.00	\$ 552.00	\$ 0.00	0.0%
B. Base period allowed claims before normalization	\$	-	\$ 471.36	\$ -471.36	-100.0%
C. Normalization factor component of change	\$	-	\$ (52.28)	\$ (52.28)	-10.9%
D. Change in Normalized Allowed Claims Adjustment Components					
D1. Base period allowed claims after normalization	\$	-	\$ 308.64	\$ -308.64	-70.0%
D2. UCR Morbidity	\$	-	\$ 18.88	\$ -18.88	-4.0%
D3. UCR Morbidity	\$	-	\$ 18.88	\$ -18.88	-4.0%
D4. UCR Morbidity	\$	-	\$ 18.88	\$ -18.88	-4.0%
D5. Normalized UCR Risk Adjustment on an allowed basis	\$	115.70	\$ (11.40)	\$ 127.10	11.2%
D6. Normalized Exchange (out of association) on an allowed basis	\$	-	\$ -	\$ 0.00	0.0%
D7. Normalized Exchange (out of association) on an allowed basis	\$	-	\$ -	\$ 0.00	0.0%
D8. Subtotal - Surplus (10)	\$	115.70	\$ 462.41	\$ -346.71	-30.0%
E. Change in Allowable Plan Adjusted Level Components					
E1. Network	\$	-	\$ -	\$ 0.00	0.0%
E2. Pricing At	\$	0.42	\$ (18.23)	\$ -18.65	-20.0%
E3. Benefit Adjustments	\$	0.00	\$ (0.00)	\$ 0.00	0.0%
E4. Catastrophic Eligibility	\$	-	\$ -	\$ 0.00	0.0%
E5. Subtotal - Surplus (14)	\$	0.42	\$ (18.23)	\$ -18.65	-20.0%
F. Change in Miscellaneous Components					
F1. Administrative Expenses	\$	61.42	\$ 61.42	\$ 0.00	0.0%
F2. Taxes and Fees	\$	61.42	\$ 61.42	\$ 0.00	0.0%
F3. Profit and/or Contingency	\$	61.42	\$ 61.42	\$ 0.00	0.0%
F4. Subtotal - Surplus (15)	\$	61.42	\$ 61.42	\$ 0.00	0.0%
G. Change in Miscellaneous Items	\$	-	\$ -	\$ 0.00	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line 4)	\$	70.00	\$ 421.36	\$ 351.36	86.0%

PA Rate Template Part III
Table 10. Plan Rates

Carrier Name:	OCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Small Group
Rate Effective Date:	1/1/2022
Base Period Start Date	1/1/2020
Date of Most Recent Membership:	2/1/2021
Market Adjusted Index Rate:	\$ 702.77

Calibration	
Age Calibration Factor	1.514
Geographic Calibration Factor	1.003
Tobacco Calibration Factor	1.007
Aggregate Calibration Factor	1.526

Total Covered Lives @ 02-01-2021	73,064
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[illegible]

Carrier Name:	CCC Insurance Company, Inc.
Product(s):	WHY
Market Segment:	Small Business
Rate Effective Date:	3/1/2012

[illegible]

PA Rate Quarterly Template Part V Consumer Factors

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

Table 12. Age and Tobacco Factors

Projection Period Age and Tobacco Factors						
Age Band	Age Factor	Tobacco Factor		Age Band	Age Factor	Tobacco Factor
0-14	0.765			40	1.278	1.225
15	0.833			41	1.302	1.225
16	0.859			42	1.325	1.225
17	0.885			43	1.357	1.225
18	0.913	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	1.00
Rating Area 9			

Table 14. Network Factors

[illegible]

Company Name:		ABC Insurance Company	
Market:		Small Group	
Product:		HMO	
Effective Date of Rates:		January 1, 2022	
Ending Date of Rates:		March 31, 2022	
HHS Plan ID (On Exchange)		HHS Plan ID (Off Exchange)	
HHS Plan ID (Off Exchange)		HHS Plan ID (Off Exchange)	
Plan Marketing Name:		Plan Marketing Name:	
Form ID:		Form ID:	
Rating Area:		Rating Area:	
Network:		Network:	
Metal:		Metal:	
Deductible:		Deductible:	
Coinsurance:		Coinsurance:	
OOP Maximum:		OOP Maximum:	
Predicted Cost (Per/Per)		Predicted Cost (Per/Per)	
Age Band:		Age Band:	
0 - 14:		0 - 14:	
15:		15:	
16:		16:	
17:		17:	
18:		18:	
19:		19:	
20:		20:	
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**QCC Insurance Company
Small Group
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0150025	Personal Choice PPO Platinum Preferred \$10/\$20/\$40	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery,
31609PA0150026	Personal Choice PPO Platinum Preferred \$20/\$40/\$60	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150027	Personal Choice PPO Gold Preferred \$40/\$80/\$60	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150028	Personal Choice PPO Gold Classic \$1,500/\$20/\$40	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150029	Personal Choice PPO Silver Classic \$3,750/\$30/\$60	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150030	Personal Choice PPO Platinum HSA-50 \$1,800/100%	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150031	Personal Choice PPO Gold HSA-25 \$2,400/\$25/\$50	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150032	Personal Choice PPO Gold HSA-0 \$2,100/100%	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150034	Personal Choice PPO Silver HSA-0 \$2,100/70%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150035	Personal Choice PPO Silver HSA-0 \$3,000/90%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150036	Personal Choice PPO Bronze HSA-0 \$5,600/50%	PPO	Bronze	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150037	Personal Choice PPO Bronze HSA-0 \$7,050/100%	PPO	Bronze	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150039	Personal Choice PPO Gold HRA-20 \$3,700/100%	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150047	Personal Choice PPO Gold Classic \$2,500 \$40/\$80/	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150048	Personal Choice PPO Silver Classic \$5,000/\$50/\$10	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150049	Personal Choice PPO Silver Secure \$4,750/\$40/\$80	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150050	Personal Choice PPO Silver HSA-0 \$3,700/100%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0170001	Personal Choice EPO Silver HSA-0 \$3,000/80%	EPO	Silver	Off	EPO	8	Philadelphia

Company Name QCC Insurance Company
Market Small Group
RATES FOR AGE 25, NON-TOBACCO USER, BY RATING AREA AND COUNTY

[illegible]

Company Name:		ACE Insurance Company	
Market:		Small Group	
Product:		HMO	
Effective Date of Rates:		April 1, 2022	
Ending Date of Rates:		June 30, 2022	
HHS Plan ID (On Exchange):		HHS Plan ID (Off Exchange):	
Plan Marking Name:		Plan Marking Name:	
Form #		Form #	
Rate Base		Rate Base	
Network		Network	
Metal		Metal	
Deductible		Deductible	
Coinsurance		Coinsurance	
OOP Maximum		OOP Maximum	
Predictive Cost (P/No)		Predictive Cost (P/No)	
Age Band		Age Band	
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**QCC Insurance Company
Small Group
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0150025	Personal Choice PPO Platinum Preferred \$10/\$20/\$40	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150026	Personal Choice PPO Platinum Preferred \$20/\$40/\$60	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150027	Personal Choice PPO Gold Preferred \$40/\$80/\$60	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150028	Personal Choice PPO Gold Classic \$1,500/\$20/\$40	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150029	Personal Choice PPO Silver Classic \$3,750/\$30/\$60	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150030	Personal Choice PPO Platinum HSA-50 \$1,800/100%	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150031	Personal Choice PPO Gold HSA-25 \$2,400/\$25/\$50	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150032	Personal Choice PPO Gold HSA-0 \$2,100/100%	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150034	Personal Choice PPO Silver HSA-0 \$2,100/70%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150035	Personal Choice PPO Silver HSA-0 \$3,000/90%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150036	Personal Choice PPO Bronze HSA-0 \$5,600/50%	PPO	Bronze	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150037	Personal Choice PPO Bronze HSA-0 \$7,050/100%	PPO	Bronze	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150039	Personal Choice PPO Gold HRA-20 \$3,700/100%	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150047	Personal Choice PPO Gold Classic \$2,500 \$40/\$80/\$100	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150048	Personal Choice PPO Silver Classic \$5,000/\$50/\$100	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150049	Personal Choice PPO Silver Secure \$4,750/\$40/\$80	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150050	Personal Choice PPO Silver HSA-0 \$3,700/100%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0170001	Personal Choice EPO Silver HSA-0 \$3,000/80%	EPO	Silver	Off	EPO	8	Philadelphia

[illegible]

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**QCC Insurance Company
Small Group
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0150025	Personal Choice PPO Platinum Preferred \$10/\$20/\$40	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150026	Personal Choice PPO Platinum Preferred \$20/\$40/\$60	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150027	Personal Choice PPO Gold Preferred \$40/\$80/\$60	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150028	Personal Choice PPO Gold Classic \$1,500/\$20/\$40	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150029	Personal Choice PPO Silver Classic \$3,750/\$30/\$60	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150030	Personal Choice PPO Platinum HSA-50 \$1,800/100%	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150031	Personal Choice PPO Gold HSA-25 \$2,400/\$25/\$50	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150032	Personal Choice PPO Gold HSA-0 \$2,100/100%	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150034	Personal Choice PPO Silver HSA-0 \$2,100/70%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150035	Personal Choice PPO Silver HSA-0 \$3,000/90%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150036	Personal Choice PPO Bronze HSA-0 \$5,600/50%	PPO	Bronze	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150037	Personal Choice PPO Bronze HSA-0 \$7,050/100%	PPO	Bronze	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150039	Personal Choice PPO Gold HRA-20 \$3,700/100%	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150047	Personal Choice PPO Gold Classic \$2,500 \$40/\$80/\$100	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150048	Personal Choice PPO Silver Classic \$5,000/\$50/\$100	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150049	Personal Choice PPO Silver Secure \$4,750/\$40/\$80	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150050	Personal Choice PPO Silver HSA-0 \$3,700/100%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0170001	Personal Choice EPO Silver HSA-0 \$3,000/80%	EPO	Silver	Off	EPO	8	Philadelphia

Company Name QCC Insurance Company
Market Small Group
RATES FOR AGE 25, NON-TOBACCO USER, BY RATING AREA AND COUNTY

[illegible]

[illegible]

**QCC Insurance Company
Small Group
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0150025	Personal Choice PPO Platinum Preferred \$10/\$20/\$40	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150026	Personal Choice PPO Platinum Preferred \$20/\$40/\$60	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150027	Personal Choice PPO Gold Preferred \$40/\$80/\$60	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150028	Personal Choice PPO Gold Classic \$1,500/\$20/\$40	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150029	Personal Choice PPO Silver Classic \$3,750/\$30/\$60	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150030	Personal Choice PPO Platinum HSA-50 \$1,800/100%	PPO	Platinum	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150031	Personal Choice PPO Gold HSA-25 \$2,400/\$25/\$50	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150032	Personal Choice PPO Gold HSA-0 \$2,100/100%	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150034	Personal Choice PPO Silver HSA-0 \$2,100/70%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150035	Personal Choice PPO Silver HSA-0 \$3,000/90%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150036	Personal Choice PPO Bronze HSA-0 \$5,600/50%	PPO	Bronze	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150037	Personal Choice PPO Bronze HSA-0 \$7,050/100%	PPO	Bronze	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150039	Personal Choice PPO Gold HRA-20 \$3,700/100%	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150047	Personal Choice PPO Gold Classic \$2,500 \$40/\$80/\$100	PPO	Gold	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150048	Personal Choice PPO Silver Classic \$5,000/\$50/\$100	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150049	Personal Choice PPO Silver Secure \$4,750/\$40/\$80	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0150050	Personal Choice PPO Silver HSA-0 \$3,700/100%	PPO	Silver	Off	PPO	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0170001	Personal Choice EPO Silver HSA-0 \$3,000/80%	EPO	Silver	Off	EPO	8	Philadelphia

Company Name QCC Insurance Company
Market Small Group
RATES FOR AGE 25, NON-TOBACCO USER, BY RATING AREA AND COUNTY

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Unified Rate Review v5.3

Company Legal Name:QCC Insurance Company, Inc.

HIOS Issuer ID:31609

Effective Date of Rate Change(s):1/1/2022

State:PA

Market:Small Group

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.

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:1/1/2020to12/31/2020

	Total	PMPM
Allowed Claims	\$452,268,238.68	\$507.09
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$368,351,936.84	\$413.00
Risk Adjustment	\$23,698,139.86	\$26.57
Experience Period Premium	\$535,642,538.45	\$600.57
Experience Period Member Months	891,890	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$92.00	1.037	1.132	1.037	1.132	\$126.78
Outpatient Hospital	\$115.91	1.036	1.132	1.036	1.132	\$159.42
Professional	\$163.96	1.025	1.132	1.025	1.132	\$220.74
Other Medical	\$0.00	1.025	1.132	1.025	1.132	\$0.00
Capitation	\$6.27	1.000	1.257	1.000	1.257	\$9.91
Prescription Drug	\$128.94	0.995	1.132	0.995	1.132	\$163.58
Total	\$507.08					\$680.42

Morbidity Adjustment	1.052
Demographic Shift	1.006
Plan Design Changes	1.000
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2022	\$720.09
Manual EHB Allowed Claims PMPM	\$720.16
Applied Credibility %	0.00%

Projected Period Totals

Projected Index Rate for 1/1/2022	\$720.16	\$630,428,064.00
Reinsurance	\$0.00	\$0.00
Risk Adjustment Payment/Charge	\$17.39	\$15,223,206.00
Exchange User Fees	0.00%	\$0.00
Market Adjusted Index Rate	\$702.77	\$615,204,858.00
Projected Member Months	875,400	

Information Not Releasable to the Public Unless Authorized by Law:

This information has not been publicly 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.

1 of 1

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 Small Group ACA compliant products, effective from January 1, 2022. The proposed revisions to each plan are shown on the second page of this exhibit.

About 73,000 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%.

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 8.4% 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.

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	1Q % Change	2Q % Change	3Q % Change	4Q % Change
31609PA0150025	Personal Choice PPO Platinum Preferred \$10/\$20/\$200	3.4%	3.3%	5.3%	5.2%
31609PA0150026	Personal Choice PPO Platinum Preferred \$20/\$40/\$250	3.4%	3.3%	5.3%	5.1%
31609PA0150027	Personal Choice PPO Gold Preferred \$40/\$80/\$600	2.6%	2.5%	4.5%	4.3%
31609PA0150028	Personal Choice PPO Gold Classic \$1,500/\$20/\$40/80%	2.4%	2.3%	4.2%	4.1%
31609PA0150029	Personal Choice PPO Silver Classic \$3,750/\$30/\$60/70%	3.2%	3.1%	5.1%	5.0%
31609PA0150030	Personal Choice PPO Platinum HSA-50 \$1,800/100%	3.7%	3.6%	5.6%	5.5%
31609PA0150031	Personal Choice PPO Gold HSA-25 \$2,400/\$25/\$50/90%	2.7%	2.6%	4.6%	4.5%
31609PA0150032	Personal Choice PPO Gold HSA-0 \$2,100/100%	2.9%	2.8%	4.8%	4.7%
31609PA0150034	Personal Choice PPO Silver HSA-0 \$2,100/70%	2.6%	2.5%	4.5%	4.4%
31609PA0150035	Personal Choice PPO Silver HSA-0 \$3,000/90%	2.6%	2.5%	4.5%	4.4%
31609PA0150036	Personal Choice PPO Bronze HSA-0 \$5,600/50%	2.3%	2.2%	4.1%	4.0%
31609PA0150037	Personal Choice PPO Bronze HSA-0 \$7,000/100%	3.9%	3.8%	5.8%	5.7%
31609PA0150039	Personal Choice PPO Gold HRA-20 \$3,700/100%	2.8%	2.7%	4.7%	4.6%
31609PA0150047	Personal Choice PPO Gold Classic \$2,500/\$40/\$80/100%	2.5%	2.4%	4.4%	4.3%
31609PA0150048	Personal Choice PPO Silver Classic \$5,000/\$50/\$100/90%	2.4%	2.3%	4.3%	4.2%
31609PA0150049	Personal Choice PPO Silver Secure \$4,750/\$40/\$80/\$600	2.5%	2.4%	4.3%	4.2%
31609PA0150050	Personal Choice PPO Silver HSA-0 \$3,700/100%	2.6%	2.5%	4.5%	4.4%
31609PA0170001	Personal Choice EPO Silver HSA-0 \$3,000/80%	2.6%	2.5%	4.5%	4.4%

GENERAL OVERVIEW

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) to provide certain information to support the gross premium for the single risk pool for small group market health care insurance underwritten by 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: Small Group

Effective Date(s): 1/1/2022-3/31/2022, 4/1/2022 – 6/30/2022, 7/1/2022 – 9/30/2022,
10/1/2022 – 12/31/2022

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 small group 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:

Primary Contact Telephone Number:

Primary Contact Email Address:

PROPOSED RATE INCREASE

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

We are projecting that claims will increase by 8.4% in 2022. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

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

The weighted average increase across QCC plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is 2.9%. The minimum increase is 2.3% and the maximum increase is 3.9%.

WORKSHEET 1: MARKET EXPERIENCE

SECTION I: EXPERIENCE PERIOD DATA

SINGLE RISK POOL

The single risk pool reflects all covered lives for every small group non-grandfathered product and plan combination for QCC 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 small group 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

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

COVID-19 Impact

Demographic Shift

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

Plan Design Changes

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

Other Changes

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

Trend Factors

a. Annualized Cost Trend

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

b. Annualized Utilization Trend

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

c. Quarterly Premium Trend

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

CREDIBILITY MANUAL RATE DEVELOPMENT

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

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

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustment PMPM

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

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2020 risk transfer results.

MARKET ADJUSTED INDEX RATE

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

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

WORKSHEET 2: PRODUCT-PLAN DATA COLLECTION

SECTION I: GENERAL PRODUCT AND PLAN INFORMATION

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

AV METAL VALUES

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

SECTION II: EXPERIENCE PERIOD AND CURRENT PLAN LEVEL INFORMATION

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

SECTION III: PLAN ADJUSTMENT FACTORS

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

PLAN ADJUSTED INDEX RATE

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

NON-BENEFIT EXPENSES AND PROFIT & RISK

Administrative Expense Load

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

Profit & Risk Load/Contribution to Surplus

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

Taxes and Fees

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

CALIBRATION

The plan adjusted index rate is projected for all products using the same anticipated age distribution and the mandated age curve. Therefore the consumer adjusted premium rate is the plan adjusted index rate divided by the average age, geographic and tobacco factors for the expected distribution. The average age of the combined small group risk pool population is 36.

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 Small Group Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2022. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

TERMINATED PLANS

There are no plans being terminated during 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, [REDACTED], am Director & Actuary of Commercial Markets for the Independence Blue Cross Family of Companies. I am a member of the Society of Actuaries and the American Academy of Actuaries in good standing with the education and experience necessary to perform the work necessary and meet the Qualification Standards of the American Academy of Actuaries to render the qualified actuarial opinion contained herein. The developed rates and memorandum have been prepared in conformity with appropriate Actuarial Standards of Practice and the Academy's Code of Professional Conduct.

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

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

- The projected index rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
 - Developed in compliance with applicable Actuarial Standards of Practice;
 - Reasonable in relation to the benefits provided and the population anticipated to be covered; and
 - Neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- Geographic rating factors reflect only differences in the costs of delivery of and do not include differences for population morbidity by geographic area.
- The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. When an alternate methodology was used to calculate the AV Metal Value a copy of the actuarial certification required by 45 CFR Part 156, §156.135 was included.

[REDACTED]
May 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	230000	1.2	1.1	12.5%	3.2%
	Product B	850000	800000	180000	160000	0.8	0.7	8.7%	2.1%
	Product C	600000	580000	120000	110000	0.6	0.5	5.4%	1.5%
	Product D	450000	430000	90000	85000	0.4	0.3	4.2%	0.9%
	Product E	300000	280000	60000	55000	0.3	0.2	3.1%	0.7%
	Product F	200000	190000	40000	38000	0.2	0.1	2.0%	0.4%
	Product G	150000	140000	30000	28000	0.1	0.0	1.5%	0.2%
	Product H	100000	95000	20000	19000	0.0	0.0	1.0%	0.1%
	Product I	80000	75000	16000	15000	0.0	0.0	0.8%	0.1%
	Product J	50000	48000	10000	9500	0.0	0.0	0.5%	0.0%
Beta Inc	Product A	950000	900000	200000	180000	0.9	0.8	10.1%	2.8%
	Product B	700000	650000	150000	130000	0.7	0.6	7.3%	1.9%
	Product C	500000	480000	100000	95000	0.5	0.4	5.0%	1.2%
	Product D	350000	330000	70000	65000	0.3	0.2	3.8%	0.8%
	Product E	250000	230000	50000	45000	0.2	0.1	2.5%	0.6%
	Product F	180000	170000	36000	34000	0.1	0.0	1.8%	0.4%
	Product G	120000	110000	24000	22000	0.0	0.0	1.2%	0.2%
	Product H	80000	75000	16000	15000	0.0	0.0	0.9%	0.1%
	Product I	60000	55000	12000	11000	0.0	0.0	0.6%	0.1%
	Product J	40000	38000	8000	7500	0.0	0.0	0.4%	0.0%
Gamma Ltd	Product A	1100000	1050000	220000	200000	1.1	1.0	11.2%	3.0%
	Product B	800000	750000	160000	140000	0.8	0.7	9.3%	2.5%
	Product C	650000	600000	130000	115000	0.6	0.5	6.1%	1.6%
	Product D	400000	380000	80000	75000	0.4	0.3	4.0%	0.9%
	Product E	280000	260000	56000	52000	0.2	0.1	2.8%	0.7%
	Product F	190000	180000	38000	36000	0.1	0.0	1.9%	0.4%
	Product G	130000	120000	26000	24000	0.0	0.0	1.3%	0.2%
	Product H	90000	85000	18000	17000	0.0	0.0	1.1%	0.1%
	Product I	70000	65000	14000	13000	0.0	0.0	0.7%	0.1%
	Product J	55000	50000	11000	10000	0.0	0.0	0.6%	0.0%
Delta Co	Product A	900000	850000	180000	160000	0.9	0.8	9.8%	2.7%
	Product B	680000	630000	136000	120000	0.6	0.5	6.8%	1.7%
	Product C	550000	520000	110000	100000	0.5	0.4	5.2%	1.3%
	Product D	380000	350000	76000	70000	0.3	0.2	3.6%	0.8%
	Product E	260000	240000	52000	48000	0.2	0.1	2.6%	0.6%
	Product F	170000	160000	34000	32000	0.1	0.0	1.7%	0.4%
	Product G	110000	100000	22000	20000	0.0	0.0	1.1%	0.2%
	Product H	75000	70000	15000	14000	0.0	0.0	0.9%	0.1%
	Product I	58000	53000	11600	10600	0.0	0.0	0.6%	0.1%
	Product J	45000	40000	9000	8000	0.0	0.0	0.5%	0.0%
Epsilon LLC	Product A	1050000	1000000	210000	190000	1.0	0.9	10.5%	2.9%
	Product B	780000	730000	156000	138000	0.7	0.6	8.9%	2.3%
	Product C	620000	580000	124000	112000	0.5	0.4	5.5%	1.4%
	Product D	420000	390000	84000	78000	0.4	0.3	4.1%	0.9%
	Product E	290000	270000	58000	54000	0.2	0.1	2.9%	0.7%
	Product F	200000	190000	40000	38000	0.1	0.0	2.0%	0.4%
	Product G	140000	130000	28000	26000	0.0	0.0	1.4%	0.2%
	Product H	105000	98000	21000	19500	0.0	0.0	1.0%	0.1%
	Product I	85000	78000	17000	15600	0.0	0.0	0.8%	0.1%
	Product J	65000	60000	13000	12000	0.0	0.0	0.7%	0.0%
Zeta Corp	Product A	1150000	1100000	230000	210000	1.1	1.0	11.5%	3.1%
	Product B	820000	770000	164000	146000	0.8	0.7	9.5%	2.6%
	Product C	680000	630000	136000	120000	0.6	0.5	6.5%	1.5%
	Product D	480000	450000	96000	90000	0.4	0.3	4.5%	1.0%
	Product E	320000	300000	64000	60000	0.2	0.1	3.2%	0.8%
	Product F	220000	210000	44000	42000	0.1	0.0	2.2%	0.5%
	Product G	150000	140000	30000	28000	0.0	0.0	1.5%	0.2%
	Product H	110000	100000	22000	20000	0.0	0.0	1.1%	0.1%
	Product I	90000	80000	18000	16000	0.0	0.0	0.9%	0.1%
	Product J	70000	65000	14000	13000	0.0	0.0	0.7%	0.0%
Eta Inc	Product A	1000000	950000	200000	180000	1.0	0.9	10.0%	2.8%
	Product B	750000	700000	150000	135000	0.7	0.6	8.3%	2.2%
	Product C	600000	550000	120000	105000	0.5	0.4	5.0%	1.3%
	Product D	400000	370000	80000	74000	0.3	0.2	3.7%	0.8%
	Product E	270000	250000	54000	50000	0.2	0.1	2.7%	0.6%
	Product F	180000	170000	36000	34000	0.1	0.0	1.8%	0.4%
	Product G	120000	110000	24000	22000	0.0	0.0	1.2%	0.2%
	Product H	90000	85000	18000	17000	0.0	0.0	1.0%	0.1%
	Product I	70000	65000	14000	13000	0.0	0.0	0.7%	0.1%
	Product J	50000	45000	10000	9000	0.0	0.0	0.5%	0.0%
Theta Co	Product A	1250000	1200000	250000	230000	1.2	1.1	12.5%	3.3%
	Product B	900000	850000	180000	160000	0.9	0.8	10.0%	2.9%
	Product C	700000	650000	140000	125000	0.7	0.6	7.7%	2.0%
	Product D	500000	470000	100000	93000	0.5	0.4	5.3%	1.4%
	Product E	350000	320000	70000	64000	0.3	0.2	3.9%	0.9%
	Product F	240000	220000	48000	44000	0.2	0.1	2.4%	0.6%
	Product G	160000	150000	32000	30000	0.0	0.0	1.6%	0.2%
	Product H	120000	110000	24000	22000	0.0	0.0	1.2%	0.2%
	Product I	90000	80000	18000	16000	0.0	0.0	0.9%	0.1%
	Product J	60000	55000	12000	11000	0.0	0.0	0.6%	0.0%
Iota LLC	Product A	1100000	1050000	220000	200000	1.1	1.0	11.0%	3.0%
	Product B	850000	800000	170000	155000	0.8	0.7	9.0%	2.5%
	Product C	650000	600000	130000	115000	0.6	0.5	6.0%	1.5%
	Product D	450000	420000	90000	84000	0.4	0.3	4.2%	0.9%
	Product E	300000	280000	60000	56000	0.2	0.1	3.0%	0.7%
	Product F	210000	190000	42000	38000	0.1	0.0	2.1%	0.4%
	Product G	140000	130000	28000	26000	0.0	0.0	1.4%	0.2%
	Product H	100000	95000	20000	19000	0.0	0.0	1.0%	0.1%
	Product I	80000	75000	16000	15000	0.0	0.0	0.8%	0.1%
	Product J	60000	55000	12000	11000	0.0	0.0	0.6%	0.0%
Kappa Corp	Product A	1300000	1250000	260000	240000	1.3	1.2	13.0%	3.4%
	Product B	950000	900000	190000	170000	0.9	0.8	10.5%	3.0%
	Product C	750000	700000	150000	135000	0.7	0.6	8.3%	2.1%
	Product D	550000	520000	110000	100000	0.5	0.4	5.5%	1.4%
	Product E	380000	350000	76000	70000	0.3	0.2	4.0%	1.0%
	Product F	260000	240000	52000	48000	0.2	0.1	2.6%	0.7%
	Product G	170000	160000	34000	32000	0.0	0.0	1.7%	0.4%
	Product H	130000	120000	26000	24000	0.0	0.0	1.3%	0.2%
	Product I	100000	90000	20000	18000	0.0	0.0	1.0%	0.1%
	Product J	70000	65000	14000	13000	0.0	0.0	0.7%	0.0%
Lambda Inc	Product A	1400000	1350000	280000	260000	1.4	1.3	14.0%	3.5%
	Product B	1000000	950000	200000	180000	1.0	0.9	10.0%	3.1%
	Product C	800000	750000	160000	145000	0.8	0.7	9.3%	2.3%
	Product D	600000	550000	120000	105000	0.6	0.5	6.7%	1.6%
	Product E	400000	370000	80000	74000	0.4	0.3	4.4%	1.1%
	Product F	280000	260000	56000	52000	0.2	0.1	2.8%	0.8%
	Product G	180000	170000	36000	34000	0.0	0.0	1.8%	0.5%
	Product H	140000	130000	28000	26000	0.0	0.0	1.4%	0.2%
	Product I	110000	100000	22000	20000	0.0	0.0	1.1%	0.1%
	Product J	80000	70000	16000	14000	0.0	0.0	0.8%	0.0%
Mu Co	Product A	1500000	1450000	300000	280000	1.5	1.4	15.0%	3.6%
	Product B	1100000	1050000	220000	200000	1.1	1.0	11.0%	3.2%
	Product C	900000	850000	180000	165000	0.9	0.8	10.0%	2.4%
	Product D	700000	650000	140000	125000	0.7	0.6	8.6%	1.7%
	Product E	500000	470000	100000	93000	0.5	0.4	5.7%	1.5%
	Product F	350000	320000	70000	64000	0.3	0.2	4.3%	1.2%
	Product G	220000	210000	44000	42000	0.1	0.0	2.2%	0.6%
	Product H	160000	150000	32000	30000	0.0	0.0	1.6%	0.3%
Nu LLC	Product A	1600000	1550000	320000	300000	1.6	1.5	16.0%	3.7%
	Product B	1200000	1150000	240000	220000	1.2	1.1	12.0%	3.3%
	Product C	1000000	950000	200000	180000	1.0	0.9	10.5%	2.5%
	Product D	800000	750000	160000	145000	0.8	0.7	9.5%	1.8%
	Product E	600000	550000	120000	105000	0.6	0.5	6.9%	1.6%
	Product F	450000	420000	90000	84000	0.4	0.3	4.6%	1.3%
	Product G	300000	280000	60000	56000	0.2	0.1	3.0%	0.9%
	Product H	200000	190000	40000	38000	0.0	0.0	2.0%	0.5%

Project Overview		Financial Summary		Operational Data		Compliance & Audit	
Project ID	Project Name	Budget (USD)	Actual Cost (USD)	Units Produced	Quality Score	Compliance Status	Audit Findings
001	Alpha Project	1000000	980000	15000	95	Compliant	Minor issues
002	Beta Project	2500000	2600000	30000	88	Non-Compliant	Major issues
003	Gamma Project	500000	510000	8000	92	Compliant	Minor issues
004	Delta Project	750000	730000	12000	90	Compliant	Minor issues
005	Epsilon Project	1200000	1180000	18000	93	Compliant	Minor issues
006	Zeta Project	3000000	3100000	40000	85	Non-Compliant	Major issues
007	Eta Project	600000	620000	10000	91	Compliant	Minor issues
008	Theta Project	900000	890000	14000	94	Compliant	Minor issues
009	Iota Project	1100000	1090000	16000	96	Compliant	Minor issues
010	Kappa Project	1300000	1320000	19000	89	Non-Compliant	Major issues
011	Lambda Project	1500000	1480000	22000	92	Compliant	Minor issues
012	Mu Project	1700000	1710000	25000	87	Non-Compliant	Major issues
013	Nu Project	1900000	1890000	28000	91	Compliant	Minor issues
014	Xi Project	2100000	2120000	31000	86	Non-Compliant	Major issues
015	Omicron Project	2300000	2280000	34000	90	Compliant	Minor issues
016	Pi Project	2500000	2510000	37000	88	Non-Compliant	Major issues
017	Rho Project	2700000	2690000	40000	93	Compliant	Minor issues
018	Sigma Project	2900000	2920000	43000	87	Non-Compliant	Major issues
019	Tau Project	3100000	3080000	46000	91	Compliant	Minor issues
020	Upsilon Project	3300000	3310000	49000	86	Non-Compliant	Major issues
021	Phi Project	3500000	3490000	52000	90	Compliant	Minor issues
022	Chi Project	3700000	3720000	55000	88	Non-Compliant	Major issues
023	Psi Project	3900000	3890000	58000	92	Compliant	Minor issues
024	Omega Project	4100000	4110000	61000	87	Non-Compliant	Major issues
025	Alpha Project	1000000	980000	15000	95	Compliant	Minor issues
026	Beta Project	2500000	2600000	30000	88	Non-Compliant	Major issues
027	Gamma Project	500000	510000	8000	92	Compliant	Minor issues
028	Delta Project	750000	730000	12000	90	Compliant	Minor issues
029	Epsilon Project	1200000	1180000	18000	93	Compliant	Minor issues
030	Zeta Project	3000000	3100000	40000	85	Non-Compliant	Major issues
031	Eta Project	600000	620000	10000	91	Compliant	Minor issues
032	Theta Project	900000	890000	14000	94	Compliant	Minor issues
033	Iota Project	1100000	1090000	16000	96	Compliant	Minor issues
034	Kappa Project	1300000	1320000	19000	89	Non-Compliant	Major issues
035	Lambda Project	1500000	1480000	22000	92	Compliant	Minor issues
036	Mu Project	1700000	1710000	25000	87	Non-Compliant	Major issues
037	Nu Project	1900000	1890000	28000	91	Compliant	Minor issues
038	Xi Project	2100000	2120000	31000	86	Non-Compliant	Major issues
039	Omicron Project	2300000	2280000	34000	90	Compliant	Minor issues
040	Pi Project	2500000	2510000	37000	88	Non-Compliant	Major issues
041	Rho Project	2700000	2690000	40000	93	Compliant	Minor issues
042	Sigma Project	2900000	2920000	43000	87	Non-Compliant	Major issues
043	Tau Project	3100000	3080000	46000	91	Compliant	Minor issues
044	Upsilon Project	3300000	3310000	49000	86	Non-Compliant	Major issues
045	Phi Project	3500000	3490000	52000	90	Compliant	Minor issues
046	Chi Project	3700000	3720000	55000	88	Non-Compliant	Major issues
047	Psi Project	3900000	3890000	58000	92	Compliant	Minor issues
048	Omega Project	4100000	4110000	61000	87	Non-Compliant	Major issues
049	Alpha Project	1000000	980000	15000	95	Compliant	Minor issues
050	Beta Project	2500000	2600000	30000	88	Non-Compliant	Major issues
051	Gamma Project	500000	510000	8000	92	Compliant	Minor issues
052	Delta Project	750000	730000	12000	90	Compliant	Minor issues
053	Epsilon Project	1200000	1180000	18000	93	Compliant	Minor issues
054	Zeta Project	3000000	3100000	40000	85	Non-Compliant	Major issues
055	Eta Project	600000	620000	10000	91	Compliant	Minor issues
056	Theta Project	900000	890000	14000	94	Compliant	Minor issues
057	Iota Project	1100000	1090000	16000	96	Compliant	Minor issues
058	Kappa Project	1300000	1320000	19000	89	Non-Compliant	Major issues
059	Lambda Project	1500000	1480000	22000	92	Compliant	Minor issues
060	Mu Project	1700000	1710000	25000	87	Non-Compliant	Major issues
061	Nu Project	1900000	1890000	28000	91	Compliant	Minor issues
062	Xi Project	2100000	2120000	31000	86	Non-Compliant	Major issues
063	Omicron Project	2300000	2280000	34000	90	Compliant	Minor issues
064	Pi Project	2500000	2510000	37000	88	Non-Compliant	Major issues
065	Rho Project	2700000	2690000	40000	93	Compliant	Minor issues
066	Sigma Project	2900000	2920000	43000	87	Non-Compliant	Major issues
067	Tau Project	3100000	3080000	46000	91	Compliant	Minor issues
068	Upsilon Project	3300000	3310000	49000	86	Non-Compliant	Major issues
069	Phi Project	3500000	3490000	52000	90	Compliant	Minor issues
070	Chi Project	3700000	3720000	55000	88	Non-Compliant	Major issues
071	Psi Project	3900000	3890000	58000	92	Compliant	Minor issues
072	Omega Project	4100000	4110000	61000	87	Non-Compliant	Major issues
073	Alpha Project	1000000	980000	15000	95	Compliant	Minor issues
074	Beta Project	2500000	2600000	30000	88	Non-Compliant	Major issues
075	Gamma Project	500000	510000	8000	92	Compliant	Minor issues
076	Delta Project	750000	730000	12000	90	Compliant	Minor issues
077	Epsilon Project	1200000	1180000	18000	93	Compliant	Minor issues
078	Zeta Project	3000000	3100000	40000	85	Non-Compliant	Major issues
079	Eta Project	600000	620000	10000	91	Compliant	Minor issues
080	Theta Project	900000	890000	14000	94	Compliant	Minor issues
081	Iota Project	1100000	1090000	16000	96	Compliant	Minor issues
082	Kappa Project	1300000	1320000	19000	89	Non-Compliant	Major issues
083	Lambda Project	1500000	1480000	22000	92	Compliant	Minor issues
084	Mu Project	1700000	1710000	25000	87	Non-Compliant	Major issues
085	Nu Project	1900000	1890000	28000	91	Compliant	Minor issues
086	Xi Project	2100000	2120000	31000	86	Non-Compliant	Major issues
087	Omicron Project	2300000	2280000	34000	90	Compliant	Minor issues
088	Pi Project	2500000	2510000	37000	88	Non-Compliant	Major issues
089	Rho Project	2700000	2690000	40000	93	Compliant	Minor issues
090	Sigma Project	2900000	2920000	43000	87	Non-Compliant	Major issues
091	Tau Project	3100000	3080000	46000	91	Compliant	Minor issues
092	Upsilon Project	3300000	3310000	49000	86	Non-Compliant	Major issues
093	Phi Project	3500000	3490000	52000	90	Compliant	Minor issues
094	Chi Project	3700000	3720000	55000	88	Non-Compliant	Major issues
095	Psi Project	3900000	3890000	58000	92	Compliant	Minor issues
096	Omega Project	4100000	4110000	61000	87	Non-Compliant	Major issues
097	Alpha Project	1000000	980000	15000	95	Compliant	Minor issues
098	Beta Project	2500000	2600000	30000	88	Non-Compliant	Major issues
099	Gamma Project	500000	510000	8000	92	Compliant	Minor issues
100	Delta Project	750000	730000	12000	90	Compliant	Minor issues

Project Information		Financial Summary		Operational Data		Compliance & Audit	
Project ID	Project Name	Budget (USD)	Actual Cost (USD)	Units Produced	Quality Score	Compliance Status	Audit Findings
001	Alpha Project	100000	98000	1500	95	Compliant	None
002	Beta Project	250000	260000	3000	88	Minor Issues	Documentation Gap
003	Gamma Project	500000	490000	6000	92	Compliant	None
004	Delta Project	750000	760000	9000	85	Major Issues	Safety Protocol Breach
005	Epsilon Project	1000000	990000	12000	90	Compliant	None
006	Zeta Project	1250000	1270000	15000	82	Major Issues	Resource Allocation Error
007	Eta Project	1500000	1480000	18000	88	Minor Issues	Communication Breakdown
008	Theta Project	1750000	1760000	21000	78	Major Issues	Timeline Missed
009	Iota Project	2000000	1990000	24000	90	Compliant	None
010	Kappa Project	2250000	2270000	27000	85	Minor Issues	Material Quality Concern
011	Lambda Project	2500000	2510000	30000	80	Major Issues	Design Change Impact
012	Mu Project	2750000	2760000	33000	75	Major Issues	Supplier Reliability
013	Nu Project	3000000	2990000	36000	88	Minor Issues	Logistics Delay
014	Xi Project	3250000	3270000	39000	82	Major Issues	Inventory Management
015	Omicron Project	3500000	3480000	42000	85	Minor Issues	Quality Control Process
016	Pi Project	3750000	3760000	45000	78	Major Issues	Team Coordination
017	Rho Project	4000000	3990000	48000	80	Minor Issues	Documentation Update
018	Sigma Project	4250000	4270000	51000	75	Major Issues	Resource Shortage
019	Tau Project	4500000	4480000	54000	88	Minor Issues	Communication Improvement
020	Upsilon Project	4750000	4760000	57000	82	Major Issues	Timeline Adjustment
021	Phi Project	5000000	4990000	60000	85	Minor Issues	Material Sourcing
022	Chi Project	5250000	5270000	63000	78	Major Issues	Design Review
023	Psi Project	5500000	5480000	66000	80	Minor Issues	Logistics Optimization
024	Omega Project	5750000	5760000	69000	75	Major Issues	Inventory Audit
025	Alpha Project	6000000	5990000	72000	88	Minor Issues	Quality Assurance
026	Beta Project	6250000	6270000	75000	82	Major Issues	Team Training
027	Gamma Project	6500000	6480000	78000	85	Minor Issues	Documentation Review
028	Delta Project	6750000	6760000	81000	78	Major Issues	Resource Allocation
029	Epsilon Project	7000000	6990000	84000	80	Minor Issues	Communication Protocol
030	Zeta Project	7250000	7270000	87000	75	Major Issues	Timeline Management
031	Eta Project	7500000	7480000	90000	88	Minor Issues	Material Inspection
032	Theta Project	7750000	7760000	93000	82	Major Issues	Design Validation
033	Iota Project	8000000	7990000	96000	85	Minor Issues	Logistics Planning
034	Kappa Project	8250000	8270000	99000	78	Major Issues	Inventory Control
035	Lambda Project	8500000	8480000	102000	80	Minor Issues	Quality Monitoring
036	Mu Project	8750000	8760000	105000	75	Major Issues	Team Performance
037	Nu Project	9000000	8990000	108000	88	Minor Issues	Documentation Accuracy
038	Xi Project	9250000	9270000	111000	82	Major Issues	Resource Efficiency
039	Omicron Project	9500000	9480000	114000	85	Minor Issues	Communication Clarity
040	Pi Project	9750000	9760000	117000	78	Major Issues	Timeline Adherence
041	Rho Project	10000000	9990000	120000	80	Minor Issues	Material Consistency
042	Sigma Project	10250000	10270000	123000	75	Major Issues	Design Finalization
043	Tau Project	10500000	10480000	126000	88	Minor Issues	Logistics Execution
044	Upsilon Project	10750000	10760000	129000	82	Major Issues	Inventory Accuracy
045	Phi Project	11000000	10990000	132000	85	Minor Issues	Quality Enhancement
046	Chi Project	11250000	11270000	135000	78	Major Issues	Team Collaboration
047	Psi Project	11500000	11480000	138000	80	Minor Issues	Documentation Completeness
048	Omega Project	11750000	11760000	141000	75	Major Issues	Resource Utilization
049	Alpha Project	12000000	11990000	144000	88	Minor Issues	Communication Effectiveness
050	Beta Project	12250000	12270000	147000	82	Major Issues	Timeline Precision
051	Gamma Project	12500000	12480000	150000	85	Minor Issues	Material Reliability
052	Delta Project	12750000	12760000	153000	78	Major Issues	Design Robustness</

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000
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Cover Page

HIOS Issuer ID: 31609

HIOS Product ID: 31609PA015

This single PDF file contains two 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: 31609PA015

Applicable HIOS Plan IDs (Standard Component): 31609PA0150025, 31609PA0150026, 31609PA0150027, 31609PA0150028, 31609PA0150047, 31609PA0150049, 31609PA0150048, 31609PA0150029

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 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, while lab work done by a hospital has 50% coinsurance after deductible (if applicable). 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.

31609PA0150028, 31609PA0150047, 31609PA0150048, and 31609PA0150029 have cost-sharing for outpatient facility fee which varies by site of service. 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.

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, and outpatient facility site of service cost-sharing and the copays of primary care and specialist physicians.

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:

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 physical therapy and radiology site-of-service utilization, we used our commercial PPO 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.

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 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:

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 83.4% 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.

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.

Outpatient Facility Fee Site-of-service Differential

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 weighted average of the coinsurance at a hospital and the coinsurance at an ambulatory surgery center.

HIOS ID	Service Type	Cost-sharing		AV Input
		Preferred Site	Non-preferred Site	
31609PA0150025	Phys. Ther.	\$20	\$50	\$23.60
	X-rays	\$50	\$150	\$105.00
	Imaging	\$125	\$250	\$193.75
31609PA0150026	Phys. Ther.	\$40	\$70	\$43.60
	X-rays	\$50	\$150	\$105.00
	Imaging	\$125	\$250	\$193.75
31609PA0150027	Phys. Ther.	\$80	\$110	\$83.60
	X-rays	\$70	\$175	\$127.75
	Imaging	\$150	\$300	\$232.50
31609PA0150028	Phys. Ther.	\$40	\$80	\$44.80
	X-rays	80%	60%	64%
	Imaging	80%	60%	65%
	OP Facility	80%	50%	56%
31609PA0150047	Phys. Ther.	\$80	\$110	\$83.60
	X-rays	\$70	\$175	\$127.75
	Imaging	\$150	\$300	\$232.50
	OP Facility	100%	70%	76%
31609PA0150049	Phys. Ther.	\$80	\$110	\$83.60
	X-rays	\$80	\$200	\$146.00
	Imaging	\$200	\$400	\$310.00
31609PA0150048	Phys. Ther.	\$100	\$130	\$103.60
	X-rays	\$80	\$200	\$146.00
	Imaging	\$200	\$400	\$310.00
	OP Facility	90%	70%	74%
31609PA0150029	Phys. Ther.	\$60	\$90	\$63.60
	X-rays	70%	50%	54%
	Imaging	70%	50%	55%
	OP Facility	70%	50%	54%

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	
31609PA0150025	\$10	\$5	\$9.25
31609PA0150026	\$20	\$15	\$19.25
31609PA0150027	\$40	\$30	\$38.50
31609PA0150028	\$20	\$15	\$19.25
31609PA0150047	\$40	\$30	\$38.50
31609PA0150049	\$40	\$30	\$38.50
31609PA0150048	\$50	\$35	\$47.75
31609PA0150029	\$30	\$20	\$28.50

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.

HIOS_ID	Cost - sharing		AV Input
	SP	Virtual SP	
31609PA0150025	\$20	\$10	\$19.00
31609PA0150026	\$40	\$25	\$38.50
31609PA0150027	\$80	\$55	\$77.50
31609PA0150028	\$40	\$25	\$38.50
31609PA0150047	\$80	\$55	\$77.50
31609PA0150049	\$80	\$55	\$77.50
31609PA0150048	\$100	\$70	\$97.00
31609PA0150029	\$60	\$40	\$58.00

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

Laboratory Site-of-service Differential for Plans with Deductible

For the lab site of service cost-sharing, our recent data indicated that 20% of lab claims came from the hospital setting.

Using the AV calculation resulting from method 156.135(b)(2), two separate AVs were calculated; the first AV was calculated with zero lab cost-sharing to reflect lab work done by at an office or free-standing facility, and the second AV was calculated with 50% coinsurance after deductible to reflect lab work done by a hospital. The final AV for the plan was then calculated by taking a weighted average of the two AVs using the utilizations by lab site. The following exhibit details this calculation.

HIOS ID	AV		
	Free-standing	Hospital	Average
31609PA0150028	80.15%	78.67%	79.85%
31609PA0150047	79.97%	78.22%	79.62%
31609PA0150049	71.69%	69.70%	71.29%
31609PA0150048	71.11%	69.07%	70.70%
31609PA0150029	72.28%	70.47%	71.91%

Utilization	80%	20%
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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: 31609PA015

Applicable HIOS Plan IDs (Standard Component): 31609PA0150031

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 evaluation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost sharing 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 the copays of primary care and specialist physicians.

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

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

Description of the standardized plan population data used:

For 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		
HIOS_ID	PCP	Virtual PCP	AV Input
31609PA0150031	\$25	\$20	\$24.25

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		
HIOS_ID	SP	Virtual SP	AV Input
31609PA0150031	\$50	\$35	\$48.50

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 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	1.513	1.514	1.001
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.006	1.007	1.001
Total change			1.002

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	1.001
	EPO	0.951

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 8 and 24)

Redacted AV Screenshots (pages 9-21 and 25)


2021 and 2022 Service Area


Issuer: QCC Insurance Company

Market: Small Group



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 \$13.00.**

The calculation is shown on Tab Q1a of the "QCC Small Group 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 Small Group 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 Small Group 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 Small Group 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 Small Group 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 Small Group 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 Small Group Response to June 10 Obj” excel worksheet.

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

- 7. 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.

- 8. 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 Small Group Response to June 10 Obj” excel worksheet.

- 9. 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.

- 10. 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 Small Group Response to June 10 Obj” excel worksheet.

- 11. 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
- 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 Q11 of the “QCC Small Group Response to June 10 Obj” excel worksheet.

- 12. 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.

- 13. 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 Q13 of the “QCC Small Group Response to June 10 Obj” excel worksheet.

14. 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.

15. 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 Q15 of the “QCC Small Group Response to June 10 Obj” excel worksheet.

16. 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.

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.

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

Please see tab Q17 of the “QCC Small Group Response to June 10 Obj” excel worksheet.

18. 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.

19. Please provide an explanation for the assumed annual trend factor shown in Table 5A, which differs from the trend in Table 3b.

We used a 6.14% annual trend in Table 5A. We feel that a more moderate trend is appropriate for projecting the quarterly rates which will be in force into 2023.

QCC Small Group

Metal	BMMO	PLRS		ARF	GCF	IDF	AV	Product w Risk	Product w/o Risk	
Plat	226,548	1.608		1.498		0.990	1.150	0.900	1.831	1.535
Gold	293,004	1.283		1.481		0.990	1.080	0.800	1.372	1.266
Silver	212,136	1.049		1.522		0.990	1.030	0.700	1.069	1.086
Bronze	143,712	0.952		1.595		0.990	1.000	0.600	0.943	0.947
Total	875,400	1.256		1.514		0.990	1.073	0.769	1.347	1.240
Est. StateWide Average		1.244	\$ 459.80	1.506		1.00	1.078	0.786	1.341	1.276

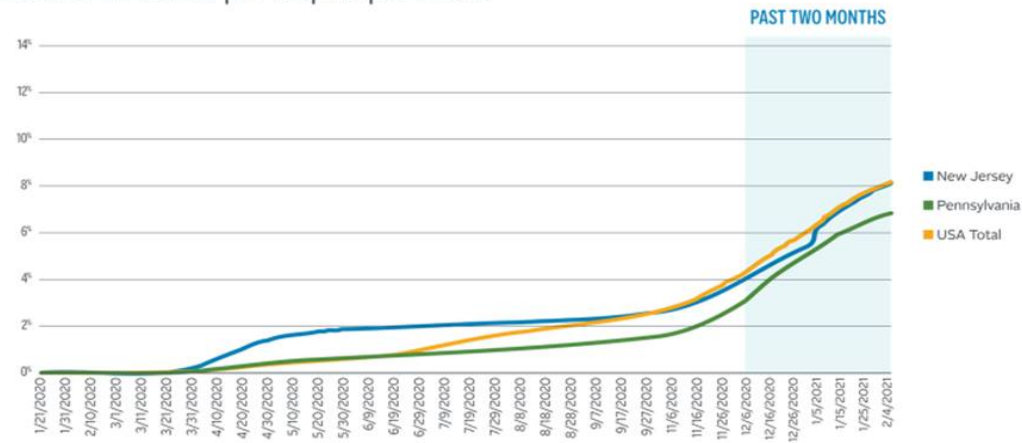
13.00

Entity - Unit cost trends (2a)	Segment	2018	2019	2020	2021
Comm1 QCC - SG 2-50					
	Inpatient	3.0%	3.6%	4.3%	3.4%
	Outpatient	2.5%	3.2%	3.5%	3.3%
	Professional	1.7%	1.7%	2.1%	2.5%
	Total	2.3%	2.7%	3.2%	3.0%

QCC Small Group - Actual (2b)									
Member Months			PMPM	PMPM	PMPM	Premium	Allowed	Incurred	MAIR
			Premium	Allowed	Incurred		Claims	Claims	
				Claims	Claims	Trend	Trend	Trend	
2017	897,438	\$ 545.17	\$ 510.14	\$ 431.46					\$ 567.96
2018	838,663	\$ 603.89	\$ 516.83	\$ 432.14	10.77%	1.31%	0.16%		\$ 552.70
2019	877,473	\$ 591.40	\$ 539.40	\$ 449.96	-2.07%	4.37%	4.12%		\$ 612.90
2020	891,890	\$ 600.57	\$ 500.88	\$ 438.77	1.55%	-7.14%	-2.49%		\$ 621.25
									10.89% <- Membership differences
									1.36% <- Membership differences

2020 COVID-19 Directly related claims

COVID-19 Cases per Capita per State



Sources: State and local health agencies

4

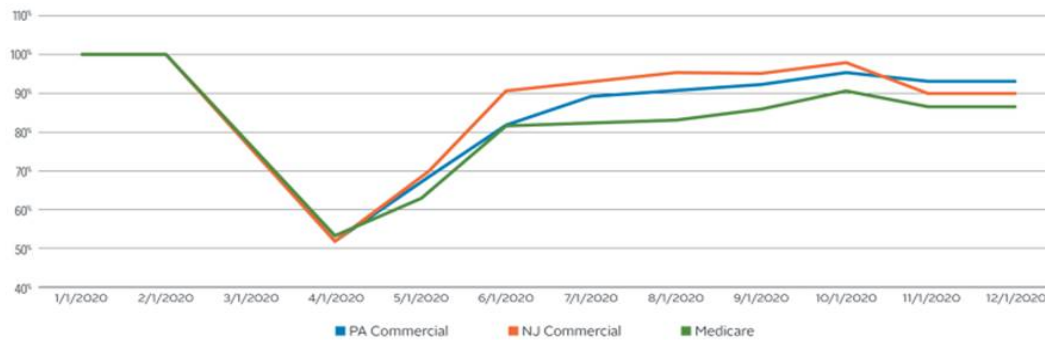
2020 Experience

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

Small Group

	<u>Projected Lives</u>	<u>Age 21 rate</u>	<u>Premium</u>	<u>Network factor</u>	<u>Calibration factor</u>
QCC	72,950	\$ 432.61	\$659.99	1.226	1.526
KHPE	103,319	\$ 375.14	\$570.67	0.961	1.521
Composite Factor				1.0806	

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

	QCC Small Group
Projected Claims PMPM (After Reinsurance)	\$ 536.50
Premium PMPM	\$ 659.99
Quality Improvement Expense PMPM	\$ 5.28
Exchange User Fee PMPM	\$ -
HIF PMPM	\$ -
Federal Income Tax PMPM	\$ 3.35
Premium Tax PMPM	\$ 13.20
Federal MLR	84.2%

Calendar Year	MLR		Member Months	
	Actual	Pricing	Actual	Pricing
2017	80.2%	83.2%	897,438	895,392
2018	80.1%	82.9%	838,663	897,456
2019	78.2%	88.2%	877,473	857,076

<- Membership growth in certain plans lowered MLR by more than expected

QCC Small Group

	Change
Cost Trend	1.96%
Utilization Trend	6.20%
Benefit Changes	-0.88%
Taxes & Fees	0.09%
COVID - 2022 impact	2.80%
Actual vs. Expected	-7.27%
Rate Change	2.90%

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
COVID-19 Impact	Change in Morbidity	2020 Avg Age Factor	2020 Avg Age Factor	Change in Demographic	Unnormalized Weighted Avg Network Factor
1.052	1.052	1.506	1.514	1.006	1.000

These plans satisfy the requirements by offering HSAs:

	<u>HIOS IDs</u>	<u>Plan Marketing Name</u>	<u>HSA Plan</u>
QCC Small Group	31609PA0150036	Personal Choice PPO Bronze HSA-0 \$5,600/50%	X
	31609PA0150037	Personal Choice PPO Bronze HSA-0 \$7,050/100%	X

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

1. The 'Q1a' tab of the file "QCC Small Group 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 Small Group Response to July 6 Obj" excel worksheet.

2. The 'Q2' tab of the file "QCC Small Group 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 reviewed our trends. We are comfortable with the 8.40% trend used in this filing.

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 Small Group Response to July 6 Obj" excel worksheet.

4. The 'Q4' tab of the file "QCC Small Group 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 1.226 network factor for QCC and the 0.961 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 populations geographically and customers may choose to enroll in plans from either entity. The

Cover Letter for Responses to July 6 Objection Letter – QCC Small Group INAC-132818434
Response Date July 13, 2021

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.

- 5. The 'Q5' tab of the file "QCC Small Group Response to June 10 Obj.xlsx" provides the development of the federal MLR. The projected claims in this exhibit differs from the projected claims included in Worksheet 2 of the URRT. Please explain the source of this discrepancy.**

The MLR Calculation used claims from the AM Exhibit in the calculation, which are correct. We compared the incurred claims (Line 4.25) in Worksheet 2 of the URRT and were able to update our calculations to be correct and consistent with the AM Exhibits. We note that this section of the URRT is not part of the development of rates.

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

- 6. 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.

- 7. 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.

- 8. 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.

- 9. 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.

- 10. 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.**

Cover Letter for Responses to July 6 Objection Letter – QCC Small Group INAC-132818434
Response Date July 13, 2021

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

- 11. 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.

- 12. As requested in Item 8 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.**

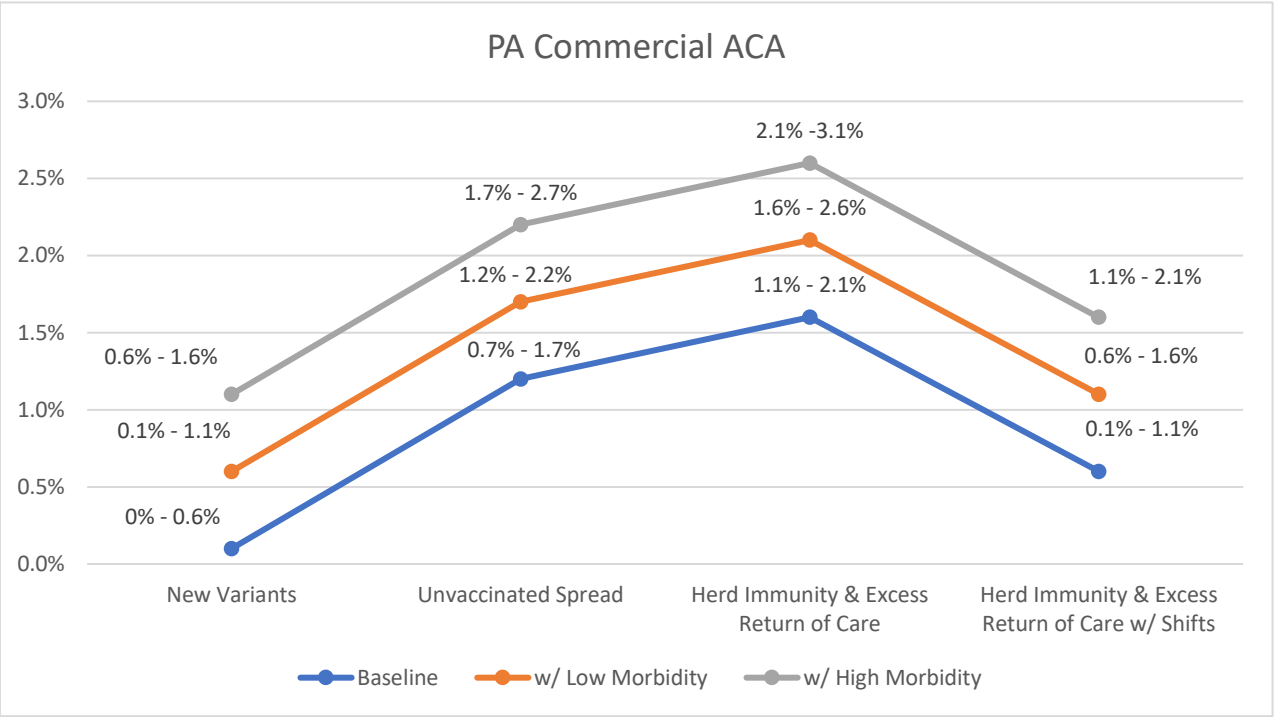
Please see tab Q12 of the “QCC Small Group Response to July 6 Obj” excel worksheet.

- 13. Regarding your response to Question 14, 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 Small Group

Metal	BMMO	PLRS	ARF	GCF	IDF	AV	Product w Risk	Product w/o Risk	
Plat	239,942	1.647	1.498	0.996	1.150	0.900	1.887	1.545	
Gold	294,402	1.305	1.481	0.996	1.080	0.800	1.405	1.274	
Silver	209,156	1.088	1.522	0.996	1.030	0.700	1.116	1.093	
Bronze	148,545	1.010	1.595	0.996	1.000	0.600	1.006	0.953	
Total	892,045	1.297	1.514	0.996	1.074	0.770	1.400	1.251	
Est. StateWide Average		1.244	\$ 445.54	1.51	1.00	1.078	0.786	1.341	1.275



QCC Small Group

Member Months			PMPM	PMPM	Premium	Allowed	Incurred		
			PMPM	Allowed		Claims	Claims		
			Premium	Claims	Claims	Trend	Trend	Trend	MAIR
2017	897,438	\$ 545.17	\$ 510.14	\$ 431.46					\$ 567.96
2018	838,663	\$ 603.89	\$ 516.83	\$ 432.14	10.77%	1.31%	0.16%		\$ 552.70 -2.69%
2019	877,473	\$ 591.40	\$ 539.40	\$ 449.96	-2.07%	4.37%	4.12%		\$ 612.90 10.89% <- Membership differences
2020	891,890	\$ 600.57	\$ 500.88	\$ 438.77	1.55%	-7.14%	-2.49%		\$ 621.25 1.36% <- Membership differences

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 Small Group	
Projected Claims PMPM (After Reinsurance)	\$	536.50
Premium PMPM	\$	659.99
Quality Improvement Expense PMPM	\$	5.28
Exchange User Fee PMPM	\$	-
HIF PMPM	\$	-
Federal Income Tax PMPM	\$	3.35
Premium Tax PMPM	\$	13.20
Federal MLR		84.2%

Cover Letter for Responses to July 16 Objection Letter – QCC Small Group INAC-132818434
Response Date July 20, 2021

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 8.40%. 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 2.8%, calculated as the average annual allowed claims trend from 2017-2019. Please provide additional support demonstrating why the 8.40% 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 Small Group 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 2.8% 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.

Historical & Projected Unit Cost

		2018	2019	2020	2021	2022
QCC	Small Group	1.6%	2.2%	2.7%	2.4%	2.9%

Historical & Projected Utilization

		2019	2020	2021	2022
	Small Group	3.1%	4.1%	4.5%	3.0%

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
QCC	Small Group	5.4%	6.9%	7.0%	6.0%

8.40%

<= from AM Exhibit (Manual)

	<u>2021</u>	<u>2022</u>	<u>Annualize</u>
Unit	3.0%	3.4%	2.1% <-Fix small group unit cost trends
Utilization	4.5%	3.0%	2.4%
Cap		-11.3%	-1.3%
Rx			1.8%
2022 Covid			2.8%
Total			8.1%
AM exhibit			8.4% <--Unit cost trend are lower than when we did pricing as mentioned on the call
Variance			0.3%

Completeness and Redaction Justification Checklist

Issuer Name: QCC Insurance Company, Inc.

Market: Small Group PPO

SERFF ID: INAC-132818434

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	38-45	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	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	8-9	N/A
D.1.F.	Experience Period Claims & Premium	X	N	9-10	N/A
	<i>PA Act. Exhibits Table 2</i>	X	N	15	N/A
D.1.G.	Credibility of Data	X	N	10	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	10	N/A
	<i>PA Act. Exhibits Table 3</i>	X	N	15	N/A
D.1.I.	Historical Experience	X	N	10-11	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	11-12	N/A
	<i>PA Act. Exhibits Table 5</i>	X	N	17	N/A
D.2.B.	Retention Items	X	N	12	N/A
	<i>PA Act. Exhibits Table 6</i>	X	N	17	N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	12-13	N/A
	<i>PA Act. Exhibits Table 7</i>	X	N	17	N/A
D.2.D.	Components of Rate Change	X	N	13	N/A
	<i>PA Act. Exhibits Table 8</i>	X	N	17	N/A
	<i>PA Act. Exhibits Table 9</i>	X	N	17	N/A
D.3.	Plan Rate Development	X	N	13	N/A
	<i>PA Act. Exhibits Table 10</i>	X	N	18	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	13	N/A
	<i>PA Act. Exhibits Table 11</i>	X	N	19	N/A
D.5.A.	Age and Tobacco Factors	X	N	13	N/A
	<i>PA Act. Exhibits Table 12</i>	X	N	20	N/A
D.5.B.	Geographic Factors	X	N	13	N/A
	<i>PA Act. Exhibits Table 13</i>	X	N	20	N/A
D.5.C.	Network Factors	X	N	13	N/A
	<i>PA Act. Exhibits Table 14</i>	X	N	20	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	21-32	N/A
	Service Area Map	X	N	73	N/A
Redaction Justification (must be submitted if any information is redacted)		X			Y