



May 17, 2023

Ms. Lindsy Swartz, MBA, MCM, Director
Bureau of Life, Accident & Health Insurance
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: Highmark Coverage Advantage 2024 ACA Rate Filing (Individual Market)
Filing # 1A-DP-23-HCA (SERFF # HGHM-133630381)

This constitutes Notice pursuant to Section 707 of the Pennsylvania Right-to-Know Law that the attached Highmark Coverage Advantage (HCA) 2024 Individual Market Rate Filing contains Trade Secret and Confidential Proprietary Information. Therefore, HCA must, prior to the release of any portion of this Filing, be notified of any request by a third party for access to this Filing, and the Trade Secret and/or Confidential Proprietary Information identified by HCA should be redacted before release.

Dear Ms. Swartz:

This Filing includes the Highmark Coverage Advantage (“HCA”, “Company”) Individual Market rates and the supporting rate development for policies with effective dates on or after January 1, 2024.

In the event the Department decides to publish this Filing in the PA Bulletin, the company information requested in the Department’s 2024 ACA-Compliant Health Insurance Rate Filing Guidance, Section B, is provided below:

Requested Company Information

1. Company Name & NAIC #: **Highmark Coverage Advantage, NAIC # 15507**
2. Market: **Individual**
3. On or Off Exchange: **The Company anticipates selling plans on and off of the exchange.**
4. Effective date of coverage: **January 1, 2024**

5. Average rate change requested: **13.6% increase**
6. Range of rate change requested: **9.1% to 15.6%**
7. Total additional annual revenue generated from the proposed rate change: **\$ 14,847,625**
8. Product(s): **EPO**
9. Rating Areas and the change from 2023: **Rating Areas 1 and 4**

There are no changes in our covered Rating Areas from the 2023 rate filing.

10. Metal Levels and Catastrophic Plans: **The Company anticipates selling Gold, Silver, Bronze, and Catastrophic plans in 2024**
11. Current number of covered lives as of February 1, 2023: **18,548 covered lives**
12. Number of plans offered in 2024 and the change this represents from 2023: **16**

The Company offered 17 plans in 2023. For 2024, the Company is offering 1 new plan in the Market and removing 2 plans from the Market.

Please note that inclusion of premium rates in this filing for a given offering should not be construed to mean that the offering will ultimately be made available for sale in the Market. Final offering decisions will be made consistent with and within the timelines set forth in CMS rules and/or ACA regulations.

13. Corresponding contract form #, SERFF and Binder ID#s: **The corresponding SERFF binder number is HGHM-PA24-125116298, affecting the following Company products and forms:**

Product Name / Type	Contract Form & SERFF#
Together Blue EPO	TB/EPO/HCA/DP-4; HGHM-133665362
Together Blue EPO Premier	TB/EPO/Premier/HCA/DP-2; HGHM-133665363
Together Blue EPO HDHP	TB/EPO/HDHP/HCA/DP-4; HGHM-133665391
Together Blue Major Events EPO	TB/CAT/EPO/HCA/DP-4; HGHM-133665364
Together Blue EPO Adult Dental and Vision	TB/EPO/ADV/HCA/DP-4; HGHM-133665365
Together Blue EPO Premier Adult Dental and Vision	TB/EPO/Premier/ADV/HCA/DP-2; HGHM-133665394

14. HIOS Issuer ID # and submission tracking number: **HIOS Issuer ID #79279, Company Filing #1A-DP-23-HCA (SERFF Filing # HGHM-133630381)**

Additional Filing Disclosures

The Company has submitted all Required Documents stipulated by the Department, including the federal documents related to this filing, in its SERFF submission. In addition to the Required Documents, the Company has submitted a Supplemental Exhibits file containing additional detailed exhibits on items referenced in the PA Actuarial Memorandum. All tables, exhibits, and detail in support of this filing and the PA Actuarial Memorandum have been included in Excel format. To assist in the Department's review, the Excel files have retained their formulas to the extent possible.

Potential for Material Unforeseen Impacts

Per the Department's guidance, the impact of the state 1332 Reinsurance program is captured using the prescribed parameters including 0% coinsurance which impacted the rate increase by approximately 4%. If the final parameters should change from those described in this filing, a revised submission would be required.

Other assumptions in the filing account for the ongoing impact of COVID-19 and the lack of Federal CSR funding. Finally, modifications to the rate development may be necessary if significant unforeseen events occur. Examples include, but are not limited to, changes in legislation/regulations (including rules, regulatory guidance, etc.), changes in the participation of QHP issuers that would materially impact risk adjustment transfer amounts, Medicaid redetermination policy impacts, or material developments in COVID-19 impacts. As a result, Highmark reserves the right to submit a revised filing.

Request for Confidentiality

Please note that the rates and the supporting rate development contained in this Filing are competitively sensitive, are not in the public domain, and constitute business confidential proprietary/trade secret information that would cause harm to the competitive position of HCA if disclosed to the public.

Public disclosure of any information contained in this Filing would allow HCA competitors to better understand or discover its confidential and proprietary rating, pricing and/or marketing practices, would undermine competition in the Individual market and could have negative consequences for the operation of HCA's business. Therefore, HCA asserts that this Filing, in its entirety, constitutes Trade Secret and Confidential Proprietary Information and should not be disclosed.

It is our understanding that the Department does not intend to publish the confidential & proprietary information contained in this Filing or to otherwise permit this Filing and its confidential information, other than the redacted information and final approved rates, to be disclosed or released.

Furthermore and pursuant to the Pennsylvania Right-to-Know Law ("RTKL"), HCA must be notified prior to release of information contained in this Filing and be given the opportunity to

Ms. Lindsy Swartz, Director
HCA 2024 Individual Market Rates
May 17, 2023
Page 4 of 4

respond to requests for such information. Should the Department receive such request or require the release of information contained in this Filing for its own purposes, HCA asserts its right to release a redacted version of the Filing. In accordance with the RTKL, please contact the HCA RTKL representative identified below prior to release of any information contained in this Filing:

[REDACTED]
RTKL Representative
Director Privacy & Data Ethics
Highmark Health
120 Fifth Avenue, Suite 2114
Pittsburgh, PA 15222

Furthermore, it should be noted that HCA is equally concerned that even if this information is released in aggregate form, it still may be easy to identify the carrier that submitted it.

Should you have any questions regarding the attached Filing, please feel free to contact me at [REDACTED] or via e-mail at: [REDACTED].

Sincerely,

[REDACTED]

[REDACTED]
Director, Actuarial Services
Highmark Inc.

Actuarial Memorandum

1. Basic Information and Data

A. Company Information

The appropriate company information has been provided in Table 0. General information pertaining to this rate filing is summarized below:

- Company Name: Highmark Coverage Advantage (“HCA”, “Company”)
- NAIC #: 15507
- HIOS Issuer ID: 79279
- State: Pennsylvania
- Market: Individual
- Effective Date: 1/1/2024
- SERFF Rate Filing #: HGHM-133630381

In accordance with the Department’s March 21, 2023 rate filing guidance, the impact of the state 1332 Reinsurance program is captured using the prescribed parameters of \$60,000 attachment point, 0% coinsurance rate (placeholder), and \$100,000 reinsurance cap. The impact of this change increased the rates approximately 4% compared to the 2023 reinsurance parameters. If the finalized parameters differ from those described in this filing, a revised submission would be required.

Other assumptions in the filing account for the ongoing impact of COVID-19 and the lack of Federal CSR funding. Finally, modifications to the rate development may be necessary if significant unforeseen events occur. Examples include, but are not limited to, changes in legislation/regulations (including rules, regulatory guidance, etc.), changes in the participation of QHP issuers that would materially impact risk adjustment transfer amounts, Medicaid redetermination policy impacts, or material developments in COVID-19 impacts. As a result, HCA reserves the right to submit a revised filing.

B. Rate History and Proposed Variations in Rate Changes

The three most recent rate changes in Pennsylvania for HCA are as follows:

Year	Avg. Increase	SERFF ID#
2023	4.3%	HGHM-133249767
2022	-3.6%	HGHM-132820368
2021	3.1%	HGHM-132324161

Historical rate changes varied by plan due to updated cost sharing levels to meet federal AV requirements as well as updates to AV and other pricing factors.

The proposed 2024 rate changes vary by plan. This is primarily due to updates in the pricing AV factors and benefit richness factors. The plan level rate changes can be found in Table 10.

As requested by the Department, a historical MLR Exhibit is included as Attachment H. MLR results reflect any amounts attributed to the applicable benefit year. As an example, Risk Adjustment paid in mid-2020 for the 2019 benefit year is attributed to the 2019 benefit year.

C. Average Rate Change

The average rate changes as presented in the filing are:

- Table 10: 13.6%
- Table 11: 13.6%

Table 10 calculates the percentage change in the member weighted average rate for 2023 and the member weighted average rate for 2024. Table 11 calculates the percentage increase for each geographic rating area and then member weights the percentage increases.

Worksheet 2 of the URRT also shows a submission level rate change. This value is used in the development of the average rate change shown in the Federal Part II justification. A demonstration of this calculation is included in Attachment F.

D. Membership Count

Please see Table 1 for the average age, age breakdown, and total membership for the periods shown.

E. Benefit/Cost Sharing Changes

The majority of Highmark Coverage Advantage's renewing 2024 plans contain cost sharing that differs from the 2023 offering.

The screenshots from the HHS AV calculator, showing the plan benefits and the resulting actuarial values, can be found as a separate attachment within the *Supporting Documentation* section in SERFF. Also, the PA Plan Design Summary and Rate Tables along with the HIOS Plan IDs can be found within the *Rate/Rule Schedule* section in SERFF.

F. Experience Period Claims and Premium

Please see Table 2 for the experience period data for the most recent calendar year. The experience period paid claims data represents the 2022 calendar year results for all policies in the single risk pool, with run out through February 2023. This data is consistent with the data reported in Section I of Worksheet I of the URRT.

Table 2 is populated with the experience period data as follows:

- The Earned Premium represents actual revenues earned in the experience period.
- Incurred Claims represent claims paid by HCA. Note that the URRT includes capitated services and is net of Rx Rebates. Those values are not included here as they are listed as separate items.
- The Allowed Claims represent our best estimate of the total claims prior to member cost sharing incurred during the experience period. The Allowed Claims include:
 - Two months of run out from the end of the experience period,

- Claims processed outside of the Company's claims system (e.g., claim settlement costs), and
- Our best estimate of claims incurred but not paid as of the end of the run out period.

Note that allowed claims in the URRT include capitation and are net of drug rebates. They are not included here as they are called out separately in the exhibit.

- Allowed Charges for non EHB services are included in column G. The amount of non EHB included is shown in column H.
- Prescription Drug Rebates are used to reduce the level of Incurred Claims in the experience period.
- Total EHB capitation includes \$0.15 PMPM for the pediatric vision benefit.
- Estimated Risk Adjustment includes the transfer dollars and an estimate for the High Cost Risk Pool for the experience period. The Risk Adjustment transfer portion of the total is consistent with the results of the Department's RATEE analysis using the files dated May 3, 2023.

G. Credibility of Data

The experience period data for HCA is large enough to be fully credible. The results are based 100% on the experience period data.

H. Trend Identification

Table 3 identifies the annual medical and prescription drug allowed claims cost and utilization trends. The underlying total annual trend is 9.00%. Additionally, there is an induced utilization adjustment of 0.15% per year applied to reach the overall trend of 9.17% shown in Table 3 column G. The definitions of service categories, cost, and utilization in Table 3 are consistent with the URRT instructions. The numbers entered in the Cost and Utilization columns are consistent with those entered in Worksheet I, Section 2 of the URRT, except as noted below.

The cost trends presented in Table 3 reflect the Company's expectations regarding increases in in-network contractual reimbursement, as well as projected out-of-network costs. The significant changes observed in the volume, demographics and morbidity of the ACA population from 2019 to 2022 yield component trends that are generally not directly applicable for trend analysis. The trend components in Table 3 therefore represent the same blended average for all types of service and are applied to the aggregate experience for pricing.

A multi-year regression analysis was developed by the Company's valuation team to analyze the ACA individual population trend levels. The analysis was completed at the medical and pharmacy level, then combined to develop a total trend assumption. The regression tool removes components of trend that are more explainable from the observed trend rates and then uses regression analysis to isolate the underlying trend rate. Some of the more explainable variables include high dollar claims, workdays, provider contracting, demographics, and seasonality. The total trend is the sum of the explainable components and the estimated underlying trend rate. The valuation regression tool primarily informed the trend selection with the final requested trend also based on actuarial judgment.

I. Historical Experience

Table 4 presents the most recent 48 months (4 calendar years) of HCA data with run-out through February 2023. This data was not used to develop the trend in Table 3. Please see Section H for further details.

2. Rate Development & Change

A. Development of Projected Index Rate, Market-Adjusted Index Rate, & Total Allowed Claims

The development of the Projected Index Rate, Projected Market-Adjusted Index Rate, and Projected Total Allowed Claims, shown in Table 5, closely follows the methodologies discussed in the Part III Actuarial Memorandum submitted in the Rate Filing Justification. Please refer to the Part III Memorandum for further details.

Some of the items separately identified in Table 5 include:

- The Change in Morbidity adjustment of 1.002 is comprised of the following: the morbidity impact from claims experience and an adjustment to account for the impact of Covid-19. In accordance with the Department's guidance, the morbidity change related to the Reinsurance program is set to 1.000. Each of the components is described in more detail below.

The Morbidity Impact from Claims Experience

This adjustment reflects the change in the population mix/claim levels from the experience period to the projection period. We continue to observe a high degree of membership churn from year-to-year, which impacts the morbidity. This factor also takes into consideration the effects of adverse selection inherent to guaranteed issue markets. The Individual ACA risk pool continues to have a significantly higher proportion of older members with a high prevalence of chronic conditions compared to group business, which adds to the uncertainty of any future claim projections.

Covid-19 Impact

In order to account for the impact of COVID-19 on projected claim costs, the Company took the following steps:

1. Adjusted the claims in the base experience period to a non-COVID-19 baseline. This was done to stabilize the base from which claims are being projected. The base period adjustment accounts for the impacts of testing, treatment, vaccines, capacity constraints, and deferred/rescheduled/induced care. Claims in the base experience period were increased by a factor of 1.010 to remove the impact of COVID-19.
2. Projected claims to the projection period using trends with the impact of COVID-19 excluded. Again, this provides for a more stable projection of future claims, before applying the anticipated impact of COVID-19 in the projection period. This was

accomplished by applying a trend of 9.00% (which excludes any impact from COVID-19) to our adjusted BEP claims.

3. The projected claims were then further adjusted by applying the anticipated impacts of COVID costs expected in the projection period. The following components were accounted for:
 - a. COVID Testing (0.7% medical claim impact) – Proportional to new cases, which are assumed to diminish over time and be lower in the projection period than in previous years.
 - b. Vaccines (0.1% medical and 2.1% drug claim impact) – The federal public health emergency ended on May 11, 2023, resulting in a shift in costs for the COVID-19 vaccine to the private market. Since COVID-19 vaccines will remain free as long as federally purchased supply is available, we expect costs to increase over time, starting at the end of 2023 and grading upward through 2025. Due to a decline in demand, we also assumed utilization will decrease through 2024.
 - c. Actuarial Judgement (-0.7% claims impact) – The Company reviewed the composite CY2024 COVID impact resulting from the components outlined above and elected to temper the adjustment in light of the inherent unpredictability of these estimates.

The application of the above COVID claim adjustments to the rating period results in a COVID adjustment factor of 1.015. Please see Attachment G for a more detailed calculation of the of these factors.

- The Change in Demographics adjustment of 1.006 reflects the change in age and geography factors we expect from the experience period to the projection period.
- There is no Change in Network adjustment.
- There is no Change in Benefits adjustment.
- The Change in Other adjustment of 0.956 reflects changes in pharmacy rebates and expected changes in hospital/physician settlements.

Please see Attachments A and E for a more detailed calculation of these factors. These factors can also be found in the accompanying spreadsheet.

The projected paid-to-allowed ratio is 0.812. The formula found in Table 5 cell C28 was overwritten because, unlike the average factor found in Table 10 cell K16, the Company's paid-to-allowed factor is dampened by items such as capitation.

The quantitative development of the projected risk adjustment transfer amount for the Company is shown in Attachment B and included in the accompanying spreadsheet. The transfer amount is developed based on an analysis of the claims data underlying the rate development for this filing (risk scores as defined in the HHS Notice of Benefit and Payment Parameters, as well as other risk transfer formula components) and an estimate as to the market-wide risk profile. This market-wide risk profile is developed from available market data, including prior years' risk adjustment transfer results, publicly available data, and outside expertise from actuarial consultants. Applying the federally prescribed transfer formula at the

level of granularity available in Attachment B yields a projected gross risk adjustment transfer of (\$59.56) PMPM on a *billable* member month basis. This amount is then converted to a *total* member month basis of (\$59.50) PMPM in order to be used in the rate development. The expected risk adjustment payable reflects that the Company anticipates its average risk score (net of allowable rating factors) to be lower than the statewide average.

The (\$61.38) PMPM value in cell C31 of Table 5 equals the (\$59.50) PMPM value from Attachment B, a charge of (\$2.82) PMPM for the projected net impact of the High Cost Risk Pool program, and a further adjustment for the composite effect of catastrophic eligibility and benefits in addition to EHB. Please note that the risk adjustment user fee is captured in the taxes and fees portion of administrative costs.

The exchange user fee in cell C32 of Table 5 is developed by taking the required user fee percentage of 3.0% and multiplying by the percentage of total members expected to be on exchange of 90%. This results in a percentage of 2.7%. The PMPM of \$13.62 is calculated as 2.7% of the total required premium adjusted further for the composite effect of catastrophic eligibility and benefits in addition to EHB.

The projected incurred reinsurance recoveries of \$0.00 PMPM is found in cell C33 of Table 5. The reinsurance recoveries PMPM was developed by trending Highmark PA individual ACA CY2022 incurred claims by member to the CY2024 rating period, applying the parameters defined in Tab II.b, and calculating the amount of incurred claims expected to be reimbursed by the program. Highmark PA individual ACA business was considered due to its level of credibility. Given the tentative coinsurance rate of 0%, the modeling produced an estimated incurred claims savings of 0.0%. This percentage was converted to a PMPM and adjusted further for the composite effect of catastrophic eligibility and benefits in addition to EHB.

The Company intends to offer several plans that include benefits in addition to EHB. Five plans have an adult dental and vision benefit, and four plans have a hearing and an OTC benefit. The Company relied on cost estimates from other departments for the following non-EHB benefits:

- **Adult dental benefit** – United Concordia Dental (UCD) estimated this benefit to be worth \$28.88 PMPM on a paid basis.
- **Adult vision benefit** – Davis Vision estimated this benefit to be worth \$2.45 PMPM on a paid basis.
- **Hearing benefit** – TruHearing estimated this benefit to be worth \$0.03 PMPM on a paid basis.
- **OTC Benefit** – Fieldtex estimated that benefit to be worth \$1.93 PMPM on a paid basis.

B. Retention Items

Table 6 has been completed with the requested retention elements for the proposed rates for the rating period. The amounts presented separately sum to the total administrative expenses and taxes and fees presented in the rate development.

Administrative costs reflect internal costs that the Company is projected to incur in the rating period and are developed from standard expense allocation methods. Administrative expenses do not vary by plan.

The proposed rate development assumes an average broker commission of \$7.70 PMPM for 2024. The assumed broker commission schedule and the development of the average value are included in Attachment D.

Expenses for Quality Improvement initiatives are assumed to be 2.79%.

The following is a summary of the Taxes and Fees included in the rate development:

- Pennsylvania Premium Tax is not applicable to this issuer and thus is set to 0.0%.
- Federal Income Tax is set to 0.0%.
- Health Insurance Provider Fee is set to 0.0%
- Risk Adjustment User Fee is set to \$0.21 PMPM consistent with Federal regulations.
- Patient-Centered Outcomes Research Institute (PCORI) fee is set to \$0.29 PMPM.

The Profit/Contingency for all plans is set to 0%. HCA has voluntarily refrained from adding a risk and contingency factor in this filing. By this voluntary action, HCA is not waving any right to include a risk and contingency factor which HCA believes is consistent with historical and legal interpretations of HCA and the Pennsylvania Insurance Department.

C. Normalized Market-Adjusted Projected Allowed Total Claims

The normalization factors presented in Table 7 are each determined from the underlying membership demographics expected in the projected rating period. The 2023 values are pulled from the prior year's filing, while the 2024 values represent our projection for 2024 assumed in the 2024 rate development.

D. Components of Rate Change

Table 8 presents the components of change in the proposed 2024 Calibrated Plan Adjusted Index Rate (PMPM). Cell C73 is populated with the base period allowed charges found in the 2023 plan year rate filing (\$418.33).

Table 9 presents the data elements supporting the calculations in Table 8. The 2023 values are populated using the 2023 filed factors adjusted for the membership mix as of February 1, 2023.

3. Plan Rate Development

Table 10 shows the plan rate development for 2024. This table shows the plans that the Company intends to offer in 2024, as well as all plans offered in the 2023 portfolio. The calibrated plan adjusted index rates for 2023 are calculated according to the instructions. The 2024 rating factors are consistent with the factors found on Worksheet 2 of the URRT. The pricing effect on Table 10 is further broken out into Pricing AV, Benefit Richness, and Non-Funding of CSR Adjustment. Similar to the URRT, the admin effect on Table 10 is broken out into Admin Costs, Taxes and Fees, and Profit or Contingency.

The benefit richness factors in column L are populated with the factors found in Attachment C and the corresponding supporting spreadsheet included with this rate filing. The derivation of the AV and Cost Sharing factors can also be found in Attachment C. The values in column 8 of the attachment represent

the pure induced utilization for each plan. The Company's induced utilization factors are based on the following state-defined formula: $(\text{Plan AV})^2 - (\text{Plan AV}) + 1.24$. The "Plan AV" is the product of the "Pricing AV" and "Non-Funding of CSR Adjustment." Each plan's factor was then normalized by the average utilization factor. The average is a weighted average using projected membership as the weight. After normalization the average factor as shown in Attachment C is 1.000.

Note that the HHS Actuarial Value Calculator was unable to accommodate all of the Company's benefit designs. Plans needing certification are marked in column I of Table 10. Screen shots of all of the AV calculations and the appropriate certifications are included as a separate attachment within the *Supporting Documentation* section in SERFF.

For discontinuing plans where members are being mapped into a new plan, an effective rate increase is calculated by comparing the 2023 rate of the discontinuing plan to the 2024 rate of the plan to which the member is being mapped.

Columns AG through AP are populated with the February 1, 2023 enrollment by 2024 plan and rating area.

Impact of Non-Payment of Cost Sharing Reduction Subsidies

In accordance with the Department's guidance, we have applied an additional adjustment to our AV pricing values for those Silver plans not offered exclusively off-exchange. This adjustment factor was 1.23 and represents the non-payment of Cost Sharing Reduction subsidies. Consistent with the Department's guidance, this adjustment was reflected in Table 10 in Column P.

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

Table 11 presents the Company's 21-year-old non-tobacco premium in the Individual Market. As mentioned in Section 1.C above, the change in 21-year-old non-tobacco premium PMPM calculated in this table is 13.6%.

5. Plan Factors

A. Age and Tobacco Factors

Please see Table 12 for the Company's age and tobacco factors.

B. Geographic Factors

Please see Table 13 for the Company's geographic factors. The Company's factors for the rating period are unchanged from the currently approved factors.

C. Network Factors

Please see Table 14 for a summary of the Company's network rating factors. The factors presented here represent the medical network factors from the prior approved rate filing (if applicable) and the projected

medical network factors for the rating period. The Company's factors for the rating period are unchanged from the currently approved factors.

D. Service Area Composition

The Plan Design Summary exhibit uploaded as a separate document contains the service areas related to this filing. As requested, service area maps are included.

6. Actuarial Certifications

I, [REDACTED], am a member of the American Academy of Actuaries and meet its qualification standards for actuaries issuing statements of actuarial opinions in the United States. All statements in this actuarial certification are accurate to the best of my knowledge and understanding. This filing is prepared in compliance with applicable Actuarial Standards of Practice. In completing this filing, I relied on data/information from other sources which was reviewed for reasonableness. This filing is prepared on behalf of HCA to accompany its rate filing (for calendar year 2024) for the Individual Market on and off the Pennsylvania Exchange.

I hereby certify that the projected index rate is, to the best of my knowledge and understanding:

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient.

I certify that 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.

I certify that all factors, benefit and other changes from the prior approved filing have been disclosed in the 2023 PA Actuarial Memorandum Rate Exhibits.

I certify that new plans are not considered modifications of existing plans (per the uniform modification standards in 45 CFR 147.106).

I certify that the AV Metal Values included in Table 10 were based entirely on the Federal AV Calculator or one of the approved alternative approaches.

I certify that the geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

I certify that the information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2024 Rate Filing Justification.



Title: Actuarial Manager, Individual Markets

Date: 05/17/2023

**Highmark Coverage Advantage
Individual Market Product Portfolio
Supplemental Exhibits**

Attachment A	Change in Morbidity & Non-Morbidity Changes Calculations
Attachment B	Risk Adjustment Calculation
Attachment C	Induced Demand Calculation
Attachment D	Broker Commission Calculation
Attachment E	Change in Demographics Calculation
Attachment F	URRT Average Increase
Attachment G	COVID Adjustment Calculation
Attachment H	MLR Exhibit

Highmark Coverage Advantage

Individual Market

Attachment A - 'Change in Morbidity' & 'Non-Morbidity Changes' Calculations

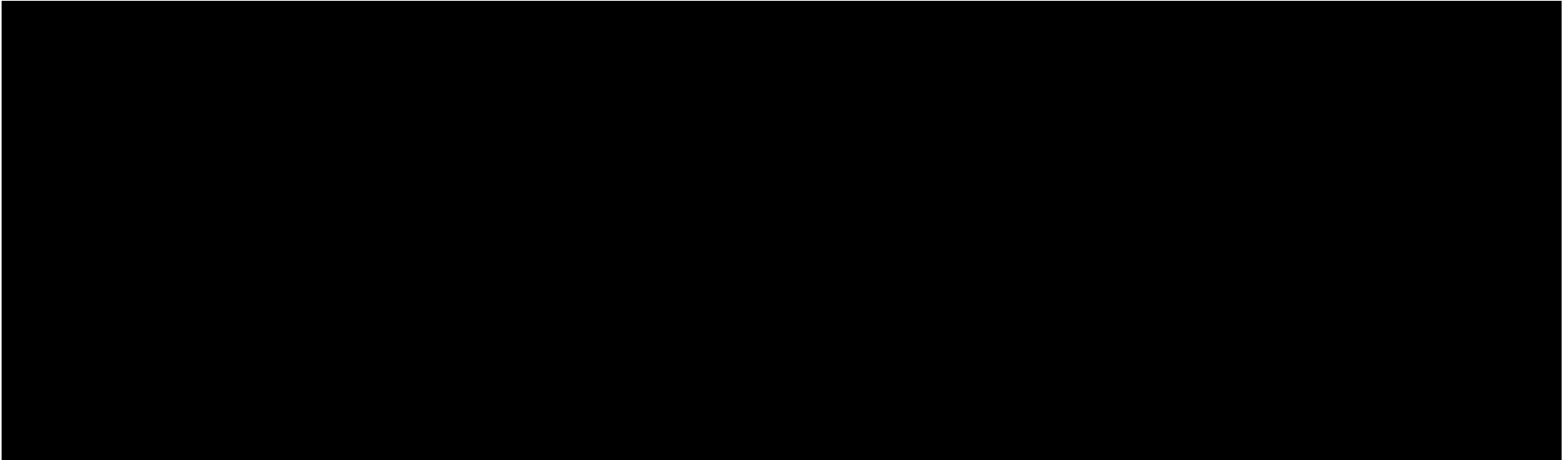
Components of 'Change in Morbidity'	2022 Member Distribution	2022 Normalized Allowed PMPM	2024 Member Distribution	2022 Normalized Allowed PMPM	Morbidity Change Relative to Total
<u>Population Source</u>					
HMCAI ACA	100.0%	\$323.77	76.0%	\$317.14	0.980
Other Highmark			4.7%	\$370.85	1.145
Prior ACA			0.8%	\$288.14	0.890
New-to-Blue			18.5%	\$317.14	0.980
Morbidity Factor	100.0%	\$323.77	100.0%	\$319.43	0.987
Capitation and Dental Dampening Factor					1.000
Dampened Morbidity Factor					0.987
COVID-19 Adjustment Factor					1.015
Table 5 'Change in Morbidity' Factor					1.002

Components of 'Non-Morbidity Changes'	Factor
CY2022 Demographic Factor	1.646
<u>CY2024 Demographic Factor</u>	<u>1.656</u>
Change in Demographics	1.006
CY2022 Network Factor	0.698
<u>CY2024 Network Factor</u>	<u>0.698</u>
Change in Network	1.000
Change in Benefits	1.000
Change in Other	0.956
Table 5 'Non-Morbidity Changes' Factor	0.962

Highmark Coverage Advantage

Individual Market

Attachment B - Risk Adjustment Calculation



Highmark Coverage Advantage

Individual Market

Attachment C - Induced Demand Calculation

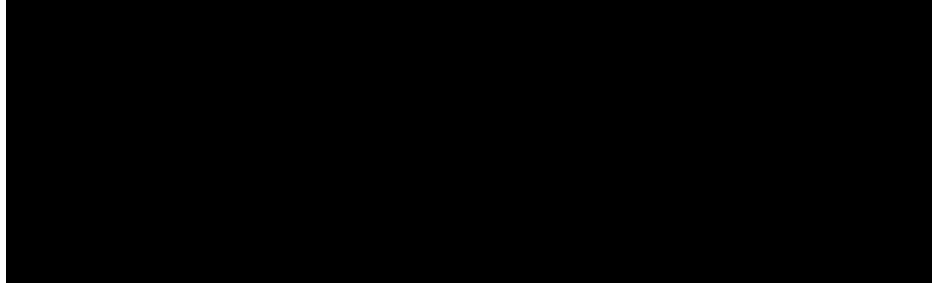
Induced Utilization Exhibit							
Plan ID (1)	Metal Level (2)	Projected Membership (3)	Projected Allowed Claims (4)	Projected Paid Claims (5)	Paid to Allowed Factor (6)	AV & Cost Sharing Factor (7)	(7)/(6) (8)
79279PA0080008	Gold	85,740	\$38,354,015.88	\$31,613,817.90	0.824	0.828	1.004
79279PA0130005	Gold	18,024	\$8,747,750.25	\$7,210,451.82	0.824	0.828	1.004
79279PA0140001	Gold	39,780	\$18,089,099.76	\$15,247,113.12	0.843	0.856	1.016
79279PA0150001	Gold	16,620	\$8,175,349.05	\$6,890,916.27	0.843	0.856	1.016
79279PA0090004	Gold	4,224	\$1,845,697.69	\$1,444,038.50	0.782	0.768	0.981
79279PA0080013	Gold	2,928	\$1,283,973.88	\$1,013,144.91	0.789	0.777	0.985
79279PA0140002	Silver	3,564	\$1,672,521.36	\$1,491,601.01	0.892	0.935	1.049
79279PA0150002	Silver	2,448	\$1,234,801.04	\$1,101,229.86	0.892	0.935	1.049
79279PA0080012	Silver	33,216	\$15,177,989.44	\$13,034,157.61	0.859	0.881	1.026
79279PA0080010	Silver	1,728	\$733,622.72	\$529,798.46	0.722	0.688	0.953
79279PA0130004	Silver	612	\$286,375.29	\$206,810.91	0.722	0.688	0.953
79279PA0080001	Bronze	16,224	\$6,762,252.18	\$4,559,986.52	0.674	0.631	0.936
79279PA0130002	Bronze	3,504	\$1,623,285.63	\$1,094,629.48	0.674	0.631	0.936
79279PA0090001	Bronze	4,740	\$1,983,027.80	\$1,358,232.99	0.685	0.643	0.939
79279PA0080011	Bronze	5,880	\$2,412,125.71	\$1,494,265.26	0.619	0.571	0.921
79279PA0100001	Catastrophic	2,664	\$997,143.62	\$575,886.53	0.578	0.528	0.913
Total		241,896	\$109,379,031.31	\$88,866,081.16	0.812	0.812	1.000

Components of AV & Cost Sharing Factor					
HIOS Plan ID	Metal Level	Paid-to- Allowed Ratio	Induced Utilization Factor	Avg. Benefit Richness	AV & Cost Sharing Factor
79279PA0080008	Gold	0.824	1.095	1.090	0.828
79279PA0130005	Gold	0.824	1.095	1.090	0.828
79279PA0140001	Gold	0.843	1.108	1.090	0.856
79279PA0150001	Gold	0.843	1.108	1.090	0.856
79279PA0090004	Gold	0.782	1.070	1.090	0.768
79279PA0080013	Gold	0.789	1.074	1.090	0.777
79279PA0140002	Silver	0.892	1.144	1.090	0.935
79279PA0150002	Silver	0.892	1.144	1.090	0.935
79279PA0080012	Silver	0.859	1.119	1.090	0.881
79279PA0080010	Silver	0.722	1.039	1.090	0.688
79279PA0130004	Silver	0.722	1.039	1.090	0.688
79279PA0080001	Bronze	0.674	1.020	1.090	0.631
79279PA0130002	Bronze	0.674	1.020	1.090	0.631
79279PA0090001	Bronze	0.685	1.024	1.090	0.643
79279PA0080011	Bronze	0.619	1.004	1.090	0.571
79279PA0100001	Catastrophic	0.578	0.996	1.090	0.528

Highmark Coverage Advantage

Individual Market

Attachment D - Broker Commission Calculation



Highmark Coverage Advantage

Individual Market

Attachment E - 'Change in Demographics' Calculation

Table E.1 - Age & Tobacco Factors

Age Band	HHS Age Factor	Tobacco Factor
0	0.765	1.000
1	0.765	1.000
2	0.765	1.000
3	0.765	1.000
4	0.765	1.000
5	0.765	1.000
6	0.765	1.000
7	0.765	1.000
8	0.765	1.000
9	0.765	1.000
10	0.765	1.000
11	0.765	1.000
12	0.765	1.000
13	0.765	1.000
14	0.765	1.000
15	0.833	1.000
16	0.859	1.000
17	0.885	1.000
18	0.913	1.000
19	0.941	1.000
20	0.970	1.000
21	1.000	1.025
22	1.000	1.025
23	1.000	1.025
24	1.000	1.025
25	1.004	1.025
26	1.024	1.025
27	1.048	1.025
28	1.087	1.025
29	1.119	1.025
30	1.135	1.025
31	1.159	1.025
32	1.183	1.025
33	1.198	1.025
34	1.214	1.025
35	1.222	1.025
36	1.230	1.025
37	1.238	1.025
38	1.246	1.025
39	1.262	1.025
40	1.278	1.100
41	1.302	1.105
42	1.325	1.112
43	1.357	1.121
44	1.397	1.132
45	1.444	1.145
46	1.500	1.160
47	1.563	1.177
48	1.635	1.196
49	1.706	1.217
50	1.786	1.225
51	1.865	1.225
52	1.952	1.225
53	2.040	1.225
54	2.135	1.225
55	2.230	1.225
56	2.333	1.225
57	2.437	1.225
58	2.548	1.225
59	2.603	1.225
60	2.714	1.225
61	2.810	1.225
62	2.873	1.225
63	2.952	1.225
64	3.000	1.225

Table E.2 - Experience Period Membership

Membership Mix		
Non-Tobacco	Tobacco	Total
0.59%	0.00%	0.59%
0.36%	0.00%	0.36%
0.38%	0.00%	0.38%
0.40%	0.00%	0.40%
0.29%	0.00%	0.29%
0.33%	0.00%	0.33%
0.30%	0.00%	0.30%
0.27%	0.00%	0.27%
0.21%	0.00%	0.21%
0.27%	0.00%	0.27%
0.30%	0.00%	0.30%
0.21%	0.00%	0.21%
0.24%	0.00%	0.24%
0.28%	0.00%	0.28%
0.29%	0.00%	0.29%
0.30%	0.00%	0.30%
0.25%	0.00%	0.25%
0.31%	0.00%	0.31%
0.35%	0.00%	0.35%
0.64%	0.00%	0.64%
0.74%	0.00%	0.74%
0.86%	0.02%	0.88%
1.03%	0.01%	1.04%
1.12%	0.01%	1.13%
1.10%	0.02%	1.12%
1.33%	0.04%	1.38%
4.40%	0.17%	4.58%
3.19%	0.16%	3.34%
2.38%	0.16%	2.54%
2.41%	0.15%	2.56%
2.17%	0.09%	2.26%
1.99%	0.15%	2.14%
1.92%	0.11%	2.04%
1.93%	0.13%	2.06%
1.76%	0.15%	1.90%
1.72%	0.14%	1.86%
1.67%	0.08%	1.75%
1.76%	0.13%	1.90%
1.49%	0.18%	1.67%
1.41%	0.14%	1.56%
1.38%	0.11%	1.50%
1.30%	0.07%	1.37%
1.47%	0.04%	1.51%
1.33%	0.08%	1.41%
1.22%	0.09%	1.31%
1.20%	0.04%	1.24%
1.17%	0.06%	1.23%
1.13%	0.06%	1.19%
1.32%	0.08%	1.40%
1.30%	0.12%	1.42%
1.56%	0.09%	1.65%
1.73%	0.09%	1.82%
1.75%	0.11%	1.86%
1.77%	0.11%	1.89%
1.73%	0.08%	1.80%
1.81%	0.12%	1.93%
1.94%	0.12%	2.06%
2.14%	0.16%	2.30%
2.55%	0.11%	2.66%
2.54%	0.14%	2.69%
3.00%	0.17%	3.17%
3.56%	0.18%	3.73%
4.66%	0.32%	4.98%
4.80%	0.33%	5.13%
3.56%	0.17%	3.73%
94.89%	5.11%	100.00%

Table E.3 - Projection Period Membership

Membership Mix		
Non-Tobacco	Tobacco	Total
0.35%	0.00%	0.35%
0.42%	0.00%	0.42%
0.34%	0.00%	0.34%
0.42%	0.00%	0.42%
0.39%	0.00%	0.39%
0.33%	0.00%	0.33%
0.32%	0.00%	0.32%
0.37%	0.00%	0.37%
0.26%	0.00%	0.26%
0.30%	0.00%	0.30%
0.29%	0.00%	0.29%
0.27%	0.00%	0.27%
0.29%	0.00%	0.29%
0.26%	0.00%	0.26%
0.33%	0.00%	0.33%
0.30%	0.00%	0.30%
0.33%	0.00%	0.33%
0.27%	0.00%	0.27%
0.37%	0.00%	0.37%
0.50%	0.00%	0.50%
0.66%	0.00%	0.66%
0.87%	0.02%	0.89%
1.01%	0.01%	1.02%
1.04%	0.00%	1.04%
1.06%	0.02%	1.08%
1.18%	0.03%	1.22%
2.93%	0.11%	3.04%
3.19%	0.15%	3.35%
2.98%	0.15%	3.13%
2.29%	0.14%	2.43%
2.24%	0.13%	2.37%
2.12%	0.19%	2.31%
1.96%	0.15%	2.11%
2.09%	0.10%	2.19%
1.80%	0.12%	1.93%
1.78%	0.15%	1.93%
1.79%	0.15%	1.94%
1.76%	0.07%	1.83%
1.82%	0.14%	1.96%
1.41%	0.12%	1.52%
1.44%	0.14%	1.57%
1.48%	0.15%	1.63%
1.35%	0.07%	1.42%
1.44%	0.08%	1.52%
1.34%	0.08%	1.42%
1.15%	0.08%	1.23%
1.27%	0.05%	1.32%
1.09%	0.07%	1.16%
1.18%	0.08%	1.26%
1.25%	0.08%	1.34%
1.26%	0.09%	1.35%
1.67%	0.06%	1.74%
1.67%	0.11%	1.78%
1.72%	0.10%	1.82%
1.79%	0.12%	1.91%
1.81%	0.08%	1.89%
1.84%	0.15%	1.98%
2.29%	0.12%	2.41%
2.38%	0.15%	2.53%
2.60%	0.13%	2.73%
2.81%	0.11%	2.92%
3.21%	0.20%	3.41%
4.04%	0.15%	4.19%
4.81%	0.27%	5.08%
5.43%	0.30%	5.73%
95.01%	4.99%	100.00%

Table E.4 - Area Factors

Rating Area	Experience Period		Projection Period	
	Enrollment	Area Factor	Enrollment	Area Factor
1	12.3%	0.940	11.3%	0.940
2	0.0%	0.940	0.0%	0.940
4	87.7%	0.940	88.7%	0.940
5	0.0%	0.940	0.0%	0.940
6	0.0%	1.040	0.0%	1.040
7	0.0%	1.040	0.0%	1.040
9	0.0%	1.040	0.0%	1.040
Total	100.0%	0.940	100.0%	0.940

Table E.5 - 'Change in Demographics' Calculation

	Experience Period	Projection Period	Change in Demographics
Average Age Factor	1.740	1.751	
Average Tobacco Factor	1.007	1.007	
Average Area Factor	0.940	0.940	
Average Demographic Factor	1.647	1.657	
Capitation Dampening	0.999	0.999	
Final Demographic Factor	1.645	1.656	1.006

Highmark Coverage Advantage

Individual Market

Attachment F - URRT Average Increase

HIOS Plan ID	URRT Plan Category	URRT Current Enrollment	Current Enrollment in Renewing Plans	Current Avg Rate	Projected Avg Rate	Cumulative Rate Change %
79279PA0080001	Renewing	1,646	1,646	\$346.84	\$394.70	13.80%
79279PA0080004	Terminated	0	0	\$0.00	\$0.00	0.00%
79279PA0080008	Renewing	6,361	6,361	\$449.77	\$517.78	15.12%
79279PA0080010	Renewing	171	171	\$388.60	\$430.57	10.80%
79279PA0080011	Renewing	268	268	\$313.95	\$356.87	13.67%
79279PA0080012	Renewing	2,671	2,671	\$485.89	\$551.05	13.41%
79279PA0080013	New	0	0	\$0.00	\$0.00	0.00%
79279PA0090001	Renewing	420	420	\$359.38	\$402.40	11.97%
79279PA0090002	Terminated	0	0	\$0.00	\$0.00	0.00%
79279PA0090004	Renewing	272	272	\$421.47	\$480.10	13.91%
79279PA0100001	Renewing	187	187	\$262.54	\$303.58	15.63%
79279PA0130002	Renewing	237	237	\$391.81	\$438.71	11.97%
79279PA0130003	Terminated	0	0	\$0.00	\$0.00	0.00%
79279PA0130004	Renewing	60	60	\$433.57	\$474.54	9.45%
79279PA0130005	Renewing	1,052	1,052	\$494.74	\$561.78	13.55%
79279PA0140001	Renewing	3,268	3,268	\$476.91	\$538.24	12.86%
79279PA0140002	Renewing	249	249	\$528.23	\$587.71	11.26%
79279PA0150001	Renewing	1,425	1,425	\$521.88	\$582.26	11.57%
79279PA0150002	Renewing	135	135	\$573.21	\$631.73	10.21%
79279PA0160001	Terminated	0	0	\$0.00	\$0.00	0.00%
79279PA0170001	Terminated	0	0	\$0.00	\$0.00	0.00%
Total		18,422	18,422	\$453.01	\$514.85	13.65%

Highmark Coverage Advantage

Individual Market

Attachment G - COVID Adjustment Calculation

	COVID-19 Impact		
	Medical	Drug	Total
<u>CY2022 Adjustment</u>			
% of Spend	70.9%	29.1%	100.0%
<u>Category</u>			
Testing	1.0%	0.6%	
Vaccines	0.1%	0.6%	
Capacity	(2.9%)	0.0%	
<u>Avoided Care</u>	<u>0.0%</u>	<u>0.0%</u>	
Total Impact	(1.9%)	1.2%	(1.0%)
CY2022 Adjustment Factor			1.010
<u>CY2024 Adjustment</u>			
% of Spend	70.9%	29.1%	100.0%
<u>Category</u>			
Testing	0.7%	0.0%	
Vaccines	0.1%	2.1%	
Capacity	0.0%	0.0%	
<u>Avoided Care</u>	<u>0.0%</u>	<u>0.0%</u>	
Total Impact	0.8%	2.1%	1.2%
<u>Actuarial Judgement</u>			<u>(0.7%)</u>
Total Impact after Actuarial Judgement			0.5%
CY2024 Adjustment Factor			1.005
Total COVID-19 Adjustment Factor			1.015

Highmark Coverage Advantage

Individual Market

Attachment H - MLR Exhibit

Calendar Year	MLR		Member Months	
	Actual	Pricing	Actual	Pricing
2019	N/A	N/A	0	0
2020	69.4%	81.2%	80,110	138,912
2021	81.4%	82.4%	128,970	123,144
3-yr Total	77.2%	81.7%	209,080	262,056

Standard Questions

1. Membership:

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

Response:

- a. We anticipate significant growth in HCA primarily based on: 1) Maturity into the market, particularly in recent expansion counties Westmoreland and Butler; and 2) Resuming Medicaid-eligibility determinations will add additional lower-income/price-sensitive consumers to the ACA Individual market, who are the most likely to enroll in lower-cost products.

2. Experience Period Claims:

- a. **Please confirm that all claims which are capitated have been removed from the experience period claims.**
- b. **Please confirm that all non-EHB claims have been removed from the experience period claims.**
- c. **How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?**

Response:

- a. All capitation dollars are excluded from the experience period paid claims in Table 2. Capitation dollars are captured in the appropriate EHB Capitation and Non-EHB Capitation cells in Table 2.
- b. All non-EHB claims have been removed from the experience period claims that are used to develop the Index Rate.

- c. 

3. COVID:

- a. **Please confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. Additionally, please confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.**
- b. **If there is a COVID adjustment factor other than 1.0, please provide a quantitative exhibit supporting the factor.**

Response:

- a. Tables 2-4 of the PAAM Exhibits do not have any COVID adjustments. As discussed in Section 2.A of the PA Actuarial Memorandum, the COVID adjustments are included in the “Change in Morbidity” line of Table 5.

- b. Attachment G of the PA Actuarial Memorandum provides quantitative support for the COVID adjustment factor. A detailed discussion of the development of this factor is included in Section 2.A of the PA Actuarial Memorandum.

4. Trend:

- a. **[SG. Only] If the Total Annual Trend in Table 3 (weighted by credibility) and the Annual Trend used to calculate quarterly rates in Table 5A differ, please provide an explanation and exhibit in support of the variation.**
- b. **[SG. Only] In Table 5A, if cells K32:M32 are left to equal J32, please explain why that is a reasonable assumption.**


Response:

- a. This question is not applicable to this filing.
- b. This question is not applicable to this filing.

5. Table 6 – Retention:

- a. **Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.**
- b. **Please confirm that the Risk Adjustment User Fee PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2024.**
- c. **Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open-Enrollment Enrollee – Renewing, Open Enrollment Enrollee – New, Special Enrollment Period Enrollee – New, Special Enrollment Enrollee – Renewing. If the commission PMPM is not consistent between the four options above, please provide a detailed explanation as to the reason for the difference.**

Response:

- a. The value in Table 6, cell C57 is 0.00%.
- b. As stated in Section 2.B of the PA Actuarial Memorandum, the rate development assumes a risk adjustment user fee of \$0.21 PMPM for plan year 2024, which is consistent with Final Notice of Benefit and Payment Parameters.
- c. 

6. Pricing AVs:

- a. **Please confirm that the Pricing AVs were calculated using a single risk pool (i.e., claims experience is not separated by metal level).**
- b. **Please identify and support any differences between the company’s metallic AV calculator results and the corresponding Pricing AVs.**

Response:

- a. Highmark’s Pricing AV tool does not separate claims experience by metal level and the underlying claims experience is applied to the applicable cost sharing levels.

- b. The differences in comparing the CMS metallic AV calculator to Highmark's corresponding Pricing AVs average approximately 2%. These differences occur due to a number of factors such as the CMS metallic AV calculator is based on a completely different underlying population, assumptions regarding trends in deductible and copay tables, assumptions regarding mix of services, etc.

7. Expanded Bronze Plans:

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

Response:

- a. Our expanded bronze plans satisfy the requirements as defined by 45 CFR 156.140(c) by either covering at least one major service, other than preventive services, before the deductible or meeting the requirements to be a high deductible health plan within the meaning of 26 U.S.C. 223(c)(2). For plans satisfying the requirement by covering at least one major service before the deductible, several major services are covered prior to the deductible including primary care and specialty care. The coinsurance percentages and certifications of the values corresponding to these categories can be found in the AV screenshots and Certifications document provided as a separate attachment with the initial SERFF submission.

8. PAAM Exhibits – Consumer Factors:

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

Response:

- a. The proposed geographic rating area factors are unchanged from the currently approved factors.
- b. The proposed network factors are unchanged from the currently approved factors.

9. Public Health Emergency:

- a. **With the Public Health Emergency expected to end on May 11th, how has the rate development been affected? Please provide support for any adjustments, or support for making no adjustments, if applicable.**
- b. **Furthermore, with the Public Health Emergency scheduled to end on May 11th, has any adjustment been made specifically to the morbidity assumption for Plan Year 2024?**
- c. **Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY24. Within your response please clarify if these services will be considered preventative and covered at 100%.**

Response:

- a. No rate change impact has been assumed for the enrollment changes associated with the ending of the Public Health Emergency. This is due to the continued uncertainty regarding the underlying morbidity of the members impacted and the volume of membership expected. Some initial studies have indicated this membership could be favorable to ACA plans, while other studies indicate it could be unfavorable. However, in PA we expect a 5-6% increase in enrollment resulting from the PHE expiration. Therefore, as an example, a +/-10% impact to morbidity for this population would result in a rate change of approximately +/-0.5%.
- b. Please see the response to question 9a above.

- c. Highmark’s medical policy review team is drafting coverage requirements for 2024 Covid vaccinations and testing. Policy is subject to updates and changes as needed to meet industry standards and regulatory/legal requirements. Current expectations are that in-network Covid vaccinations will be covered with no cost sharing and considered preventive. Expected coverage for Covid testing will follow cost share design/coverage of the plan for lab services with OTC Covid testing not covered.

10. MLR Exhibit:

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

Calendar Year	MLR		Member Months	
	Actual	Projected	Actual	Projected
2019				
2020				
2021				

- b. Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.
- c. Does the insurer expect to pay MLR rebates for the 3-year period above?

Response:

- a. Attachment H of the PA Actuarial Memorandum contains the historical MLR Exhibit as requested.
- b. The differences between Actual and Pricing MLRs vary by year. In 2019, HCA had no enrollment since it was not in existence for ACA Individual. The 2020 variance was driven primarily by the COVID-19 pandemic. In 2021, there was no material MLR variance.

The Member Month differences also vary by year. In 2019, HCA had no enrollment since it was not in existence for ACA Individual. The 2020 variance was driven by lower-than-expected switching rates from competition after the new HCA product launch (Together Blue EPO). This was partially offset by increased market size resulting from the COVID PHE (due to employment losses and an internal decision to not terminate existing members for non-payment). In 2021, there was no material enrollment variance.

- c. No MLR rebates were payable for the 2021 MLR rebate reporting year (2019-2021 period).

11. Plan of Withdrawal:

- a. Please confirm that a Plan of Withdrawal has been submitted if any plans are being discontinued.
- b. For further information regarding the Plan of Withdrawal process, click here. Please send all Plan of Withdrawals to Jeffery Rohaly, wrohaly@pa.gov.

Response:

- a. Based on the guidance from the PA Insurance Department regarding Plan of Withdrawal requirements, it is Highmark's understanding that a Plan of Withdrawal is not applicable for the 2024 plans submitted. In the event that a plan is discontinued, all members are being renewed into other plans.

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	HMCAL		
Product(s):	EPO		
Market Segment:	Individual	to	12/31/2024
Rate Effective Date:	01/01/2024	to	12/31/2022
Base Period Start Date:	01/01/2022		
Date of Most Recent Membership:	02/01/2023		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2023)	Projected Rating Period
Average Age	42.4	42.6	42.6
Total	184,994	18,548	241,896
<18	10,308	1,076	14,107
18-24	10,936	1,041	13,471
25-29	26,636	2,557	31,841
30-34	19,233	2,010	26,381
35-39	16,161	1,675	22,210
40-44	13,133	1,379	18,288
45-49	11,995	1,152	15,244
50-54	16,676	1,574	20,795
55-59	21,533	2,109	27,929
60-63	31,477	2,902	37,767
64+	6,906	1,073	13,863

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 79,375,614.53	\$ 65,588,164.82	\$ 66,587,795.80	184,994	\$ 12,781,667.24	\$ 79,369,463.04	\$ 386,276.65	\$ (7,255,464.68)	\$ 27,749.10	\$ 54,988.32	\$ (5,729,417.96)	\$ 2,344,947.22
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 387.88
Loss Ratio											77.49%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.00%	3.81%	0.15%	9.17%	11.60%
Outpatient Hospital	5.00%	3.81%	0.15%	9.17%	19.35%
Professional	5.00%	3.81%	0.15%	9.17%	37.91%
Other Medical	5.00%	3.81%	0.15%	9.17%	1.97%
Capitation				9.00%	0.04%
Prescription Drugs	5.00%	3.81%	0.15%	9.17%	25.15%
Total Annual Trend				9.17%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.192	

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

** Should equal URRT Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-19				#DIV/0!		#DIV/0!				#DIV/0!
Feb-19				#DIV/0!		#DIV/0!				#DIV/0!
Mar-19				#DIV/0!		#DIV/0!				#DIV/0!
Apr-19				#DIV/0!		#DIV/0!				#DIV/0!
May-19				#DIV/0!		#DIV/0!				#DIV/0!
Jun-19				#DIV/0!		#DIV/0!				#DIV/0!
Jul-19				#DIV/0!		#DIV/0!				#DIV/0!
Aug-19				#DIV/0!		#DIV/0!				#DIV/0!
Sep-19				#DIV/0!		#DIV/0!				#DIV/0!
Oct-19				#DIV/0!		#DIV/0!				#DIV/0!
Nov-19				#DIV/0!		#DIV/0!				#DIV/0!
Dec-19				#DIV/0!		#DIV/0!				#DIV/0!
Jan-20		\$ 1,445,245.89	1.0000	\$ 1,445,245.89	5,978	\$ 241.76		\$ (125,985.40)	\$ 1,904,975.67	\$ 318.66
Feb-20		\$ 1,361,321.26	1.0000	\$ 1,361,322.51	6,063	\$ 224.53		\$ (143,889.52)	\$ 1,742,609.48	\$ 287.42
Mar-20		\$ 1,693,149.12	1.0000	\$ 1,693,150.68	6,287	\$ 269.31		\$ (196,616.06)	\$ 2,011,208.54	\$ 319.90
Apr-20		\$ 1,376,280.31	1.0000	\$ 1,376,281.59	6,552	\$ 210.06		\$ (184,403.11)	\$ 1,507,483.36	\$ 230.08
May-20		\$ 1,592,147.11	1.0000	\$ 1,592,147.54	6,762	\$ 239.46		\$ (191,658.79)	\$ 1,812,555.05	\$ 276.92
Jun-20		\$ 2,102,220.89	1.0000	\$ 2,102,223.64	6,914	\$ 304.05		\$ (245,276.50)	\$ 2,353,104.09	\$ 340.34
Jul-20		\$ 2,098,491.44	1.0000	\$ 2,098,512.18	6,919	\$ 303.30		\$ (227,469.49)	\$ 2,580,227.40	\$ 372.92
Aug-20		\$ 2,472,803.75	1.0000	\$ 2,472,874.93	6,825	\$ 362.33		\$ (221,999.93)	\$ 2,772,382.33	\$ 406.21
Sep-20		\$ 2,152,590.98	1.0000	\$ 2,152,590.98	6,977	\$ 308.53		\$ (225,109.79)	\$ 2,406,639.59	\$ 344.94
Oct-20		\$ 2,178,610.70	1.0000	\$ 2,178,610.70	6,993	\$ 311.54		\$ (260,514.61)	\$ 2,417,603.38	\$ 347.15
Nov-20		\$ 2,221,229.84	1.0000	\$ 2,221,285.75	6,993	\$ 317.64		\$ (232,352.15)	\$ 2,426,512.96	\$ 346.99
Dec-20	\$ 33,868,649.47	\$ 2,361,546.46	0.9998	\$ 2,362,076.92	6,847	\$ 344.98	\$ 6,019,644.01	\$ (263,401.05)	\$ 2,551,989.10	\$ 372.72
Jan-21		\$ 2,730,372.33	0.9998	\$ 2,731,042.51	9,260	\$ 294.93		\$ (243,532.84)	\$ 3,175,840.62	\$ 342.96
Feb-21		\$ 3,178,499.27	1.0000	\$ 3,178,499.27	9,963	\$ 319.03		\$ (268,807.11)	\$ 3,674,410.84	\$ 368.81
Mar-21		\$ 3,636,120.41	1.0000	\$ 3,636,120.41	9,954	\$ 385.38		\$ (338,120.76)	\$ 4,400,889.74	\$ 442.12
Apr-21		\$ 3,684,618.86	1.0000	\$ 3,684,618.86	10,135	\$ 363.55		\$ (380,206.92)	\$ 4,085,620.33	\$ 403.12
May-21		\$ 3,592,775.12	0.9998	\$ 3,593,360.88	10,437	\$ 344.29		\$ (386,925.82)	\$ 3,953,316.43	\$ 378.78
Jun-21		\$ 4,314,970.80	0.9998	\$ 4,315,949.13	10,694	\$ 403.59		\$ (396,999.58)	\$ 4,680,361.41	\$ 437.66
Jul-21		\$ 4,778,888.92	0.9998	\$ 4,779,940.16	11,017	\$ 433.87		\$ (443,257.50)	\$ 5,115,016.12	\$ 464.28
Aug-21		\$ 4,410,043.66	0.9999	\$ 4,411,208.47	11,286	\$ 390.86		\$ (453,530.43)	\$ 4,762,258.38	\$ 421.96
Sep-21		\$ 4,884,141.20	0.9996	\$ 4,885,861.60	11,572	\$ 422.21		\$ (459,686.30)	\$ 5,222,004.04	\$ 451.26
Oct-21		\$ 4,565,203.20	0.9995	\$ 4,567,279.80	11,614	\$ 393.26		\$ (442,196.95)	\$ 4,864,023.99	\$ 418.81
Nov-21		\$ 4,580,107.89	0.9996	\$ 4,582,007.02	11,560	\$ 396.37		\$ (508,063.97)	\$ 4,780,408.27	\$ 413.53
Dec-21	\$ 56,719,279.55	\$ 4,724,690.00	0.9992	\$ 4,728,297.97	11,478	\$ 411.94	\$ 9,168,418.83	\$ (534,310.86)	\$ 4,846,405.78	\$ 422.23
Jan-22		\$ 4,530,397.51	0.9999	\$ 4,534,360.74	14,242	\$ 318.38		\$ (443,394.83)	\$ 5,160,835.80	\$ 362.37
Feb-22		\$ 5,383,433.33	0.9991	\$ 5,388,225.50	15,758	\$ 341.94		\$ (524,786.28)	\$ 5,993,518.42	\$ 380.35
Mar-22		\$ 5,754,778.63	0.9988	\$ 5,763,196.74	15,549	\$ 370.65		\$ (622,708.64)	\$ 6,328,513.80	\$ 407.00
Apr-22		\$ 5,229,915.67	0.9981	\$ 5,239,874.94	15,503	\$ 337.99		\$ (578,762.39)	\$ 5,758,111.25	\$ 371.42
May-22		\$ 5,382,995.93	0.9978	\$ 5,397,493.81	15,408	\$ 350.30		\$ (597,961.04)	\$ 5,927,463.53	\$ 384.70
Jun-22		\$ 5,299,910.77	0.9993	\$ 5,324,002.47	15,377	\$ 346.23		\$ (613,942.41)	\$ 5,845,504.66	\$ 380.15
Jul-22		\$ 5,068,587.96	0.9883	\$ 5,128,343.08	15,549	\$ 329.82		\$ (577,117.41)	\$ 5,506,816.31	\$ 354.16
Aug-22		\$ 5,832,936.83	0.9878	\$ 5,904,861.83	15,599	\$ 378.54		\$ (672,477.96)	\$ 6,294,754.84	\$ 403.54
Sep-22		\$ 6,040,202.82	0.9808	\$ 6,158,539.36	15,606	\$ 394.63		\$ (618,102.24)	\$ 6,560,977.59	\$ 420.41
Oct-22		\$ 5,892,318.98	0.9684	\$ 6,084,297.37	15,537	\$ 391.60		\$ (661,047.88)	\$ 6,432,934.66	\$ 414.04
Nov-22		\$ 5,812,866.50	0.9597	\$ 6,056,653.64	15,484	\$ 391.16		\$ (641,163.53)	\$ 6,382,188.94	\$ 412.18
Dec-22	\$ 79,375,614.53	\$ 5,359,919.89	0.9558	\$ 5,607,926.33	15,382	\$ 364.58	\$ 12,781,667.24	\$ (603,998.05)	\$ 5,922,378.58	\$ 385.02

* Express Completion Factor as a percentage

** Express Prescription Drug Rebates as a negative number

Carrier Name: HMCAL
 Product(s): EPD
 Market Segment: Individual
 Rate Effective Date: 01/01/2024

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$	-
Loss Ratio												0.00%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital				0.00%	
Outpatient Hospital				0.00%	
Professional				0.00%	
Other Medical				0.00%	
Capitation				0.00%	
Prescription Drugs				0.00%	0.00%
Total Annual Trend				0.00%	
Months of Trend				24	
Total Applied Trend Projection Factor				1.000	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-19				#DIV/0!		#DIV/0!				#DIV/0!
Feb-19				#DIV/0!		#DIV/0!				#DIV/0!
Mar-19				#DIV/0!		#DIV/0!				#DIV/0!
Apr-19				#DIV/0!		#DIV/0!				#DIV/0!
May-19				#DIV/0!		#DIV/0!				#DIV/0!
Jun-19				#DIV/0!		#DIV/0!				#DIV/0!
Jul-19				#DIV/0!		#DIV/0!				#DIV/0!
Aug-19				#DIV/0!		#DIV/0!				#DIV/0!
Sep-19				#DIV/0!		#DIV/0!				#DIV/0!
Oct-19				#DIV/0!		#DIV/0!				#DIV/0!
Nov-19				#DIV/0!		#DIV/0!				#DIV/0!
Dec-19				#DIV/0!		#DIV/0!				#DIV/0!
Jan-20				#DIV/0!		#DIV/0!				#DIV/0!
Feb-20				#DIV/0!		#DIV/0!				#DIV/0!
Mar-20				#DIV/0!		#DIV/0!				#DIV/0!
Apr-20				#DIV/0!		#DIV/0!				#DIV/0!
May-20				#DIV/0!		#DIV/0!				#DIV/0!
Jun-20				#DIV/0!		#DIV/0!				#DIV/0!
Jul-20				#DIV/0!		#DIV/0!				#DIV/0!
Aug-20				#DIV/0!		#DIV/0!				#DIV/0!
Sep-20				#DIV/0!		#DIV/0!				#DIV/0!
Oct-20				#DIV/0!		#DIV/0!				#DIV/0!
Nov-20				#DIV/0!		#DIV/0!				#DIV/0!
Dec-20				#DIV/0!		#DIV/0!				#DIV/0!
Jan-21				#DIV/0!		#DIV/0!				#DIV/0!
Feb-21				#DIV/0!		#DIV/0!				#DIV/0!
Mar-21				#DIV/0!		#DIV/0!				#DIV/0!
Apr-21				#DIV/0!		#DIV/0!				#DIV/0!
May-21				#DIV/0!		#DIV/0!				#DIV/0!
Jun-21				#DIV/0!		#DIV/0!				#DIV/0!
Jul-21				#DIV/0!		#DIV/0!				#DIV/0!
Aug-21				#DIV/0!		#DIV/0!				#DIV/0!
Sep-21				#DIV/0!		#DIV/0!				#DIV/0!
Oct-21				#DIV/0!		#DIV/0!				#DIV/0!
Nov-21				#DIV/0!		#DIV/0!				#DIV/0!
Dec-21				#DIV/0!		#DIV/0!				#DIV/0!
Jan-22				#DIV/0!		#DIV/0!				#DIV/0!
Feb-22				#DIV/0!		#DIV/0!				#DIV/0!
Mar-22				#DIV/0!		#DIV/0!				#DIV/0!
Apr-22				#DIV/0!		#DIV/0!				#DIV/0!
May-22				#DIV/0!		#DIV/0!				#DIV/0!
Jun-22				#DIV/0!		#DIV/0!				#DIV/0!
Jul-22				#DIV/0!		#DIV/0!				#DIV/0!
Aug-22				#DIV/0!		#DIV/0!				#DIV/0!
Sep-22				#DIV/0!		#DIV/0!				#DIV/0!
Oct-22				#DIV/0!		#DIV/0!				#DIV/0!
Nov-22				#DIV/0!		#DIV/0!				#DIV/0!
Dec-22				#DIV/0!		#DIV/0!				#DIV/0!

* Express Completion Factor as a Percentage

**Express Prescription Drug Rebates as a negative number

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

Carrier Name: HMCAI
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 01/01/2024
 Incurred Dates: 1/1/2022 to 12/31/2022

Attachment Point: \$60,000
 Reinsurance Cap: \$100,000
 Coinsurance Rate: 0%
 Proj. Incurred Claim Impact: 0.0%

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2022 to 12/31/2022					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999				\$38,662,745
\$30,000	\$34,999				\$1,987,219
\$35,000	\$39,999				\$1,863,262
\$40,000	\$44,999				\$1,139,281
\$45,000	\$49,999				\$1,561,389
\$50,000	\$54,999				\$1,000,286
\$55,000	\$59,999				\$689,164
\$60,000	\$64,999				\$686,411
\$65,000	\$69,999				\$953,973
\$70,000	\$74,999				\$1,094,271
\$75,000	\$79,999				\$784,537
\$80,000	\$84,999				\$575,049
\$85,000	\$89,999				\$705,450
\$90,000	\$94,999				\$550,857
\$95,000	\$99,999				\$98,288
\$100,000	\$109,999				\$836,901
\$110,000	\$119,999				\$1,370,336
\$120,000	\$129,999				\$505,382
\$130,000	\$139,999				\$807,573
\$140,000	\$149,999				\$434,109
\$150,000	\$159,999				\$914,047
\$160,000	\$169,999				\$490,122
\$170,000	\$179,999				\$530,543
\$180,000	\$189,999				\$929,230
\$190,000	\$199,999				\$391,379
\$200,000	\$209,999				\$205,659
\$210,000	\$219,999				\$212,252
\$220,000	\$229,999				\$0
\$230,000	\$239,999				\$470,650
\$240,000	\$249,999				\$0
\$250,000	\$259,999				\$0
\$260,000	\$269,999				\$0
\$270,000	\$279,999				\$277,555
\$280,000	\$289,999				\$0
\$290,000	\$299,999				\$292,288
\$300,000	\$324,999				\$313,971
\$325,000	\$349,999				\$0
\$350,000	\$374,999				\$722,690
\$375,000	\$399,999				\$379,737
\$400,000	\$424,999				\$0
\$425,000	\$449,999				\$0
\$450,000	\$474,999				\$0
\$475,000	\$499,999				\$489,913
\$500,000	\$599,999				\$0
\$600,000	\$699,999				\$0
\$700,000	\$799,999				\$0
\$800,000	\$899,999				\$826,754
\$900,000	\$999,999				\$0
\$1,000,000+					\$1,293,867
Total		21,531	184,994	\$65,047,142	\$65,047,142

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

Carrier Name: HMCAI
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 01/01/2024

Attachment Point: \$60,000
 Reinsurance Cap: \$100,000
 Coinsurance Rate: 0%
 Proj. Incurred Claim Impact: 0.0%
 Proj. Morbidity Impact: 0.0%

Reinsurance Program Impact Continuance Table Development - Plan Year 2024					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999				\$284,346,083
\$30,000	\$34,999				\$24,378,788
\$35,000	\$39,999				\$21,235,892
\$40,000	\$44,999				\$19,071,217
\$45,000	\$49,999				\$16,605,787
\$50,000	\$54,999				\$15,768,941
\$55,000	\$59,999				\$13,801,161
\$60,000	\$64,999				\$12,431,516
\$65,000	\$69,999				\$12,934,925
\$70,000	\$74,999				\$12,900,725
\$75,000	\$79,999				\$11,003,060
\$80,000	\$84,999				\$10,319,271
\$85,000	\$89,999				\$11,008,380
\$90,000	\$94,999				\$9,605,221
\$95,000	\$99,999				\$8,861,384
\$100,000	\$109,999				\$14,251,123
\$110,000	\$119,999				\$12,291,061
\$120,000	\$129,999				\$11,705,482
\$130,000	\$139,999				\$10,833,486
\$140,000	\$149,999				\$12,437,335
\$150,000	\$159,999				\$10,854,715
\$160,000	\$169,999				\$8,103,342
\$170,000	\$179,999				\$9,448,405
\$180,000	\$189,999				\$9,254,742
\$190,000	\$199,999				\$6,817,725
\$200,000	\$209,999				\$6,338,913
\$210,000	\$219,999				\$5,794,065
\$220,000	\$229,999				\$8,770,955
\$230,000	\$239,999				\$5,640,232
\$240,000	\$249,999				\$6,875,209
\$250,000	\$259,999				\$4,594,695
\$260,000	\$269,999				\$3,417,671
\$270,000	\$279,999				\$3,013,619
\$280,000	\$289,999				\$4,853,493
\$290,000	\$299,999				\$6,224,474
\$300,000	\$324,999				\$6,877,731
\$325,000	\$349,999				\$5,376,972
\$350,000	\$374,999				\$6,157,918
\$375,000	\$399,999				\$5,768,959
\$400,000	\$424,999				\$4,482,141
\$425,000	\$449,999				\$4,804,138
\$450,000	\$474,999				\$4,601,466
\$475,000	\$499,999				\$2,427,581
\$500,000	\$599,999				\$10,041,858
\$600,000	\$699,999				\$8,432,965
\$700,000	\$799,999				\$6,726,300
\$800,000	\$899,999				\$8,498,138
\$900,000	\$999,999				\$2,880,203
\$1,000,000+					\$17,612,480
Total		114,415	1,028,317	\$740,481,942	\$740,481,942

PA Rate Template Part II
Rate Development and Change

Carrier Name:	HMCAI
Product(s):	EPO
Market Segment:	Individual
Rate Effective Date:	01/01/2024

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

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ 387.88	\$ -	<- Actual Experience PMPM should be consistent with the Index Rate for Experi
Two year trend projection Factor	1.192	1.000	
Unadjusted Projected Allowed EHB Claims PMPM	\$ 462.25	\$ -	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other	1.002		<- See URRT Instructions
Total Non-Morbidity Changes	0.962	0.000	
Change in Demographics	1.006		<- See URRT Instructions
Change in Network	1.000		<- See URRT Instructions
Change in Benefits	1.000		<- See URRT Instructions
Change in Other	0.956		<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 445.41	\$ -	
Credibility Factors	100%	0%	<- See Instructions
Blended Projected EHB Claims PMPM		\$ 445.41	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	\$ 445.41		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.812		
Projected Incurred EHB Claims PMPM	\$ 361.88		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	\$ -561.38		
Projected Incurred Exchange User Fees PMPM	\$ 513.62		
Projected Incurred Reinsurance Recoveries PMPM	\$ 50.00		
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 436.88		
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 537.72		<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	\$ 8.60		
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 443.87		
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 546.33		

Table 6. Retention

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	13.28%	\$68.02
General and Claims	8.98%	\$46.02
Agent/Broker Fees and Commissions	1.50%	\$7.71
Quality Improvement Initiatives	2.79%	\$14.30
Taxes and Fees	0.10%	\$0.50
Risk Adjustment User Fee	0.04%	\$0.21
PCORI Fee	0.06%	\$0.29
PA Premium & Other Taxes (if applicable)	0.00%	\$0.00
Federal Income Tax	0.00%	\$0.00
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	0.00%	\$0.00
Total Retention	13.37%	\$68.52
Projected Required Revenue PMPM	\$ 512.39	

Table 8. Components of Rate Change

Rate Components	2023	2024	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 271.31	\$ 308.27	\$ 36.96	13.6%
B. Base period allowed claims before normalization	\$ 418.33	\$ 387.88	\$ (30.45)	-11.2%
C. Normalization factor component of change	\$ (87.88)	\$ (77.11)	\$ 10.77	4.0%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 330.45	\$ 310.77	\$ (19.68)	-7.3%
D2. URRT Trend	\$ 49.53	\$ 59.59	\$ 10.05	3.7%
D3. URRT Morbidity	\$ (25.81)	\$ 0.58	\$ 26.39	9.7%
D4. URRT Other	\$ 4.93	\$ (14.08)	\$ (19.00)	-7.0%
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ 27.82	\$ 60.53	\$ 32.71	12.1%
D6. Normalized Exchange User Fee on an allowed basis	\$ 11.82	\$ 13.43	\$ 1.61	0.6%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ (17.12)	\$ -	\$ 17.12	6.3%
D8. Subtotal - Sum(D1:D7)	\$ 381.61	\$ 430.82	\$ 49.21	18.1%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ (114.16)	\$ (133.36)	\$ (19.20)	-7.1%
E2. Pricing AV	\$ (56.41)	\$ (56.63)	\$ (0.22)	-0.1%
E3. Benefit Richness	\$ 16.10	\$ 21.70	\$ 5.60	2.1%
E4. Catastrophic Eligibility	\$ (0.18)	\$ (0.21)	\$ (0.03)	0.0%
E5. Subtotal - Sum(E1:E4)	\$ (154.65)	\$ (168.50)	\$ (13.85)	-5.1%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 39.73	\$ 40.93	\$ 1.20	0.4%
F2. Taxes and Fees	\$ 0.29	\$ 0.30	\$ 0.01	0.0%
F3. Profit and/or Contingency	\$ -	\$ -	\$ -	0.0%
F4. Subtotal - Sum(F1:F3)	\$ 40.01	\$ 41.23	\$ 1.21	0.4%
G. Change in Miscellaneous Items	\$ 4.34	\$ 4.73	\$ 0.39	0.1%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 271.31	\$ 308.27	\$ 36.96	13.6%

ice Period on URR1

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 387.88	<- Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 79,375,614.53	
Blended Loss Ratio	77.49%	

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

Effective Date	01/01/2024	04/01/2024	07/01/2024	10/01/2024	Total Single Risk Pool
# of Member Months Renewing in Quarter					-
Adjusted Projected Allowed EHB Claims PMPM	\$ 445.41	\$ 445.41	\$ 445.41	\$ 445.41	\$ 445.41
Months of Trend	-	3	6	9	
Annual Trend	9.17%	9.17%	9.17%	9.17%	
Single Risk Pool Projected Allowed Claims	\$ 445.41	\$ 455.29	\$ 465.38	\$ 475.70	\$ -
Quarterly Trend Factor	1.000	1.022	1.045	1.068	0.000

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2023	2024
Average Age Factor	1.777	1.752
Average Geographic Factor	0.940	0.940
Average Tobacco Factor	1.007	1.007
Average Benefit Richness (induced demand)	1.074	1.090
Average Network Factor	0.701	0.690
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 492.38	\$ 546.33
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 388.94	\$ 437.71

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

	2023	2024	
Paid-to-Allowed	0.783	0.812	
URRT Trend (Total Applied Trend Factor)	1.150	1.192	<- URRT W1, S2
URRT Morbidity	0.932	1.002	<- URRT W1, S2
URRT "Other"	1.014	0.962	<- URRT W1, S2
Risk Adjustment	\$ 27.57	\$ 61.38	<- URRT W1, S3
Exchange User Fee	\$ 11.71	\$ 13.62	<- URRT W1, S3
Reinsurance Recoveries	\$ 16.97	\$ -	<- URRT W1, S3
Capitation	\$ 0.15	\$ 0.66	<- URRT W1, S2
Network	0.701	0.690	
Pricing AV	0.789	0.810	<- For 2023 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	1.076	1.090	
Catastrophic Eligibility	0.999	0.999	
Administrative Expenses	14.64%	13.28%	
Taxes and Fees	0.11%	0.10%	
Profit and/or Contingency	0.00%	0.00%	

PA Rate Template Part III

Table 10. Plan Rates

Carrier Name: HMCAI
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 01/01/2024
 Base Period Start Date: 01/01/2022
 Date of Most Recent Membership: 02/01/2023
 Market Adjusted Index Rate: \$ 537.72

													45 CFR Part 156.8 (d) (2) Allowable Factors					
Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2023 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2024	1/1/2024 HIOS Plan ID (If 1/1/2023 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actual Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium		
Totals - Current Membership							0.767			0.810	1.000	1.015	1.000	0.999	1.038	\$ 442.71		
Total - Projected Membership							0.769			0.810	1.000	1.016	1.000	0.999	1.037	\$ 443.51		
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
Plan 1	79279PA0080001	EPO	Together Blue EPO Bronze 3800	M		Expanded Bro	0.647	Approach (2)	On/Off	0.674	0.936	1.000	1.000	1.000	1.000	\$339.31		
Plan 2	79279PA0080008	EPO	Together Blue EPO Gold 0	M		Gold	0.806	Approach (1)	On/Off	0.824	1.004	1.000	1.000	1.000	1.000	\$445.13		
Plan 3	79279PA0080010	EPO	Together Blue EPO Silver 3500	M		Silver	0.72	Approach (1)	Off	0.722	0.953	1.000	1.000	1.000	1.000	\$370.14		
Plan 4	79279PA0080011	EPO	Together Blue EPO Bronze 8900	M		Bronze	0.61	Approach (2)	On/Off	0.619	0.921	1.000	1.000	1.000	1.000	\$306.79		
Plan 5	79279PA0080012	EPO	Together Blue EPO Silver 5900	M		Silver	0.706	Approach (1)	On/Off	0.698	1.026	1.000	1.000	1.000	1.230	\$473.73		
Plan 6	79279PA0080013	EPO		N		Gold	0.783	Approach (1)	On/Off	0.789	0.985	1.000	1.000	1.000	1.000	\$417.73		
Plan 7	79279PA0090001	EPO	Together Blue EPO Bronze 6900 HSA - Custom Drug Benefit	M		Expanded Bro	0.648	Standard AV	On/Off	0.685	0.939	1.000	1.000	1.000	1.000	\$345.93		
Plan 8	79279PA0090004	EPO	Together Blue EPO Gold 1700 HSA	M		Gold	0.788	Approach (1)	On/Off	0.782	0.981	1.000	1.000	1.000	1.000	\$412.72		
Plan 9	79279PA0100001	EPO	Together Blue Major Events EPO Catastrophic 9100 - 3 Free PCP Visits	M		Catastrophic	0.6	Standard AV	On/Off	0.578	0.913	1.000	1.000	0.920	1.000	\$260.98		
Plan 10	79279PA0130002	EPO	Together Blue EPO Bronze 3800 + Adult Dental and Vision	M		Expanded Bro	0.647	Approach (2)	On/Off	0.674	0.936	1.111	1.000	1.000	1.000	\$377.14		
Plan 11	79279PA0130004	EPO	Together Blue EPO Silver 3500 + Adult Dental and Vision	M		Silver	0.72	Approach (1)	Off	0.722	0.953	1.102	1.000	1.000	1.000	\$407.96		
Plan 12	79279PA0130005	EPO	Together Blue EPO Gold 0 + Adult Dental and Vision	M		Gold	0.806	Approach (1)	On/Off	0.824	1.004	1.085	1.000	1.000	1.000	\$482.96		
Plan 13	79279PA0140001	EPO	Together Blue EPO Premier Gold 0	M		Gold	0.82	Approach (1)	On/Off	0.843	1.016	1.005	1.000	1.000	1.000	\$462.72		
Plan 14	79279PA0140002	EPO	Together Blue EPO Premier Silver 2900	M		Silver	0.716	Approach (1)	On/Off	0.725	1.049	1.005	1.000	1.000	1.230	\$505.26		
Plan 15	79279PA0150001	EPO	Together Blue EPO Premier Gold 0 + Adult Dental and Vision	M		Gold	0.82	Approach (1)	On/Off	0.843	1.016	1.087	1.000	1.000	1.000	\$500.54		
Plan 16	79279PA0150002	EPO	Together Blue EPO Premier Silver 2900 + Adult Dental and Vision	M		Silver	0.716	Approach (1)	On/Off	0.725	1.049	1.080	1.000	1.000	1.230	\$543.08		
Plan 17	79279PA0260001	EPO	Together Blue Diabetes EPO Gold 0	DM	79279PA0080008	Gold	0.806	Approach (1)	On/Off	0.824	1.004	1.000	1.000	1.000	1.000	\$445.13		
Plan 18	79279PA0270001	EPO	Together Blue Diabetes EPO Gold 0 + Adult Dental and Vision	DM	79279PA0130005	Gold	0.806	Approach (1)	On/Off	0.824	1.004	1.085	1.000	1.000	1.000	\$482.96		

Calibration	
Age Calibration Factor	1.752
Geographic Calibration Factor	0.940
Tobacco Calibration Factor	1.007
Aggregate Calibration Factor	1.658

Total Covered Lives @ 02-01-2023
18,548

Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency
13.3%	0.1%	0.0%
13.3%	0.1%	0.0%

Total Covered Lives Mapped into 2024 Plans @ 02-01-2023	Total Projected Lives
18,548	20,158

2023 Calibrated Plan Adjusted Index Rate PMPM	2024 Calibrated Plan Adjusted Index Rate PMPM
\$ 271.31	\$ 308.27

Proposed Rate Change Compared to Prior 12 months
13.6%

% of Total Covered Lives
N/A

N/A	13.3%	0.1%	0.0%
-	-	-	-
1,646	1,352	-	-
6,361	7,145	-	-
171	144	-	-
268	490	-	-
2,671	2,768	-	-
-	244	-	-
420	395	-	-
272	352	-	-
187	222	-	-
237	292	-	-
60	51	-	-
1,052	1,502	-	-
3,268	3,315	-	-
249	297	-	-
1,425	1,385	-	-
135	204	-	-
86	-	-	-
40	-	-	-

N/A	N/A
\$ 207.62	\$ 236.27
\$ 269.24	\$ 309.96
\$ 232.62	\$ 257.74
\$ 187.94	\$ 213.63
\$ 290.86	\$ 329.87
\$ -	\$ 290.88
\$ 215.13	\$ 240.88
\$ 252.30	\$ 287.39
\$ 157.16	\$ 181.72
\$ 234.55	\$ 262.61
\$ 259.54	\$ 284.08
\$ 296.16	\$ 336.30
\$ 285.49	\$ 322.21
\$ 316.21	\$ 351.82
\$ 312.41	\$ 348.54
\$ 343.13	\$ 378.16
\$ 281.43	\$ 309.96
\$ 308.35	\$ 336.30

13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	13.3%	
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
227	-	-	1,419	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
707	-	-	5,654	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
23	-	-	148	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25	-	-	243	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
325	-	-	2,346	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
60	-	-	360	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20	-	-	252	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17	-	-	170	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21	-	-	216	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2	-	-	58	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
89	-	-	963	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
416	-	-	2,852	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
40	-	-	209	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
141	-	-	1,284	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5	-	-	130	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
14	-	-	72	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	-	-	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

13.8%	8.9%
15.1%	34.3%
10.8%	0.9%
13.7%	1.4%
13.4%	14.4%
0.0%	0.0%
12.0%	2.3%
13.9%	1.5%
15.6%	1.0%
12.0%	1.3%
9.5%	0.3%
13.6%	5.7%
12.9%	17.6%
11.3%	1.3%
11.6%	7.7%
10.2%	0.7%
10.1%	0.5%
9.1%	0.2%

N/A	N/A
13.8%	8.9%
15.1%	34.3%
10.8%	0.9%
13.7%	1.4%
13.4%	14.4%
0.0%	0.0%
12.0%	2.3%
13.9%	1.5%
15.6%	1.0%
12.0%	1.3%
9.5%	0.3%
13.6%	5.7%
12.9%	17.6%
11.3%	1.3%
11.6%	7.7%
10.2%	0.7%
10.1%	0.5%
9.1%	0.2%

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

1	2	3	4	5	6	7	8	9	Total	2024 Continued/Discontinued Plans Indicator	De Minimis Check
2,139	-	-	16,409	-	-	-	-	-	18,548		
-	-	-	-	-	-	-	-	-	-	0	
227	-	-	1,419	-	-	-	-	-	1,646	1	yes
707	-	-	5,654	-	-	-	-	-	6,361	1	yes
23	-	-	148	-	-	-	-	-	171	1	yes
25	-	-	243	-	-	-	-	-	268	1	yes
325	-	-	2,346	-	-	-	-	-	2,671	1	yes
-	-	-	-	-	-	-	-	-	-	1	yes
60	-	-	360	-	-	-	-	-	420	1	yes
20	-	-	252	-	-	-	-	-	272	1	yes
17	-	-	170	-	-	-	-	-	187	1	yes
21	-	-	216	-	-	-	-	-	237	1	yes
2	-	-	58	-	-	-	-	-	60	1	yes
89	-	-	963	-	-	-	-	-	1,052	1	yes
416	-	-	2,852	-	-	-	-	-	3,268	1	yes
40	-	-	209	-	-	-	-	-	249	1	yes
141	-	-	1,284	-	-	-	-	-	1,425	1	yes
5	-	-	130	-	-	-	-	-	135	1	yes
14	-	-	72	-	-	-	-	-	86	1	yes
7	-	-	33	-	-	-	-	-	40	1	yes

PA Rate Template Part IV A - Individual

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

Carrier Name: HMCAl
 Product(s): EPO
 Market Segment: Individual
 Rate Effective Date: 01/01/2024

Plan Number	HIOS Plan ID (Standard Component)	1/1/2023 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2024	1/1/2024 Plan HIOS Plan ID (if 1/1/2023 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off
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Totals These cells auto-fill using the data entered in Table 10.

Plan 1	79279PA0080001	gether Blue EPO Bronze 38	M		Expanded Bron	On/Off
Plan 2	79279PA0080008	together Blue EPO Gold 0	M		Gold	On/Off
Plan 3	79279PA0080010	gether Blue EPO Silver 35	M		Silver	Off
Plan 4	79279PA0080011	gether Blue EPO Bronze 85	M		Bronze	On/Off
Plan 5	79279PA0080012	gether Blue EPO Silver 59	M		Silver	On/Off
Plan 6	79279PA0080013		N		Gold	On/Off
Plan 7	79279PA0090001	0 Bronze 6900 HSA - Cust	M		Expanded Bron	On/Off
Plan 8	79279PA0090004	ther Blue EPO Gold 1700	M		Gold	On/Off
Plan 9	79279PA0100001	vents EPO Catastrophic 9	M		Catastrophic	On/Off
Plan 10	79279PA0130002	PO Bronze 3800 + Adult D	M		Expanded Bron	On/Off
Plan 11	79279PA0130004	PO Silver 3500 + Adult De	M		Silver	Off
Plan 12	79279PA0130005	e EPO Gold 0 + Adult Dent	M		Gold	On/Off
Plan 13	79279PA0140001	ther Blue EPO Premier Gc	M		Gold	On/Off
Plan 14	79279PA0140002	er Blue EPO Premier Silve	M		Silver	On/Off
Plan 15	79279PA0150001	D Premier Gold 0 + Adult	M		Gold	On/Off
Plan 16	79279PA0150002	Premier Silver 2900 + Adu	M		Silver	On/Off
Plan 17	79279PA0260001	ther Blue Diabetes EPO G	DM	79279PA0080008	Gold	On/Off
Plan 18	79279PA0270001	betes EPO Gold 0 + Adult	DM	79279PA0130005	Gold	On/Off

2023 21-year-old, Non-Tobacco Premium PMPM									Average (weighted by enrollment by rating area)
1	2	3	4	5	6	7	8	9	

\$ 253.90 \$ - \$ - \$ 255.18 \$ - \$ - \$ - \$ - \$ - \$ 255.03

\$ 195.17	\$ -	\$ -	\$ 195.17	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 195.17
\$ 253.09	\$ -	\$ -	\$ 253.09	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 253.09
\$ 218.66	\$ -	\$ -	\$ 218.66	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 218.66
\$ 176.66	\$ -	\$ -	\$ 176.66	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 176.66
\$ 273.41	\$ -	\$ -	\$ 273.41	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 273.41
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 202.22	\$ -	\$ -	\$ 202.22	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 202.22
\$ 237.16	\$ -	\$ -	\$ 237.16	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 237.16
\$ 147.73	\$ -	\$ -	\$ 147.73	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 147.73
\$ 220.47	\$ -	\$ -	\$ 220.47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 220.47
\$ 243.97	\$ -	\$ -	\$ 243.97	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 243.97
\$ 278.39	\$ -	\$ -	\$ 278.39	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 278.39
\$ 268.36	\$ -	\$ -	\$ 268.36	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 268.36
\$ 297.24	\$ -	\$ -	\$ 297.24	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 297.24
\$ 293.67	\$ -	\$ -	\$ 293.67	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 293.67
\$ 322.55	\$ -	\$ -	\$ 322.55	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 322.55
\$ 264.54	\$ -	\$ -	\$ 264.54	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 264.54
\$ 289.85	\$ -	\$ -	\$ 289.85	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 289.85

2024 21-year-old, Non-Tobacco Premium PMPM									
1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)

\$ 288.46	\$ -	\$ -	\$ 289.94	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 289.77
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\$ 222.10	\$ -	\$ -	\$ 222.10	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 222.10
\$ 291.36	\$ -	\$ -	\$ 291.36	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 291.36
\$ 242.27	\$ -	\$ -	\$ 242.27	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 242.27
\$ 200.81	\$ -	\$ -	\$ 200.81	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 200.81
\$ 310.08	\$ -	\$ -	\$ 310.08	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 310.08
\$ 273.43	\$ -	\$ -	\$ 273.43	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 273.43
\$ 226.43	\$ -	\$ -	\$ 226.43	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 226.43
\$ 270.14	\$ -	\$ -	\$ 270.14	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 270.14
\$ 170.82	\$ -	\$ -	\$ 170.82	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 170.82
\$ 246.86	\$ -	\$ -	\$ 246.86	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 246.86
\$ 267.03	\$ -	\$ -	\$ 267.03	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 267.03
\$ 316.12	\$ -	\$ -	\$ 316.12	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 316.12
\$ 302.87	\$ -	\$ -	\$ 302.87	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 302.87
\$ 330.72	\$ -	\$ -	\$ 330.72	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 330.72
\$ 327.63	\$ -	\$ -	\$ 327.63	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 327.63
\$ 355.47	\$ -	\$ -	\$ 355.47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 355.47
\$ 291.36	\$ -	\$ -	\$ 291.36	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 291.36
\$ 316.12	\$ -	\$ -	\$ 316.12	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 316.12

Change in 21-year-old Non-Tobacco Premium PMPM									
1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)

13.6%	0.0%	0.0%	13.6%	0.0%	0.0%	0.0%	0.0%	0.0%	13.6%
-------	------	------	-------	------	------	------	------	------	-------

13.8%			13.8%						14%
15.1%			15.1%						15%
10.8%			10.8%						11%
13.7%			13.7%						14%
13.4%			13.4%						13%
12.0%			12.0%						12%
13.9%			13.9%						14%
15.6%			15.6%						16%
12.0%			12.0%						12%
9.5%			9.5%						9%
13.6%			13.6%						14%
12.9%			12.9%						13%
11.3%			11.3%						11%
11.6%			11.6%						12%
10.2%			10.2%						10%
10.1%			10.1%						10%
9.1%			9.1%						9%

PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	0.136218935
Revised Requested Average Rate Change:	13.62%
Minimum Requested Rate Change:	9.06%
Maximum Requested Rate Change:	15.63%
Mapped Members:	18,548
Available in Rating Areas:	Rating Areas 1 and 4

Carrier Name:	HMCAI
Product(s):	EPO
Market Segment:	Individual
Rate Effective Date:	01/01/2024

Key Information

Jan. 2022 - Dec. 2022 Financial Experience

Premium	\$	73,646,196.57
Claims	\$	57,070,121.32
Administrative Expenses	\$	12,784,364.74
Taxes & Fees	\$	2,218,186.36
Company Made After Taxes	\$	1,573,524.15

How It Plans to Spend Your Premium

This is how the company plans to spend the premium it collects in 2024:

Claims:	84%
Administrative Expenses:	13%
Taxes & Fees:	3%
Profit:	0%

The company expects its annual medical costs to increase: 9.17%

Explanation of requested rate change: The primary drivers of the rate increase are cost and utilization trend and changes to the reinsurance parameters. The reinsurance parameter change compared

Company Name: Highmark Coverage Advantage
 Market: Individual
 Product: EPO
 Effective Date of Rates: January 1, 2024

Ending date of Rates: December 31, 2024

HIOS Plan ID (On Exchange)=>	79279PA0080008	79279PA0080008	79279PA0130005	79279PA0130005	79279PA0140001	79279PA0140001	79279PA0150001	79279PA0150001	79279PA0090004	
HIOS Plan ID (Off Exchange)=>	79279PA0080008	79279PA0080008	79279PA0130005	79279PA0130005	79279PA0140001	79279PA0140001	79279PA0150001	79279PA0150001	79279PA0090004	
Plan Marketing Name =>	Together Blue EPO Gold 0		Together Blue EPO Gold 0 + Adult Dental and Vision		Together Blue EPO Premier Gold 0		Together Blue EPO Premier Gold 0 + Adult Dental and Vision		Together Blue EPO Premier Gold 0 + Adult Dental and Vision	
Form # =>	TB/EPO/HCA/DP-4		TB/EPO/ADV/HCA/DP-4		TB/EPO/Premier/HCA/DP-2		TB/EPO/Premier/HCA/DP-2		TB/EPO/HDHP/HCA/DP-4	
Rating Area =>	Area 1		Area 4		Area 1		Area 4		Area 1	
Network =>	L		L		L		L		L	
Metal =>	Gold		Gold		Gold		Gold		Gold	
Deductible =>	\$0		\$0		\$0		\$0		\$1,700	
Coinsurance =>	70%		70%		70%		80%		80%	
Copays =>	\$20 PCP		\$20 PCP		\$20 PCP		\$15 PCP		\$20 after Ded. PCP	
OOP Maximum =>	\$7,500		\$7,500		\$7,500		\$6,500		\$6,500	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$222.89	\$222.89	\$222.89	\$222.89	\$241.83	\$241.83	\$231.70	\$231.70	\$250.64	\$250.64
15	\$242.70	\$242.70	\$242.70	\$242.70	\$263.33	\$263.33	\$252.29	\$252.29	\$272.92	\$272.92
16	\$250.28	\$250.28	\$250.28	\$250.28	\$271.55	\$271.55	\$260.17	\$260.17	\$281.43	\$281.43
17	\$257.85	\$257.85	\$257.85	\$257.85	\$279.77	\$279.77	\$268.04	\$268.04	\$289.95	\$289.95
18	\$266.01	\$266.01	\$266.01	\$266.01	\$288.62	\$288.62	\$276.52	\$276.52	\$299.13	\$299.13
19	\$274.17	\$274.17	\$274.17	\$274.17	\$297.47	\$297.47	\$285.00	\$285.00	\$308.30	\$308.30
20	\$282.62	\$282.62	\$282.62	\$282.62	\$306.64	\$306.64	\$293.78	\$293.78	\$317.80	\$317.80
21	\$291.36	\$291.36	\$291.36	\$291.36	\$316.12	\$316.12	\$302.87	\$302.87	\$327.63	\$327.63
22	\$291.36	\$291.36	\$291.36	\$291.36	\$316.12	\$316.12	\$302.87	\$302.87	\$327.63	\$327.63
23	\$291.36	\$291.36	\$291.36	\$291.36	\$316.12	\$316.12	\$302.87	\$302.87	\$327.63	\$327.63
24	\$291.36	\$291.36	\$291.36	\$291.36	\$316.12	\$316.12	\$302.87	\$302.87	\$327.63	\$327.63
25	\$292.53	\$292.53	\$292.53	\$292.53	\$317.38	\$317.38	\$304.08	\$304.08	\$328.94	\$328.94
26	\$298.35	\$298.35	\$298.35	\$298.35	\$323.71	\$323.71	\$310.14	\$310.14	\$337.89	\$337.89
27	\$305.35	\$305.35	\$305.35	\$305.35	\$331.29	\$331.29	\$317.41	\$317.41	\$346.84	\$346.84
28	\$316.71	\$316.71	\$316.71	\$316.71	\$343.62	\$343.62	\$329.22	\$329.22	\$356.13	\$356.13
29	\$326.03	\$326.03	\$326.03	\$326.03	\$353.74	\$353.74	\$338.91	\$338.91	\$366.62	\$366.62
30	\$330.69	\$330.69	\$330.69	\$330.69	\$358.80	\$358.80	\$343.76	\$343.76	\$376.62	\$376.62
31	\$337.69	\$337.69	\$337.69	\$337.69	\$366.38	\$366.38	\$351.03	\$351.03	\$387.21	\$387.21
32	\$344.68	\$344.68	\$344.68	\$344.68	\$373.97	\$373.97	\$358.30	\$358.30	\$397.28	\$397.28
33	\$349.05	\$349.05	\$349.05	\$349.05	\$378.71	\$378.71	\$362.84	\$362.84	\$407.31	\$407.31
34	\$353.71	\$353.71	\$353.71	\$353.71	\$383.77	\$383.77	\$367.68	\$367.68	\$417.36	\$417.36
35	\$356.04	\$356.04	\$356.04	\$356.04	\$386.30	\$386.30	\$370.11	\$370.11	\$427.41	\$427.41
36	\$358.37	\$358.37	\$358.37	\$358.37	\$388.83	\$388.83	\$372.53	\$372.53	\$437.46	\$437.46
37	\$360.70	\$360.70	\$360.70	\$360.70	\$391.36	\$391.36	\$374.95	\$374.95	\$447.51	\$447.51
38	\$363.03	\$363.03	\$363.03	\$363.03	\$393.89	\$393.89	\$377.38	\$377.38	\$457.56	\$457.56
39	\$367.70	\$367.70	\$367.70	\$367.70	\$398.94	\$398.94	\$382.22	\$382.22	\$467.61	\$467.61
40	\$372.36	\$372.36	\$372.36	\$372.36	\$404.00	\$404.00	\$387.07	\$387.07	\$477.66	\$477.66
41	\$379.35	\$379.35	\$379.35	\$379.35	\$411.59	\$411.59	\$394.34	\$394.34	\$487.71	\$487.71
42	\$386.05	\$386.05	\$386.05	\$386.05	\$418.86	\$418.86	\$401.30	\$401.30	\$497.76	\$497.76
43	\$395.38	\$395.38	\$395.38	\$395.38	\$428.97	\$428.97	\$408.88	\$408.88	\$507.81	\$507.81
44	\$407.03	\$407.03	\$407.03	\$407.03	\$441.62	\$441.62	\$419.91	\$419.91	\$517.86	\$517.86
45	\$420.72	\$420.72	\$420.72	\$420.72	\$456.48	\$456.48	\$433.34	\$433.34	\$527.91	\$527.91
46	\$437.04	\$437.04	\$437.04	\$437.04	\$474.18	\$474.18	\$445.31	\$445.31	\$537.96	\$537.96
47	\$455.40	\$455.40	\$455.40	\$455.40	\$494.10	\$494.10	\$457.39	\$457.39	\$548.01	\$548.01
48	\$476.37	\$476.37	\$476.37	\$476.37	\$516.86	\$516.86	\$479.25	\$479.25	\$558.06	\$558.06
49	\$497.06	\$497.06	\$497.06	\$497.06	\$539.30	\$539.30	\$491.11	\$491.11	\$568.11	\$568.11
50	\$520.37	\$520.37	\$520.37	\$520.37	\$564.59	\$564.59	\$512.97	\$512.97	\$578.16	\$578.16
51	\$543.39	\$543.39	\$543.39	\$543.39	\$589.56	\$589.56	\$534.83	\$534.83	\$588.21	\$588.21
52	\$568.73	\$568.73	\$568.73	\$568.73	\$617.07	\$617.07	\$556.69	\$556.69	\$598.26	\$598.26
53	\$594.37	\$594.37	\$594.37	\$594.37	\$644.88	\$644.88	\$578.98	\$578.98	\$608.31	\$608.31
54	\$622.05	\$622.05	\$622.05	\$622.05	\$674.92	\$674.92	\$600.84	\$600.84	\$618.36	\$618.36
55	\$649.73	\$649.73	\$649.73	\$649.73	\$704.95	\$704.95	\$622.70	\$622.70	\$628.41	\$628.41
56	\$679.74	\$679.74	\$679.74	\$679.74	\$737.51	\$737.51	\$644.56	\$644.56	\$638.46	\$638.46
57	\$710.04	\$710.04	\$710.04	\$710.04	\$770.38	\$770.38	\$666.42	\$666.42	\$648.51	\$648.51
58	\$742.39	\$742.39	\$742.39	\$742.39	\$805.47	\$805.47	\$688.28	\$688.28	\$658.56	\$658.56
59	\$758.41	\$758.41	\$758.41	\$758.41	\$822.86	\$822.86	\$700.14	\$700.14	\$668.61	\$668.61
60	\$790.75	\$790.75	\$790.75	\$790.75	\$857.95	\$857.95	\$722.00	\$722.00	\$678.66	\$678.66
61	\$818.72	\$818.72	\$818.72	\$818.72	\$888.30	\$888.30	\$743.86	\$743.86	\$688.71	\$688.71
62	\$837.08	\$837.08	\$837.08	\$837.08	\$908.21	\$908.21	\$765.72	\$765.72	\$698.76	\$698.76
63	\$860.09	\$860.09	\$860.09	\$860.09	\$933.19	\$933.19	\$787.57	\$787.57	\$708.81	\$708.81
64+	\$874.08	\$874.08	\$874.08	\$874.08	\$948.36	\$948.36	\$807.43	\$807.43	\$718.86	\$718.86

Company Name:
Market:
Product:
Effective Date of Rates:

HIOS Plan ID (On Exchange)=>	79279PA0090001	79279PA0080011	79279PA0080011	79279PA0100001	79279PA0100001					
HIOS Plan ID (Off Exchange)=>	79279PA0090001	79279PA0080011	79279PA0080011	79279PA0100001	79279PA0100001					
Plan Marketing Name =>	Together Blue EPO Bronze 7100 HSA - Custom Drug Benefit	Together Blue EPO Bronze 8900	Together Blue EPO Bronze 8900	Together Blue Major Events EPO Catastrophic 9450 - 3 Free PCP Visits	Together Blue Major Events EPO Catastrophic 9450 - 3 Free PCP Visits					
Form # =>	TB/EPO/HDHP/HCA/DP-4	TB/EPO/HCA/DP-4	TB/EPO/HCA/DP-4	TB/CAT/EPO/HCA/DP-4	TB/CAT/EPO/HCA/DP-4					
Rating Area =>	Area 4	Area 1	Area 4	Area 1	Area 4					
Network =>	L	L	L	L	L					
Metal =>	Bronze	Bronze	Bronze	Catastrophic	Catastrophic					
Deductible =>	\$7,100	\$8,900	\$8,900	\$9,450	\$9,450					
Coinsurance =>	100%	100%	100%	100%	100%					
Copays =>	N/A	N/A	N/A	Visits 1-3); then 100% after Ded.	Visits 1-3); then 100% after Ded.					
OOP Maximum =>	\$7,100	\$8,900	\$8,900	\$9,450	\$9,450					
Pediatric Dental (Yes/No) =>	Yes	Yes	Yes	Yes	Yes					
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	\$173.22	\$173.22	\$153.62	\$153.62	\$153.62	\$153.62	\$130.68	\$130.68	\$130.68	\$130.68
15	\$188.62	\$188.62	\$167.27	\$167.27	\$167.27	\$167.27	\$142.29	\$142.29	\$142.29	\$142.29
16	\$194.50	\$194.50	\$172.50	\$172.50	\$172.50	\$172.50	\$146.73	\$146.73	\$146.73	\$146.73
17	\$200.39	\$200.39	\$177.72	\$177.72	\$177.72	\$177.72	\$151.18	\$151.18	\$151.18	\$151.18
18	\$206.73	\$206.73	\$183.34	\$183.34	\$183.34	\$183.34	\$155.96	\$155.96	\$155.96	\$155.96
19	\$213.07	\$213.07	\$188.96	\$188.96	\$188.96	\$188.96	\$160.74	\$160.74	\$160.74	\$160.74
20	\$219.64	\$219.64	\$194.79	\$194.79	\$194.79	\$194.79	\$165.70	\$165.70	\$165.70	\$165.70
21	\$226.43	\$232.09	\$200.81	\$205.83	\$200.81	\$205.83	\$170.82	\$175.09	\$170.82	\$175.09
22	\$226.43	\$232.09	\$200.81	\$205.83	\$200.81	\$205.83	\$170.82	\$175.09	\$170.82	\$175.09
23	\$226.43	\$232.09	\$200.81	\$205.83	\$200.81	\$205.83	\$170.82	\$175.09	\$170.82	\$175.09
24	\$226.43	\$232.09	\$200.81	\$205.83	\$200.81	\$205.83	\$170.82	\$175.09	\$170.82	\$175.09
25	\$227.34	\$233.02	\$201.61	\$206.65	\$201.61	\$206.65	\$171.50	\$175.79	\$171.50	\$175.79
26	\$231.86	\$237.66	\$205.63	\$210.77	\$205.63	\$210.77	\$174.92	\$179.29	\$174.92	\$179.29
27	\$237.30	\$243.23	\$210.45	\$215.71	\$210.45	\$215.71	\$179.02	\$183.50	\$179.02	\$183.50
28	\$246.13	\$252.28	\$218.28	\$223.74	\$218.28	\$223.74	\$185.68	\$190.32	\$185.68	\$190.32
29	\$253.38	\$259.71	\$224.71	\$230.33	\$224.71	\$230.33	\$191.15	\$195.93	\$191.15	\$195.93
30	\$257.00	\$263.43	\$227.92	\$233.62	\$227.92	\$233.62	\$193.88	\$198.73	\$193.88	\$198.73
31	\$262.43	\$268.99	\$232.74	\$238.56	\$232.74	\$238.56	\$197.98	\$202.93	\$197.98	\$202.93
32	\$267.87	\$274.57	\$237.56	\$243.50	\$237.56	\$243.50	\$202.08	\$207.13	\$202.08	\$207.13
33	\$271.26	\$278.04	\$240.57	\$246.58	\$240.57	\$246.58	\$204.64	\$209.76	\$204.64	\$209.76
34	\$274.89	\$281.76	\$243.78	\$249.87	\$243.78	\$249.87	\$207.38	\$212.56	\$207.38	\$212.56
35	\$276.70	\$283.62	\$245.39	\$251.52	\$245.39	\$251.52	\$208.74	\$213.96	\$208.74	\$213.96
36	\$278.51	\$285.47	\$247.00	\$253.18	\$247.00	\$253.18	\$210.11	\$215.36	\$210.11	\$215.36
37	\$280.32	\$287.33	\$248.60	\$254.82	\$248.60	\$254.82	\$211.48	\$216.77	\$211.48	\$216.77
38	\$282.13	\$289.18	\$250.21	\$256.47	\$250.21	\$256.47	\$212.84	\$218.16	\$212.84	\$218.16
39	\$285.75	\$292.89	\$253.42	\$259.76	\$253.42	\$259.76	\$215.57	\$220.96	\$215.57	\$220.96
40	\$289.38	\$318.32	\$256.64	\$282.30	\$256.64	\$282.30	\$218.31	\$240.14	\$218.31	\$240.14
41	\$294.81	\$325.77	\$261.45	\$288.90	\$261.45	\$288.90	\$222.41	\$245.76	\$222.41	\$245.76
42	\$300.02	\$333.62	\$266.07	\$295.87	\$266.07	\$295.87	\$226.34	\$251.69	\$226.34	\$251.69
43	\$307.27	\$344.45	\$272.50	\$305.47	\$272.50	\$305.47	\$231.80	\$259.85	\$231.80	\$259.85
44	\$316.32	\$358.07	\$280.53	\$317.56	\$280.53	\$317.56	\$238.64	\$270.14	\$238.64	\$270.14
45	\$326.96	\$374.37	\$289.97	\$332.02	\$289.97	\$332.02	\$246.66	\$282.43	\$246.66	\$282.43
46	\$339.65	\$393.99	\$301.22	\$349.42	\$301.22	\$349.42	\$256.23	\$297.23	\$256.23	\$297.23
47	\$353.91	\$416.55	\$313.87	\$369.42	\$313.87	\$369.42	\$266.99	\$314.25	\$266.99	\$314.25
48	\$370.21	\$442.77	\$328.32	\$392.67	\$328.32	\$392.67	\$279.29	\$334.03	\$279.29	\$334.03
49	\$386.29	\$470.11	\$342.58	\$416.92	\$342.58	\$416.92	\$291.42	\$354.66	\$291.42	\$354.66
50	\$404.40	\$495.39	\$358.65	\$439.35	\$358.65	\$439.35	\$305.08	\$373.72	\$305.08	\$373.72
51	\$422.29	\$517.31	\$374.51	\$458.77	\$374.51	\$458.77	\$318.58	\$390.26	\$318.58	\$390.26
52	\$441.99	\$541.44	\$391.98	\$480.18	\$391.98	\$480.18	\$333.44	\$408.46	\$333.44	\$408.46
53	\$461.92	\$565.85	\$409.65	\$501.82	\$409.65	\$501.82	\$348.47	\$426.88	\$348.47	\$426.88
54	\$483.43	\$592.20	\$428.73	\$525.19	\$428.73	\$525.19	\$364.70	\$446.76	\$364.70	\$446.76
55	\$504.94	\$618.55	\$447.81	\$548.57	\$447.81	\$548.57	\$380.93	\$466.64	\$380.93	\$466.64
56	\$528.26	\$647.12	\$468.49	\$573.90	\$468.49	\$573.90	\$398.52	\$488.19	\$398.52	\$488.19
57	\$551.81	\$675.97	\$489.37	\$599.48	\$489.37	\$599.48	\$416.29	\$509.96	\$416.29	\$509.96
58	\$576.94	\$706.75	\$511.66	\$626.78	\$511.66	\$626.78	\$435.25	\$533.18	\$435.25	\$533.18
59	\$589.40	\$722.02	\$522.71	\$640.32	\$522.71	\$640.32	\$444.64	\$544.68	\$444.64	\$544.68
60	\$614.53	\$752.80	\$545.00	\$667.63	\$545.00	\$667.63	\$463.61	\$567.92	\$463.61	\$567.92
61	\$636.27	\$779.43	\$564.28	\$691.24	\$564.28	\$691.24	\$480.00	\$588.00	\$480.00	\$588.00
62	\$650.53	\$796.90	\$576.93	\$706.74	\$576.93	\$706.74	\$490.77	\$601.19	\$490.77	\$601.19
63	\$668.42	\$818.81	\$592.79	\$726.17	\$592.79	\$726.17	\$504.26	\$617.72	\$504.26	\$617.72
64+	\$679.29	\$832.13	\$602.43	\$737.98	\$602.43	\$737.98	\$512.46	\$627.76	\$512.46	\$627.76

**Highmark Coverage Advantage
Individual
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
79279PA0080008	Together Blue EPO Gold 0	EPO	Gold	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0130005	Together Blue EPO Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0140001	Together Blue EPO Premier Gold 0	EPO	Gold	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0150001	Together Blue EPO Premier Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0090004	Together Blue EPO Gold 1700 HSA	EPO	Gold	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0080013	Together Blue Virtual Choice EPO Gold 1500	EPO	Gold	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0140002	Together Blue EPO Premier Silver 2900	EPO	Silver	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0150002	Together Blue EPO Premier Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0080012	Together Blue EPO Silver 7000	EPO	Silver	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0080010	Together Blue EPO Silver 3500	EPO	Silver	Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0130004	Together Blue EPO Silver 3500 + Adult Dental and Vision	EPO	Silver	Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0080001	Together Blue EPO Bronze 3800	EPO	Bronze	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0130002	Together Blue EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0090001	Together Blue EPO Bronze 7100 HSA - Custom Drug Benefit	EPO	Bronze	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0080011	Together Blue EPO Bronze 8900	EPO	Bronze	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland
79279PA0100001	Together Blue Major Events EPO Catastrophic 9450 - 3 Free PCP Visits	EPO	Catastrophic	On/Off	L	1, 4	Allegheny, Erie, Washington, Butler, Westmoreland

Company Name Highmark Coverage Advantage
 Market Individual
 RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2023 Number of Covered Lives by Rating County					RATING AREA 1							RATING AREA 2			
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	0	0	2,139	0	0	0	0	0	0	0	0
					Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren	Elk	Cameron	Potter
79279PA0080008	Together Blue EPO Gold 0	EPO	Gold	On/Off			\$291.36								
79279PA0130005	Together Blue EPO Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off			\$316.12								
79279PA0140001	Together Blue EPO Premier Gold 0	EPO	Gold	On/Off			\$302.87								
79279PA0150001	Together Blue EPO Premier Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off			\$327.63								
79279PA0090004	Together Blue EPO Gold 1700 HSA	EPO	Gold	On/Off			\$270.14								
79279PA0080013	Together Blue Virtual Choice EPO Gold 1500	EPO	Gold	On/Off			\$273.43								
79279PA0140002	Together Blue EPO Premier Silver 2900	EPO	Silver	On/Off			\$330.72								
79279PA0150002	Together Blue EPO Premier Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off			\$355.47								
79279PA0080012	Together Blue EPO Silver 7000	EPO	Silver	On/Off			\$310.08								
79279PA0080010	Together Blue EPO Silver 3500	EPO	Silver	Off			\$242.27								
79279PA0130004	Together Blue EPO Silver 3500 + Adult Dental and Vision	EPO	Silver	Off			\$267.03								
79279PA0080001	Together Blue EPO Bronze 3800	EPO	Bronze	On/Off			\$222.10								
79279PA0130002	Together Blue EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off			\$246.86								
79279PA0090001	Together Blue EPO Bronze 7100 HSA - Custom Drug Benefit	EPO	Bronze	On/Off			\$226.43								
79279PA0080011	Together Blue EPO Bronze 8900	EPO	Bronze	On/Off			\$200.81								
79279PA0100001	Together Blue Major Events EPO Catastrophic 9450 - 3 Free PCP Visits	EPO	Catastrophic	On/Off			\$170.82								

Company Name Highmark Coverage Advantage
 Market Individual
 RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2023 Number of Covered Lives by Rating County					RATING AREA 3											
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	0	0	0	0	0	0	0	0	0	0	0	0
					Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne
79279PA0080008	Together Blue EPO Gold 0	EPO	Gold	On/Off												
79279PA0130005	Together Blue EPO Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off												
79279PA0140001	Together Blue EPO Premier Gold 0	EPO	Gold	On/Off												
79279PA0150001	Together Blue EPO Premier Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off												
79279PA0090004	Together Blue EPO Gold 1700 HSA	EPO	Gold	On/Off												
79279PA0080013	Together Blue Virtual Choice EPO Gold 1500	EPO	Gold	On/Off												
79279PA0140002	Together Blue EPO Premier Silver 2900	EPO	Silver	On/Off												
79279PA0150002	Together Blue EPO Premier Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off												
79279PA0080012	Together Blue EPO Silver 7000	EPO	Silver	On/Off												
79279PA0080010	Together Blue EPO Silver 3500	EPO	Silver	Off												
79279PA0130004	Together Blue EPO Silver 3500 + Adult Dental and Vision	EPO	Silver	Off												
79279PA0080001	Together Blue EPO Bronze 3800	EPO	Bronze	On/Off												
79279PA0130002	Together Blue EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off												
79279PA0090001	Together Blue EPO Bronze 7100 HSA - Custom Drug Benefit	EPO	Bronze	On/Off												
79279PA0080011	Together Blue EPO Bronze 8900	EPO	Bronze	On/Off												
79279PA0100001	Together Blue Major Events EPO Catastrophic 9450 - 3 Free PCP Visits	EPO	Catastrophic	On/Off												

Company Name Highmark Coverage Advantage
 Market Individual
 RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2023 Number of Covered Lives by Rating County					RATING AREA 4									
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	11,831	0	0	691	0	0	0	0	1,832	2,055
					Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland
79279PA0080008	Together Blue EPO Gold 0	EPO	Gold	On/Off	\$291.36			\$291.36					\$291.36	\$291.36
79279PA0130005	Together Blue EPO Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off	\$316.12			\$316.12					\$316.12	\$316.12
79279PA0140001	Together Blue EPO Premier Gold 0	EPO	Gold	On/Off	\$302.87			\$302.87					\$302.87	\$302.87
79279PA0150001	Together Blue EPO Premier Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off	\$327.63			\$327.63					\$327.63	\$327.63
79279PA0090004	Together Blue EPO Gold 1700 HSA	EPO	Gold	On/Off	\$270.14			\$270.14					\$270.14	\$270.14
79279PA0080013	Together Blue Virtual Choice EPO Gold 1500	EPO	Gold	On/Off	\$273.43			\$273.43					\$273.43	\$273.43
79279PA0140002	Together Blue EPO Premier Silver 2900	EPO	Silver	On/Off	\$330.72			\$330.72					\$330.72	\$330.72
79279PA0150002	Together Blue EPO Premier Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off	\$355.47			\$355.47					\$355.47	\$355.47
79279PA0080012	Together Blue EPO Silver 7000	EPO	Silver	On/Off	\$310.08			\$310.08					\$310.08	\$310.08
79279PA0080010	Together Blue EPO Silver 3500	EPO	Silver	Off	\$242.27			\$242.27					\$242.27	\$242.27
79279PA0130004	Together Blue EPO Silver 3500 + Adult Dental and Vision	EPO	Silver	Off	\$267.03			\$267.03					\$267.03	\$267.03
79279PA0080001	Together Blue EPO Bronze 3800	EPO	Bronze	On/Off	\$222.10			\$222.10					\$222.10	\$222.10
79279PA0130002	Together Blue EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off	\$246.86			\$246.86					\$246.86	\$246.86
79279PA0090001	Together Blue EPO Bronze 7100 HSA - Custom Drug Benefit	EPO	Bronze	On/Off	\$226.43			\$226.43					\$226.43	\$226.43
79279PA0080011	Together Blue EPO Bronze 8900	EPO	Bronze	On/Off	\$200.81			\$200.81					\$200.81	\$200.81
79279PA0100001	Together Blue Major Events EPO Catastrophic 9450 - 3 Free PCP Visits	EPO	Catastrophic	On/Off	\$170.82			\$170.82					\$170.82	\$170.82

Company Name Highmark Coverage Advantage
 Market Individual
 RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2023 Number of Covered Lives by Rating County					RATING AREA 5					
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	0	0	0	0	0	0
					Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson
79279PA080008	Together Blue EPO Gold 0	EPO	Gold	On/Off						
79279PA0130005	Together Blue EPO Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off						
79279PA0140001	Together Blue EPO Premier Gold 0	EPO	Gold	On/Off						
79279PA0150001	Together Blue EPO Premier Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off						
79279PA0090004	Together Blue EPO Gold 1700 HSA	EPO	Gold	On/Off						
79279PA0080013	Together Blue Virtual Choice EPO Gold 1500	EPO	Gold	On/Off						
79279PA0140002	Together Blue EPO Premier Silver 2900	EPO	Silver	On/Off						
79279PA0150002	Together Blue EPO Premier Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off						
79279PA0080012	Together Blue EPO Silver 7000	EPO	Silver	On/Off						
79279PA0080010	Together Blue EPO Silver 3500	EPO	Silver	Off						
79279PA0130004	Together Blue EPO Silver 3500 + Adult Dental and Vision	EPO	Silver	Off						
79279PA0080001	Together Blue EPO Bronze 3800	EPO	Bronze	On/Off						
79279PA0130002	Together Blue EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off						
79279PA0090001	Together Blue EPO Bronze 7100 HSA - Custom Drug Benefit	EPO	Bronze	On/Off						
79279PA0080011	Together Blue EPO Bronze 8900	EPO	Bronze	On/Off						
79279PA0100001	Together Blue Major Events EPO Catastrophic 9450 - 3 Free PCP Visits	EPO	Catastrophic	On/Off						

Company Name Highmark Coverage Advantage
 Market Individual
 RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

RATING AREA 6

02-01-2023 Number of Covered Lives by Rating County					0	0	0	0	0	0	0	0		
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union
79279PA0080008	Together Blue EPO Gold 0	EPO	Gold	On/Off										
79279PA0130005	Together Blue EPO Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off										
79279PA0140001	Together Blue EPO Premier Gold 0	EPO	Gold	On/Off										
79279PA0150001	Together Blue EPO Premier Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off										
79279PA0090004	Together Blue EPO Gold 1700 HSA	EPO	Gold	On/Off										
79279PA0080013	Together Blue Virtual Choice EPO Gold 1500	EPO	Gold	On/Off										
79279PA0140002	Together Blue EPO Premier Silver 2900	EPO	Silver	On/Off										
79279PA0150002	Together Blue EPO Premier Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off										
79279PA0080012	Together Blue EPO Silver 7000	EPO	Silver	On/Off										
79279PA0080010	Together Blue EPO Silver 3500	EPO	Silver	Off										
79279PA0130004	Together Blue EPO Silver 3500 + Adult Dental and Vision	EPO	Silver	Off										
79279PA0080001	Together Blue EPO Bronze 3800	EPO	Bronze	On/Off										
79279PA0130002	Together Blue EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off										
79279PA0090001	Together Blue EPO Bronze 7100 HSA - Custom Drug Benefit	EPO	Bronze	On/Off										
79279PA0080011	Together Blue EPO Bronze 8900	EPO	Bronze	On/Off										
79279PA0100001	Together Blue Major Events EPO Catastrophic 9450 - 3 Free PCP Visits	EPO	Catastrophic	On/Off										

Company Name Highmark Coverage Advantage
 Market Individual
 RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2023 Number of Covered Lives by Rating County					RATING AREA 7				RATING AREA 8				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	0	0	0	0	0	0	0	0	0
					Adams	Berks	Lancaster	York	Bucks	Chester	Delaware	Montgomery	Philadelphia
79279PA0080008	Together Blue EPO Gold 0	EPO	Gold	On/Off									
79279PA0130005	Together Blue EPO Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off									
79279PA0140001	Together Blue EPO Premier Gold 0	EPO	Gold	On/Off									
79279PA0150001	Together Blue EPO Premier Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off									
79279PA0090004	Together Blue EPO Gold 1700 HSA	EPO	Gold	On/Off									
79279PA0080013	Together Blue Virtual Choice EPO Gold 1500	EPO	Gold	On/Off									
79279PA0140002	Together Blue EPO Premier Silver 2900	EPO	Silver	On/Off									
79279PA0150002	Together Blue EPO Premier Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off									
79279PA0080012	Together Blue EPO Silver 7000	EPO	Silver	On/Off									
79279PA0080010	Together Blue EPO Silver 3500	EPO	Silver	Off									
79279PA0130004	Together Blue EPO Silver 3500 + Adult Dental and Vision	EPO	Silver	Off									
79279PA0080001	Together Blue EPO Bronze 3800	EPO	Bronze	On/Off									
79279PA0130002	Together Blue EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off									
79279PA0090001	Together Blue EPO Bronze 7100 HSA - Custom Drug Benefit	EPO	Bronze	On/Off									
79279PA0080011	Together Blue EPO Bronze 8900	EPO	Bronze	On/Off									
79279PA0100001	Together Blue Major Events EPO Catastrophic 9450 - 3 Free PCP Visits	EPO	Catastrophic	On/Off									

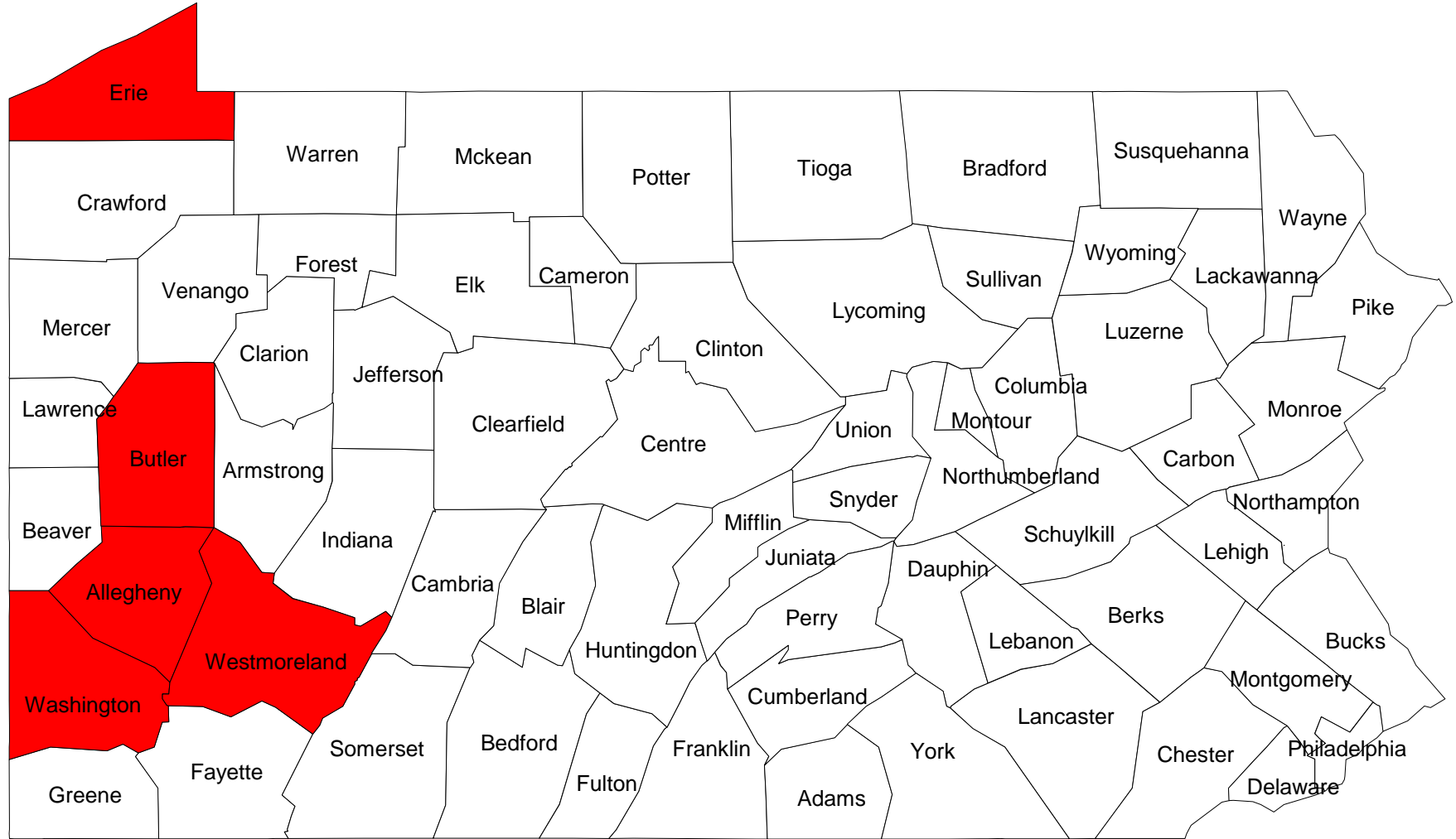
Company Name Highmark Coverage Advantage
 Market Individual
 RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2023 Number of Covered Lives by Rating County					RATING AREA 9						
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	0	0	0	0	0	0	0
					Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
79279PA0080008	Together Blue EPO Gold 0	EPO	Gold	On/Off							
79279PA0130005	Together Blue EPO Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off							
79279PA0140001	Together Blue EPO Premier Gold 0	EPO	Gold	On/Off							
79279PA0150001	Together Blue EPO Premier Gold 0 + Adult Dental and Vision	EPO	Gold	On/Off							
79279PA0090004	Together Blue EPO Gold 1700 HSA	EPO	Gold	On/Off							
79279PA0080013	Together Blue Virtual Choice EPO Gold 1500	EPO	Gold	On/Off							
79279PA0140002	Together Blue EPO Premier Silver 2900	EPO	Silver	On/Off							
79279PA0150002	Together Blue EPO Premier Silver 2900 + Adult Dental and Vision	EPO	Silver	On/Off							
79279PA0080012	Together Blue EPO Silver 7000	EPO	Silver	On/Off							
79279PA0080010	Together Blue EPO Silver 3500	EPO	Silver	Off							
79279PA0130004	Together Blue EPO Silver 3500 + Adult Dental and Vision	EPO	Silver	Off							
79279PA0080001	Together Blue EPO Bronze 3800	EPO	Bronze	On/Off							
79279PA0130002	Together Blue EPO Bronze 3800 + Adult Dental and Vision	EPO	Bronze	On/Off							
79279PA0090001	Together Blue EPO Bronze 7100 HSA - Custom Drug Benefit	EPO	Bronze	On/Off							
79279PA0080011	Together Blue EPO Bronze 8900	EPO	Bronze	On/Off							
79279PA0100001	Together Blue Major Events EPO Catastrophic 9450 - 3 Free PCP Visits	EPO	Catastrophic	On/Off							

2023 Service Area

Issuer: Highmark Coverage Advantage (HCA)

Market: Individual



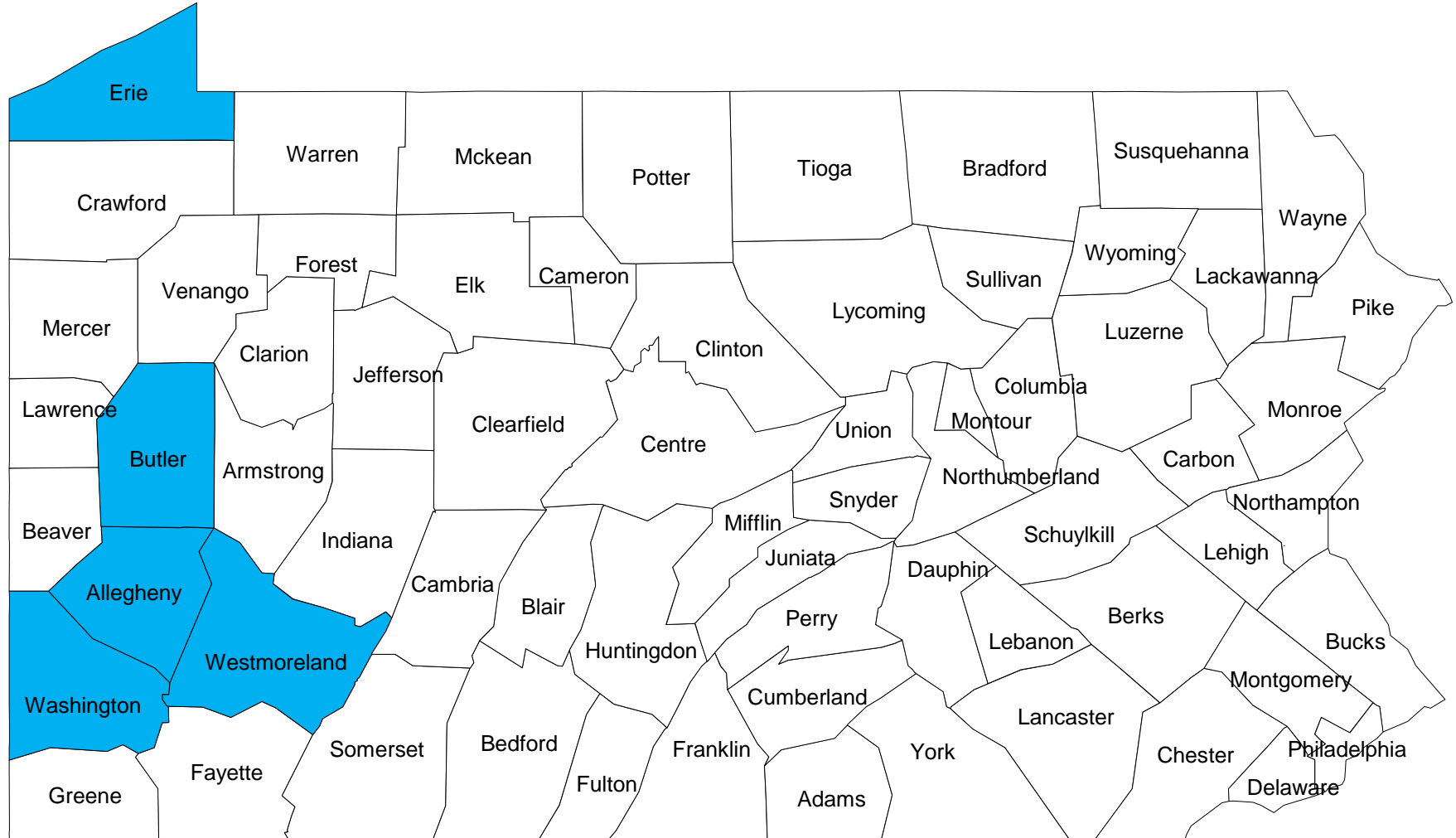
Key (*modify as needed*)

- : 2023 on-exchange service area
- : 2023 off-exchange only service area



2024 Service Area

Issuer: Highmark Coverage Advantage (HCA)

Market: Individual



Key (*modify as needed*)

-  : 2024 on-exchange service area
-  : 2024 off-exchange only service area

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	Unified Rate Review v6.0																		
2																			
3	Company Legal Name:	Highmark Coverage Advantage																	
4	HIOS Issuer ID:	79279	State:	PA															
5	Effective Date of Rate Change(s):	01/01/2024	Market:	Individual															
6																			
7																			
8	Market Level Calculations (Same for all Plans)																		
9																			
10																			
11	Section I: Experience Period Data																		
12	Experience Period:	01/01/2022		to	12/31/2022														
13				Total	PMPM														
14	Allowed Claims			\$72,196,735.78			\$390.27												
15	Reinsurance			\$2,344,947.22			\$12.68												
16	Incurred Claims in Experience Period			\$57,070,121.32			\$308.50												
17	Risk Adjustment			-\$5,729,417.96			-\$30.97												
18	Experience Period Premium			\$79,375,614.53			\$429.07												
19	Experience Period Member Months			184,994															
20																			
21	Section II: Projections																		
22																			
23	Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend			Year 2 Trend			Trended EHB Allowed Claims PMPM										
24	Inpatient Hospital	\$44.98	Cost	1.050	Utilization	1.038	Cost	1.050	Utilization	1.038	\$53.44								
25	Outpatient Hospital	\$75.04	1.050	1.038	1.050	1.038	1.050	1.038	1.050	1.038	\$89.16								
26	Professional	\$147.05	1.050	1.038	1.050	1.038	1.050	1.038	1.050	1.038	\$174.71								
27	Other Medical	\$7.62	1.050	1.038	1.050	1.038	1.050	1.038	1.050	1.038	\$9.06								
28	Capitation	\$0.15	1.050	1.038	1.050	1.038	1.050	1.038	1.050	1.038	\$0.18								
29	Prescription Drug	\$113.04	1.050	1.038	1.050	1.038	1.050	1.038	1.050	1.038	\$134.30								
30	Total	\$387.88									\$460.84								
31																			
32	Morbidity Adjustment			1.002															
33	Demographic Shift			1.006															
34	Plan Design Changes			1.000															
35	Other			0.959															
36	Adjusted Trended EHB Allowed Claims PMPM for	01/01/2024		\$445.41															
37																			
38	Manual EHB Allowed Claims PMPM			\$0.00															
39	Applied Credibility %			100.00%															
40																			
41	Projected Period Totals																		
42	Projected Index Rate for	01/01/2024		\$445.41	\$107,742,897.36														
43	Reinsurance			\$0.00	\$0.00														
44	Risk Adjustment Payment/Charge			-\$75.55	-\$18,275,481.63														
45	Exchange User Fees			3.12%	\$4,054,133.83														
46	Market Adjusted Index Rate			\$537.72	\$130,072,512.83														
47																			
48	Projected Member Months			241,896															
49																			
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																		
51																			

Product-Plan Data Collection

Company Legal Name: Highmark Coverage Advantage
HIOS Issuer ID: 79279 State: PA
Effective Date of Rate Change(s): 01/01/2024 Market: Individual

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
To validate, select the Validate button or Ctrl + Shift + V.
To finalize, select the Finalize button or Ctrl + Shift + F.
To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.
To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

Table with 12 columns for different product/plan IDs and rows for 1.1 Product Name, 1.2 Product ID, 1.3 Plan Name, 1.4 Plan ID, 1.5 Metal, 1.6 AV Metal Value, 1.7 Plan Category, 1.8 Plan Type, 1.9 Exchange Plan?, 1.10 Effective Date of Proposed Rates, 1.11 Cumulative Rate Change % (over 12 mos prior), 1.12 Product Rate Increase %, 1.13 Submission Level Increase %.

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

Table with 12 columns for different product/plan IDs and rows for 2.1 Plan ID, 2.2 Allowed Claims, 2.3 Reinsurance, 2.4 Member Cost Sharing, 2.5 Cost Sharing Reduction, 2.6 Incurred Claims, 2.7 Risk Adjustment Transfer Amount, 2.8 Premium, 2.9 Experience Period Member Months, 2.10 Current Enrollment, 2.11 Current Premium PMPM, 2.12 Loss Ratio, Per Member Per Month, 2.13 Allowed Claims, 2.14 Reinsurance, 2.15 Member Cost Sharing, 2.16 Cost Sharing Reduction, 2.17 Incurred Claims, 2.18 Risk Adjustment Transfer Amount, 2.19 Premium.

Section III: Plan Adjustment Factors

Table with 12 columns for different product/plan IDs and rows for 3.1 Plan ID, 3.2 Market Adjusted Index Rate, 3.3 AV and Cost Sharing Design of Plan, 3.4 Provider Network Adjustment, 3.5 Benefits in Addition to EHB, Administrative Costs, 3.6 Administrative Expense, 3.7 Taxes and Fees, 3.8 Profit & Risk Load, 3.9 Catastrophic Adjustment, 3.10 Plan Adjusted Index Rate, 3.11 Age Calibration Factor, 3.12 Geographic Calibration Factor, 3.13 Tobacco Calibration Factor, 3.14 Calibrated Plan Adjusted Index Rate.

Section IV: Projected Plan Level Information

Table with 12 columns for different product/plan IDs and rows for 4.1 Plan ID, 4.2 Allowed Claims, 4.3 Reinsurance, 4.4 Member Cost Sharing, 4.5 Cost Sharing Reduction, 4.6 Incurred Claims, 4.7 Risk Adjustment Transfer Amount, 4.8 Premium, 4.9 Projected Member Months, Per Member Per Month, 4.11 Allowed Claims, 4.12 Reinsurance, 4.13 Member Cost Sharing, 4.14 Cost Sharing Reduction, 4.15 Incurred Claims, 4.16 Risk Adjustment Transfer Amount, 4.17 Premium.

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 1	0.9400
Rating Area 4	0.9400

Part II of the Preliminary Justification

Highmark Coverage Advantage – Individual Market

Scope and Range:

Highmark Coverage Advantage is requesting an average ACA individual market rate increase of 13.6%, ranging from 9.5% to 15.6%. Products submitted with this filing will have effective dates from January 1, 2024 to December 31, 2024. This rate change is projected to affect 18,422 members.

Historical Financial Experience:

Highmark Coverage Advantage incurred an underwriting gain in its ACA individual market programs in 2022.

Change in Medical Service Costs:

The projected average cost of medical care for the projected population is expected to increase. The increase will emerge in utilization and average cost per service, and is spread across all types of services.

Change in Benefits and Cost Sharing:

Some cost sharing parameters were changed in order to maintain compliance with Federal AV requirements. Additionally, some out of pocket maximum parameters were changed to keep up with the rising cost of health care. These out of pocket maximum changes also aided in mitigating the rate increase.

Administrative Costs and Anticipated Operating Results:

The anticipated administrative costs and operating results are not excessive or unreasonable. In accordance with regulations, the projected medical loss ratio is over 80%.

Part III Actuarial Memorandum
Highmark Coverage Advantage
Individual Rate Filing
Effective January 1, 2024

TABLE OF CONTENTS

I.	General Information	3
II.	Proposed Rate Changes	4
III.	Experience and Current Period Premium, Claims, and Enrollment	4
IV.	Benefit Categories	5
V.	Projection Factors	6
VI.	Manual Rate Adjustments	8
VII.	Credibility of Experience	8
VIII.	Index Rate	8
IX.	Market Adjusted Index Rate [MAIR]	8
X.	Plan Adjusted Index Rate [PAIR]	9
XI.	Calibration	10
XII.	Projected Loss Ratio	11
XIII.	AV Metal Values	11
XIV.	Membership Projections	11
XV.	Terminated Plans and Products	12
XVI.	Plan Type	12
XVII.	Actuarial Certification	12
XVIII.	Exhibit I	14

I. General Information

Document Overview

This document contains the Part III Actuarial Memorandum for Highmark Coverage Advantage’s (HCA) individual block of business rate filing, for products with an effective date of January 1, 2024. This actuarial memorandum is submitted in conjunction with the Part I Unified Rate Review Template.

The purpose of the actuarial memorandum is to provide certain information related to the submission, including support for the values entered into the Part I Unified Rate Review Template, which supports compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

This information is intended for use by the Pennsylvania Insurance Department (“Department”), the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of HCA’s rate filing. However, we recognize that this certification may become a public document. HCA makes no representations or warranties regarding the contents of this letter to third parties. Likewise, third parties are instructed that they are to place no reliance upon this actuarial memorandum that would result in the creation of any duty or liability under any theory of law by HCA.

The results are actuarial projections. Actual experience is likely to differ for a number of reasons, including population changes, claims experience, and random deviations from assumptions.

I.1 Company Identifying Information:

- Company Legal Name: Highmark Coverage Advantage
- State: The Commonwealth of Pennsylvania has regulatory authority over these policies.
- HIOS Issuer ID: 79279
- Market: Individual
- Effective Date: January 1, 2024

I.2 Company Contact Information:

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

II. Proposed Rate Changes

For all rate changes by plan, see the ‘Cumulative Rate Change % (over 12 mos prior)’ found in Worksheet 2, line 1.11 of the URRT. The rate change varies by plan due to an update in several of our pricing factors and changes in cost sharing required to meet Actuarial Value and other cost sharing restrictions under the Affordable Care Act as well as mappings between discontinued and new plans.

The primary drivers of the rate increase are cost and utilization trend and changes to the reinsurance parameters. The reinsurance parameter change compared to the final 2023 parameters increased the rates by approximately 4%.

In accordance with the Department’s March 21, 2023 rate filing guidance, the impact of the state 1332 Reinsurance program is captured using the prescribed parameters of \$60,000 attachment point, 0% coinsurance rate (placeholder), and \$100,000 reinsurance cap. If the finalized parameters differ from those described in this filing, a revised submission would be required.

Other assumptions in the filing account for the ongoing impact of COVID-19 and the lack of Federal CSR funding. Finally, modifications to the rate development may be necessary if significant unforeseen events occur. Examples include, but are not limited to, changes in legislation/regulations (including rules, regulatory guidance, etc.), changes in the participation of QHP issuers that would materially impact risk adjustment transfer amounts, Medicaid redetermination policy impacts, or material developments in COVID-19 impacts. As a result, HCA reserves the right to submit a revised filing.

III. Experience and Current Period Premium, Claims, and Enrollment

III.1 Paid through Date:

Experience Period claims were based on incurred calendar year 2022, paid through February 2023. This includes 2022 experience in Affordable Care Act compliant plans. HCA did not offer any transitional plans in 2022.

III.2 Current Date:

The current date shown represents a snapshot of February 1, 2023.

III.3 Allowed and Paid Claims Incurred During the Experience Period:

- **Historical Experience:** We chose HCA’s current experience for the individual block of business for the period January 1, 2022 through December 31, 2022, with claims paid through February, 2023 as the basis for the 2024 projected individual market pricing.
- **Claims Incurred During the 12-month Experience Period:** Worksheet 1, Section I shows our best estimate of the amount of claims that were incurred during the 12-

month experience period for HCA's individual book-of-business. This section includes:

- The amount of claims which were processed through Company's claims system,
 - Claims processed outside of the Company's claims system, and
 - Our best estimate of claims incurred but not paid as of the paid through date stated above.
- **Method for Determining Allowed Claims:** For non-capitated claims, the allowed charges are summarized from The Company's detailed claim-level historical data. This experience includes 2022 claims for Affordable Care Act compliant business. For capitated and other off-system claims, historical capitations and experience were tabulated and added to the claims.
 - **Paid Claims:** We also summarized the paid claims from detailed member records. The paid-to-allowed ratio for the experience period reflects the 2022 plan designs chosen by each member.
 - **Incurred but Not Paid (IBNR) Claims Estimate:** The Company is using a completion factor of 0.9846 to include IBNR claims in allowed charges. The IBNR completion factor was developed using our corporate reserving system for The Company's individual business. We applied it equally to both paid and allowed total claims (as a change to utilization) to complete the experience.

IV. Benefit Categories

The index rate of the experience period was summarized at the defined benefit categories included in Worksheet 1, Section II of the URRT.

The data provided in this section closely adheres to the preferred definitions of the Benefit Categories included in the URRT instructions, including the "Other Medical" category. The "Other Medical" category units reflect visits for PDN/home health, trips for ambulance and procedures for DME/prosthetics. Prescription drugs utilization were converted to a "per 30-day" script count.

V. Projection Factors

V.1 Trend Factors

This development of the CY2024 rates reflects an annual trend rate of 9.0% (5.0% cost, 3.8% utilization). These trends reflect HCA's expectations regarding increases in in-network contractual reimbursement and out-of-network costs. These estimates measure and normalize for some of the more explainable variables such as high dollar claims, work days, provider contracting, demographics, and seasonality.

The trend represents a blended average for all types of service and is applied to the aggregate experience for pricing. These trends represent assumed community-wide expectations. Claim variations due to the specific projected enrolled population in this single risk pool are reflected in the morbidity adjustment.

V.2 Changes in the Morbidity of the Population Insured

The Change in Morbidity adjustment of 1.002 is comprised of the following: the morbidity impact from claims experience and an adjustment to account for the impact of Covid-19. In accordance with the Department's guidance, the morbidity change related to the Reinsurance program is set to 1.000. Each of the components is described in more detail below.

The Morbidity Impact from Claims Experience

This adjustment reflects the change in the population mix/claim levels from the experience period to the projection period. We continue to observe a high degree of membership churn from year-to-year, which impacts the morbidity. This factor also takes into consideration the effects of adverse selection inherent to guaranteed issue markets. The Individual ACA risk pool continues to have a significantly higher proportion of older members with a high prevalence of chronic conditions compared to group business, which adds to the uncertainty of any future claim projections.

Covid-19 Impact

In order to account for the impact of COVID-19 on projected claim costs, the Company took the following steps:

1. Adjusted the claims in the base experience period to a non-COVID-19 baseline. This was done to stabilize the base from which claims are being projected. The base period adjustment accounts for the impacts of testing, treatment, vaccines, capacity constraints, and deferred/rescheduled/induced care. Claims in the base experience period were increased by a factor of 1.010 to remove the impact of COVID-19.
2. Projected claims to the projection period using trends with the impact of COVID-19 excluded. Again, this provides for a more stable projection of future claims, before applying the anticipated impact of COVID-19 in the projection period. This was

accomplished by applying a trend of 9.0% (which excludes any impact from COVID-19) to our adjusted BEP claims.

3. The projected claims were then further adjusted by applying the anticipated impacts of COVID costs expected in the projection period. The following components were accounted for:
 - a. COVID Testing (0.7% medical claims impact) – Proportional to new cases, which are assumed to diminish over time and be lower in the projection period than in previous years.
 - b. Vaccines (0.1% medical and 2.1% drug claims impact) – The federal public health emergency ended on May 11, 2023, resulting in a shift in costs for the COVID-19 vaccine to the private market. Since COVID-19 vaccines will remain free as long as federally purchased supply is available, we expect costs to increase over time, starting at the end of 2023 and grading upward through 2025. Due to a decline in demand, we also assumed utilization will decrease through 2024.
 - c. Actuarial Judgement (-0.7% claims impact) – The Company reviewed the composite CY2024 COVID impact resulting from the components outlined above and elected to temper the adjustment in light of the inherent unpredictability of these estimates.

The application of the above COVID claim adjustments to the rating period results in a COVID adjustment factor of 1.015.

V.3 Changes in Demographics

We project that the average rating factor (age, tobacco load and area combined) will increase by about 0.6% due to the change in the population. This is primarily due to the expectation that the new members from the group and/or uninsured populations to be slightly older than the population in the underlying experience. This increases the projected allowed claims (utilization) by the same amount.

V.4 Changes in Benefits

There is no change in benefits related to the essential health benefit (EHB) categories so the factor is set to 1.0. The cost sharing changes for the EHBs are captured in the paid to allowed ratio factors discussed in the AV and Cost Sharing Design of Plan section X.1.

V.5 Changes in Other

The 0.959 factor represents the combined impact of changes in network, induced demand, pharmacy rebates, hospital/physician settlements, and state mandates/laws (when applicable).

VI. Manual Rate Adjustments

HCA's individual experience is fully credible. No manual rate is developed or used in this projection.

VII. Credibility of Experience

The experience is from HCA's individual book of business in 2022. It is large enough to be fully credible. Our results are based 100% on the experience rate, as adjusted.

VIII. Index Rate

The index rates as shown on Worksheet 1 of the URRT are simply the single risk pool average allowed claims for the Essential Health Benefits for the experience and projected populations, respectively, for HCA. For the experience period, only non-grandfathered plans are included. The projection period Index Rate is not adjusted for reinsurance or risk adjustment programs or any other fee.

IX. Market Adjusted Index Rate [MAIR]

The Market Adjusted Index Rate is the Projected Index Rate further adjusted for risk adjustment and the exchange fee.

IX.1 Projected Reinsurance PMPM

In accordance with the Department's March 21, 2023 rate filing guidance, the impact of the state 1332 Reinsurance Program is captured using the following parameters for 2024: an attachment point of \$60,000, a coinsurance rate of 0% (placeholder), and a cap of \$100,000. HCA estimated the impact of the reinsurance program under these tentative parameters by trending Highmark PA individual ACA CY2022 incurred claims by member to the CY2024 rating period, applying the parameters, and calculating the amount of incurred claims expected to be reimbursed by the program. Given the tentative coinsurance rate of 0%, the modeling produced an estimated incurred claims savings of 0.0%. This percentage was converted to a PMPM and adjusted to an equivalent allowed claim basis by dividing the PMPM by the paid-to-allowed factor and the composite effect of catastrophic eligibility. This amount is reflected in worksheet 1 of the URRT.

IX.2 Projected Risk Adjustment PMPM

The estimated average risk score for HCA's projected 2024 population was developed by using HCA's 2022 claim diagnoses and the risk adjustment coefficients as finalized in the Notice of Benefit and Payment Parameters. Similarly, actuarial value factors and induced demand factors were estimated for HCA based upon its projected 2024 population.

We estimated the statewide average risk transfer factors based on current market assumptions. We estimated the statewide average premium using current market premium assumptions with adjustments for anticipated rate changes for 2024.

The actual calculation of the risk transfer followed the risk transfer methodology as prescribed.

The analysis resulted in HCA paying to the risk adjustment pool. The (75.55) PMPM value shown in worksheet 1 of the URRT is developed by taking the expected risk transfer amount plus the projected High Cost Risk Pool charge and adjusting it to an equivalent allowed claims basis by dividing it by the paid-to-allowed factor and the composite effect of catastrophic eligibility and benefits in addition to EHB.

For the purposes of this rate filing, HCA has assumed no adjustment to the projected risk adjustment transfer for the Risk Adjustment Data Validation (RADV) program.

IX.3 Exchange User Fee %

The 3.12% value shown in worksheet 1 of the URRT is developed by multiplying the 3% exchange user fee by the assumed percentage of on exchange membership. This calculated amount is then divided by the paid-to-allowed factor to bring it to an equivalent allowed claims basis and adjusted further for the composite effect of catastrophic eligibility and benefits in addition to EHB.

X. Plan Adjusted Index Rate [PAIR]

The Plan Adjusted Index Rates can be found on line 3.10, Worksheet 2 of the URRT. The PAIR rates are calculated by applying the allowable rating factors as described below to the Market Adjusted Index Rate.

X.1 AV and Cost Sharing Design of Plan

The AV and Cost Sharing allowable rating factor is comprised of the following components:

- The utilization due to differences in cost sharing is based on the factors calculated using a methodology prescribed in the Department's guidance relative to the weighted average. No differences due to health status are in these adjustments.
- The pricing AV for the benefits and cost sharing of the plan and a CSR load for the on exchange silver plans.

Impact of Non-Payment of Cost Sharing Reduction Subsidies

In accordance with the Department's guidance, we have applied an additional adjustment to our AV pricing values for those Silver plans not offered exclusively off-exchange. This adjustment factor was 1.23 and represents the non-payment of Cost Sharing Reduction subsidies.

X.2 Provider Network Adjustment

The provider network adjustments are developed by dividing the plan level network factors by the overall weighted average from all plans.

X.3 Benefits in Addition to EHB

Non-EHB benefits have been added to several plans. Five plans have an adult dental and vision benefit and four plans have a hearing and an OTC benefit.

X.4 Administrative Expense

The proposed rates reflect internal administrative costs including quality improvement administrative expenses. This cost was developed based on standard expense allocation methods.

X.5 Taxes and Fees:

The following fees were added:

- \$0.21 PMPM for Risk Transfer User Fee
- \$0.29 PMPM for Patient Centered Outcomes Research Institute (PCORI) Fee
- 0.0% for the Health Insurance Provider Fee
- 0.0% for the PA Premium Tax

X.6 Profit (or Contribution to Surplus) & Risk Margin:

HCA has voluntarily refrained from including a risk and contingency factor in this filing. By this voluntary restraint, HCA is not waiving any right to include a risk and contingency factor which HCA believes is consistent with historical and legal interpretations of HCA and the Pennsylvania Insurance Department.

X.7 Catastrophic Adjustment

For catastrophic plans, we use a 0.92 factor for the specific eligibility adjustment.

XI. Calibration

XI.1 Age Curve Calibration:

The projected weighted average age factor for billable members is 1.7522. This factor is calculated by dividing the all members age factor of 1.7511 by the ratio of billable members to total members 0.9994. The age curve calibration factor is $1/1.7522 = 0.5707$.

XI.2 Geographic Calibration Factor:

The projected weighted average geographic factor is 0.940. Each Plan Adjusted Index Rate represents the rate for an average member with a geographic factor of 0.940. The geographic calibration factor is $1/0.940 = 1.0638$.

XI.3 Tobacco Calibration Factor:

The projected weighted average tobacco factor is 1.0065. Each Plan Adjusted Index Rate represents the rate for an average member with a tobacco factor of 1.0065. The tobacco calibration factor is $1/1.0065 = 0.9935$.

XI.4 Consumer Adjusted Premium Rate Development:

The calibrated plan adjusted index rate represents the base rate for an age factor of 1.0, geographic rating factor of 1.0 and tobacco rating factor of 1.0. Thus, the approximate premium for a specific member can be derived by multiplying this rate by the HHS age curve factor, the rating area factor on Worksheet 3 of the URRT, and the appropriate tobacco factor. Please note that this method will only produce approximate rates due to URRT rounding constraints.

XII. Projected Loss Ratio

The projected loss ratio for 2024 using the federally-prescribed MLR methodology is 89.2%.

XIII. AV Metal Values

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were based the Federal AV Calculator. Some plans did require an adjustment to the inputs entered into the AV calculator. Screen shots and certifications for these plans were submitted as part of HCA's QHP application. Per CMS's guidance, a dummy AV Metal Value was applied to any terminated plans that fell out of the new de minimis range.

XIV. Membership Projections

Membership projections reflect HCA's expectations for 2024. These projections reflect expected changes in market share due to market competition, relative price levels, and changes in plan offerings (where applicable).

HCA expects membership in 2024 to follow a similar metal level distribution as the Individual ACA experience period in the markets where plans will continue to be offered.

For the Silver level plans, the projected membership by cost sharing subsidy levels is based on the observed distribution of ACA members that were eligible under the federal poverty levels as determined by the federal health insurance exchange. The projected enrollment by plan and subsidy level is as follows:

CSR Silver Plan Membership Distribution			
FPL	Subsidy Level	% of Silver Membership	% of Total Membership
<150%	94%	42.1%	7.3%
150%-200%	87%	45.3%	7.8%
200%-250%	73%	3.1%	0.5 %
<u>>250%</u>	<u>70%</u>	<u>9.5%</u>	<u>1.6%</u>
Total		100.0%	17.2%

XV. Terminated Plans and Products

Plans in the 2022 experience period that will no longer be available in 2024 can be found in Exhibit I.

HCA also has some plans that were offered only in 2023 (not offered in the experience period or in the projection period). These plans are shown in Exhibit I.

XVI. Plan Type

The Plan types listed in Worksheet 2, Section I of the Part I Unified Rate Review Template describe HCA’s plans adequately.

XVII. Actuarial Certification

I, [REDACTED], am a member of the American Academy of Actuaries and meet its qualification standards for actuaries issuing statements of actuarial opinions in the United States. All statements in this actuarial certification are accurate to the best of my knowledge and understanding. This filing is prepared in compliance with applicable Actuarial Standards of Practice. In completing this filing, I relied on data/information from other sources which was reviewed for reasonableness. This filing is prepared on behalf of HCA to accompany its rate filing for the Individual Market on and off the Pennsylvania Exchange.

I hereby certify that the projected index rate is, to the best of my knowledge and understanding:

- In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice
- Reasonable in relation to the benefits provided and the population anticipated to be covered
- Neither excessive nor deficient.

I certify that 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.

I certify that 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. The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template were based on the Federal AV Calculator. If any adjustments were required outside of the AV Calculator, appropriate certification has been provided to CMS through the QHP application process.

I certify that the geographic rating reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.

The Part I Unified Rate Review Template does not demonstrate the process used by HCA to develop the rates. 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.

Signed:

A black rectangular redaction box covering the signature of the Actuarial Manager.

Title: Actuarial Manager, Individual Markets

Date: May 17, 2023

XVIII. Exhibit I

Highmark Coverage Advantage

Terminated Experience Period Plans

HIOS ID	Metal	Plan Name	2024 Mapping
79279PA0080004	Silver	Together Blue EPO Silver 2900	N/A
79279PA0130003	Silver	Together Blue EPO Silver 2900 + Adult Dental and Vision	N/A
79279PA0090002	Silver	Together Blue EPO Silver 3250 HSA	N/A
79279PA0160001	Gold	Together Blue Care Advantage EPO Premier Gold 0	N/A
79279PA0170001	Gold	Together Blue Care Advantage EPO Premier Gold 0 + Adult Dental and Vision	N/A

Terminated Plans Offered in 2023 Only

HIOS ID	Metal	Plan Name	2024 Mapping
79279PA0260001	Gold	Together Blue Diabetes EPO Gold 0	79279PA0080008
79279PA0270001	Gold	Together Blue Diabetes EPO Gold 0 + Adult Dental and Vision	79279PA0130005

2024 Rates Table Template v13.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.				
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.				
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.				
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	79279					
Rate Effective Date*	01/01/2024					
Rate Expiration Date*	12/31/2024					
Rating Method*	Age-Based Rates					
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*	
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	222.89	222.89	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	15	242.70	242.70	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	16	250.28	250.28	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	17	257.85	257.85	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	18	266.01	266.01	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	19	274.17	274.17	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	20	282.62	282.62	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	21	291.36	298.64	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	22	291.36	298.64	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	23	291.36	298.64	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	24	291.36	298.64	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	25	292.53	299.84	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	26	298.35	305.81	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	27	305.35	312.98	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	28	316.71	324.63	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	29	326.03	334.18	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	30	330.69	338.96	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	31	337.69	346.13	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	32	344.68	353.30	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	33	349.05	357.78	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	34	353.71	362.55	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	35	356.04	364.94	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	36	358.37	367.33	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	37	360.70	369.72	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	38	363.03	372.11	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	39	367.70	376.89	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	40	372.36	409.60	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	41	379.35	419.18	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	42	386.05	429.29	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	43	395.38	443.22	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	44	407.03	460.76	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	45	420.72	481.72	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	46	437.04	506.97	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	47	455.40	536.01	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	48	476.37	569.74	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	49	497.06	604.92	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	50	520.37	637.45	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	51	543.39	665.65	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	52	568.73	696.69	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	53	594.37	728.10	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	54	622.05	762.01	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	55	649.73	795.92	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	56	679.74	832.68	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	57	710.04	869.80	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	58	742.39	909.43	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	59	758.41	929.05	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	60	790.75	968.67	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	61	818.72	1002.93	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	62	837.08	1025.42	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	63	860.09	1053.61	
79279PA0080008	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	874.08	1070.75	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	0-14	222.89	222.89	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	15	242.70	242.70	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	16	250.28	250.28	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	17	257.85	257.85	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	18	266.01	266.01	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	19	274.17	274.17	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	20	282.62	282.62	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	21	291.36	298.64	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	22	291.36	298.64	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	23	291.36	298.64	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	24	291.36	298.64	
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79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	28	316.71	324.63	
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79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	30	330.69	338.96	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	31	337.69	346.13	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	32	344.68	353.30	
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79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	34	353.71	362.55	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	35	356.04	364.94	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	36	358.37	367.33	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	37	360.70	369.72	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	38	363.03	372.11	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	39	367.70	376.89	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	40	372.36	409.60	
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79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	46	437.04	506.97	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	47	455.40	536.01	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	48	476.37	569.74	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	49	497.06	604.92	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	50	520.37	637.45	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	51	543.39	665.65	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	52	568.73	696.69	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	53	594.37	728.10	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	54	622.05	762.01	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	55	649.73	795.92	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	56	679.74	832.68	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	57	710.04	869.80	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	58	742.39	909.43	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	59	758.41	929.05	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	60	790.75	968.67	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	61	818.72	1002.93	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	62	837.08	1025.42	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	63	860.09	1053.61	
79279PA0080008	Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	874.08	1070.75	
79279PA0130005	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	241.83	241.83	
79279PA0130005	Rating Area 1	Tobacco User/Non-Tobacco User	15	263.33	263.33	
79279PA0130005	Rating Area 1	Tobacco User/Non-Tobacco User	16	271.55	271.55	
79279PA0130005	Rating Area 1	Tobacco User/Non-Tobacco User	17	279.77	279.77	
79279PA0130005	Rating Area 1	Tobacco User/Non-Tobacco User	18	288.62	288.62	
79279PA0130005	Rating Area 1	Tobacco User/Non-Tobacco User	19	297.47	297.47	
79279PA0130005	Rating Area 1	Tobacco User/Non-Tobacco User	20	306.64	306.64	
79279PA0130005	Rating Area 1	Tobacco User/Non-Tobacco User	21	316.12	324.02	
79279PA0130005	Rating Area 1	Tobacco User/Non-Tobacco User	22	316.12	324.02	
79279PA0130005	Rating Area 1	Tobacco User/Non-Tobacco User	23	316.12	324.02	

