

<b>SERFF Tracking #:</b>	HGHM-131475734	<b>State Tracking #:</b>	INDIVIDUAL MEDICAL HGHM-131475734, <b>Company Tracking #:</b>	1A-DP-18-HCC
			5,201...	

<b>State:</b>	Pennsylvania	<b>Filing Company:</b>	Highmark Choice Company
<b>TOI/Sub-TOI:</b>	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
<b>Product Name:</b>	1A-DP-18-HCC		
<b>Project Name/Number:</b>	1A-DP-18-HCC/1A-DP-18-HCC		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	ACA Public Rate Filing PDF
<b>Comments:</b>	A redacted version of the rate filing is attached for public disclosure. Two files are required due to file size limitations.
<b>Attachment(s):</b>	1A-DP-18-HCC Public PDF 080718 1 of 2.pdf 1A-DP-18-HCC Public PDF 080718 2 of 2.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	



May 18, 2018

Ms. Tracie Gray, Director  
Bureau of Life, Accident & Health Insurance  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

Re: Highmark Choice Company 2019 ACA Rate Filing (Individual Market)  
Highmark Choice Company Filing # 1A-DP-18-HCC (SERFF Filing # HGHM-131475734)

**This constitutes Notice pursuant to Section 707 of the Pennsylvania Right-to-Know Law that the attached Highmark Choice Company 2019 Individual Market Rates Filing contains Trade Secret and Confidential Proprietary Information. Therefore, Highmark Choice Company 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 Highmark Choice Company should be redacted before release.**

Dear Ms. Gray:

This Filing includes the Highmark Choice Company's ("HCC", "Company") Individual Market rates and the supporting rate development for policies with effective dates on or after January 1, 2019.

**In the event the Department decides to publish this Filing in the PA Bulletin, the company information requested in the Department's 2019 ACA-Compliant Health Insurance Rate Filing Guidance, Section B, is provided below:**

**Requested Company Information**

1. Company Name & NAIC #: **Highmark Choice Company, NAIC # 95048**
2. Market: **Individual**
3. On or Off Exchange: **This filing reflects that the Company anticipates selling plans on and off of the exchange.**
4. Effective date of coverage: **January 1, 2019**

5. Average rate change requested: **8.4%**
6. Range of rate change requested: **-37.5% to 33.1%**
7. Total additional annual revenue generated from the proposed rate change: **\$3,215,522**
8. Product(s): **HMO**
9. Rating Areas and the change from 2018: **Rating Areas 1, 4**

There are no changes in our covered Rating Areas from the 2018 rate filing.

10. Metal Levels and Catastrophic Plans: This filing reflects that the Company anticipates selling the following Metal Levels in the indicated Market: **Gold, Silver, and Bronze**
11. Current number of covered lives and of policyholders as of February 1, 2018: **5,201 covered lives; 3,896 policyholders**
12. Number of plans offered in 2019 and the change this represents from 2018: **14**

The Company offered 6 plans in 2018. For 2019, the Company is offering 10 new plans 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-PA19-125079584 affecting the following Company products and forms:**

Product Name / Type	Contract Form & SERFF#
My Direct Blue HMO	DB/HMO/HCC/DP-1;HGHM-131468250
My Direct Blue HMO Erie	DB/HMO/HCC/DP-1;HGHM-131468250
My Direct Blue HMO HDHP	DB/HMO/HDHP/HCC/DP-1;HGHM-131468345
My Direct Blue HMO HDHP Erie	DB/HMO/HDHP/HCC/DP-1;HGHM-131468345

14. HIOS Issuer ID # and submission tracking number: **HIOS Issuer ID #38949, Company Filing #1A-DP-18-HCC (SERFF Filing # HGHM-131475734)**

### **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.

CMS has instructed issuers that it no longer requires any interim changes to the URRT to be submitted to HIOS. CMS is requesting that only the initial URRT and the final URRT be submitted to HIOS.

### **Potential Changes to Federal Regulations**

In accordance with the filing instructions specified by the Pennsylvania Insurance Department, the rate development in this filing is based on certain assumptions we have had to make at this point in time. In accordance with the Department's guidance, we have assumed that the ACA health insurance coverage mandate is eliminated and the CSR payments remain ceased for 2019. We have also included an assumed load for expected adverse selection due to the Short Term Limited Durational Insurance market expansion based on HHS recently proposed rule modifying federal requirements for this market.

Additional assumptions include that advance payment of premium credits (APTCs) will continue until the end of 2019, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and all Pennsylvania QHP issuers currently participating on the Marketplace will continue to do so throughout 2019. In addition, there are other uncertainties that may directly or indirectly affect an already unstable insurance market and ultimately, rates. If any of these assumptions are ultimately incorrect or additional developments occur that similarly have a detrimental impact to the market, modifications to the rate development may be necessary. As a result, HCC 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 HCC if disclosed to the public.

Public disclosure of any information contained in this Filing would allow HCC 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 HCC's business. Therefore, HCC 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"), HCC must be notified prior to release of information contained in this Filing and be given the opportunity to 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, HCC asserts its right to release a redacted version of the Filing. In accordance with the RTKL, please contact the HCC RTKL representative identified below prior to release of any information contained in this Filing:

Lisa Martinelli, Esq.  
RTKL Representative  
VP Chief Privacy Officer  
Highmark Health  
120 Fifth Avenue, Suite 2114  
Pittsburgh, PA 15222

Furthermore, it should be noted that HCC 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 (717) 302-2143 or via e-mail at: [jeffrey.scheib@highmark.com](mailto:jeffrey.scheib@highmark.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Scheib", with a stylized, flowing script.

Jeffrey Scheib, ASA, MAAA  
Vice President, Actuarial Services  
Highmark Inc.

cc: Frank Haver  
Kevin Luu  
Tija Hilton-Phillips, Esq.  
William Sarniak



July 13, 2018

Ms. Tracie Gray, Director  
Bureau of Life, Accident & Health Insurance  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

Re: Highmark Choice Company 2019 ACA Rate Filing (Individual Market)  
Highmark Choice Company Filing # 1A-DP-18-HCC (SERFF Filing # HGHM-131475734)

**This constitutes Notice pursuant to Section 707 of the Pennsylvania Right-to-Know Law that the attached Highmark Choice Company 2019 Individual Market Rates Filing contains Trade Secret and Confidential Proprietary Information. Therefore, Highmark Choice Company 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 Highmark Choice Company should be redacted before release.**

Dear Ms. Gray:

This Filing includes the Highmark Choice Company's ("HCC", "Company") Individual Market rates and the supporting rate development for policies with effective dates on or after January 1, 2019.

**In the event the Department decides to publish this Filing in the PA Bulletin, the company information requested in the Department's 2019 ACA-Compliant Health Insurance Rate Filing Guidance, Section B, is provided below:**

**Requested Company Information**

1. Company Name & NAIC #: **Highmark Choice Company, NAIC # 95048**
2. Market: **Individual**
3. On or Off Exchange: **This filing reflects that the Company anticipates selling plans on and off of the exchange.**
4. Effective date of coverage: **January 1, 2019**

5. Average rate change requested: **5.9%**
6. Range of rate change requested: **-38.0% to 23.5%**
7. Total additional annual revenue generated from the proposed rate change: **\$2,340,910**
8. Product(s): **HMO**
9. Rating Areas and the change from 2018: **Rating Areas 1, 4**

There are no changes in our covered Rating Areas from the 2018 rate filing.

10. Metal Levels and Catastrophic Plans: This filing reflects that the Company anticipates selling the following Metal Levels in the indicated Market: **Gold, Silver, and Bronze**
11. Current number of covered lives and of policyholders as of February 1, 2018: **5,201 covered lives; 3,896 policyholders**
12. Number of plans offered in 2019 and the change this represents from 2018: **14**

The Company offered 6 plans in 2018. For 2019, the Company is offering 10 new plans 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-PA19-125079584 affecting the following Company products and forms:**

Product Name / Type	Contract Form & SERFF#
My Direct Blue HMO	DB/HMO/HCC/DP-1;HGHM-131468250
My Direct Blue HMO Erie	DB/HMO/HCC/DP-1;HGHM-131468250
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My Direct Blue HMO HDHP Erie	DB/HMO/HDHP/HCC/DP-1;HGHM-131468345

14. HIOS Issuer ID # and submission tracking number: **HIOS Issuer ID #38949, Company Filing #1A-DP-18-HCC (SERFF Filing # HGHM-131475734)**

### **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.

CMS has instructed issuers that it no longer requires any interim changes to the URRT to be submitted to HIOS. CMS is requesting that only the initial URRT and the final URRT be submitted to HIOS.

### **Potential Changes to Federal Regulations**

In accordance with the filing instructions specified by the Pennsylvania Insurance Department, the rate development in this filing is based on certain assumptions we have had to make at this point in time. In accordance with the Department's guidance, we have assumed that the ACA health insurance coverage mandate is eliminated and the CSR payments remain ceased for 2019. The company has chosen to remove the STLDI load from the rate development at this time, however, forthcoming guidance and the ongoing filing review process may make it necessary to revisit this assumption.

Additional assumptions include that advance payment of premium credits (APTCs) will continue until the end of 2019, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and all Pennsylvania QHP issuers currently participating on the Marketplace will continue to do so throughout 2019. In addition, there are other uncertainties that may directly or indirectly affect an already unstable insurance market and ultimately, rates. If any of these assumptions are ultimately incorrect or additional developments occur that similarly have a detrimental impact to the market, modifications to the rate development may be necessary. As a result, HCC reserves the right to submit a revised filing.

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Public disclosure of any information contained in this Filing would allow HCC 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 HCC's business. Therefore, HCC 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"), HCC must be notified prior to release of information contained in this Filing and be given the opportunity to 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, HCC asserts its right to release a redacted version of the Filing. In accordance with the RTKL, please contact the HCC RTKL representative identified below prior to release of any information contained in this Filing:

Lisa Martinelli, Esq.  
RTKL Representative  
VP Chief Privacy Officer  
Highmark Health  
120 Fifth Avenue, Suite 2114  
Pittsburgh, PA 15222

Furthermore, it should be noted that HCC 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 (717) 302-2143 or via e-mail at: [jeffrey.scheib@highmark.com](mailto:jeffrey.scheib@highmark.com).

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Scheib", with a stylized, flowing script.

Jeffrey Scheib, ASA, MAAA  
Vice President, Actuarial Services  
Highmark Inc.

cc: Frank Haver  
Kevin Luu  
Tija Hilton-Phillips, Esq.  
William Sarniak



August 7, 2018

Ms. Tracie Gray, Director  
Bureau of Life, Accident & Health Insurance  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

Re: Highmark Choice Company 2019 ACA Rate Filing (Individual Market)  
Highmark Choice Company Filing # 1A-DP-18-HCC (SERFF Filing # HGHM-131475734)

**This constitutes Notice pursuant to Section 707 of the Pennsylvania Right-to-Know Law that the attached Highmark Choice Company 2019 Individual Market Rates Filing contains Trade Secret and Confidential Proprietary Information. Therefore, Highmark Choice Company 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 Highmark Choice Company should be redacted before release.**

Dear Ms. Gray:

This Filing includes the Highmark Choice Company's ("HCC", "Company") Individual Market rates and the supporting rate development for policies with effective dates on or after January 1, 2019.

In accordance with the direction from the Department dated August 2, 2018, HCC is submitting modified rate requests. Specifically, the changes made to the most recent version of this filing are as follows:

1. Pursuant to the Department's review, the annual trend factor in the rate development was reduced from 9.5% to 8.5%. This trend factor reduction changed the Average Rate Change reflected in Table 10 from 5.9% to 4.0%.

The remainder of this cover letter and all of the supporting filing documents have been revised to reflect the change described above.

**In the event the Department decides to publish this Filing in the PA Bulletin, the company information requested in the Department's 2019 ACA-Compliant Health Insurance Rate Filing Guidance, Section B, is provided below:**

**Requested Company Information**

1. Company Name & NAIC #: **Highmark Choice Company, NAIC # 95048**
2. Market: **Individual**
3. On or Off Exchange: **This filing reflects that the Company anticipates selling plans on and off of the exchange.**
4. Effective date of coverage: **January 1, 2019**
5. Average rate change requested: **4.0%**
6. Range of rate change requested: **-39.2% to 21.2%**
7. Total additional annual revenue generated from the proposed rate change: **\$1,562,022**
8. Product(s): **HMO**
9. Rating Areas and the change from 2018: **Rating Areas 1, 4**  
  
There are no changes in our covered Rating Areas from the 2018 rate filing.
10. Metal Levels and Catastrophic Plans: This filing reflects that the Company anticipates selling the following Metal Levels in the indicated Market: **Gold, Silver, and Bronze**
11. Current number of covered lives and of policyholders as of February 1, 2018: **5,201 covered lives; 3,896 policyholders**
12. Number of plans offered in 2019 and the change this represents from 2018: **14**

The Company offered 6 plans in 2018. For 2019, the Company is offering 10 new plans 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-PA19-125079584 affecting the following Company products and forms:**

<b>Product Name / Type</b>	<b>Contract Form &amp; SERFF#</b>
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14. HIOS Issuer ID # and submission tracking number: **HIOS Issuer ID #38949, Company Filing #1A-DP-18-HCC (SERFF Filing # HGHM-131475734)**

### **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.

CMS has instructed issuers that it no longer requires any interim changes to the URRT to be submitted to HIOS. CMS is requesting that only the initial URRT and the final URRT be submitted to HIOS.

### **Potential Changes to Federal Regulations**

In accordance with the filing instructions specified by the Pennsylvania Insurance Department, the rate development in this filing is based on certain assumptions we have had to make at this point in time. In accordance with the Department's guidance, we have assumed that the ACA health insurance coverage mandate is eliminated and the CSR payments remain ceased for 2019. The company has chosen to remove the STLDI load from the rate development at this time, however, forthcoming guidance and the ongoing filing review process may make it necessary to revisit this assumption.

Additional assumptions include that advance payment of premium credits (APTCs) will continue until the end of 2019, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and all Pennsylvania QHP issuers currently participating on the Marketplace will continue to do so throughout 2019. In addition, there are other uncertainties that may directly or indirectly affect an already unstable insurance market and ultimately, rates. If any of these assumptions are ultimately incorrect or

additional developments occur that similarly have a detrimental impact to the market, modifications to the rate development may be necessary. As a result, HCC reserves the right to submit a revised filing.

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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"), HCC must be notified prior to release of information contained in this Filing and be given the opportunity to 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, HCC asserts its right to release a redacted version of the Filing. In accordance with the RTKL, please contact the HCC RTKL representative identified below prior to release of any information contained in this Filing:

Lisa Martinelli, Esq.  
RTKL Representative  
VP Chief Privacy Officer  
Highmark Health  
120 Fifth Avenue, Suite 2114  
Pittsburgh, PA 15222

Furthermore, it should be noted that HCC 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 (717) 302-2143 or via e-mail at: [jeffrey.scheib@highmark.com](mailto:jeffrey.scheib@highmark.com).

Ms. Gray, Director  
HCC 2019 Individual Market Rates  
August 7, 2018  
Page 5 of 5

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey Scheib". The signature is fluid and cursive, with the first name "Jeffrey" and last name "Scheib" clearly distinguishable.

Jeffrey Scheib, ASA, MAAA  
Vice President, Actuarial Services  
Highmark Inc.

cc: Frank Haver  
Kevin Luu  
Tija Hilton-Phillips, Esq.  
William Sarniak

# Rate Change Summary

## Highmark Choice Company – Individual Plans

Rate request filing ID # 1A-DP-18-HCC (SERFF Filing # HGHM-131475734)- This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at <http://www.insurance.pa.gov/Consumers/ACARelatedFilings/>

### Overview

Initial requested average rate change:	5.9% <sup>1</sup>
Revised requested average rate change:	4.0% <sup>1</sup>
Range of requested rate change:	-39.2% to 21.2%
Effective date:	January 1, 2019
People impacted:	5,131
Available in:	1,4

### Key information

#### Jan. 2017-Dec. 2017 financial experience

Premiums	\$1,629,471
Claims	\$1,660,962
Administrative expenses	\$99,719
Taxes & fees	\$504
Company made (after taxes)	<b>(\$131,714)</b>

#### How it plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2019:

Claims:	88%
Administrative:	10%
Taxes & fees:	2%
Profit:	0%

The company expects its annual medical costs to increase **7.59%**.

### Explanation of requested rate change

The proposed increases are being driven by the rising costs in medical and pharmacy services observed in the Individual market. The expanded HMO product offering, which is expected to result in lower claim costs, is also affecting the average and range of rate increases.

<sup>1</sup> Note that insurers will have the opportunity to revise their rate change request in July, after they are scheduled to receive updated information about the impact of a federal program called risk adjustment. This document will be updated accordingly at that time.

# Actuarial Memorandum

## 1. Basic Information and Data

### A. Company Information

The appropriate company information has been provided in Table 10.

### B. Rate History and Proposed Variations in Rate Changes

The three most recent rate changes in Pennsylvania for Highmark Choice Company (HCC) are as follows:

Year	Avg. Increase	SERFF ID#
2018	NA	HGHM - 131020696
2017	51.8%	HGHM - 130540988
2016	26.7%	HGHM - 130070359

### C. Average Rate Change

The average rate changes as presented in the filing are:

- Table 10: 4.0%
- Table 11: 3.9%
- URRT Worksheet 1 Cell V45: -18.84%
- URRT Worksheet 1 Cell V46: -9.91%

Please note that the two values above from the URRT Worksheet 1 are changes in the projected average premium, which also includes the substantial impacts of changes in the distribution of members by plan, as well as changes in the covered population's average age and mix of members by rating area. They do not represent changes in premium rates for a fixed population from 2018 to 2019.

Worksheet 2 of the URRT also shows plan level rate changes. These values are 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.

HCC feels that the best representation of the rate increase is the value from Table 10.

In accordance with the filing instructions specified by the Pennsylvania Insurance Department, the rate development in this filing is based on certain assumptions we have had to make at this point in time. In accordance with the Department's guidance, we have assumed that the ACA health insurance coverage mandate is eliminated and the CSR payments remain ceased for 2019 (See Sections 2.A. and 3. below for a discussion on the impacts). The company has chosen to remove the STLDI load from the rate development at this time, however, forthcoming guidance and the ongoing filing review process may make it necessary to revisit this assumption.

Additional assumptions include that advance payment of premium credits (APTCs) will continue until the end of 2019, there will be no significant changes in legislation, regulations or otherwise (i.e. rules,



regulatory guidance, etc.) impacting the ACA market, and all Pennsylvania QHP issuers currently participating on the Marketplace will continue to do so throughout 2019. In addition, there are other uncertainties that may directly or indirectly affect an already unstable insurance market and ultimately, rates. If any of these assumptions are ultimately incorrect or additional developments occur that similarly have a detrimental impact to the market, modifications to the rate development may be necessary. As a result, HCC reserves the right to submit a revised filing.

#### **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 HCC's 2019 plan offering consists of renewing plans with cost sharing that differs from the 2018 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 2017 calendar year results for all policies in the single risk pool, with run out through February 2018. 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 net of expected CSR recoveries. 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 amounts for the pediatric vision benefit (\$0.34).
- The Estimated Risk Adjustment for the experience period represents our best estimate of the year end risk adjustment transfer payment that HCC will incur. This amount is developed based on an analysis of HCC data (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 (such as MLR reports), and outside expertise from actuarial consultants.

## **G. Credibility of Data**

Given the low membership numbers in 2017 and a drastically different product offering between the experience period and the projection period, the experience data is not given any credibility in the rate calculation.

A manual rate was developed by blending 2017 experience from multiple sources, including ACA and group claims for the February 1, 2018 snapshot membership as well as assumptions for any new members found in the snapshot, to approximate the anticipated 2019 HCC population. A demonstration of the manual rate calculation can be found in Attachment G.

The market-adjusted index rate was further compared to last year's developed manual cost for reasonability. (\$723.67 for 2019 vs \$733.65 for 2018)

Given the lack of premium and paid claims data for some of the membership sources these items have been left blank in Table 2b. Additionally Risk Adjustment has been left blank as it is not used in the rate calculation. All other fields represent the data and assumptions that make up the manual rate.

## **H. Trend Identification**

Table 3b identifies the annual medical and prescription drug allowed claims cost and utilization trends. The underlying total annual trend is 8.5%. Additionally, there is an induced utilization adjustment of -0.83% per year applied to reach the overall trend of 7.59% shown in Table 3b column G. The definitions of service categories, cost, and utilization in Table 3b 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 3b reflect HCC's expectations regarding increases in in-network contractual reimbursement, as well as projected out-of-network costs. These estimates measure and normalize for benefit leverage, population aging, and historical changes for fee schedules, as well as company-wide utilization management programs, and external trend drivers.

The significant changes observed in the volume, demographics and morbidity of the ACA population from 2014 to 2017 yields component trends that are not directly applicable for trend analysis. The trend components in Table 3b therefore represent the same blended average for all types of service and are applied to the aggregate experience for pricing. Component data was not used in the development of the trend.

A separate regression study was developed by the HCC valuation team to analyze the ACA trend levels of continuously enrolled cohorts of ACA members in order to normalize for population change. That continuous enrollment period covers a significant portion of both 2016 and 2017. The analysis took into consideration seasonality and adjusted for step changes that were included in the network factors in the two periods. Resulting r-squared levels were compared to determine confidence levels of the resulting regression trends to develop a reasonable range of trend assumptions.

The regression study resulted in a composite trend of 8.5%. This continuous enrollment approach addresses the unstable population concerns in the underlying ACA experience, but it does not reflect the impact of partial year population changes that are inherent to an individual market. The initial pricing trend was set at 9.5% in consideration of that factor. This trend level was deemed reasonable when compared to Highmark group business and industry available ACA data. These benchmarks include publicly available trend studies (e.g., Aon study focused on group business), along with trade association trend surveys received that include an individual market view.

Pursuant to the Department's review of the filing, the initial pricing trend of 9.5% was lowered to 8.5%.

## **I. Historical Experience**

Table 4 presents the most recent 48 months (4 calendar years) of HCC data with run-out through February 2018. This data was not used to develop the trend in Table 3b. 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 Credibility Manual Rate section or 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:

- Given that expected 2019 population is used to develop the manual cost, no Change in Morbidity is required.

#### **Impact of Health Insurance Coverage Mandate Elimination**

In accordance with the Department's guidance, the morbidity factor was increased by 6.0% to reflect the market uncertainty from the elimination of the health insurance coverage mandate. This deterioration is reflected in the filing by multiplying the morbidity factor of 1.00 by 1.06 to arrive at a final morbidity factor of 1.06.

- Given that the population used to set the manual cost is consistent with the expected 2019 population no Change in Demographics is required.
- There is a Change in Network adjustment of 0.972.
- There is no Change in Benefits adjustment.
- The Change in Other adjustment of 0.975 reflects changes in pharmacy rebates and expected changes in hospital/physician settlements.

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

The \$76.11 Risk Adjustment assumption in cell C31 represents our best estimate of the year end risk adjustment transfer payment for HCC as developed in Attachment B adjusted for the (\$0.15) PMPM risk adjustment user fee. This amount is developed based on an analysis of HCC data (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 (such as MLR reports), and outside expertise from actuarial consultants.

The development of the projected *gross* risk adjustment assumption of \$76.26 PMPM is shown in Attachment B as well as the attached spreadsheet. Our expected *gross* receivable of \$76.26 reflects that we anticipate HCC's average risk score (net of allowable rating factors) to be higher than the statewide average.

The exchange user fee in cell C32 is developed by taking the required user fee percentage of 3.5% and multiplying by the percentage of total members in expected to be on exchange of 55%. This results in a percentage of 1.9%. The PMPM of \$11.53 is calculated as 1.9% of the total required premium.

## **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 HCC is projected to incur in the projected experience period, and are developed from standard expense allocation methods.

Note the following regarding plan level retention items:

- The Profit/Contingency for all plans are set to 0%.
- The administrative expenses do not vary by plan.
- 0.0% Pennsylvania Premium Tax was included.
- The \$0.16 PMPM PCORI fee was factored into the administrative expense percentage of premium.
- Expenses for Quality Improvement Initiatives are 0.58%.

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

The proposed rate development assumes an average broker commission of \$0 for 2019. A schedule of the current broker commission amounts is included in Attachment D.

### **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 2018 values are pulled from the prior year's filing, while the 2019 values represent our projection for 2019 assumed in the 2019 rate development.

### **D. Components of Rate Change**

Table 8 presents the components of change in the proposed 2019 Calibrated Plan Adjusted Index Rate (PMPM). Cell C72 is populated with the base period allowed charges found in the 2018 plan year rate filing (\$462.91). The difference between Row H (1.2%) and Row A (4.0%) is caused primarily by the exclusion of the 2019 CSR load from the specific eligibility component of rate change. Additionally, table 8 uses a member weighted average Profit/Contingency to calculate the components of change while the value in row A uses weighted rates to calculate the average. Including the CSR load factor would change row H to 3.9%.

Table 9 presents the data elements supporting the calculations in Table 8. Note the following differences between the Table 9 values and the values from the URRT:

- Taxes and Fees shown in Table 9 differ from the Taxes and Fees from the URRT as Table 9 shows the Exchange User Fee as a separate line item. In the URRT the Exchange User Fee is included in the Taxes and Fees line item.

The 2018 values are populated using the 2018 filed factors adjusted for the membership mix as of February 1, 2018.

## **3. Plan Rate Development**

Table 10 shows the plan rate development for 2019. This table shows the plans that HCC intends to offer in 2019, as well as all plans offered in 2018 portfolio. The calibrated plan adjusted index rates for 2018 are calculated according to the instructions. The 2019 rating factors are consistent with the factors found in Exhibit II of the Part III URRT memorandum with the pricing effect further broken out into pricing AV and benefit richness. Admin effect is broken 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. The table in Attachment C can also be found in the attached spreadsheet. 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. HCC's utilization factors are consistent with those used in the

Federal Risk Adjustment program. 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 HCC'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.

Columns AG through AP are populated with the February 1, 2018 enrollment by 2019 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 1.2 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 HCC'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 3.9%.

## **5. Plan Factors**

### **A. Age and Tobacco Factors**

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

### **B. Geographic Factors**

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

### **C. Network Factors**

Please see Table 14 for Highmark's network rating factors. The current factors represent the medical network adjustment factors from the prior approved rate filing. The projected factors are shown in Table 14.

It is HCC's intention to establish a credible pool of membership at the average cost of care observed in the Erie market today. While the efforts required to achieve the target cost level (e.g., product redesign, care management, provider financing, etc.) will ultimately impact various factors in the rate

development and may not be immediately realized, the anticipated effect is incorporated in the network factor. Quantitative support for the development of the network factor can be found in Attachment H.

The resulting network factor reflects the anticipated combined effect of the care management, provider financing, and network utilization initiatives referenced above. We believe this level of cost savings is achievable given the high proportion of allowed charges related to facility-based services. HCC is working out the details of the specific initiatives recognizing the rate effective date of January 1, 2019.

## **D. Service Area Composition**

HCC's offerings are split into two service areas. 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. This filing is prepared on behalf of HCC to accompany its rate filing (for calendar year 2019) 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(d)(1) 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. The allowable modifiers used to generate plan-level rates were:

- The actuarial value and cost-sharing design of the plan.
- The plan's provider network, delivery system characteristics, and utilization management practices.
- The benefits provided under the plan that are in addition to the essential health benefits. These estimated benefits were pooled with similar benefits within the single risk pool and the claims experience from those benefits was utilized to determine rate variations.
- Administrative costs, excluding Exchange user fees.

I certify that all factors, benefit and other changes from the prior approved filing have been disclosed in the 2019 PA Actuarial Memorandum Rate Exhibits.

I certify that the benefits included in HCC's plans are substantially equivalent to the Essential Health Benefits (EHBs) in the State of Pennsylvania's benchmark plans. I certify that any benefit substitutions are:

- Actuarially equivalent to the benefits being replaced,
- Are made within only the same essential health benefit category,
- Are based on a standardized plan population,
- Are determined regardless of cost-sharing,
- Are not prescription drug benefits, and
- Are based on an analysis performed in accordance with generally accepted actuarial principles and methodologies.

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 2019 Part II Rate Filing Justification.

[Redacted Signature]

[Redacted Name]

Title: [Redacted Title]

Date: 08/07/2018



**Highmark Choice Company**  
**Individual Market Product Portfolio**  
**Supplemental Exhibits**

Attachment A	Change in Other Calculations
Attachment B	Risk Adjustment Calculation
Attachment C	Induced Demand Calculations
Attachment D	Broker Commission Schedule
Attachment E	Demographics Calculation
Attachment F	URRT Average Increase
Attachment G	Manual Cost Development
Attachment H	Network Factor Support
Attachment I	Milliman Certification

**Highmark Choice Company**

**Individual Market**

**Attachment A - 'Change in Other' Calculations**

Components of 'Change in Other'	Factor
CY2017 Demographic Factor	1.879
<u>CY2019 Demographic Factor</u>	<u>1.879</u>
Change in Demographics	1.000
CY2017 Network Factor	1.000
<u>CY2019 Network Factor</u>	<u>0.972</u>
Change in Network	0.972
Change in Benefits	1.000
Change in Other	0.975
URRT and Table 5 'Change in Other'	0.947

Highmark Choice Company

Individual Market

Attachment B - Risk Adjustment Calculation



# Highmark Choice Company

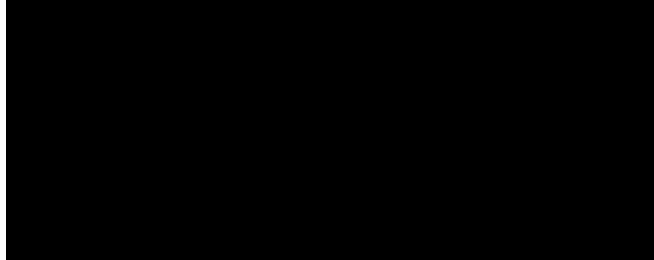
## Attachment C - Induced Demand Calculations

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)
38949PA0080001	Gold	16,452	\$14,126,278.47	\$12,823,757.19	0.908	0.954	1.051
38949PA0080002	Silver	6,876	\$5,630,648.28	\$4,416,163.69	0.784	0.786	1.003
38949PA0080009	Silver	1,080	\$884,395.02	\$737,630.78	0.834	0.836	1.003
38949PA0080010	Silver	4,992	\$4,087,870.30	\$3,135,422.20	0.767	0.769	1.003
38949PA0090001	Silver	1,392	\$1,139,886.91	\$852,112.90	0.748	0.750	1.003
38949PA0080008	Bronze	1,080	\$858,635.94	\$555,371.01	0.647	0.630	0.974
38949PA0080007	Bronze	29,724	\$23,631,569.12	\$15,885,946.94	0.672	0.654	0.974
38949PA0100006	Gold	1,008	\$618,147.55	\$561,150.91	0.908	0.954	1.051
38949PA0100003	Silver	480	\$280,728.38	\$220,177.58	0.784	0.786	1.003
38949PA0100004	Silver	120	\$70,182.10	\$58,535.47	0.834	0.836	1.003
38949PA0100005	Silver	480	\$280,728.38	\$215,320.43	0.767	0.769	1.003
38949PA0110001	Silver	72	\$42,109.26	\$31,478.42	0.748	0.750	1.003
38949PA0100002	Bronze	120	\$68,137.96	\$44,072.05	0.647	0.630	0.974
38949PA0100001	Bronze	4,536	\$2,575,614.78	\$1,731,416.12	0.672	0.654	0.974
Total		68,412	\$54,294,932.44	\$41,268,555.69	0.760	0.760	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
38949PA0080001	Gold	0.908	1.080	1.027	0.954
38949PA0080002	Silver	0.784	1.030	1.027	0.786
38949PA0080009	Silver	0.834	1.030	1.027	0.836
38949PA0080010	Silver	0.767	1.030	1.027	0.769
38949PA0090001	Silver	0.748	1.030	1.027	0.750
38949PA0080008	Bronze	0.647	1.000	1.027	0.630
38949PA0080007	Bronze	0.672	1.000	1.027	0.654
38949PA0100006	Gold	0.908	1.080	1.027	0.954
38949PA0100003	Silver	0.784	1.030	1.027	0.786
38949PA0100004	Silver	0.834	1.030	1.027	0.836
38949PA0100005	Silver	0.767	1.030	1.027	0.769
38949PA0110001	Silver	0.748	1.030	1.027	0.750
38949PA0100002	Bronze	0.647	1.000	1.027	0.630
38949PA0100001	Bronze	0.672	1.000	1.027	0.654

**Highmark Choice Company**

**Attachment D - Broker Commission Schedule**



Highmark Choice Company

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 - Projection Period Membership

Membership Mix		
Non-Tobacco	Tobacco	Total
0.39%	0.00%	0.39%
0.46%	0.00%	0.46%
0.46%	0.00%	0.46%
0.28%	0.00%	0.28%
0.29%	0.00%	0.29%
0.11%	0.00%	0.11%
0.32%	0.00%	0.32%
0.23%	0.00%	0.23%
0.20%	0.00%	0.20%
0.32%	0.00%	0.32%
0.20%	0.00%	0.20%
0.51%	0.00%	0.51%
0.31%	0.00%	0.31%
0.55%	0.00%	0.55%
0.44%	0.00%	0.44%
0.57%	0.00%	0.57%
0.44%	0.00%	0.44%
0.62%	0.00%	0.62%
0.56%	0.00%	0.56%
0.83%	0.06%	0.88%
0.96%	0.04%	1.00%
1.01%	0.00%	1.01%
0.94%	0.00%	0.94%
0.85%	0.04%	0.88%
0.74%	0.00%	0.74%
1.04%	0.02%	1.06%
1.72%	0.07%	1.79%
1.75%	0.23%	1.99%
1.53%	0.10%	1.63%
1.24%	0.15%	1.39%
1.39%	0.23%	1.61%
1.17%	0.10%	1.27%
0.99%	0.11%	1.10%
1.55%	0.13%	1.67%
1.69%	0.12%	1.82%
1.43%	0.11%	1.54%
0.99%	0.18%	1.18%
1.20%	0.14%	1.35%
1.03%	0.28%	1.31%
0.82%	0.22%	1.04%
0.86%	0.13%	0.98%
0.77%	0.04%	0.81%
0.98%	0.07%	1.06%
0.74%	0.13%	0.87%
1.27%	0.11%	1.38%
1.18%	0.04%	1.21%
1.34%	0.07%	1.40%
1.82%	0.09%	1.91%
1.35%	0.09%	1.44%
1.45%	0.16%	1.61%
2.08%	0.22%	2.30%
1.46%	0.07%	1.53%
1.88%	0.09%	1.97%
2.02%	0.20%	2.22%
2.10%	0.09%	2.19%
2.09%	0.14%	2.23%
2.20%	0.35%	2.55%
3.00%	0.16%	3.16%
3.30%	0.25%	3.56%
3.63%	0.17%	3.79%
3.57%	0.24%	3.80%
4.42%	0.37%	4.79%
4.89%	0.25%	5.14%
5.67%	0.29%	5.96%
7.20%	0.49%	7.70%
93.41%	6.59%	100.00%

Table E.3 - 'Change in Demographics' Calculation

	Experience Period
Average Age Factor	1.918
Average Tobacco Factor	1.010
Average Area Factor	0.970
Average Demographic Factor	1.878
Child Capping Adjustment	0.999
Adjusted Demo Factor	1.879
Capitation Dampening	1.000
Final Demographic Factor	1.879

# Highmark Choice Company

## Individual Market

### Attachment F - URRT Average Increase

Mapped ID	Designation	Projected 2019 MM	2019 MM Renewing Plans	Current Avg Rate	Projected Avg Rate	Increase
38949PA0070001	Terminated	0	0		\$ -	0.00%
38949PA0080001	Renewing	16,452	16,452	\$ 725.51	\$ 781.88	7.77%
38949PA0080002	Renewing	6,876	6,876	\$ 614.24	\$ 773.09	25.86%
38949PA0080007	Renewing	29,724	29,724	\$ 485.57	\$ 536.12	10.41%
38949PA0080008	New	1,080	0		\$ -	0.00%
38949PA0080009	New	1,080	0		\$ -	0.00%
38949PA0080010	New	4,992	0	\$ 614.24	\$ -	0.00%
38949PA0090001	Renewing	1,392	1,392	\$ 608.17	\$ 736.86	21.16%
38949PA0100001	New	4,536	0	\$ 502.04	\$ -	0.00%
38949PA0100002	New	120	0		\$ -	0.00%
38949PA0100003	New	480	0	\$ 739.92	\$ -	0.00%
38949PA0100004	New	120	0		\$ -	0.00%
38949PA0100005	New	480	0	\$ 621.23	\$ -	0.00%
38949PA0100006	New	1,008	0	\$ 725.51	\$ -	0.00%
38949PA0110001	New	72	0	\$ 608.17	\$ -	0.00%
Total		68,412	54,444	\$ 577.46	\$ 645.44	11.77%

**Highmark Choice Company  
Individual Market**

**Attachment G - Manual Cost Development**

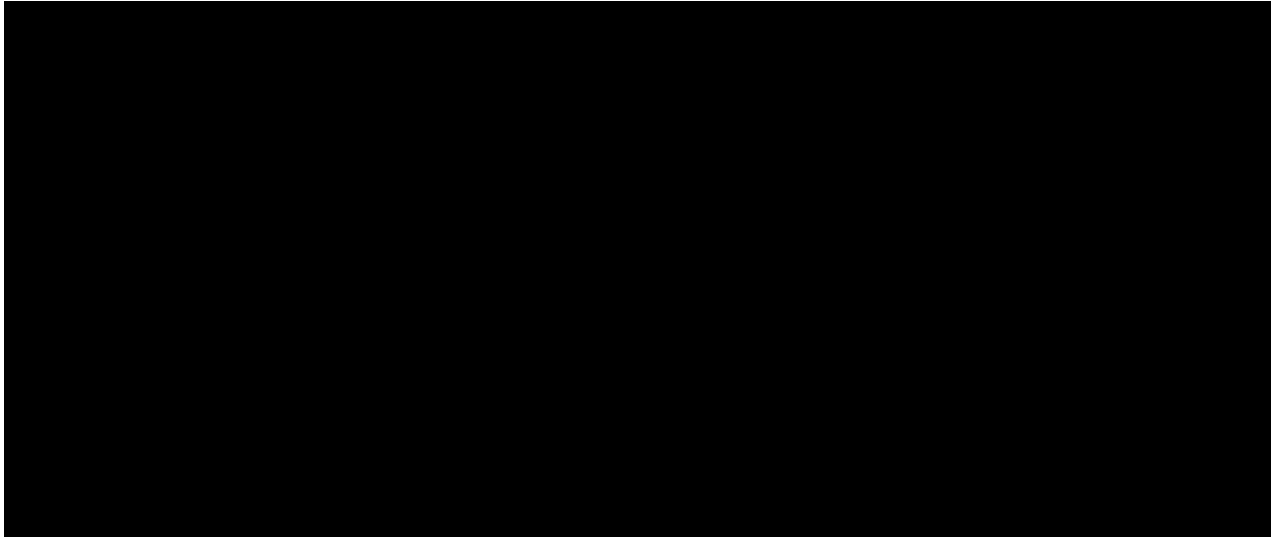
Projected Member Months	68,412
Manual Allowed Claims	\$47,252,745
Medical Allowed PMPM	\$690.71
Rx Rebates PMPM	(\$22.55)
Hosp/Phys. Settlement PMPM	\$14.00
Dental Claims PMPM	\$0.44
Pediatric Vision Capitation PMPM	\$0.34
Adjusted Manual Cost PMPM - PID Table 5	\$682.94



**Highmark Choice Company**

**Individual Market**

**Attachment H - Network Factor Support**





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## ACTUARIAL MEMORANDUM

### Highmark Choice Company

#### Revised Individual Rate Filing - January 1, 2019

I, [REDACTED], am a member of the American Academy of Actuaries and meet its qualification standards for preparing individual rate filings. As a consulting actuary, I was requested by Highmark Choice Company ("HCC") to review the development of the market-wide base rate for the individual market on and off the Pennsylvania Exchange. The confidential material presented in this revised filing was prepared for the specific purpose of submitting the rating formula for the Pennsylvania Insurance Department and may not be appropriate for other purposes. This filing represents premium rates for individuals sold or renewed effective January 1, 2019. The rates are guaranteed until December 31, 2019.

To the best of my knowledge and judgment, the following are true with respect to this filing:

1. The index rate is established in accordance with generally accepted actuarial principles and the applicable Actuarial Standards of Practice. It is not excessive, inadequate, or unfairly discriminatory. Rates are reasonable in relationship to the benefits provided. However, it is certain that actual experience will not conform exactly to the assumptions used in this analysis. To the extent that actual experience is different from the assumptions used in developing the rates, the actual results will also deviate from the projected amounts.
2. It is in compliance with all applicable Pennsylvania and Federal Statutes and Regulations (45 CFR 156.80 and 147.102).
3. The rating factors and rating methodology are reasonable and consistent with HCC's business plan at the time of the filing.

[REDACTED]  
[REDACTED]  
Fellow, Society of Actuaries  
Member, American Academy of Actuaries  
August 7, 2018

PA Rate Template Part I  
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Highmark Choice Company
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	01/01/2019
Base Period Start Date	01/01/2017
Date of Most Recent Membership	02/01/2018

to 12/31/2019  
to 12/31/2017

Table 1. Number of Members

	Member-months Experience Period	Members Current Period (as of 02-01-2018)	Member-months Projected Rating Period
Average Age	38.2	45.9	45.6
Total	1,449	5,201	68,412
<18	216	359	4,984
18-24	86	313	4,111
25-29	152	389	5,376
30-34	139	364	5,112
35-39	137	321	4,388
40-44	63	268	3,487
45-49	124	400	5,178
50-54	99	535	6,982
55-59	183	639	10,480
60-63	168	1,024	13,471
64+	42	419	5,264

\*Tables 1, 2 and 4 must include data for all non-grandfathered business (ACA compliant and Transitional)

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-EMB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EMB Capitation	Total Non-EMB Capitation	Estimated Risk Adjustment
\$ 1,069,150.29	\$ 1,620,530.92	\$ 2,724,239.98	1,449	\$ 264,325.04	\$ 1,990,568.87	\$ -	\$ (63,770.49)	\$ 492.66	\$ -	\$ 960,550.57
Experience Period Total Allowed EMB Claims + EMB Capitation PMPM (net of prescription drug rebates)										\$ 6,380.08
Loss Ratio										101.93%

\*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite UMBT Trend **	Weight*
Inpatient Hospital	5.00%	8.33%	2.47%	5.82%	24.92%
Outpatient Hospital	5.00%	3.33%	2.47%	5.82%	32.70%
Professional	5.00%	3.33%	2.47%	5.82%	14.67%
Other Medical	5.00%	3.33%	2.47%	5.82%	5.76%
Capitation				-16.71%	0.07%
Prescription Drugs	5.00%	8.33%	2.47%	5.82%	21.86%
Total Annual Trend				5.80%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.119	

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

\*\* Should = UMBT 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-14	\$	\$ 66,155.64	1.0000	\$ 66,155.64	144	\$ 459.41		\$ (529.56)	\$ 82,316.59	\$ 571.64
Feb-14	\$	\$ 128,142.99	1.0000	\$ 128,142.99	162	\$ 791.01		\$ (1,570.71)	\$ 149,874.84	\$ 925.15
Mar-14	\$	\$ 132,080.99	1.0000	\$ 132,080.99	193	\$ 684.35		\$ (1,731.09)	\$ 158,939.55	\$ 823.52
Apr-14	\$	\$ 217,689.03	1.0000	\$ 217,689.03	210	\$ 1,036.61		\$ (2,364.51)	\$ 274,689.18	\$ 1,308.04
May-14	\$	\$ 164,757.63	1.0000	\$ 164,757.63	240	\$ 681.68		\$ (2,211.89)	\$ 194,800.39	\$ 782.23
Jun-14	\$	\$ 159,476.25	1.0000	\$ 159,476.25	250	\$ 637.81		\$ (1,486.00)	\$ 182,622.59	\$ 730.49
Jul-14	\$	\$ 187,875.98	1.0000	\$ 187,875.98	286	\$ 656.91		\$ (1,752.06)	\$ 227,370.98	\$ 795.00
Aug-14	\$	\$ 108,520.84	1.0000	\$ 108,520.84	293	\$ 372.24		\$ (1,675.74)	\$ 130,056.73	\$ 446.96
Sep-14	\$	\$ 146,048.02	1.0000	\$ 146,048.02	285	\$ 512.45		\$ (2,355.84)	\$ 176,476.95	\$ 619.23
Oct-14	\$	\$ 187,011.47	1.0000	\$ 187,011.47	281	\$ 665.52		\$ (1,857.02)	\$ 221,903.81	\$ 789.69
Nov-14	\$	\$ 122,360.69	1.0000	\$ 122,360.69	283	\$ 432.37		\$ (1,899.59)	\$ 148,845.55	\$ 525.96
Dec-14	\$	\$ 131,372.66	1.0000	\$ 131,372.66	287	\$ 457.75	\$ 354,838.26	\$ (1,874.55)	\$ 158,222.32	\$ 551.30
Jan-15	\$	\$ 133,584.34	1.0000	\$ 133,585.20	304	\$ 439.43		\$ (2,501.84)	\$ 185,229.82	\$ 609.31
Feb-15	\$	\$ 61,831.32	1.0000	\$ 61,831.64	298	\$ 207.40		\$ (2,278.13)	\$ 87,903.38	\$ 294.98
Mar-15	\$	\$ 151,465.21	1.0000	\$ 151,466.07	293	\$ 516.61		\$ (2,317.91)	\$ 186,721.55	\$ 637.27
Apr-15	\$	\$ 107,932.19	1.0000	\$ 107,932.78	291	\$ 370.80		\$ (2,423.91)	\$ 148,270.55	\$ 509.52
May-15	\$	\$ 173,264.24	1.0000	\$ 173,264.68	285	\$ 607.95		\$ (2,568.14)	\$ 210,638.57	\$ 739.08
Jun-15	\$	\$ 81,958.85	1.0000	\$ 81,959.66	277	\$ 295.88		\$ (2,847.90)	\$ 113,836.24	\$ 410.96
Jul-15	\$	\$ 223,410.25	1.0000	\$ 223,413.82	272	\$ 821.36		\$ (2,814.12)	\$ 250,641.56	\$ 921.48
Aug-15	\$	\$ 85,500.40	0.9999	\$ 85,601.11	272	\$ 314.71		\$ (2,722.09)	\$ 112,453.81	\$ 413.41
Sep-15	\$	\$ 119,088.04	0.9993	\$ 119,176.77	264	\$ 451.41		\$ (2,510.41)	\$ 144,204.34	\$ 546.23
Oct-15	\$	\$ 135,141.29	0.9996	\$ 135,174.61	266	\$ 448.01		\$ (2,617.71)	\$ 165,349.16	\$ 546.43
Nov-15	\$	\$ 82,695.56	0.9993	\$ 82,718.20	245	\$ 332.20		\$ (3,386.29)	\$ 103,775.17	\$ 416.77
Dec-15	\$	\$ 67,269.02	0.9997	\$ 67,286.35	243	\$ 276.90	\$ 367,450.45	\$ (2,174.56)	\$ 85,736.18	\$ 352.82
Jan-16	\$	\$ 141,216.72	0.9998	\$ 141,301.97	267	\$ 529.22		\$ (3,793.16)	\$ 184,016.04	\$ 689.20
Feb-16	\$	\$ 145,592.92	0.9993	\$ 146,637.63	275	\$ 525.56		\$ (4,114.81)	\$ 191,515.14	\$ 696.43
Mar-16	\$	\$ 101,313.53	0.9998	\$ 101,338.70	278	\$ 364.53		\$ (5,065.13)	\$ 131,167.81	\$ 471.83
Apr-16	\$	\$ 93,388.67	0.9997	\$ 93,417.72	270	\$ 345.99		\$ (4,400.49)	\$ 123,588.64	\$ 457.73
May-16	\$	\$ 225,741.05	0.9996	\$ 225,789.73	265	\$ 838.99		\$ (3,940.61)	\$ 270,024.29	\$ 1,020.06
Jun-16	\$	\$ 157,506.99	0.9997	\$ 157,550.81	265	\$ 585.69		\$ (4,977.58)	\$ 197,556.15	\$ 734.41
Jul-16	\$	\$ 95,400.74	0.9997	\$ 95,426.00	263	\$ 362.84		\$ (3,306.26)	\$ 114,901.21	\$ 436.89
Aug-16	\$	\$ 114,673.16	0.9997	\$ 114,674.29	264	\$ 430.58		\$ (3,802.14)	\$ 139,404.11	\$ 528.09
Sep-16	\$	\$ 89,761.00	0.9996	\$ 89,806.16	265	\$ 342.75		\$ (3,935.32)	\$ 117,118.59	\$ 427.93
Oct-16	\$	\$ 104,921.92	0.9995	\$ 104,973.30	257	\$ 408.45		\$ (3,899.79)	\$ 128,575.79	\$ 500.29
Nov-16	\$	\$ 113,647.32	0.9996	\$ 113,914.36	254	\$ 441.53		\$ (5,660.16)	\$ 134,976.53	\$ 523.16
Dec-16	\$	\$ 109,784.89	0.9993	\$ 109,877.04	246	\$ 446.61	\$ 358,707.26	\$ (5,309.56)	\$ 129,564.07	\$ 526.68
Jan-17	\$	\$ 67,502.94	0.9993	\$ 67,556.04	144	\$ 469.11		\$ (5,795.51)	\$ 95,06.41	\$ 659.98
Feb-17	\$	\$ 89,974.13	0.9993	\$ 90,050.60	127	\$ 709.06		\$ (6,430.62)	\$ 116,125.18	\$ 914.37
Mar-17	\$	\$ 121,120.86	0.9973	\$ 121,409.68	124	\$ 979.06		\$ (6,496.40)	\$ 163,761.75	\$ 1,320.66
Apr-17	\$	\$ 100,400.22	0.9973	\$ 100,679.20	120	\$ 838.99		\$ (1,871.00)	\$ 118,489.36	\$ 989.21
May-17	\$	\$ 189,765.46	0.9974	\$ 190,263.51	118	\$ 1,612.40		\$ (6,346.57)	\$ 222,914.77	\$ 1,889.11
Jun-17	\$	\$ 110,380.73	0.9963	\$ 110,803.02	116	\$ 955.18		\$ (5,649.41)	\$ 126,098.36	\$ 1,092.24
Jul-17	\$	\$ 150,091.85	0.9873	\$ 157,016.57	110	\$ 1,353.59		\$ (6,915.85)	\$ 183,216.30	\$ 1,579.45
Aug-17	\$	\$ 145,465.03	0.9801	\$ 148,424.60	111	\$ 1,236.65		\$ (5,699.20)	\$ 165,672.36	\$ 1,369.19
Sep-17	\$	\$ 192,531.29	0.8738	\$ 197,715.70	118	\$ 1,675.56		\$ (2,866.41)	\$ 210,397.79	\$ 1,783.03
Oct-17	\$	\$ 172,012.86	0.8663	\$ 179,028.35	113	\$ 1,552.92		\$ (6,892.41)	\$ 193,806.56	\$ 1,686.23
Nov-17	\$	\$ 154,110.01	0.9543	\$ 162,497.35	117	\$ 1,380.32		\$ (5,728.05)	\$ 172,884.84	\$ 1,477.65
Dec-17	\$	\$ 1,069,150.29	0.8940	\$ 1,35,521.50	113	\$ 1,199.31	\$ 264,325.04	\$ (5,038.05)	\$ 155,229.51	\$ 1,373.71

\* Express Completion Factor as a percentage

\*\* Express Prescription Drug Rebates as a negative number

Carrier Name: Highmark Choice Company  
Product(s): HMO  
Market Segment: Individual  
Rate Effective Date: 01/01/2019

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
			58,412		\$ 48,240,955.97	\$ -	\$ (1,542,696.81)	\$ 23,260.17	\$ -	\$ -
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)										\$ 682.94
Loss Ratio										0.00%

\*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Utilization*	Composite URRT Trend**	Weight*
Inpatient Hospital	5.00%	3.33%	-0.83%	7.60%	17.56%
Outpatient Hospital	5.00%	3.33%	-0.83%	7.60%	32.86%
Professional	5.00%	3.33%	-0.83%	7.60%	23.01%
Other Medical	5.00%	3.33%	-0.83%	7.60%	2.74%
Capitation				-16.73%	0.05%
Prescription Drugs	5.00%	3.33%	-0.83%	7.60%	23.69%
Total Annual Trend				7.59%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.358	

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

\*\* Should = URRT Trend

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-14				#DIV/0!		#DIV/0!				#DIV/0!
Feb-14				#DIV/0!		#DIV/0!				#DIV/0!
Mar-14				#DIV/0!		#DIV/0!				#DIV/0!
Apr-14				#DIV/0!		#DIV/0!				#DIV/0!
May-14				#DIV/0!		#DIV/0!				#DIV/0!
Jun-14				#DIV/0!		#DIV/0!				#DIV/0!
Jul-14				#DIV/0!		#DIV/0!				#DIV/0!
Aug-14				#DIV/0!		#DIV/0!				#DIV/0!
Sep-14				#DIV/0!		#DIV/0!				#DIV/0!
Oct-14				#DIV/0!		#DIV/0!				#DIV/0!
Nov-14				#DIV/0!		#DIV/0!				#DIV/0!
Dec-14				#DIV/0!		#DIV/0!				#DIV/0!
Jan-15				#DIV/0!		#DIV/0!				#DIV/0!
Feb-15				#DIV/0!		#DIV/0!				#DIV/0!
Mar-15				#DIV/0!		#DIV/0!				#DIV/0!
Apr-15				#DIV/0!		#DIV/0!				#DIV/0!
May-15				#DIV/0!		#DIV/0!				#DIV/0!
Jun-15				#DIV/0!		#DIV/0!				#DIV/0!
Jul-15				#DIV/0!		#DIV/0!				#DIV/0!
Aug-15				#DIV/0!		#DIV/0!				#DIV/0!
Sep-15				#DIV/0!		#DIV/0!				#DIV/0!
Oct-15				#DIV/0!		#DIV/0!				#DIV/0!
Nov-15				#DIV/0!		#DIV/0!				#DIV/0!
Dec-15				#DIV/0!		#DIV/0!				#DIV/0!
Jan-16				#DIV/0!		#DIV/0!				#DIV/0!
Feb-16				#DIV/0!		#DIV/0!				#DIV/0!
Mar-16				#DIV/0!		#DIV/0!				#DIV/0!
Apr-16				#DIV/0!		#DIV/0!				#DIV/0!
May-16				#DIV/0!		#DIV/0!				#DIV/0!
Jun-16				#DIV/0!		#DIV/0!				#DIV/0!
Jul-16				#DIV/0!		#DIV/0!				#DIV/0!
Aug-16				#DIV/0!		#DIV/0!				#DIV/0!
Sep-16				#DIV/0!		#DIV/0!				#DIV/0!
Oct-16				#DIV/0!		#DIV/0!				#DIV/0!
Nov-16				#DIV/0!		#DIV/0!				#DIV/0!
Dec-16				#DIV/0!		#DIV/0!				#DIV/0!
Jan-17				#DIV/0!		#DIV/0!				#DIV/0!
Feb-17				#DIV/0!		#DIV/0!				#DIV/0!
Mar-17				#DIV/0!		#DIV/0!				#DIV/0!
Apr-17				#DIV/0!		#DIV/0!				#DIV/0!
May-17				#DIV/0!		#DIV/0!				#DIV/0!
Jun-17				#DIV/0!		#DIV/0!				#DIV/0!
Jul-17				#DIV/0!		#DIV/0!				#DIV/0!
Aug-17				#DIV/0!		#DIV/0!				#DIV/0!
Sep-17				#DIV/0!		#DIV/0!				#DIV/0!
Oct-17				#DIV/0!		#DIV/0!				#DIV/0!
Nov-17				#DIV/0!		#DIV/0!				#DIV/0!
Dec-17				#DIV/0!		#DIV/0!				#DIV/0!

\* Express Completion Factor as a percentage

\*\*Express Prescription Drug Rebates as a negative number

PA Rate Template Part II  
Rate Development and Change

Carrier Name:	Highmark Choice Company
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	01/01/2019

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	\$ 1,130.08	\$ 682.94
Two year trend projection factor	1.119	1.158
Unadjusted Projected Allowed EHB Claims PMPM	\$ 1,488.90	\$ 790.52
Single Risk Pool Adjustment Factors		
Change in Morbidity	0.421	1.000
Change in Other	1.135	0.947
Change in Demographics	1.205	1.000
Change in Network	0.971	0.972
Change in Benefits	1.000	1.000
Change in Other	0.970	0.975
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 711.87	\$ 793.65
Credibility Factors	0%	100%
Blended Projected EHB Claims PMPM		\$ 793.65
Development of the Market-Adjusted Index Rate and Total Allowed Claims		
Adjusted Projected Allowed EHB Claims PMPM	\$ 793.65	
Adjusted Projected Allowed EHB Claims PMPM (will only populate for small group filings)		
Projected Paid to Allowed Ratio	0.760	
Projected Paid EHB Claims PMPM	\$ 603.24	
Market-wide Adjustments		
Projected Risk Adjustment PMPM	\$ 76.11	
Projected Paid Exchange User Fees PMPM	\$ 11.53	
Market-Adjusted Projected Paid EHB Claims PMPM	\$ 538.66	
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 708.69	
Projected Allowed Non-EHB Claims PMPM	\$ -	
Market-Adjusted Projected Paid Total Claims PMPM	\$ 538.66	
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 708.69	

< Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT

< See URRT Instructions

< See URRT Instructions

< See URRT Instructions

< See URRT Instructions

< See Instructions

< Projected Index Rate

< Index Rate for Projection Period on URRT - Individual or First Quarter Small Group

< Paid to Allowed Average Factor in Projection Period on URRT

< Market-Adjusted Index Rate

< Single Pool Gross Premium Avg. Rate, PMPM on URRT

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$	682.94	< Index Rate of Experience Period on URRT
Blended Earned Premium	\$		
Blended Loss Ratio		0.00%	

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

Effective Date	01/01/2019	04/01/2019	07/01/2019	10/01/2019	Total Single Risk Pool
# of Member Months Renewing in Quarter					-
Adjusted Projected Allowed EHB Claims PMPM Q1	\$ 793.65	\$ 793.65	\$ 793.65	\$ 793.65	\$ 793.65
Months of Trend	-	3	6	9	
Annual Trend	7.59%	7.59%	7.59%	7.59%	
Single Risk Pool Projected Allowed Claims	\$ 793.65	\$ 808.29	\$ 823.21	\$ 838.40	\$ -
Quarterly Trend Factor	100.0%	101.8%	103.7%	105.0%	0.0%
2019 Trend Factors by Quarter	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Table 6. Retention

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	10.02%	\$60.03
General and Claims	9.44%	\$56.56
Agent/Broker Fees and Commissions	0.00%	\$0.00
Quality Improvement Initiatives	0.38%	\$3.47
Taxes and Fees	0.03%	\$0.16
PCORI Fees	0.03%	\$0.16
PA Premium Tax (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	10.05%	\$60.19
Projected Required Revenue PMPM	\$ 598.85	

< Single Pool Gross Premium Avg. Rate, PMPM on URRT

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2018	2019
Average Age Factor	1.811	1.939
Average Geographic Factor	0.970	0.970
Average Tobacco Factor	1.008	1.010
Average Benefit Richness (induced demand)	1.028	1.027
Average Network Factor	0.928	0.972
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 793.65	\$ 708.69
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 433.26	\$ 377.81

Table 8. Components of Rate Change

Rate Components	2018	2019	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 316.33	\$ 328.86	\$12.54	4.0%
B. Base period allowed claims before normalization	\$ 462.91	\$ 682.94	\$220.03	69.6%
C. Normalization factor component of change	\$ (189.54)	\$ (318.86)	-\$129.32	-40.9%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 273.37	\$ 364.08	\$ 90.71	28.7%
D2. URRT Trend	\$ 60.48	\$ 57.35	\$ (3.13)	-1.0%
D3. URRT Morbidity	\$ 58.94	\$ 25.29	\$ (33.65)	-10.0%
D4. URRT Other	\$ 61.05	\$ (23.62)	\$ (84.68)	-26.8%
D5. Normalized URRT RA/Rt on an allowed basis	\$ (31.21)	\$ (53.38)	\$ (22.17)	-7.0%
D6. Normalized Exchange User Fee on an allowed basis	\$ 9.77	\$ 8.09	\$ (1.68)	-0.5%
D7. Subtotal - Sum(D1-D6)	\$ 432.41	\$ 377.81	\$ (54.61)	-17.3%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ (31.13)	\$ (10.67)	\$ 20.46	6.5%
E2. Pricing AV	\$ (128.84)	\$ (89.34)	\$ 39.50	12.5%
E3. Benefit Richness	\$ 7.49	\$ 7.66	\$ 0.17	0.1%
E4. Catastrophic Eligibility	\$ 11.88	\$ -	\$ (11.88)	-3.8%
E5. Subtotal - Sum(E1-E4)	\$ (140.59)	\$ (92.35)	\$ 48.25	15.3%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 22.85	\$ 32.97	\$ 10.11	3.2%
F2. Taxes and Fees	\$ -	\$ 0.09	\$ 0.09	0.0%
F3. Profit and/or Contingency	\$ -	\$ 0.00	\$ 0.00	0.0%
F4. Subtotal - Sum(F1-F3)	\$ 22.85	\$ 33.05	\$ 10.20	3.2%
G. Change in Miscellaneous Items				
			\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 314.67	\$ 318.51	\$ 3.84	1.2%

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

	2018	2019
Paid-to-Allowed	0.69%	0.76%
URRT Trend (Total Applied Trend Factor)	1.221	1.158
URRT Morbidity	1.177	1.060
URRT "Other"	1.155	0.947
Risk Adjustment	\$ (16.74)	\$ (76.11)
Exchange User Fee	\$ 11.50	\$ 11.53
Capitation	\$ 1.34	
Network	0.928	0.972
Pricing AV	0.679	0.757
Benefit Richness	1.028	1.028
Catastrophic Eligibility	1.062	1.000
Administrative Expenses	7.22%	10.02%
Taxes and Fees	0.00%	0.03%
Profit and/or Contingency	0.00%	0.00%

## PA Rate Template Part III

Table 10. Plan Rates

Carrier Name: Highmark Choice Company  
 Product(s): HMO  
 Market Segment: Individual  
 Rate Effective Date: 01/01/2019  
 Base Period Start Date: 01/01/2017  
 Date of Most Recent Membership: 02/01/2018  
 Market Adjusted Index Rate: \$ 708.69

Plan Number	HIOS Plan ID (Standard Component)	Plan Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2018 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2019	1/1/2019 Plan HIOS Plan ID (If 1/1/2018 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off
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Totals

0.696

Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A
Plan 1	38949PA0080001	HMO	my Direct Blue HMO 1000G	DNM					
Plan 2	38949PA0080001	HMO	my Direct Blue HMO 1000G	DM	38949PA0100006	Gold	0.788	Approach (1)	On/Off
Plan 3	38949PA0080001	HMO	my Direct Blue HMO 1000G	M		Gold	0.788	Approach (1)	On/Off
Plan 4	38949PA0080002	HMO	my Direct Blue HMO 3750S	DNM					
Plan 5	38949PA0080002	HMO	my Direct Blue HMO 3750S	DM	38949PA0100005	Silver	0.708	Approach (1)	Off
Plan 6	38949PA0080002	HMO	my Direct Blue HMO 3750S	DM	38949PA0080010	Silver	0.708	Approach (1)	Off
Plan 7	38949PA0080004	HMO	my Direct Blue HMO 7150S	DNM					
Plan 8	38949PA0080004	HMO	my Direct Blue HMO 7150S	DM	38949PA0100005	Silver	0.708	Approach (1)	Off
Plan 9	38949PA0080004	HMO	my Direct Blue HMO 7150S	DM	38949PA0100003	Silver	0.72	Approach (1)	On/Off
Plan 10	38949PA0080004	HMO	my Direct Blue HMO 7150S	DM	38949PA0080010	Silver	0.708	Approach (1)	Off
Plan 11	38949PA0080004	HMO	my Direct Blue HMO 7150S	DM	38949PA0080002	Silver	0.72	Approach (1)	On/Off
Plan 12	38949PA0080006	HMO	my Direct Blue HMO 7000B	DNM					
Plan 13	38949PA0080006	HMO	my Direct Blue HMO 7000B	DM	38949PA0100001	Bronze	0.643	Approach (1)	On/Off
Plan 14	38949PA0080006	HMO	my Direct Blue HMO 7000B	DM	38949PA0080007	Bronze	0.643	Approach (1)	On/Off
Plan 15	38949PA0080007	HMO	my Direct Blue HMO 6950B	DNM					
Plan 16	38949PA0080007	HMO	my Direct Blue HMO 6950B	DM	38949PA0100001	Bronze	0.643	Approach (1)	On/Off
Plan 17	38949PA0080007	HMO	my Direct Blue HMO 6950B	M		Bronze	0.643	Approach (1)	On/Off
Plan 18	38949PA0080008	HMO		N		Bronze	0.585	Approach (1)	On/Off
Plan 19	38949PA0080009	HMO		N		Silver	0.711	Approach (1)	On/Off
Plan 20	38949PA0090001	HMO	my Direct Blue HMO 2850SQE	DNM					
Plan 21	38949PA0090001	HMO	my Direct Blue HMO 2850SQE	DM	38949PA0110001	Silver	0.661	Standard AV	On/Off
Plan 22	38949PA0090001	HMO	my Direct Blue HMO 2850SQE	M		Silver	0.661	Standard AV	On/Off
Plan 23	38949PA0100002	HMO		N		Bronze	0.585	Approach (1)	On/Off
Plan 24	38949PA0100004	HMO		N		Silver	0.711	Approach (1)	On/Off
Plan 25	38949PA0080010	HMO		N		Silver	0.708	Approach (1)	Off
Plan 26	38949PA0100006	HMO		N		Gold	0.788	Approach (1)	On/Off
Plan 27	38949PA0100003	HMO		N		Silver	0.72	Approach (1)	On/Off
Plan 28	38949PA0100005	HMO		N		Silver	0.708	Approach (1)	Off
Plan 29	38949PA0110001	HMO		N		Silver	0.661	Standard AV	On/Off
Plan 30	38949PA0100001	HMO		N		Bronze	0.643	Approach (1)	On/Off

Total Covered Lives @ 02-01-2018
5,201

<p><b>Total Covered Lives Mapped into 2019 Plans @ 02-01- 2018</b></p>	<p><b>Total Policyholders @ 02-01-2018</b></p>
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5,131	3,896
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[illegible]

N/A	N/A
\$ 382.11	\$ -
\$ 382.11	\$ 294.11
\$ 382.11	\$ 411.80
\$ 323.51	\$ -
\$ 323.51	\$ 236.99
\$ 323.51	\$ 331.82
\$ -	\$ -
\$ 389.70	\$ 236.99
\$ 389.70	\$ 290.80
\$ -	\$ 331.82
\$ 389.70	\$ 407.17
\$ 279.30	\$ -
\$ 279.30	\$ 201.66
\$ 279.30	\$ 282.35
\$ 255.74	\$ -
\$ 255.74	\$ 201.66
\$ 255.74	\$ 282.35
\$ -	\$ 271.67
\$ -	\$ 432.99
\$ 320.31	\$ -
\$ 320.31	\$ 277.17
\$ 320.31	\$ 388.08
\$ -	\$ 194.03
\$ -	\$ 309.25
\$ -	\$ 331.82
\$ -	\$ 294.11
\$ -	\$ 290.80
\$ -	\$ 236.99
\$ -	\$ 277.17
\$ -	\$ 201.66

[illegible][illegible][illegible]



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

Plan Number	HIOS Plan ID (Standard Component)	1/1/2018 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2019	1/1/2019 Plan HIOS Plan ID (If 1/1/2018 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off
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Plan 1	38949PA0080001	ny Direct Blue HMO 1000	DNM			
Plan 2	38949PA0080001	ny Direct Blue HMO 1000	DM	38949PA0100006	Gold	On/Off
Plan 3	38949PA0080001	ny Direct Blue HMO 1000	M		Gold	On/Off
Plan 4	38949PA0080002	ny Direct Blue HMO 3750	DNM			
Plan 5	38949PA0080002	ny Direct Blue HMO 3750	DM	38949PA0100005	Silver	Off
Plan 6	38949PA0080002	ny Direct Blue HMO 3750	DM	38949PA0080010	Silver	Off
Plan 7	38949PA0080004	ny Direct Blue HMO 7150	DNM			
Plan 8	38949PA0080004	ny Direct Blue HMO 7150	DM	38949PA0100005	Silver	Off
Plan 9	38949PA0080004	ny Direct Blue HMO 7150	DM	38949PA0100003	Silver	On/Off
Plan 10	38949PA0080004	ny Direct Blue HMO 7150	DM	38949PA0080010	Silver	Off
Plan 11	38949PA0080004	ny Direct Blue HMO 7150	DM	38949PA0080002	Silver	On/Off
Plan 12	38949PA0080006	ny Direct Blue HMO 7000	DNM			
Plan 13	38949PA0080006	ny Direct Blue HMO 7000	DM	38949PA0100001	Bronze	On/Off
Plan 14	38949PA0080006	ny Direct Blue HMO 7000	DM	38949PA0080007	Bronze	On/Off
Plan 15	38949PA0080007	ny Direct Blue HMO 6950	DNM			
Plan 16	38949PA0080007	ny Direct Blue HMO 6950	DM	38949PA0100001	Bronze	On/Off
Plan 17	38949PA0080007	ny Direct Blue HMO 6950	M		Bronze	On/Off
Plan 18	38949PA0080008		N		Bronze	On/Off
Plan 19	38949PA0080009		N		Silver	On/Off
Plan 20	38949PA0090001	y Direct Blue HMO 2850S	DNM			
Plan 21	38949PA0090001	y Direct Blue HMO 2850S	DM	38949PA0110001	Silver	On/Off
Plan 22	38949PA0090001	y Direct Blue HMO 2850S	M		Silver	On/Off
Plan 23	38949PA0100002		N		Bronze	On/Off
Plan 24	38949PA0100004		N		Silver	On/Off
Plan 25	38949PA0080010		N		Silver	Off
Plan 26	38949PA0100006		N		Gold	On/Off
Plan 27	38949PA0100003		N		Silver	On/Off
Plan 28	38949PA0100005		N		Silver	Off
Plan 29	38949PA0110001		N		Silver	On/Off
Plan 30	38949PA0100001		N		Bronze	On/Off

[illegible]



## PA Rate Quarterly Template Part V Consumer Factors

**Carrier Name:** Highmark Choice Company

<b>Product(s):</b>	HMO
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**Market Segment:** Individual

Rate Effective Date: 01/01/2019

### Table 12. Age and Tobacco Factors

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

\*PA follows the federal default age curve.

### Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1	Erie	0.970	0.970
Rating Area 2			
Rating Area 3			
Rating Area 4	Allegheny, Washington, Westmoreland	0.970	0.970
Rating Area 5			
Rating Area 6			
Rating Area 7			
Rating Area 8			
Rating Area 9			

### Table 14. Network Factors

[illegible]

Company Name: **Highmark Choice Company**  
 Market: **Individual**  
 Product: **HMO**  
 Effective Date of Rates: **January 1, 2019**

Ending date of Rates: **December 31, 2019**

HIOS Plan ID (On Exchange)=>	38949PA0080001	38949PA0080002	38949PA0080009	N/A
HIOS Plan ID (Off Exchange)=>	38949PA0080001	38949PA0080002	38949PA0080009	38949PA0080010
Plan Marketing Name =>	my Direct Blue HMO Gold 1000 - 2 Free PCP Visits	my Direct Blue HMO Silver 2400 - 2 Free PCP Visits	my Direct Blue HMO Silver 0	my Direct Blue HMO Silver 3500 - 2 Free PCP Visits
Form # =>	DB/HMO/HCC/DP-1	DB/HMO/HCC/DP-1	DB/HMO/HCC/DP-1	DB/HMO/HCC/DP-1
Rating Area =>	Area 4	Area 4	Area 4	Area 4
Network =>	Z	Z	Z	Z
Metal =>	Gold	Silver	Silver	Silver
Deductible =>	\$1,000	\$2,400	\$0	\$3,500
Coinsurance =>	80%	70%	60%	70%
Copays =>	\$20 PCP	\$40 PCP	\$40 PCP	\$50 PCP
OOP Maximum =>	\$7,000	\$7,800	\$7,800	\$7,700
Pediatric Dental (Yes/No) =>	Yes	Yes	Yes	Yes
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$305.58	\$305.58	\$302.14	\$302.14
15	\$332.74	\$332.74	\$328.99	\$328.99
16	\$343.13	\$343.13	\$339.26	\$339.26
17	\$353.51	\$353.51	\$349.53	\$349.53
18	\$364.70	\$364.70	\$360.59	\$360.59
19	\$375.88	\$375.88	\$371.65	\$371.65
20	\$387.47	\$387.47	\$383.10	\$383.10
21	\$399.45	\$409.43	\$394.95	\$404.83
22	\$399.45	\$409.44	\$394.95	\$404.82
23	\$399.45	\$409.44	\$394.95	\$404.82
24	\$399.45	\$409.44	\$394.95	\$404.82
25	\$401.05	\$411.08	\$396.53	\$406.44
26	\$409.04	\$419.27	\$404.43	\$414.54
27	\$418.62	\$429.09	\$413.91	\$424.26
28	\$434.20	\$445.06	\$429.31	\$440.04
29	\$446.98	\$458.15	\$441.95	\$453.00
30	\$453.38	\$464.71	\$448.27	\$459.48
31	\$462.96	\$474.53	\$457.75	\$469.19
32	\$472.55	\$484.36	\$467.23	\$478.91
33	\$478.54	\$490.50	\$473.15	\$484.98
34	\$484.93	\$497.05	\$479.47	\$491.46
35	\$488.13	\$500.33	\$482.63	\$494.70
36	\$491.32	\$503.60	\$485.79	\$497.93
37	\$494.52	\$506.88	\$488.95	\$501.17
38	\$497.71	\$510.15	\$492.11	\$504.41
39	\$504.11	\$516.71	\$498.43	\$510.89
40	\$510.50	\$561.55	\$504.75	\$555.23
41	\$520.08	\$574.69	\$514.22	\$568.21
42	\$529.27	\$588.55	\$523.31	\$581.92
43	\$542.05	\$607.64	\$535.95	\$600.80
44	\$558.03	\$631.69	\$551.75	\$624.58
45	\$576.81	\$660.45	\$570.31	\$653.00
46	\$599.18	\$695.05	\$592.43	\$687.22
47	\$624.34	\$734.85	\$617.31	\$726.57
48	\$653.10	\$781.11	\$645.74	\$772.31
49	\$681.46	\$829.34	\$673.78	\$819.99
50	\$713.42	\$873.94	\$705.38	\$864.09
51	\$744.97	\$912.59	\$736.58	\$902.31
52	\$779.73	\$955.17	\$770.94	\$944.40
53	\$814.88	\$998.23	\$805.70	\$986.98
54	\$852.83	\$1,044.72	\$843.22	\$1,032.94
55	\$890.77	\$1,091.19	\$880.74	\$1,078.91
56	\$931.92	\$1,141.60	\$921.42	\$1,128.74
57	\$973.46	\$1,192.49	\$962.49	\$1,179.05
58	\$1,017.80	\$1,246.81	\$1,006.33	\$1,232.75
59	\$1,039.77	\$1,273.72	\$1,028.05	\$1,259.36
60	\$1,084.11	\$1,328.03	\$1,071.89	\$1,313.07
61	\$1,122.45	\$1,375.00	\$1,109.81	\$1,359.52
62	\$1,147.62	\$1,405.83	\$1,134.69	\$1,390.00
63	\$1,179.18	\$1,444.50	\$1,165.89	\$1,428.22
64+	\$1,198.35	\$1,467.98	\$1,184.85	\$1,451.44

Company Name:

Market:

Product:

Effective Date of Rates:

HIOS Plan ID (On Exchange)=>	38949PA0090001		38949PA0080008		38949PA0080007		38949PA0100006	
HIOS Plan ID (Off Exchange)=>	38949PA0090001		38949PA0080008		38949PA0080007		38949PA0100006	
Plan Marketing Name =>	my Direct Blue HMO Silver 4450 HSA		my Direct Blue HMO Bronze 7900		my Direct Blue HMO Bronze 4000		my Direct Blue Erie HMO Gold 1000 - 2 Free PCP Visits	
Form # =>	DB/HMO/HDHP/HCC/DP-1		DB/HMO/HCC/DP-1		DB/HMO/HCC/DP-1		DB/HMO/HCC/DP-1	
Rating Area =>	Area 4		Area 4		Area 4		Area 1	
Network =>	Z		Z		Z		Erie	
Metal =>	Silver		Bronze		Bronze		Gold	
Deductible =>	\$4,450		\$7,900		\$4,000		\$1,000	
Coinsurance =>	90%		100%		70%		80%	
Copays =>	N/A		N/A		\$60 PCP		\$20 PCP	
OOP Maximum =>	\$6,650		\$7,900		\$7,900		\$7,000	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$287.98	\$287.98	\$201.59	\$201.59	\$209.52	\$209.52	\$218.25	\$218.25
15	\$313.57	\$313.57	\$219.51	\$219.51	\$228.14	\$228.14	\$237.65	\$237.65
16	\$323.36	\$323.36	\$226.36	\$226.36	\$235.26	\$235.26	\$245.06	\$245.06
17	\$333.15	\$333.15	\$233.22	\$233.22	\$242.38	\$242.38	\$252.48	\$252.48
18	\$343.69	\$343.69	\$240.59	\$240.59	\$250.05	\$250.05	\$260.47	\$260.47
19	\$354.23	\$354.23	\$247.97	\$247.97	\$257.72	\$257.72	\$268.46	\$268.46
20	\$365.15	\$365.15	\$255.61	\$255.61	\$265.66	\$265.66	\$276.73	\$276.73
21	\$376.44	\$385.85	\$263.52	\$270.11	\$273.88	\$280.73	\$285.29	\$292.42
22	\$376.44	\$385.85	\$263.52	\$270.11	\$273.88	\$280.73	\$285.29	\$292.42
23	\$376.44	\$385.85	\$263.52	\$270.11	\$273.88	\$280.73	\$285.29	\$292.42
24	\$376.44	\$385.85	\$263.52	\$270.11	\$273.88	\$280.73	\$285.29	\$292.42
25	\$377.95	\$387.40	\$264.57	\$271.18	\$274.98	\$281.85	\$286.43	\$293.59
26	\$385.47	\$395.11	\$269.84	\$276.59	\$280.45	\$287.46	\$292.14	\$299.44
27	\$394.51	\$404.37	\$276.17	\$283.07	\$287.03	\$294.21	\$298.98	\$306.45
28	\$409.19	\$419.42	\$286.45	\$293.61	\$297.71	\$305.15	\$310.11	\$317.86
29	\$421.24	\$431.77	\$294.88	\$302.25	\$306.47	\$314.13	\$319.24	\$327.22
30	\$427.26	\$437.94	\$299.10	\$306.58	\$310.85	\$318.62	\$323.80	\$331.90
31	\$436.29	\$447.20	\$305.42	\$313.06	\$317.43	\$325.37	\$330.65	\$338.92
32	\$445.33	\$456.46	\$311.74	\$319.53	\$324.00	\$332.10	\$337.50	\$345.94
33	\$450.98	\$462.25	\$315.70	\$323.59	\$328.11	\$336.31	\$341.78	\$350.32
34	\$457.00	\$468.43	\$319.91	\$327.91	\$332.49	\$340.80	\$346.34	\$355.00
35	\$460.01	\$471.51	\$322.02	\$330.07	\$334.68	\$343.05	\$348.62	\$357.34
36	\$463.02	\$474.60	\$324.13	\$332.23	\$336.87	\$345.29	\$350.91	\$359.68
37	\$466.03	\$477.68	\$326.24	\$334.40	\$339.06	\$347.54	\$353.19	\$362.02
38	\$469.04	\$480.77	\$328.35	\$336.56	\$341.25	\$349.78	\$355.47	\$364.36
39	\$475.07	\$486.95	\$332.56	\$340.87	\$345.64	\$354.28	\$360.04	\$369.04
40	\$481.09	\$529.20	\$336.78	\$370.46	\$350.02	\$385.02	\$364.60	\$401.06
41	\$490.12	\$541.58	\$343.10	\$379.13	\$356.59	\$394.03	\$371.45	\$410.45
42	\$498.78	\$554.64	\$349.16	\$388.27	\$362.89	\$403.53	\$378.01	\$420.35
43	\$510.83	\$572.64	\$357.60	\$400.87	\$371.66	\$416.63	\$387.14	\$433.98
44	\$525.89	\$595.31	\$368.14	\$416.73	\$382.61	\$433.11	\$398.55	\$451.16
45	\$543.58	\$622.40	\$380.52	\$435.70	\$395.48	\$452.82	\$411.96	\$471.69
46	\$564.66	\$655.01	\$395.28	\$458.52	\$410.82	\$476.55	\$427.94	\$496.41
47	\$588.38	\$692.52	\$411.88	\$484.78	\$428.07	\$503.84	\$445.91	\$524.84
48	\$615.48	\$736.11	\$430.86	\$515.31	\$447.79	\$535.56	\$466.45	\$557.87
49	\$642.21	\$781.57	\$449.57	\$547.13	\$467.24	\$568.63	\$486.70	\$592.31
50	\$672.32	\$823.59	\$470.65	\$576.55	\$489.15	\$599.21	\$509.53	\$624.17
51	\$702.06	\$860.02	\$491.46	\$602.04	\$510.79	\$625.72	\$532.07	\$651.79
52	\$734.81	\$900.14	\$514.39	\$630.13	\$534.61	\$654.90	\$556.89	\$682.19
53	\$767.94	\$940.73	\$537.58	\$658.54	\$558.72	\$684.43	\$581.99	\$712.94
54	\$803.70	\$984.53	\$562.62	\$689.21	\$584.73	\$716.29	\$609.09	\$746.14
55	\$839.46	\$1,028.34	\$587.65	\$719.87	\$610.75	\$748.17	\$636.20	\$779.35
56	\$878.23	\$1,075.83	\$614.79	\$753.12	\$638.96	\$782.73	\$665.58	\$815.34
57	\$917.38	\$1,123.79	\$642.20	\$786.70	\$667.45	\$817.63	\$695.25	\$851.68
58	\$959.17	\$1,174.98	\$671.45	\$822.53	\$697.85	\$854.87	\$726.92	\$890.48
59	\$979.87	\$1,200.34	\$685.94	\$840.28	\$712.91	\$873.31	\$742.61	\$909.70
60	\$1,021.66	\$1,251.53	\$715.19	\$876.11	\$743.31	\$910.55	\$774.28	\$948.49
61	\$1,057.80	\$1,295.81	\$740.49	\$907.10	\$769.60	\$942.76	\$801.66	\$982.03
62	\$1,081.51	\$1,324.85	\$757.09	\$927.44	\$786.86	\$963.90	\$819.64	\$1,004.06
63	\$1,111.25	\$1,361.28	\$777.91	\$952.94	\$808.49	\$990.40	\$842.18	\$1,031.67
64+	\$1,129.32	\$1,383.42	\$790.56	\$968.44	\$821.64	\$1,006.51	\$855.87	\$1,048.44

Company Name:

Market:

Product:

Effective Date of Rates:

HIOS Plan ID (On Exchange)=>	38949PA0100003	38949PA0100004	N/A	38949PA0110001
HIOS Plan ID (Off Exchange)=>	38949PA0100003	38949PA0100004	38949PA0100005	38949PA0110001
Plan Marketing Name =>	my Direct Blue Erie HMO Silver 2400 - 2 Free PCP Visits	my Direct Blue Erie HMO Silver 0	my Direct Blue Erie HMO Silver 3500 - 2 Free PCP Visits	my Direct Blue Erie HMO Silver 4450 HSA
Form # =>	DB/HMO/HCC/DP-1	DB/HMO/HCC/DP-1	DB/HMO/HCC/DP-1	DB/HMO/HDHP/HCC/DP-1
Rating Area =>	Area 1	Area 1	Area 1	Area 1
Network =>	Erie	Erie	Erie	Erie
Metal =>	Silver	Silver	Silver	Silver
Deductible =>	\$2,400	\$0	\$3,500	\$4,450
Coinsurance =>	70%	60%	70%	90%
Copays =>	\$40 PCP	\$40 PCP	\$50 PCP	N/A
OOP Maximum =>	\$7,800	\$7,800	\$7,700	\$6,650
Pediatric Dental (Yes/No) =>	Yes	Yes	Yes	Yes
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$215.79	\$215.79	\$229.48	\$229.48
15	\$234.97	\$234.97	\$249.88	\$249.88
16	\$242.31	\$242.31	\$257.67	\$257.67
17	\$249.64	\$249.64	\$265.47	\$265.47
18	\$257.54	\$257.54	\$273.87	\$273.87
19	\$265.44	\$265.44	\$282.27	\$282.27
20	\$273.62	\$273.62	\$290.97	\$290.97
21	\$282.08	\$289.13	\$299.97	\$307.47
22	\$282.08	\$289.13	\$299.97	\$307.47
23	\$282.08	\$289.13	\$299.97	\$307.47
24	\$282.08	\$289.13	\$299.97	\$307.47
25	\$283.21	\$290.29	\$301.17	\$308.70
26	\$288.85	\$296.07	\$307.17	\$314.85
27	\$295.62	\$303.01	\$314.37	\$322.23
28	\$306.62	\$314.29	\$326.07	\$334.22
29	\$315.65	\$323.54	\$335.67	\$344.06
30	\$320.16	\$328.16	\$340.47	\$348.98
31	\$326.93	\$335.10	\$347.67	\$356.36
32	\$333.70	\$342.04	\$354.86	\$363.73
33	\$337.93	\$346.38	\$359.36	\$368.34
34	\$342.45	\$351.01	\$364.16	\$373.26
35	\$344.70	\$353.32	\$366.56	\$375.72
36	\$346.96	\$355.63	\$368.96	\$378.18
37	\$349.22	\$357.95	\$371.36	\$380.64
38	\$351.47	\$360.26	\$373.76	\$383.10
39	\$355.98	\$364.88	\$378.56	\$388.02
40	\$360.50	\$369.55	\$383.36	\$421.70
41	\$367.27	\$405.83	\$390.56	\$431.57
42	\$373.76	\$415.62	\$397.46	\$441.98
43	\$382.78	\$429.10	\$407.06	\$456.31
44	\$394.07	\$446.09	\$419.06	\$474.38
45	\$407.32	\$466.38	\$433.16	\$495.97
46	\$423.12	\$490.82	\$449.96	\$521.95
47	\$440.89	\$518.93	\$468.85	\$551.84
48	\$461.20	\$551.60	\$490.45	\$586.58
49	\$481.23	\$585.66	\$511.75	\$622.80
50	\$503.79	\$617.14	\$535.75	\$656.29
51	\$526.08	\$644.45	\$559.44	\$685.31
52	\$550.62	\$674.51	\$585.54	\$717.29
53	\$575.44	\$704.91	\$611.94	\$749.63
54	\$602.24	\$737.74	\$640.44	\$784.54
55	\$629.04	\$770.57	\$668.93	\$819.44
56	\$658.09	\$806.16	\$699.83	\$857.29
57	\$687.43	\$842.10	\$731.03	\$895.51
58	\$718.74	\$880.46	\$764.32	\$936.29
59	\$734.25	\$899.46	\$780.82	\$956.50
60	\$765.57	\$937.82	\$814.12	\$997.30
61	\$792.64	\$970.98	\$842.92	\$1,032.58
62	\$810.42	\$992.76	\$861.81	\$1,055.72
63	\$832.70	\$1,020.06	\$885.51	\$1,084.75
64+	\$846.24	\$1,036.64	\$899.91	\$1,102.39

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

HIOS Plan ID (On Exchange)=>	38949PA0100002		38949PA0100001	
HIOS Plan ID (Off Exchange)=>	38949PA0100002		38949PA0100001	
Plan Marketing Name =>	my Direct Blue Erie HMO Bronze 7900		my Direct Blue Erie HMO Bronze 4000	
Form # =>	DB/HMO/HCC/DP-1		DB/HMO/HCC/DP-1	
Rating Area =>	Area 1		Area 1	
Network =>	Erie		Erie	
Metal =>	Bronze		Bronze	
Deductible =>	\$7,900		\$4,000	
Coinsurance =>	100%		70%	
Copays =>	N/A		\$60 PCP	
OOP Maximum =>	\$7,900		\$7,900	
Pediatric Dental (Yes/No) =>	Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$143.98	\$143.98	\$149.64	\$149.64
15	\$156.78	\$156.78	\$162.94	\$162.94
16	\$161.67	\$161.67	\$168.03	\$168.03
17	\$166.57	\$166.57	\$173.11	\$173.11
18	\$171.84	\$171.84	\$178.59	\$178.59
19	\$177.11	\$177.11	\$184.07	\$184.07
20	\$182.56	\$182.56	\$189.74	\$189.74
21	\$188.21	\$192.91	\$195.61	\$200.50
22	\$188.21	\$192.92	\$195.61	\$200.50
23	\$188.21	\$192.92	\$195.61	\$200.50
24	\$188.21	\$192.92	\$195.61	\$200.50
25	\$188.96	\$193.68	\$196.39	\$201.30
26	\$192.73	\$197.55	\$200.30	\$205.31
27	\$197.24	\$202.17	\$205.00	\$210.13
28	\$204.58	\$209.69	\$212.63	\$217.95
29	\$210.61	\$215.88	\$218.89	\$224.36
30	\$213.62	\$218.96	\$222.02	\$227.57
31	\$218.14	\$223.59	\$226.71	\$232.38
32	\$222.65	\$228.22	\$231.41	\$237.20
33	\$225.48	\$231.12	\$234.34	\$240.20
34	\$228.49	\$234.20	\$237.47	\$243.41
35	\$229.99	\$235.74	\$239.04	\$245.02
36	\$231.50	\$237.29	\$240.60	\$246.62
37	\$233.00	\$238.83	\$242.17	\$248.22
38	\$234.51	\$240.37	\$243.73	\$249.82
39	\$237.52	\$243.46	\$246.86	\$253.03
40	\$240.53	\$264.58	\$249.99	\$274.99
41	\$245.05	\$270.78	\$254.68	\$281.42
42	\$249.38	\$277.31	\$259.18	\$288.21
43	\$255.40	\$286.30	\$265.44	\$297.56
44	\$262.93	\$297.64	\$273.27	\$309.34
45	\$271.78	\$311.19	\$282.46	\$323.42
46	\$282.32	\$327.49	\$293.42	\$340.37
47	\$294.17	\$346.24	\$305.74	\$359.86
48	\$307.72	\$368.03	\$319.82	\$382.50
49	\$321.09	\$390.77	\$333.71	\$406.13
50	\$336.14	\$411.77	\$349.36	\$427.97
51	\$351.01	\$429.99	\$364.81	\$446.89
52	\$367.39	\$450.05	\$381.83	\$467.74
53	\$383.95	\$470.34	\$399.04	\$488.82
54	\$401.83	\$492.24	\$417.63	\$511.60
55	\$419.71	\$514.14	\$436.21	\$534.36
56	\$439.09	\$537.89	\$456.36	\$559.04
57	\$458.67	\$561.87	\$476.70	\$583.96
58	\$479.56	\$587.46	\$498.41	\$610.55
59	\$489.91	\$600.14	\$509.17	\$623.73
60	\$510.80	\$625.73	\$530.89	\$650.34
61	\$528.87	\$647.87	\$549.66	\$673.33
62	\$540.73	\$662.39	\$561.99	\$688.44
63	\$555.60	\$680.61	\$577.44	\$707.36
64+	\$564.63	\$691.67	\$586.83	\$718.87

**Highmark Choice Company  
Individual  
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
38949PA0080001	my Direct Blue HMO Gold 1000 - 2 Free PCP Visits	HMO	Gold	On/Off	Z	4	Allegheny, Washington, Westmoreland
38949PA0080002	my Direct Blue HMO Silver 2400 - 2 Free PCP Visits	HMO	Silver	On/Off	Z	4	Allegheny, Washington, Westmoreland
38949PA0080009	my Direct Blue HMO Silver 0	HMO	Silver	On/Off	Z	4	Allegheny, Washington, Westmoreland
38949PA0080010	my Direct Blue HMO Silver 3500 - 2 Free PCP Visits	HMO	Silver	Off	Z	4	Allegheny, Washington, Westmoreland
38949PA0090001	my Direct Blue HMO Silver 4450 HSA	HMO	Silver	On/Off	Z	4	Allegheny, Washington, Westmoreland
38949PA0080008	my Direct Blue HMO Bronze 7900	HMO	Bronze	On/Off	Z	4	Allegheny, Washington, Westmoreland
38949PA0080007	my Direct Blue HMO Bronze 4000	HMO	Bronze	On/Off	Z	4	Allegheny, Washington, Westmoreland
38949PA0100006	my Direct Blue Erie HMO Gold 1000 - 2 Free PCP Visits	HMO	Gold	On/Off	Erie	1	Erie
38949PA0100003	my Direct Blue Erie HMO Silver 2400 - 2 Free PCP Visits	HMO	Silver	On/Off	Erie	1	Erie
38949PA0100004	my Direct Blue Erie HMO Silver 0	HMO	Silver	On/Off	Erie	1	Erie
38949PA0100005	my Direct Blue Erie HMO Silver 3500 - 2 Free PCP Visits	HMO	Silver	Off	Erie	1	Erie
38949PA0110001	my Direct Blue Erie HMO Silver 4450 HSA	HMO	Silver	On/Off	Erie	1	Erie
38949PA0100002	my Direct Blue Erie HMO Bronze 7900	HMO	Bronze	On/Off	Erie	1	Erie
38949PA0100001	my Direct Blue Erie HMO Bronze 4000	HMO	Bronze	On/Off	Erie	1	Erie



**Company Name**    **Highmark Choice Company**

**Market**            **Individual**

**RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY**

02-01-2018 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
38949PA0080001	my Direct Blue HMO Gold 1000 - 2 Free PCP Visits	HMO	Gold	On/Off
38949PA0080002	my Direct Blue HMO Silver 2400 - 2 Free PCP Visits	HMO	Silver	On/Off
38949PA0080009	my Direct Blue HMO Silver 0	HMO	Silver	On/Off
38949PA0080010	my Direct Blue HMO Silver 3500 - 2 Free PCP Visits	HMO	Silver	Off
38949PA0090001	my Direct Blue HMO Silver 4450 HSA	HMO	Silver	On/Off
38949PA0080008	my Direct Blue HMO Bronze 7900	HMO	Bronze	On/Off
38949PA0080007	my Direct Blue HMO Bronze 4000	HMO	Bronze	On/Off
38949PA0100006	my Direct Blue Erie HMO Gold 1000 - 2 Free PCP Visits	HMO	Gold	On/Off
38949PA0100003	my Direct Blue Erie HMO Silver 2400 - 2 Free PCP Visits	HMO	Silver	On/Off
38949PA0100004	my Direct Blue Erie HMO Silver 0	HMO	Silver	On/Off
38949PA0100005	my Direct Blue Erie HMO Silver 3500 - 2 Free PCP Visits	HMO	Silver	Off
38949PA0110001	my Direct Blue Erie HMO Silver 4450 HSA	HMO	Silver	On/Off
38949PA0100002	my Direct Blue Erie HMO Bronze 7900	HMO	Bronze	On/Off
38949PA0100001	my Direct Blue Erie HMO Bronze 4000	HMO	Bronze	On/Off

**RATING AREA 1**

70	0	507	0	0	0	0	0
Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren

**RATING AREA 2**

0	0	0
Elk	Cameron	Potter

\$285.29

\$282.08

\$299.97

\$229.88

\$268.85

\$188.21

\$195.61

**RATING AREA 3**

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

**RATING AREA 4**

3,166	0	0	0	0	0	0	0	554	904
<b>Allegheny</b>	<b>Armstrong</b>	<b>Beaver</b>	<b>Butler</b>	<b>Fayette</b>	<b>Greene</b>	<b>Indiana</b>	<b>Lawrence</b>	<b>Washington</b>	<b>Westmoreland</b>
\$399.45								\$399.45	\$399.45
\$394.95								\$394.95	\$394.95
\$420.00								\$420.00	\$420.00
\$321.87								\$321.87	\$321.87
\$376.44								\$376.44	\$376.44
\$263.52								\$263.52	\$263.52
\$273.88								\$273.88	\$273.88

**RATING AREA 5**

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

**RATING AREA 6**

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

**RATING AREA 7**

0	0	0	0
Adams	Berks	Lancaster	York

**RATING AREA 8**

0	0	0	0	0
Bucks	Chester	Delaware	Montgomery	Philadelphia

**RATING AREA 9**

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



## **AV Screenshots-HCC**

**Screenshots of HHS AV calculator and Actuarial Certification for Approach 1**

Highmark Choice Company  
Individual Market Product Portfolio  
Effective January 1, 2019

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]					[REDACTED]				
[REDACTED]		[REDACTED]			[REDACTED]		[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]		

[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]			[REDACTED]		
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**Highmark Choice Company**  
**Individual Market Product Portfolio**  
**Effective January 1, 2019**

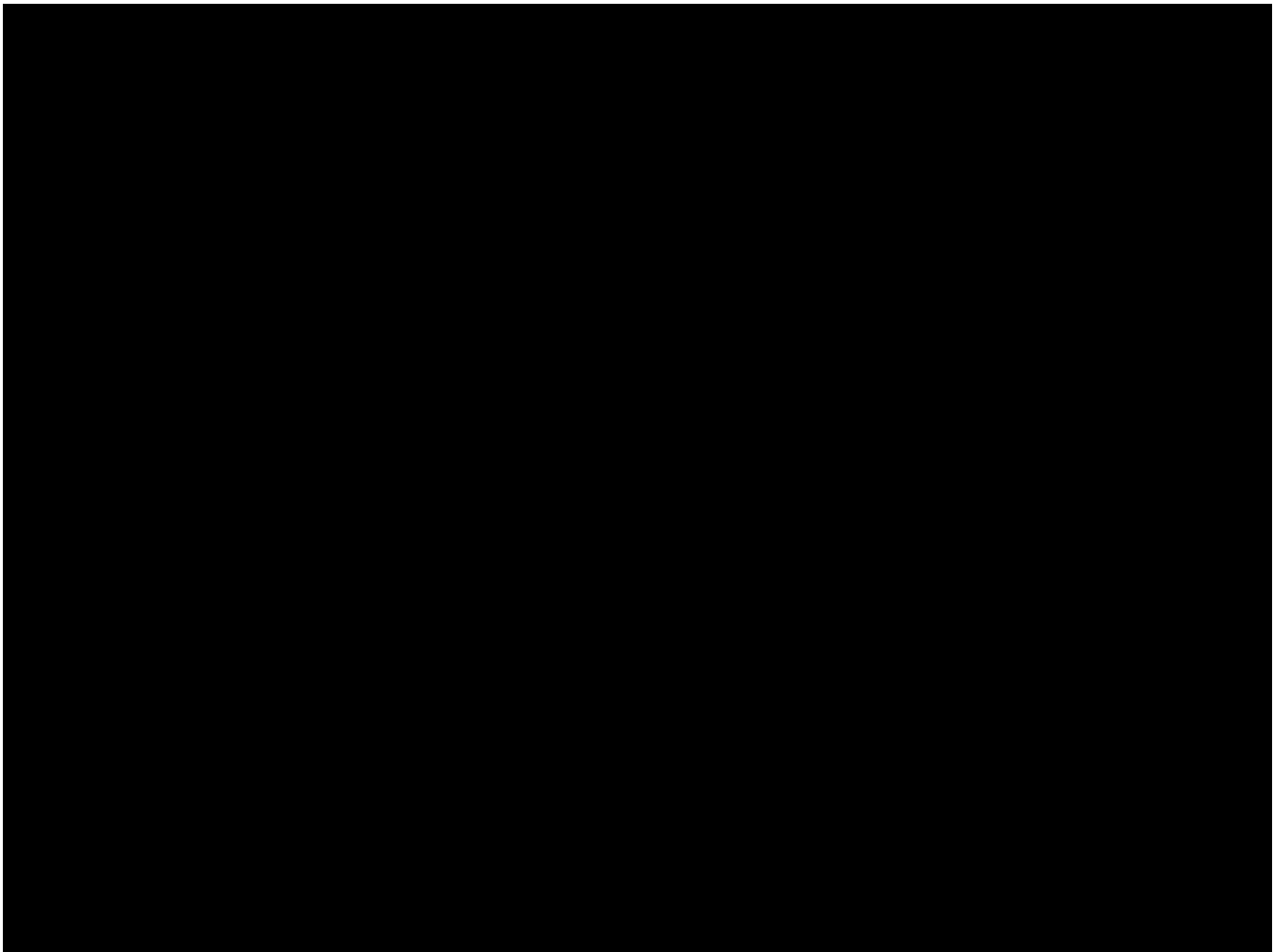
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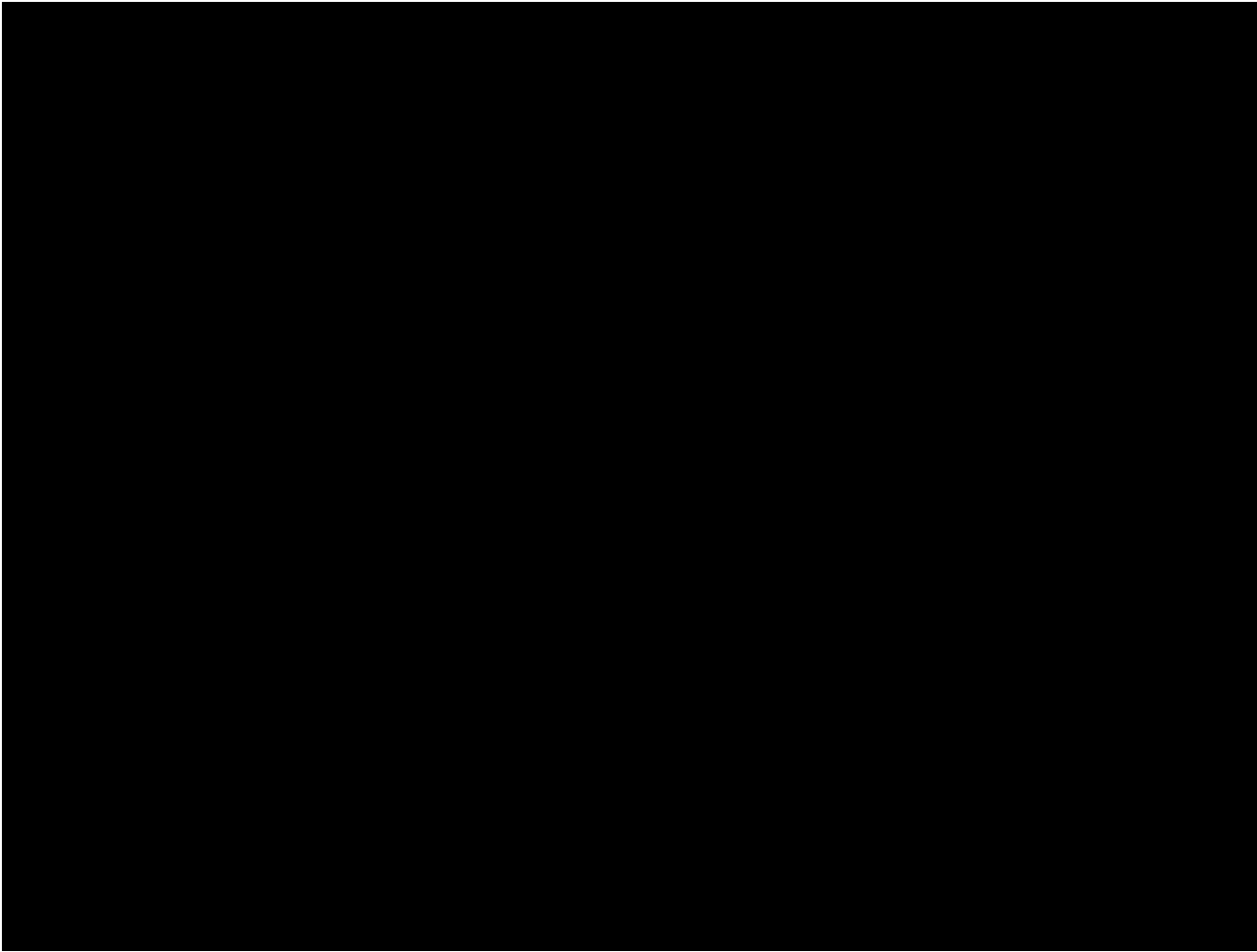
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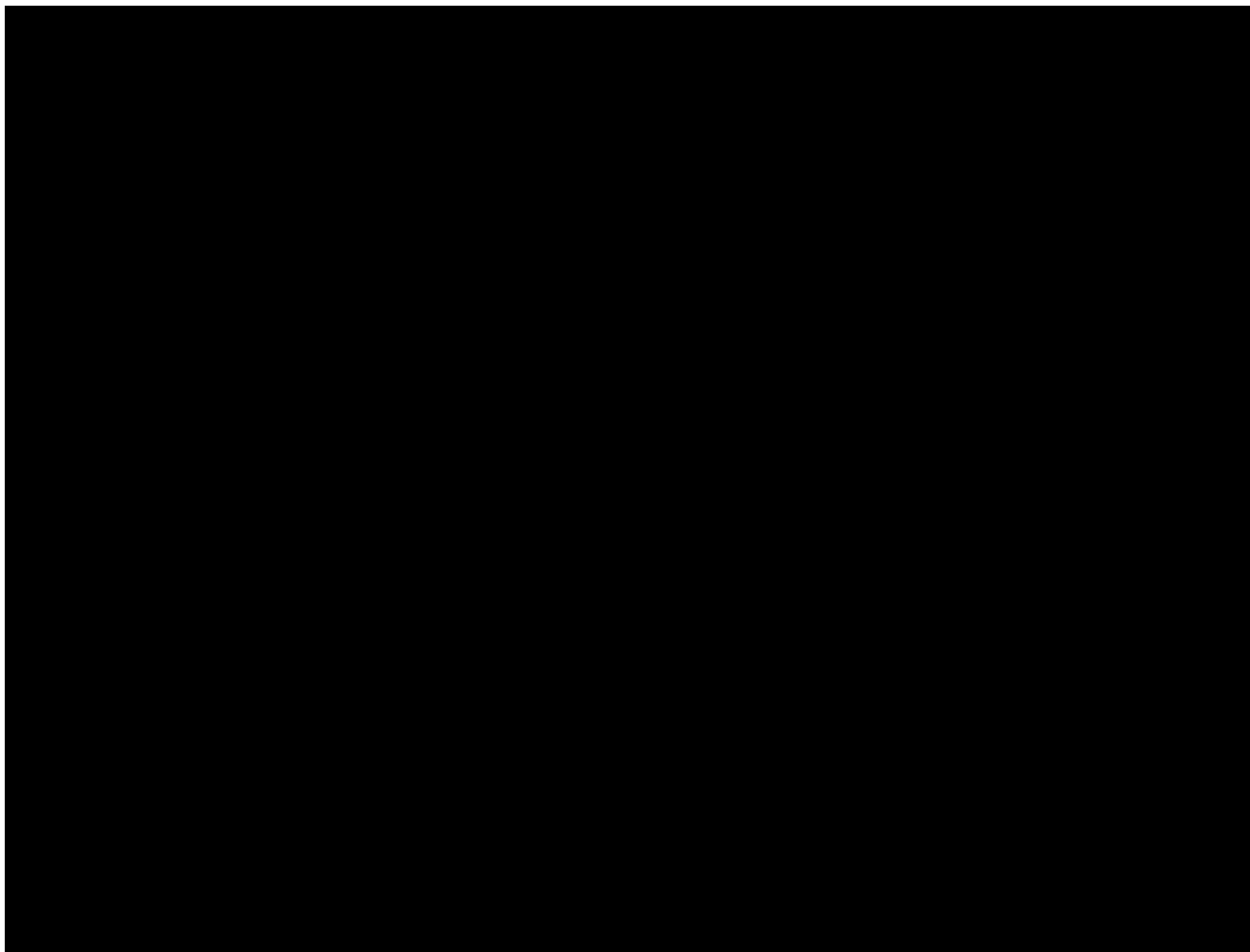
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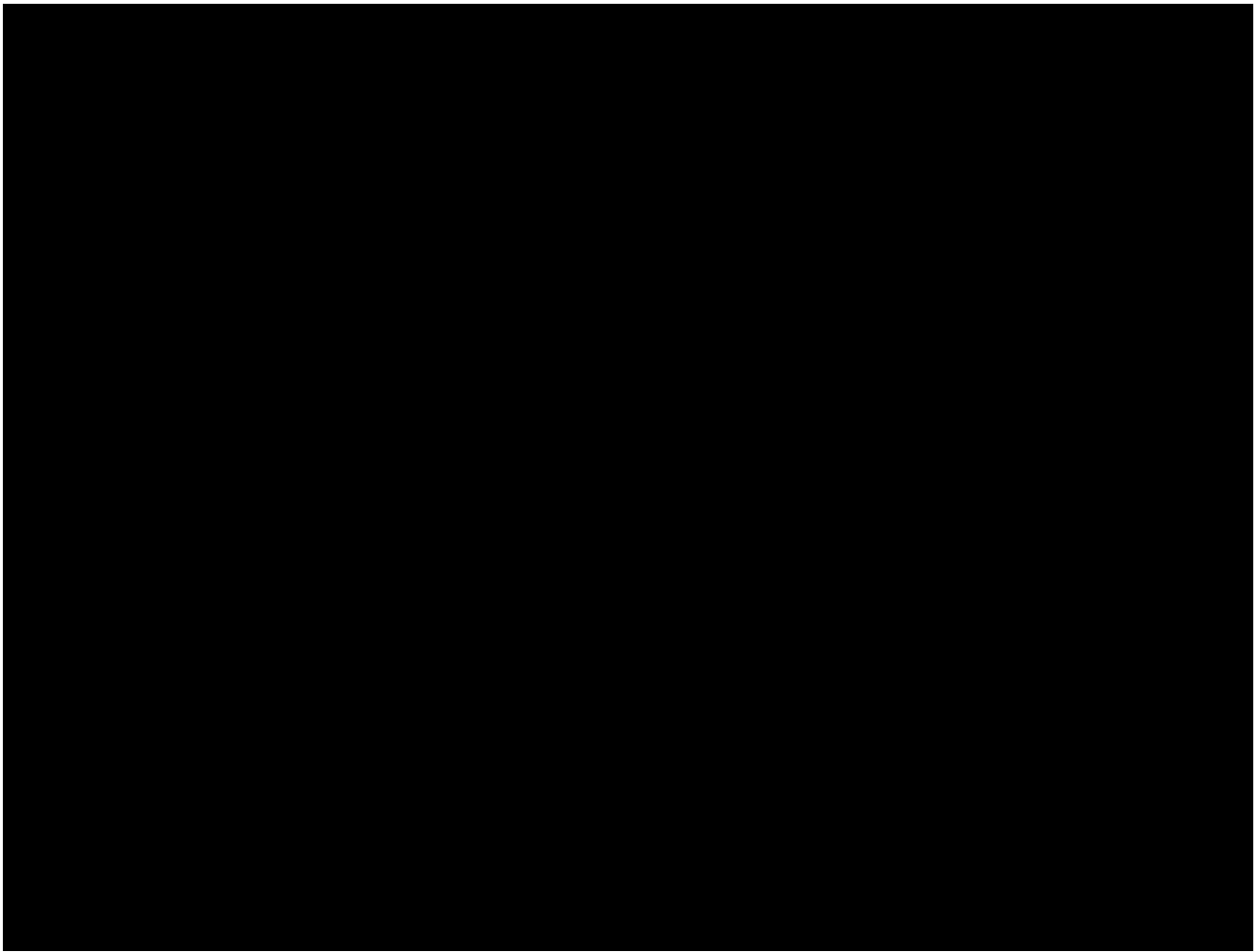
[REDACTED]

[REDACTED]

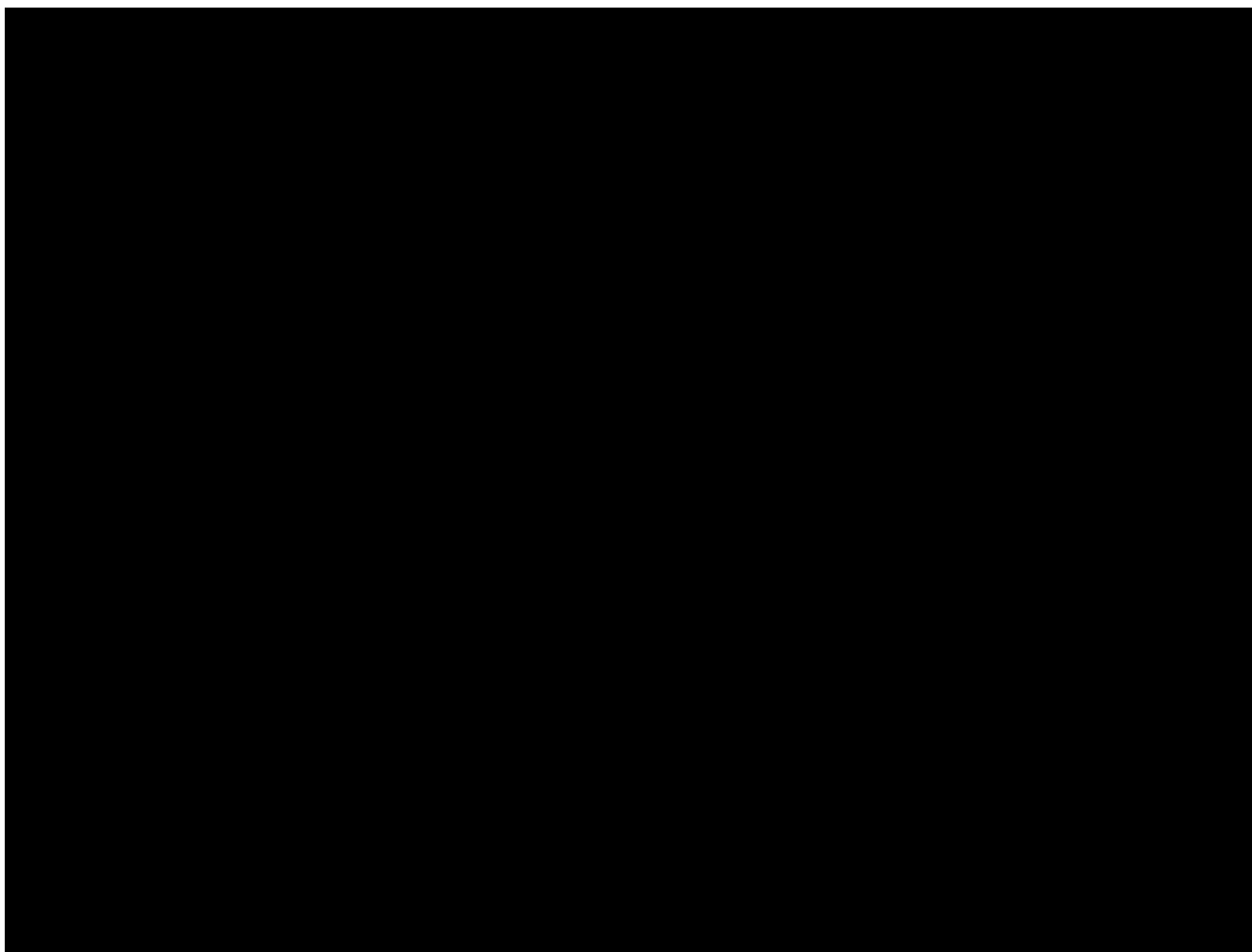




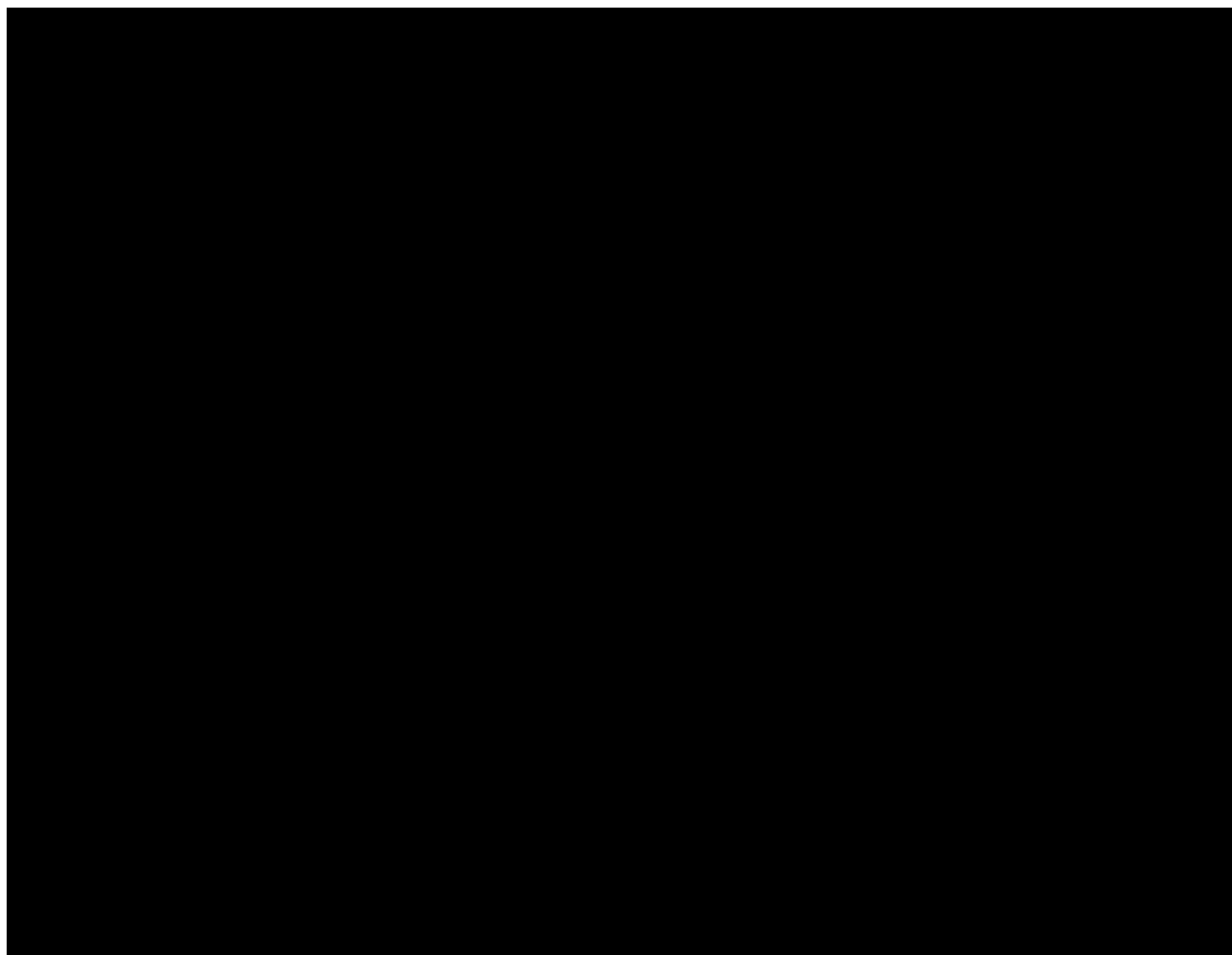




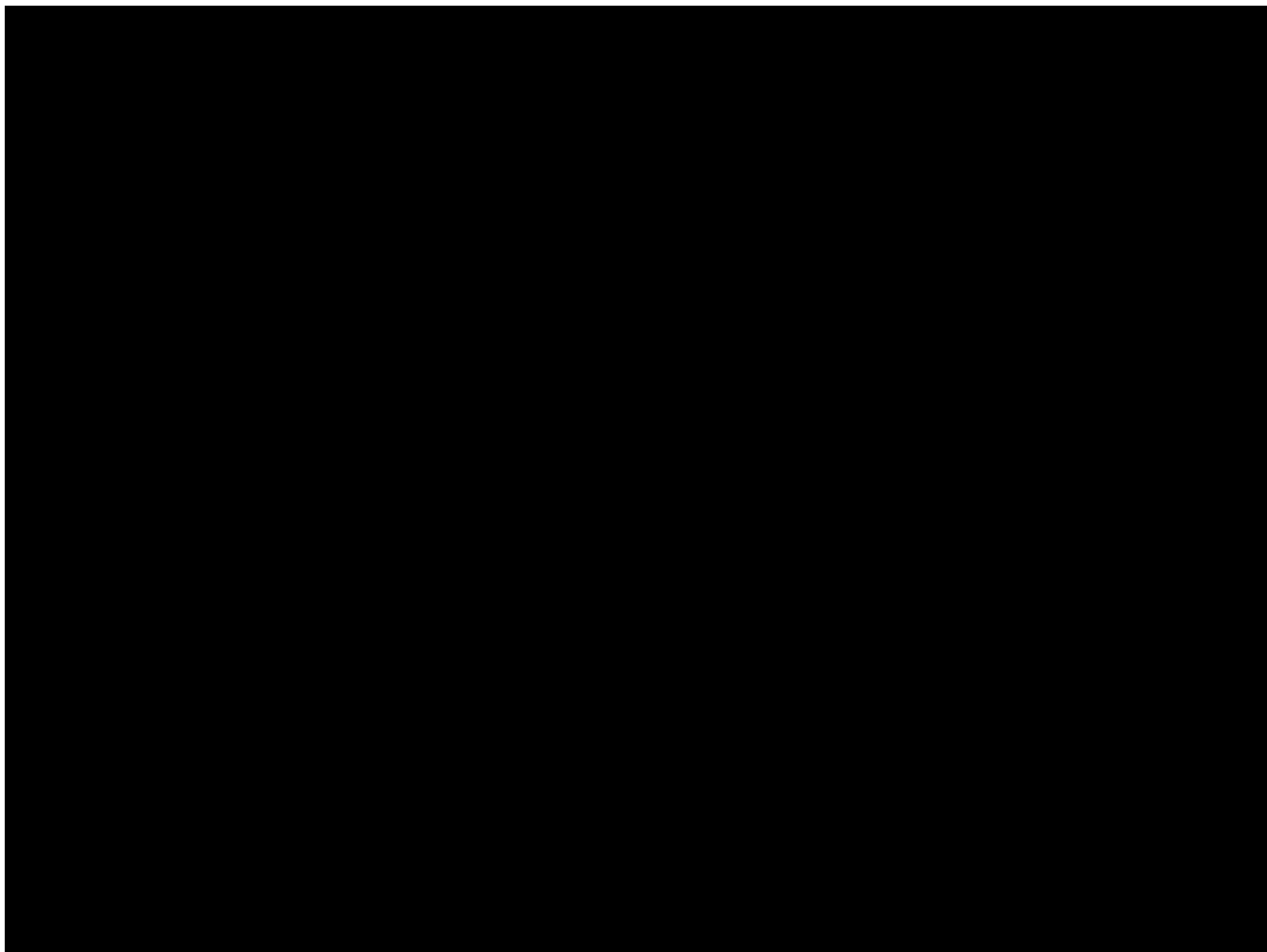


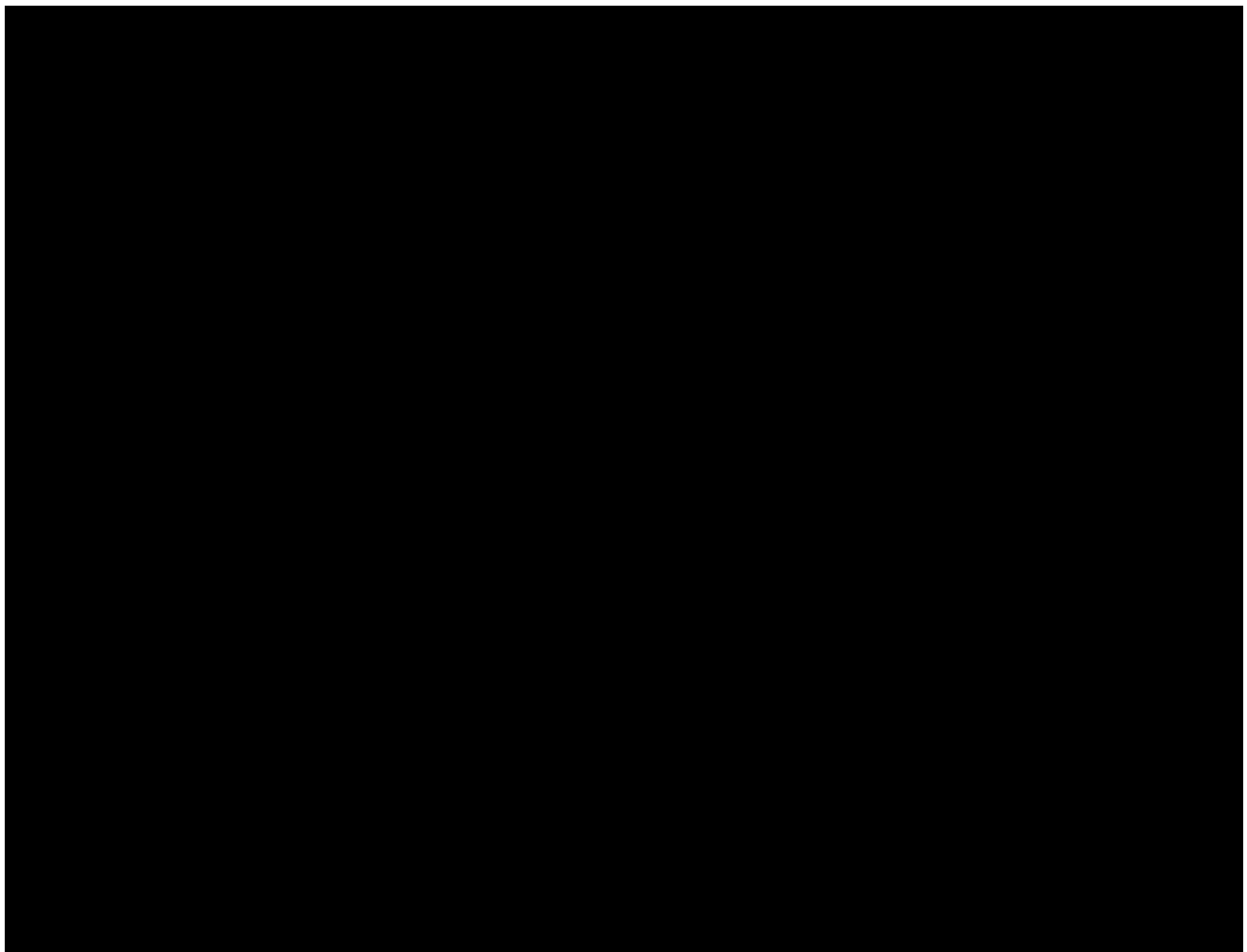


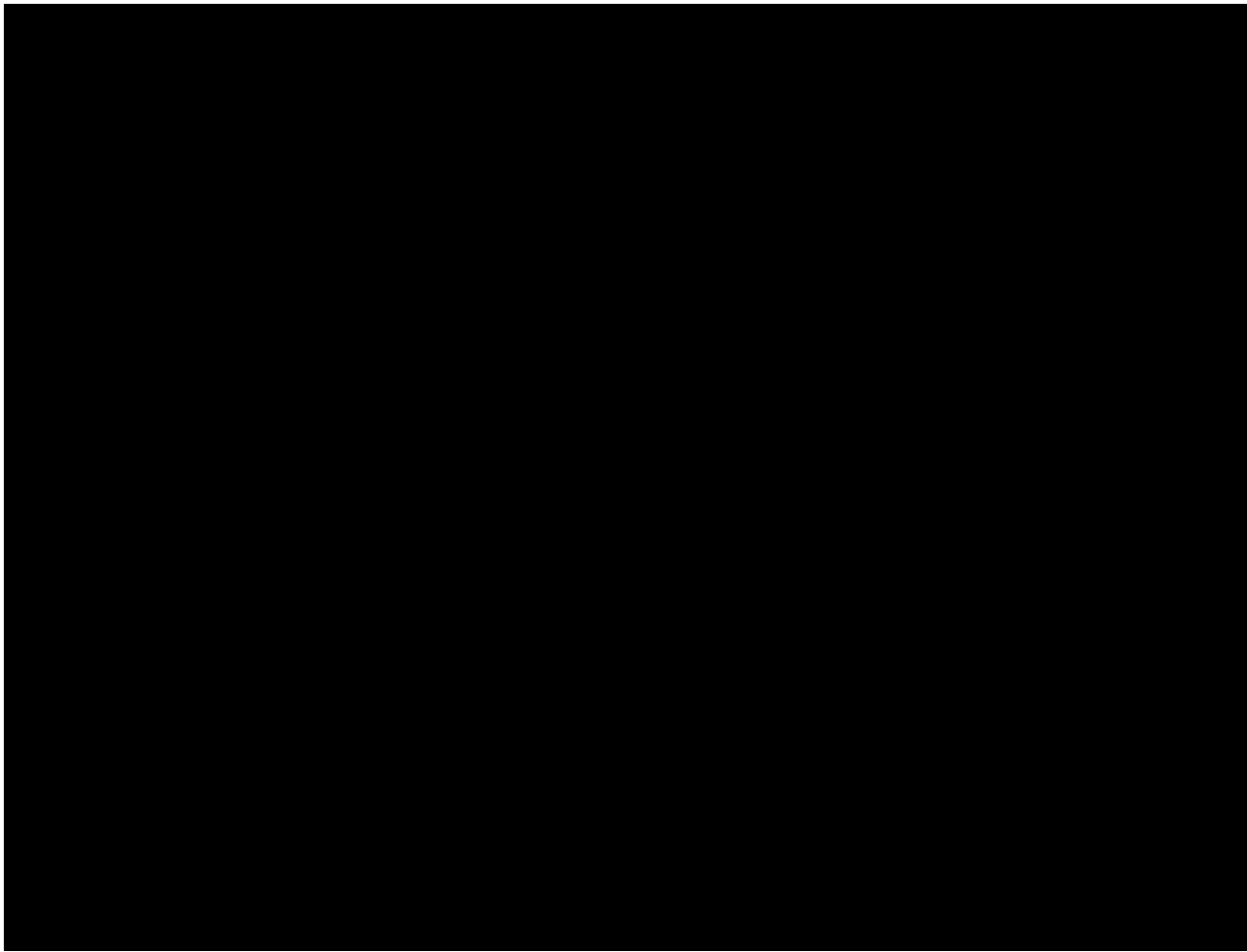


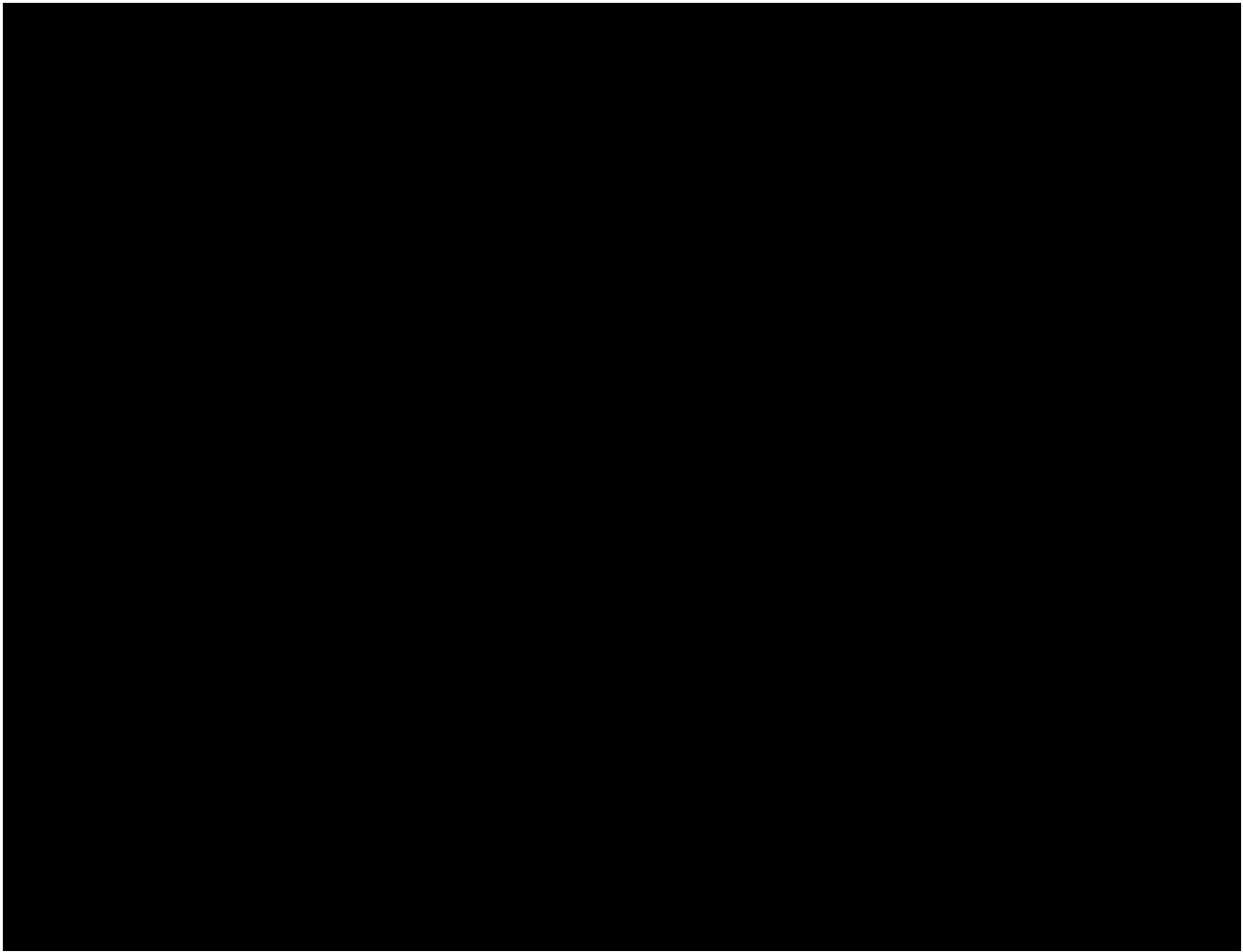




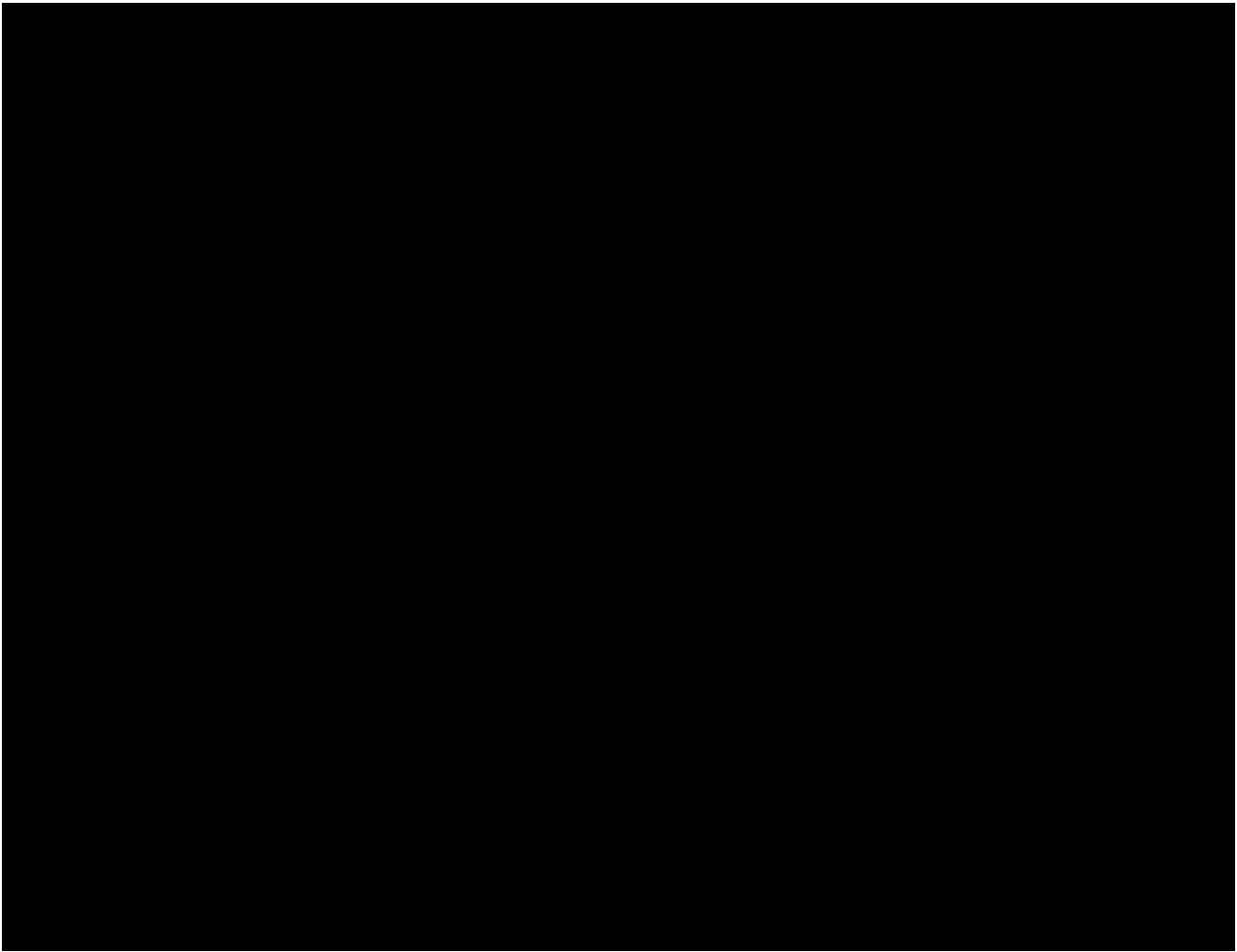


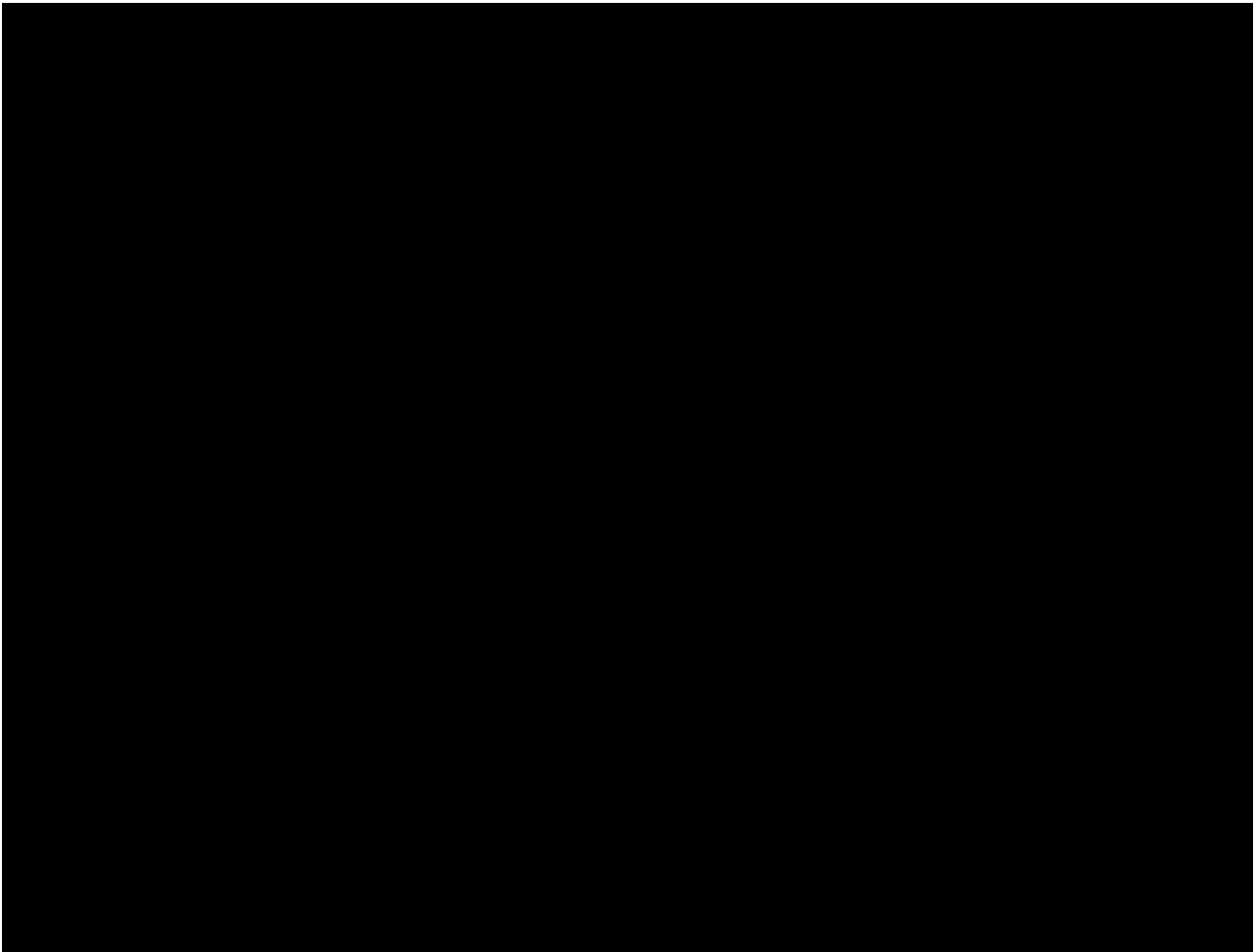












Highmark Choice Company  
Form Numbers

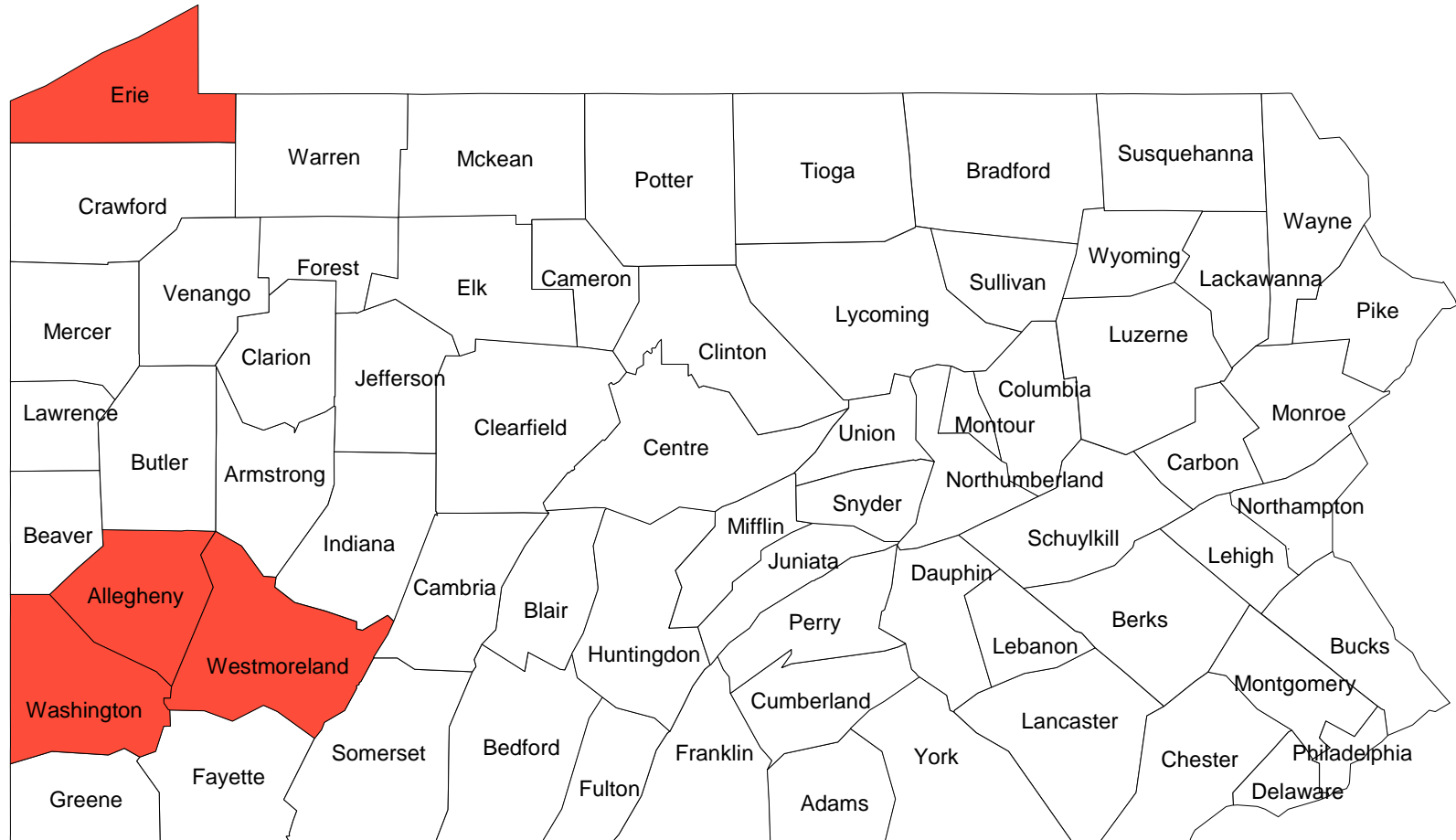
HIOS Plan ID	Plan Marketing Name	Form Number
38949PA0080001	my Direct Blue HMO Gold 1000 - 2 Free PCP Visits	DB/HMO/HCC/DP-1
38949PA0080002	my Direct Blue HMO Silver 2400 - 2 Free PCP Visits	DB/HMO/HCC/DP-1
38949PA0080009	my Direct Blue HMO Silver 0	DB/HMO/HCC/DP-1
38949PA0080010	my Direct Blue HMO Silver 3500 - 2 Free PCP Visits	DB/HMO/HCC/DP-1
38949PA0090001	my Direct Blue HMO Silver 4450 HSA	DB/HMO/HDHP/HCC/DP-1
38949PA0080008	my Direct Blue HMO Bronze 7900	DB/HMO/HCC/DP-1
38949PA0080007	my Direct Blue HMO Bronze 4000	DB/HMO/HCC/DP-1
38949PA0100006	my Direct Blue Erie HMO Gold 1000 - 2 Free PCP Visits	DB/HMO/HCC/DP-1
38949PA0100003	my Direct Blue Erie HMO Silver 2400 - 2 Free PCP Visits	DB/HMO/HCC/DP-1
38949PA0100004	my Direct Blue Erie HMO Silver 0	DB/HMO/HCC/DP-1
38949PA0100005	my Direct Blue Erie HMO Silver 3500 - 2 Free PCP Visits	DB/HMO/HCC/DP-1
38949PA0110001	my Direct Blue Erie HMO Silver 4450 HSA	DB/HMO/HDHP/HCC/DP-1
38949PA0100002	my Direct Blue Erie HMO Bronze 7900	DB/HMO/HCC/DP-1
38949PA0100001	my Direct Blue Erie HMO Bronze 4000	DB/HMO/HCC/DP-1




# **2019 Service Area**


**Issuer: Highmark Choice Company (HCC)**

**Market: Individual**



**Key** *(modify as needed)*

 : 2019 on-exchange service area

 : 2019 off-exchange only service area



June 22, 2018

Ms. Cherri Sanders-Jones, Reviewer  
Bureau of Life, Accident & Health Insurance  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

Re: Highmark Choice Company 2019 ACA Rate Filing (Individual Market)  
Highmark Choice Company Filing # 1A-DP-18-HCC (SERFF Filing # HGHM-131475734)

Dear Ms. Sanders-Jones:

The filing has been revised to reflect the removal of the 1% load for the Short Term Limited Duration policies as well as modifying the CSR defunding factor to align it with the projected experience.

It is important to note the ultimate impact of specific factor changes on overall rate adequacy cannot be fully assessed in isolation. It is our understanding and expectation that the reasonability of the overall rates will be discussed when the filing review is complete, which could result in revisiting these factors.

Additionally, the filing has been revised to include formulas in Table 6 where applicable and to explicitly add several plans to Table 10.

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]  
Manager, Actuarial Services  
Highmark Inc.

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

TO: Cherri Sanders-Jones  
Bureau of Life, Accident & Health Insurance  
Pennsylvania Insurance Department

FROM: [REDACTED], Actuarial Manager  
Highmark Inc.

DATE: June 22, 2018

SUBJECT: Highmark Choice Company 2019 Individual ACA-Compliant Rate Filing  
Response to June 15, 2018 Objection Letter  
Filing Number: 1A-DP-18-HCC  
SERFF Tracking Number: HGHM-131475734

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Below are Highmark Choice Company's responses to your objection letter dated June 15, 2018. We have included the questions along with the responses for your convenience.

**1. In the 2019 Guidance published on the Department's website, the Department required that all issuers file uniform factors for the Individual Adjustment of 1.06 and the CSR Defunding Adjustment of 1.28. In addition, the Department indicated that as the rate review process moves forward and federal healthcare reform efforts are clarified, the Department would consider issuer specific requests. We can now advise that the aforementioned factors of 1.06 for the Individual Adjustment and 1.28 for CSR Defunding Adjustment constitute ceilings. If your company desires lower adjustments than those stated in the Department's 2019 Guidance, you may provide updated materials (PA Actuarial Memorandum and Exhibits, Part III Actuarial Memorandum, Part I URRT and corresponding rate tables – State and Federal) and justification for the lower Adjustment factor(s) with your first-round response due June 22, 2018. The Department will not consider adjustment factors greater than those stated in the 2019 Guidance.**

Response:

The revised filing documents reflect the 1.20 factor to provide a scenario for the Department to consider as the 2019 CSR loading approach is evaluated. As future discussions on this ACA filing develop, it may be necessary to revise this assumption. The development of the 1.20 factor is included in the exhibit labeled Q1 Response.

HCC has elected to maintain the 6% factor related to the elimination of the Individual Mandate.

HCC believes the Department's 2018 approach of using a uniform factor for all issuers maintains market stability more so than issuer-specific factors. Variations by issuer could result in unanticipated shifts in enrollment that destabilize the market and introduce more uncertainty for issuers to consider.

**2. The PA actuarial memorandum, page 2, indicates that Highmark has included a 1% load for expected adverse selection due to the Short Term Limited Durational Insurance market expansion. Please remove this load as the rule has not yet been finalized.**

Response:

The STLDI final rule has not been released, but the prevailing industry expectation based on the proposed rule is adverse selection will occur as low-cost consumers opt for these less expensive alternatives. We believe the impact of the STLDI policies would be in addition to the impact of the Individual mandate

factor since these market forces are not the same. Many consumers were expected to drop coverage to avoid the penalty even when there were no viable STLDI policies to fill the void. More robust STLDI policies will likely entice more consumers to leave the market.

The company has chosen to remove the STLDI load from the rate development at this time, however, forthcoming guidance and the ongoing filing review process may make it necessary to revisit this assumption.

**3. The PA actuarial memorandum, page 2, indicates that the 2019 plan offerings consists of renewing plans with benefits that differ from the 2018 offering. Please provide an Excel exhibit that shows the 2018 benefit level and the proposed 2019 benefit and the quantitative impact of these changes.**

Response:

We acknowledge the use of the reference to benefit change is confusing. A better word choice would have been cost sharing as the changes from 2019 to 2018 primarily centered around differences in cost sharing elements. The composite of these changes is quantified by both the pricing AV's and the CMS AV's due to their interdependencies.

**4. Please reconcile the data in Table 2 with the individual market data contained in the SHCE.**

Response:

Below please find the values from Table 2 and the corresponding values from the SHCE:

	Table 2	SHCE
Premiums	1,629,471	12,834,407
Incurred Claims	1,660,962	11,022,161
Allowed Claims	1,990,569	N/A
Member Months	1,449	23,363

A significant difference is the existence of grandfathered business in the SHCE that is not included in Table 2. Other differences between the two exhibits include the following:

- The SHCE exhibit is a year-end accounting view of results with no runout and would include the experience based on actual cash transfers adjusted for changes in reserves, which affects both premiums and claims.
- Table 2 presents an updated view of results where experience is restated based upon two more months runout and is tied more directly to the incurred period with some provision for IBNR included in the claims.
- The SHCE exhibit uses a different classification of business than Table 2; the SHCE classification is based on the mandated MLR classifications and results in the following differences in premiums, claims, and membership:
  - Sole proprietors and other groups of one from the Small Group are included in SHCE.
  - Ceded reinsurance incurred claims are included in the SHCE.
- Network access fees are removed from the claims in the SHCE exhibit, per the instructions for completing that exhibit.



**5. Given the low membership and the drastically different product offering between the experience and the projection period, HCC has used a manual rate developed by blending 2017 experience from multiple sources, including ACA and group claims to approximate the anticipated 2019 HCC population. For each market segment underlying the manual rate of \$690.71, provide the source company, market, product, number of member months, claims for the experience period and the source weight. Also, show all assumptions and adjustments made to reflect the HCC market, area and product.**

Response:

Please see the attached exhibits for response to Question 5.

We classified the 2/1/2018 enrollment into the following categories:

Renewal

- This represents our 2017 ACA members that reenrolled in HCC.

Other Highmark

- This represents the 2017 members from other Highmark markets such as group markets that enrolled in HCC.

Prior ACA

- This represents our 2016 ACA members that lapsed in 2017 and now reenrolled in HCC. We reviewed its 2016 ACA claims, trended to 2017, and used this as starting point to approximate the 2017 allowed claims.

New

- This represents the catchall category of the remaining members in that enrolled in HCC. The 2017 allowed PMPM was set using combined the “Renewal” and “Other Highmark” segments as a starting point.

The manual rate is the weighted average of these four segments. In setting the allowed PMPMs, we also reviewed risk score assumption such that they moved directional with the claims PMPMs. Additional consideration included the relationship of the claims PMPM in each respective category to its average 2018 premium PMPM.

**6. The estimated cost sharing in Table 2 does not reconcile with the 2017 experience period data in Table 4. Please reconcile.**

Response:

The estimated cost sharing amount in Table 4 should be in Table 2 as well. We will update the estimated cost sharing on Table 2 in resubmission for the HCC rate filing.

**7. Please show the development of the average commission as shown in Table 6. Additionally, the current and 2018 broker agreements should be included and used to develop the percent shown in Table 6 as well as the associated pmpm.**

Response:

The average projected commission is provided by the Cost Allocation department and is a function of the recent commission amount experienced in Highmark’s financials. The current broker commission schedule was included as Attachment D in the initial submission.

**8. The URR shows an administrative pmpm of \$58.39 while Table 5 shows \$57.73. Please reconcile.**

Response:

The value of \$57.73 in table 6 is based on a total required revenue of \$609.78. The value of \$609.78 is incorrect due to the template's handling of the profit/contingency as a straight average from Table 10. This filing has profit/contingency that varies by plan. To correctly account for this in table 6 a weighted average would be a better approach.

The URRT calculation reflects the appropriate calculation of required revenue (\$616.69.) With an admin percentage of 9.47% the appropriate PMPM is  $.0947 \times \$616.69 = \$958.39$ .

**9. Consistent with our guidance, page 12, profit/contribution to surplus is expected to be consistent between plans. If a consistent load is not applied, the issuer must discuss why the variation is not discriminatory. Please update the profit/contingency percent of premium to be 0. Factoring in negative profit is unacceptable.**

Response:

The company does not consider the plan-specific contribution to surplus factor to be discriminatory since it applies to all HCC plans offered in the Erie region. This factor applies to all consumers in the Erie market regardless of the plan they select. This unique request for variation in profit / contribution to surplus by plan makes use of the federal permitted plan level adjustment in retention amounts to reflect the risk associated with the new plan offerings.

As cited in the filed memorandum, it is HCC's belief that the average cost of care currently observed in the Erie market can be achieved with a credible pool of membership. We expect to ultimately attain the average cost of care observed in the market today, but there is risk that goal will not be fully realized in 2019. The company recognizes this risk and has reflected that in the rate development through the margin factor.

In accordance with the Department's direction, HCC will evaluate how to better reflect these assumptions in the rate development as we work through the filing review process.

**10. Please provide the percentage of on exchange members as of 2/1/18.**

Response:

The 02-01-2018 Number of Covered Lives by Rating Area as displayed on Table 10 is split 56.6% on-exchange.

**11. For the expanded Bronze plans, please demonstrate that the copay is less than or equal to 50% coinsurance for that category.**

Response:

The Prescription Drug Benefit Plan provides three major services of coverage (as defined on page 94142 of the 2018 Notice of Benefit and Payment Parameters) that are less than or equal to 50% coinsurance and available prior to any deductible. These services include: generic drugs, specialty drugs, and preferred branded drugs. The coinsurance percentages and certifications of the values corresponding to these categories can be found in the AV Screenshots and Certifications document which was provided as a separate attachment during the initial SERFF submission.

**12. The underlying annual trend supporting the filing is 9.5%, which is further adjusted by an induced utilization adjustment of -0.83% per year, to develop the overall trend assumption of 8.58% per year.**

- a) **Please provide quantitative support for the 9.5% trend assumption (e.g. demonstrate that it is reasonably consistent with recent historical changes in claim costs).**
- b) **Please provide quantitative support for the annual induced utilization adjustment of -0.83%.**

Response:

- a) An exhibit with the underlying results of the regression study described in the actuarial memorandum has been included in this response. This separate regression study was developed by the valuation team to analyze the ACA trend levels of continuously enrolled cohorts of ACA members in order to normalize for population change, demographics, seasonality, along with adjusting for material step changes that were included in the network factors in the two periods. Resulting r-squared levels were compared to determine confidence levels of the resulting regression trends to develop a reasonable range of trend assumptions. The requested trend falls within recent trade association survey results for Individual markets. Additionally, the recent AON trend study is attached as a reference point for the prospective 2018 trend for more stable group market.

As seen from the exhibit the regression study resulted in a composite trend of 8.5%. As described in the memorandum, the continuous enrollment approach addresses the unstable population concerns in the underlying ACA experience, but it does not reflect the impact of partial year population changes that are inherent to an individual market. The pricing trend was set at 9.5% in consideration of that factor.

- b) The utilization adjustment is a function of the change in average metal distribution between the two periods.  $2019 \text{ Projected Benefit Richness} / 2017 \text{ Average Benefit Richness} = 1.0272 / 1.0445 = 0.9835$ .  $-0.83\% = (0.9835)^{(.5)} - 1$ .

**13. The actuarial memorandum states that “the \$76.11 Risk Adjustment assumption in cell C31 represents our best estimate of the year end risk adjustment transfer payment for HHC as developed in Attachment B adjusted for the (\$0.15) PMPM risk adjustment user fee and the impact of the catastrophic eligibility factor.”**

- a) **Please provide an exhibit that includes all of the same components as are provided in Attachment B, but which provides the development of the estimated 2017 risk transfer amount (i.e., rather than the projected 2019 risk transfer amount).**
- b) **To the extent any of the values included in rows 11 to 13 (e.g., statewide average premium, HHS risk score) for the 2017 estimate are significantly different than those being assumed for the 2019 projection, please reconcile those differences and provide quantitative justification for them.**

Response:

- a) The estimated 2017 risk transfer amount of [REDACTED] shown in Table 2 was based on our financial accrual and underlying assumptions as of a February 2018 valuation date. We chose this valuation date in order to (1) tie to the claims run-out period requested by the Department and (2) more closely align the reported value to the value booked in the CY2017 year-end financials. The financial accrual development took the detailed plan and rating area data as of the February 2018 valuation date and applied the transfer formula at this level. This methodology is different from the Attachment B approach. The Attachment B approach is useful for projections when detailed plan and rating area data does not exist. Therefore, replicating the Attachment B structure for 2017 would generate a different value (i.e. a “sum of products” approach vs. a “product of sums” approach).

- b) It is important to note that the issuer-specific factors and the statewide average factors used in the development of the 2017 estimate and discussed in Question 13a above were not used as the starting point for the 2019 projection.

The issuer-specific factors included in row 11 of Attachment B for the 2019 projection were developed for the population of members that comprised the morbidity factor development discussed in the response to Question 5 above. For sources of members where we had 2017 (or 2016) claims experience and diagnosis data, we utilized their risk scores in the calculation. For the “New” source of members where we did not have claims experience, we made an assumption regarding this category’s risk score based on a review of the claim level and risk score relativities of the other sources.

The statewide factors included in row 13 of Attachment B for the 2019 projection were developed by starting with information from the following sources: (1) the PID's 2017 RATEE study released on May 9, 2018, (2) the PID's 1Q2018 Enrollment Survey released on April 27, 2018, and (3) the CMS Interim Summary Report for 2017 released on April 27, 2018. The attached exhibit labeled Q13b Response demonstrates how we used the information from these sources in order to derive the 2019 statewide average estimates shown in Attachment B. We assumed the statewide average premium will increase █% in 2018 based on knowledge of approved rates and assumed an additional █% increase in 2019. We assumed the statewide average risk score will increase █% due to the individual mandate removal (██████████) and an additional █% increase due to anticipated general deterioration of the pool as observed historically. We assumed the statewide average allowable rating factor will increase █%. For the statewide average actuarial value and induced demand factors, we assumed some buy-down among metals from the PID's 1Q2018 Enrollment Survey. All of these calculations can be found in the Q13b Response exhibit.

**14. Please describe and demonstrate quantitatively how the proposed demographic and morbidity adjustments were taken into account in calculating the projected 2019 HHC Non-Catastrophic Pool risk adjustment transfer.**

Response:

The issuer-specific factors included in row 11 of Attachment B for the 2019 projection were developed for the population of members that comprised the morbidity factor development discussed in the response to Question 5 above. The demographic component was used to normalize the allowed PMPM and the combined risk score (Non-Catastrophic and Catastrophic) was considered directionally in setting the normalized PMPMs. That is, both the risk scores and the allowed PMPMs are moved in tandem. This does not imply that the risk scores and normalized allowed PMPMs move in the exact proportion but they are directional.

**15. With respect to the “Change in Other” adjustment equal to 0.985, please provide the factors for each of the following components of the “Change in Other” adjustment and provide quantitative support for them:**

- i. Changes in pharmacy rebates
- ii. Changes in hospital/physician settlements.

Response:

The Change in Other is comprised of the following components:

- Change in Rx Rebates = 0.9892

- Change in Hospital/Physician Settlements = 0.9854
- Short-Term Limited Durational Insurance Load = 1.0100
- $0.9845 = 0.9892 \times 0.9854 \times 1.0100$  or 0.985

**16. It appears that the Pricing AVs for a number of plans increased significantly relative to last year. For example, for plan 38949PA0080001, the Pricing AV increased from 0.816 in the 2018 rate development to 0.908 in the 2019 rate development. Similarly, for plan 38949PA0080007, the Pricing AV increased from 0.590 in the 2018 rate development to 0.672 in the 2019 rate development. Please describe how the revised Pricing AVs for 2019 were developed, specifically addressing and providing justification for the changes to the Pricing AVs for the two plans referenced above.**

Response:

The pricing AV's are based on our internal pricing model and compared for reasonability to the group model. The model has been re-calibrated to more align the anticipated pricing AVs to expected paid to allowed ratios. Previous years, the morbidity change captured this difference and was discussed in detail in last year's Q&A process. This re-calibration adjustment was worth on average 5% and the change is revenue neutral as it no longer is included in the morbidity change like previous filings. In addition to the re-calibration, the impact of cost sharing leveraging will be factor in year to year comparisons.

For 2019, HCC made enhancements to many of its plans to include 2 free PCP visits and 2 free Outpatient Mental Health/Substance Abuse visits. This product feature provides an enhancement to the 2018 version of the plan.

For plan 38949PA0080001, this plan did receive the 2 free PCP and 2 free Outpatient Mental Nervous visits enhancements to 2018's design. Several other small cost sharing changes occurred in order to limit the cost sharing leveraging impact seen in both the pricing model and CMS' AV model. The combination of the re-calibration and the benefit changes account for the change from 2018.

For plan 38949PA0080007, this plan went from a \$6,950 deductible with most benefits after deductible to a \$4000 deductible plan with more prior to deductible coverage. The design also includes 2 free Outpatient Mental Nervous/Substance Abuse visits. Changes in deductible levels have material impact to both HCC's pricing model and CMS' AV model, along with the change in coverage for items prior to the deductible.

**17. The required Rate Change Summary form shows experienced administrative expenses of roughly 6.12% in 2017, compared to an assumed 7.22% for 2018 and 9.47% in 2019. Please explain why the administrative expense assumption has increased to 9.47% for 2019 and provide quantitative support for the change relative to 2018.**

Response:

Historically, several general expense categories were not allocated explicitly to the product line, and therefore not part of the requested administrative expense. HCC recently revised the allocation of expenses to the product line which has impacted the requested assumption. The result is the requested administrative expense better aligns to the forecasted amounts for this product line compared to previous years.

**18. As discussed with Gregory Amspacher, please provide an updated Rate Change Summary exhibit to ensure that the number of "People Impacted" is consistent with Table 10 cell V15. We recognize this is contrary to the instructions shown on this exhibit.**

Response:

This will be reflected in the updated HCC rate filing.

**19. Regarding Table 9:**

- a) **Please provide the 2019 expected membership for the Erie service area and other service areas.**
- b) **Please provide quantitative support for the 0.970 geographic cost factors for the Rating Area 1 and Rating Area 4 service areas.**

Response:

- a) The expected membership in Erie is roughly 2,000 Erie service area. The other service areas comprise roughly 3,700 members.
- b) The geographic cost factors for Rating Area 1 and Rating Area 4 have been 0.97, since the original 2014 ACA rate filing. This factor was developed based on the normalized group experience for the pre-defined rating areas.

**20. Please provide greater detail regarding the development of the manual rate, including the following:**

- a) **The claims and membership data from each source that was used (e.g., ACA, group) in developing the manual rate**
- b) **A description of the assumptions used for “new members found in the snapshot”**
- c) **A demonstration of how each of the components outlined in (a) and (b) were accumulated to develop the Manual Experience Period Claims and Premiums values provided in Table 2b.**

Response:

Please see the response to question 5 above.

**21. We note that the calculated average age factor for the projection period in Attachment E is 1.918 and the projected Allowable Rating Factor for HCC is approximately 1.935 in Attachment B. Please reconcile the differences between the two factors described above and, if correct, describe why each is appropriate.**

Response:

Please refer to the exhibit labeled Q21 Response in the attached file for the reconciliation. The primary difference between the two factors is the way in which the four sources, used to project morbidity and demographics, are aggregated. The average age factor in Attachment E is used in the projection of 2019 allowed claims; therefore, the demographic factors of the four sources are claim-weighted. This is appropriate for showing a composite factor at an intermediate step in projecting aggregate claims. The Allowable Rating Factor in Attachment B represents the composition of the same four sources. However, because the demographic factors are weighted by billable member months in the risk adjustment formula, we have used a member weighted average here.

Note that there is an immaterial difference between the two calculations of the age factors by source due to the member-level age factors by source in Attachment E being averaged using 2017 member months and the factor in Attachment B being weighted using a 2/1/18 snapshot of unique members. The reason that unique members were used for the 2/1/18 snapshot is that member months were not available for two of the four sources when developing the risk adjustment.

**22. Please note that carriers should not be pricing for the PCORI fee in the 2019 calendar year rate development as the fee ends for plan years ending September 30, 2019 (i.e., policies issued before October 1, 2018). Please remove this non-benefit expense assumption, reprice, and resubmit revised filing materials.**

Response:

Based on HCC's current method of calculating the PCORI fee (Member Month method), we would have to pay about three fourths of the estimated \$2.52 per member per year fee for calendar year 2019 on Fully Insured business. Therefore, HCC built into the rates the expected amount of our PCORI liability assuming the Member Month counting method.

**23. Please show the development of the average commission as shown in Table 6. Additionally, the current and 2019 broker agreements should be included and used to develop the percent shown in Table 6 as well as the associated pmpm.**

Response:

Please see the response to Question 7 above.

# Highmark Choice Company

## Individual Market

### Response to Objection 1 - Question 5

	Projected 2019 ACA Segment				
	Renewal	Other HMRK	Prior ACA	New	Total
Member Months	57,808	2,394	1,710	6,500	68,412
Member Month %	84%	3%	2%	10%	100%
Risk Score	2.214	3.283	1.092	2.500	2.250
Completed Allowed Claims	\$37,256,866	\$3,321,602	\$951,761	\$5,722,517	47,252,745
Completed Allowed PMPM	\$644.49	\$1,387.23	\$556.57	\$880.43	\$690.71

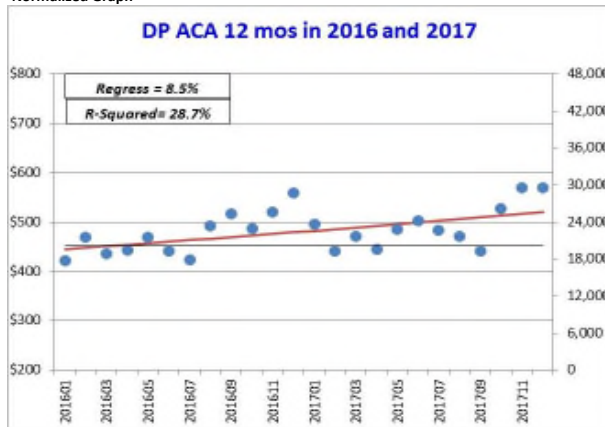


## Highmark Choice Company

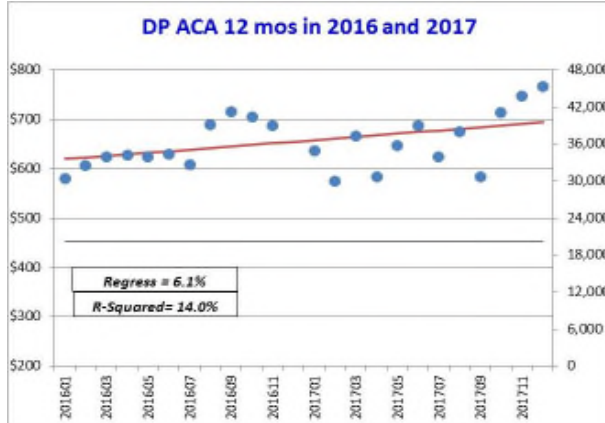
## Individual Market

## Response to Objection 1 - Question 12a

Normalized Graph



Unnormalized Graph



Incurring Month	Normalized Allowed Charges	Normalized Regression	Raw Allowed Charges	Raw Regression
201601	\$422.51	\$445.05	\$581.20	\$620.24
201602	\$469.94	\$448.07	\$606.37	\$623.31
201603	\$436.55	\$451.11	\$623.96	\$626.39
201604	\$443.88	\$454.17	\$627.32	\$629.49
201605	\$468.65	\$457.26	\$625.09	\$632.60
201606	\$442.23	\$460.36	\$630.24	\$635.73
201607	\$423.61	\$463.48	\$608.31	\$638.87
201608	\$492.53	\$466.63	\$690.24	\$642.03
201609	\$517.37	\$469.79	\$715.51	\$645.21
201610	\$487.47	\$472.98	\$704.88	\$648.40
201611	\$520.82	\$476.19	\$687.44	\$651.61
201612	\$559.74	\$479.42	\$816.19	\$654.83
201701	\$495.41	\$482.68	\$636.15	\$658.07
201702	\$441.59	\$485.95	\$574.44	\$661.32
201703	\$471.63	\$489.25	\$666.60	\$664.59
201704	\$444.71	\$492.57	\$584.64	\$667.88
201705	\$485.38	\$495.91	\$646.69	\$671.18
201706	\$503.29	\$499.28	\$686.92	\$674.50
201707	\$483.90	\$502.66	\$623.65	\$677.84
201708	\$471.17	\$506.07	\$675.45	\$681.19
201709	\$440.91	\$509.51	\$583.31	\$684.56
201710	\$527.16	\$512.97	\$713.54	\$687.94
201711	\$569.90	\$516.45	\$746.70	\$691.34
201712	\$569.38	\$519.95	\$766.58	\$694.76

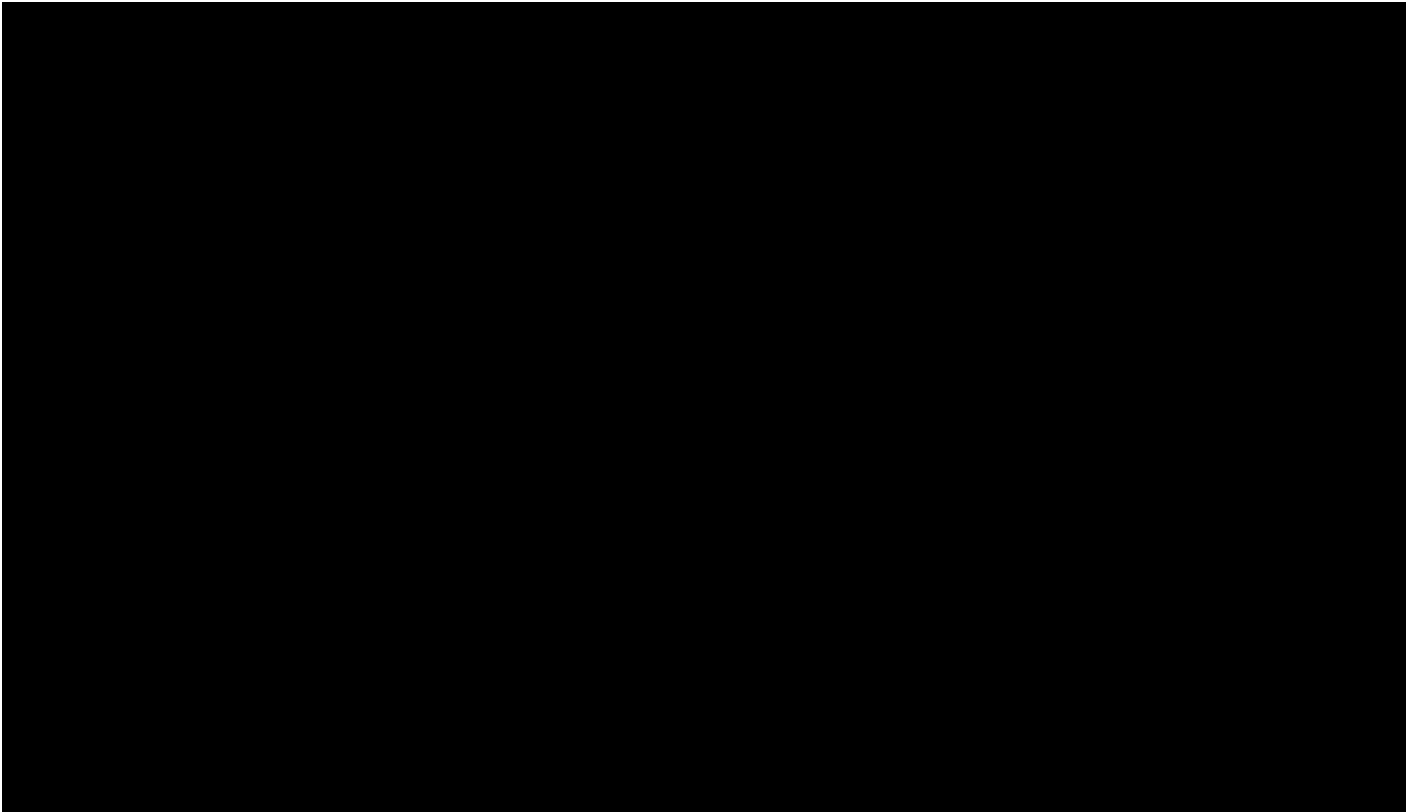
**Slope:** 1.007  
**Regress:** 8.5%  
**R-Square** 28.7%  
**Intercept:** \$407.59  
 Regress = 8.5%  
 R-Squared = 28.7%

**Slope:** 1.005  
**Regress:** 6.1%  
**R-Square** 14.0%  
**Intercept:** \$581.71  
 Regress = 6.1%  
 R-Squared = 14.0%

**Highmark Choice Company**

**Individual Market**

**Response to Objection 1 - Question 13b**



**Highmark Choice Company**

**Individual Market**

**Response to Objection 1 - Question 21**

	Projected 2019 ACA Segment				
	HCC ACA	Other Highmark	Prior ACA	New-to-Blue	Total
Member Months	57,808	2,394	1,710	6,500	68,412
Member Months %	84%	3%	2%	10%	100%
Allowed Claims %	79%	7%	2%	12%	100%
Rating Age Factor*	1.977	1.878	1.784	1.637	1.918
Risk Adj. Age Factor**	1.975	1.868	1.784	1.637	1.935

\*The age factor, by source, is weighted using 2017 member months and the 2019 HHS age curve factors.

\*\*The age factor, by source, is weighted using 2017 unique members and the 2019 HHS age curve factors.



July 13, 2018

Ms. Cherri Sanders-Jones, Reviewer  
Bureau of Life, Accident & Health Insurance  
Commonwealth of Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

Re: Highmark Choice Company 2019 ACA Rate Filing (Individual Market)  
Highmark Choice Company Filing # 1A-DP-18-HCC (SERFF Filing # HGHM-131475734)

Dear Ms. Sanders-Jones:

Based on the objection letter dated July 6, 2018, the filing has been revised to reflect the following change:

- In response to question 3, a change in composite profit/contingency in Table 6 from - 3.6% to 0.0% and a modification to the change in network in Table 5 of the Rate Development and Change tab from 1.0 to 0.971. The underlying rating factors on Table 10 reflect this change.
- Per the Department's request in Questions 2, we are submitting a revised version of the HCC rate filing to correct the CSR factor Table 10 as well as the Catastrophic Eligibility factor (Column O).

HCC's position regarding the uncertainty with changes in federal regulations or market participation is addressed in the filing cover letter.

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]

Manager, Actuarial Services  
Highmark Inc.

cc:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

TO: Cherri Sanders-Jones  
Bureau of Life, Accident & Health Insurance  
Pennsylvania Insurance Department

FROM: [REDACTED] Actuarial Manager  
Highmark Inc.

DATE: July 13, 2018

SUBJECT: Highmark Choice Company 2019 Individual ACA-Compliant Rate Filing  
Response to July 6, 2018 Objection Letter  
Filing Number: 1A-DP-18-HCC  
SERFF Tracking Number: HGHM-131475734

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Below are Highmark Choice Company's responses to your objection letter dated July 6, 2018. We have included the questions along with the responses for your convenience.

**1. As was communicated in my email of July 3, 2018 the Department has determined that an Individual Adjustment Factor of 1.06 and a CSR Defunding Adjustment Factor of 1.20 will be used in the 2019 rate development for the Individual Market. Issuers overwhelmingly recommended standardization of these factors. As such, issuers may not deviate from these factors. Updated materials (PA Actuarial Memorandum and Exhibits and the Plan Design Summary worksheets, including the State rate tables) reflecting these factors, Risk Adjustment updates (based on the June 30th release of the Federal Risk Adjustment Report) and other Department requested changes must be provided with your second-round response due July 13, 2018. Other than these three preceding changes, no other modifications will be accepted.**

Response:

The current version of this filing, which was submitted in conjunction with the Objection 1 response, reflects an Individual Mandate Adjustment Factor of 1.06 and a CSR Defunding Adjustment Factor of 1.20. Thus, no additional changes are needed to accommodate the Department's decision regarding these factors.

**2. Please review Table 10, column P (CSR Defunding Factor) for plans 27 and 29. CSR Defunding Factors of 1.28 are shown. Please review and revise to 1.20.**

Response:

We changed the CSR factor to 1.20 in column P of Table 10 for plans 27 and 29.

In updating the CSR factor in column P, we realized there were also errors in the column O of Table 10 for the following plans: 9, 11, 19, 21, 22, 24, 27, and 29. Their original factors used the old 1.28 CSR load in the calculation ( $0.938 = 1.20/1.28$ ) where the ratio factors should have been 1.000 instead so we corrected the factors of these plans in column O as well.

**3. Consistent with our guidance, page 12, profit/contribution to surplus is expected to be consistent between plans. Please update the profit/contingency percent of premium to be 0. Factoring in negative profit is unacceptable.**

Response:

We have removed the negative margin in the HCC rate filing and updated the actuarial memorandum to reflect the change.

4. The following questions are related to the response to question 5:

- a) Please demonstrate quantitatively how the risk score and completed allowed claims for the "New" cohort were developed. To the extent the factors/results for the "Renewal" and "Other Highmark" segments were used as a starting point, demonstrate quantitatively how the values for those two segments were adjusted to develop the corresponding factors/results for the "New" segment.
- b) In providing your response to (a), please specifically explain and demonstrate quantitatively how it was determined that the assumed risk score for the "New" cohort should be approximately 13% higher than that of the "Renewal" cohort, but the completed allowed claims PMPM for the "New" cohort should be approximately 37% higher than the Renewal cohort.

Response:

- a. We recognize that the Objection 1 Question 5 response pertaining to the development of the "New" cohort implied that the normalized allowed PMPM was developed from the top down (as it was for the other cohorts). In reality, the normalized allowed PMPM for the "New" cohort was developed by simply taking a straight average of the normalized allowed PMPMs from the "Renewal" and "Other Highmark" cohorts ( $\$507.89 = [\$322.26 + \$693.52] / 2$ ).
- b. Similar to our approach for developing the normalized allowed PMPM for the "New" cohort, we first calculated a straight average of the risk scores for the "Renewal" and "Other Highmark" cohorts. The straight average of the risk scores is roughly  $\blacksquare$  ( $\blacksquare = [\blacksquare + \blacksquare] / 2$ ). We then looked at the claim relativity between the "New" cohort and the "Renewal" cohort to ensure the risk scores moved directionally with the claim PMPMs. We determined from this analysis that a reasonable risk score assumption would be  $\blacksquare$ . As evidenced by the variance in the actual risk score and actual claim relationships between the "Other Highmark" and "Renewal" cohorts (i.e.  $\sim 1.5$  for risk score and  $\sim 2.2$  for claims), we would not expect to see an exact one-to-one relationship between the "New" cohort and the "Renewal" cohort.

5. The following questions are related to the response to question 12:

- a) Please provide a quantitative demonstration of the development of the December 2016 and December 2017 normalized allowed charge PMPMs. For example, please demonstrate how the \$569.38 December 2017 normalized allowed charge PMPM is developed from the \$766.58 raw allowed charge PMPM, including a description of each of the components being normalized for (e.g., demographics, benefits) and the corresponding normalization factor associated with each component
- b) Please confirm whether the normalized allowed charge PMPM amounts were adjusted for seasonality. If the normalized allowed charge PMPMs were not adjusted for seasonality, please develop proposed seasonal adjustments, provide quantitative justification for the proposed adjustments, and provide an updated version of the regression analysis utilizing seasonally-adjusted normalized allowed PMPMs. If the normalized allowed charge PMPM amounts were adjusted for seasonality, please provide the seasonality factors which were utilized.
- c) Please provide quantitative support for the 1% trend load reflecting "the impact of partial year population changes."

- d) Please provide a version of the trend regression analysis which is not limited only to those individuals who were continuously enrolled (i.e., include the claims experience for all individuals who were enrolled over the time period of January 2016 to December 2017).

Response:

- a. The attached exhibit labeled 'Q5a-Response' provides the requested data. Normalization factors include demographics, seasonality, and step changes. The demographics factors are based on industry factors. Seasonality is described in part b of this response. The step change factors incorporate material step changes that were included in network factors in the two periods. Please note, as mentioned in the actuarial memorandum, the trend resulting from the cohort study was benchmarked against other sources for reasonability.
- b. The normalized allowed charge PMPM amounts were adjusted for seasonality. Given this is a continuous two-year cohort the primary component of the seasonality factors were the potential service days of each calendar month. The seasonality factors are included in the attached exhibits.
- c. The additional 1% impact of partial year population changes was included in the proposed trend in order to supplement the point estimate provided in the regression study. This market exhibits significant churn thru-out the year and the point estimate generated from the regression study needed to account for this market dynamic. As seen in the attached exhibit as a response for part d of this question, the ACA enrollment thru-out the calendar year is not consistent, thus demonstrating potential selection that can occur within a year.
- d. The attached exhibit labeled 'Q5d Response' provides the requested data for the same population as the original regression study, but without the continuously enrolled constraint. The regression analysis shown is based on the raw data as normalization factors are not available for a population with this much volatility. This is the primary reason we chose the continuously enrolled approach.

6. The following questions are related to the response to question 13:

- a) We recognize that replicating the Attachment B structure for 2017 would generate a different value than the actual 2017 estimate million due to the fact that the "sum of products" is not equal to the "product of sums." However, please provide the estimated average 2017 values for HHS Risk Score, Allowable Rating Factor, Geo Cost Factor, Induced Demand Factor, and Actuarial Value for each of HCC and Statewide for the Non-Catastrophic Pool. To the extent any of the HCC specific 2017 values are significantly different than the corresponding values being projected for 2019 in Attachment B, please reconcile those differences.
- b) Please provide the calculated Transfer PMPM amount for HCC when using the estimated average 2017 values (both for HCC and Statewide) in place of the projected 2019 values in the calculation included in Attachment B. To the extent the resulting PMPM amount is significantly different than the actual estimate for 2017 confirm that the only difference is the use of the "product of sums" vs. "sum of products".

Response:

- a. Please refer to the exhibit labeled Q6a Response for the requested estimated 2017 values based on the February 2018 valuation. For ease of comparison, the projected 2019 HCC values from Attachment B are included in the exhibit. The significant differences in the factors for this issuer are attributable to the actual changes observed based on the plan offering and population change from 2017 to 2018. In 2017, HCC offered only one off-exchange gold plan. Beginning in 2018,

HCC offered a full portfolio of on and off-exchange plans in a different geographic area. Thus, the population change is driving the change in risk scores and allowable rating factors and the plan offering change is driving the change in the induced demand and actuarial value factors. These changes then directly impact the 2019 estimated values.

- b. Please refer to the exhibit labeled Q6b Response. This exhibit calculates the 2017 HCC risk adjustment transfer amount in a manner consistent with Attachment B. The only difference between the amount calculated in this exhibit and original estimate for 2017 is the use of the "product of sums" vs. "sum of products".



## Highmark Choice Company

## Individual Market

## Response to Objection 2 - Question 5a

Month-Year	Raw Allowed PMPM	Demographic Factor	Seasonality Factor	Step Change Factor	Normalized Allowed PMPM
Jan-16	\$581.20	1.284	1.001	1.070	\$422.51
Feb-16	\$606.37	1.288	0.937	1.070	\$469.94
Mar-16	\$623.96	1.291	1.035	1.070	\$436.55
Apr-16	\$627.32	1.294	1.021	1.070	\$443.88
May-16	\$625.09	1.297	0.962	1.070	\$468.65
Jun-16	\$630.24	1.299	1.026	1.070	\$442.23
Jul-16	\$608.31	1.302	1.031	1.070	\$423.61
Aug-16	\$690.24	1.305	1.004	1.070	\$492.53
Sep-16	\$715.51	1.309	0.988	1.070	\$517.37
Oct-16	\$704.88	1.312	1.030	1.070	\$487.47
Nov-16	\$687.44	1.315	0.938	1.070	\$520.82
Dec-16	\$816.19	1.318	1.034	1.070	\$559.74
Jan-17	\$636.15	1.322	0.972	1.000	\$495.41
Feb-17	\$574.44	1.325	0.982	1.000	\$441.59
Mar-17	\$666.60	1.328	1.065	1.000	\$471.63
Apr-17	\$584.64	1.330	0.988	1.000	\$444.71
May-17	\$646.69	1.333	0.999	1.000	\$485.38
Jun-17	\$686.92	1.337	1.021	1.000	\$503.29
Jul-17	\$623.65	1.339	0.962	1.000	\$483.90
Aug-17	\$675.45	1.343	1.068	1.000	\$471.17
Sep-17	\$583.31	1.345	0.983	1.000	\$440.91
Oct-17	\$713.54	1.349	1.004	1.000	\$527.16
Nov-17	\$746.70	1.352	0.969	1.000	\$569.90
Dec-17	\$766.58	1.355	0.994	1.000	\$569.38

## Highmark Choice Company

## Individual Market

## Response to Objection 2 - Question 5d

Month-Year	Members	Allowed Claims	Allowed PMPM	Adjusted PMPM	Index
Jan-16	85,060	\$46,781,684	\$549.98	\$553.69	1
Feb-16	85,707	\$49,056,840	\$572.38	\$559.58	2
Mar-16	86,103	\$53,198,586	\$617.85	\$565.53	3
Apr-16	85,313	\$48,411,025	\$567.45	\$571.55	4
May-16	83,869	\$47,326,337	\$564.29	\$577.63	5
Jun-16	82,814	\$49,263,671	\$594.87	\$583.77	6
Jul-16	81,796	\$44,985,735	\$549.97	\$589.98	7
Aug-16	80,780	\$48,507,218	\$600.49	\$596.26	8
Sep-16	79,499	\$46,999,966	\$591.20	\$602.60	9
Oct-16	78,246	\$45,681,528	\$583.82	\$609.01	10
Nov-16	76,686	\$46,687,523	\$608.81	\$615.48	11
Dec-16	72,975	\$50,026,888	\$685.53	\$622.03	12
Jan-17	45,849	\$27,896,635	\$608.45	\$628.65	13
Feb-17	44,917	\$26,757,464	\$595.71	\$635.33	14
Mar-17	44,601	\$29,675,306	\$665.35	\$642.09	15
Apr-17	43,759	\$27,827,898	\$635.94	\$648.92	16
May-17	42,996	\$28,747,204	\$668.60	\$655.82	17
Jun-17	42,429	\$28,117,924	\$662.71	\$662.80	18
Jul-17	41,664	\$27,275,324	\$654.65	\$669.85	19
Aug-17	40,984	\$27,749,207	\$677.07	\$676.97	20
Sep-17	40,289	\$24,501,978	\$608.16	\$684.17	21
Oct-17	39,661	\$29,466,432	\$742.96	\$691.45	22
Nov-17	38,993	\$27,677,628	\$709.81	\$698.81	23
Dec-17	37,713	\$28,314,352	\$750.78	\$706.24	24

Slope:	1.011
Regress:	13.5%
R-Square	0.694
Intercept:	\$547.86

Highmark Choice Company

Individual Market

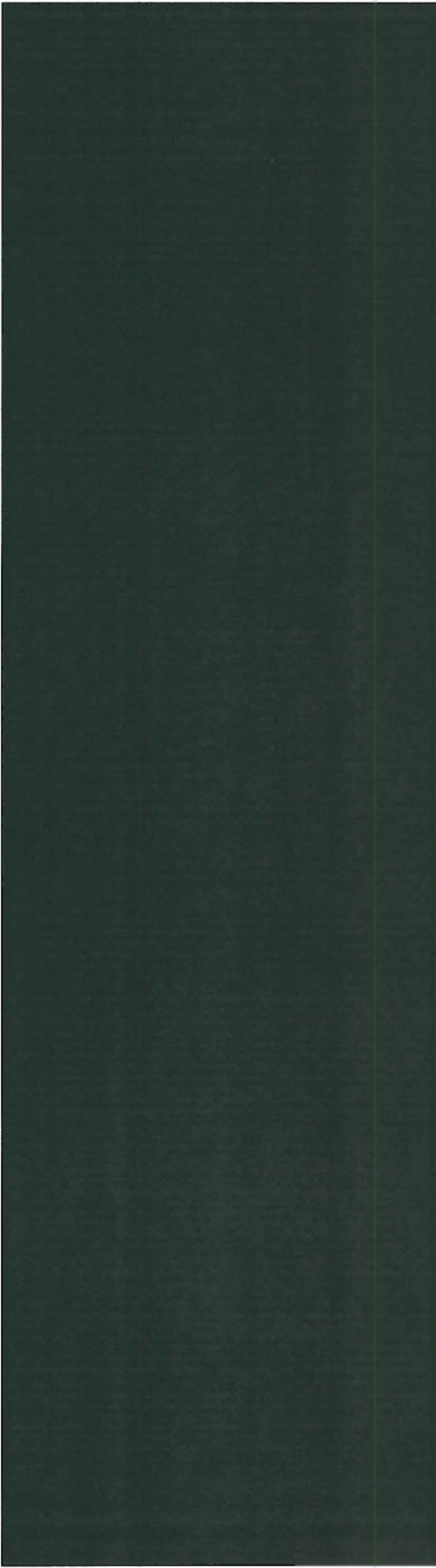
Response to Objection 2 - Question 6a



Highmark Choice Company

Individual Market

Response to Objection 2 - Question 6b



TO: Cherri Sanders-Jones  
Bureau of Life, Accident & Health Insurance  
Pennsylvania Insurance Department

FROM: [REDACTED]  
Highmark Inc.

DATE: July 19, 2018

SUBJECT: Highmark Choice Company 2019 Individual ACA-Compliant Rate Filing  
Response to July 17, 2018 Objection Letter  
Filing Number: 1A-DP-18-HCC  
SERFF Tracking Number: HGHM-131475734

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Below are Highmark Choice Company's responses to your objection letter dated July 17, 2018. We have included the questions along with the responses for your convenience.

**1. The policies sold on the ACA marketplace tend to exhibit higher claims costs in later months of the year, which is shown in the data provided in the first round of responses supporting the 8.5% trend assumption, where the November and December normalized allowed claim PMPMs for both 2016 and 2017 are the highest monthly PMPMs in each year. Please either adjust the normalized allowed claims in recognition of this yearly seasonality and show what the calculated trend rate would be after making those adjustments or provide justification describing why the company believes an adjustment for this seasonality is not necessary.**

Response:

The attached exhibit labeled 'Q1 Response' provides a revised regression using adjusted seasonality factors to reflect the pattern in November and December (5% and 10%, respectively). The remaining factors are balanced to average 1.0 while improving the correlation. The revised regression trend with this change was 6.8% with an r-squared of 29.8%. For comparison, the prior version provided for support was a regression trend of 8.5% with an r-squared of 28.7%.

We agree seasonality adjustments are appropriate for standard trend analysis. It is important to note underlying changes in the population can influence the observed seasonality patterns. Our cohort regression study attempted to remove the impact of the population changes and isolate the underlying trend in the block. This method has limitations as well and provides additional perspective on the underlying trend in the block. The degree of flux in the ACA market requires additional actuarial judgment and interpretation for reasonability when evaluating the various regression methods.

From a qualitative perspective, this level of trend for a guaranteed-issue Individual pool with documented adverse selection is low when compared to projected group business trends of approximately 8-9% as seen in national studies similar to the one referenced in previous responses. Similarly, the trend of 13.5% from the regression of the raw data requested in the second objection letter provides another comparison, but appeared unrealistically high in light of the recent experience.

We look forward to discussing the judgment and interpretation with the Department when considering both the quantitative and qualitative available insights since no single model can completely predict the trend for this market.

**2. In our opinion, the support provided for the 1.0% annual load reflecting "the impact of partial year population changes" is insufficient. Please provide additional quantitative support for the inclusion of this assumption in the annual trend rate.**

Response:

The attached exhibit labeled 'Q2 Response' provides a quantitative illustration of our thinking on this particular assumption. The first table provides a comparison of the actual average membership levels during the first and second half of 2016 and 2017. The source of the enrollment was the non-continuous enrollment provided in part (d) of the trend response to the second objection letter. This table shows that membership declines throughout each year and that the decline increased from 2016 to 2017.

Intuitively, persisting members will have a higher average claim cost relative to those that lapse during the second half of the year due to evaluating the need for the remaining 6 months of coverage (i.e. antiselection). Table 2 provides an illustrative case of how this would impact the trend by quantifying the impact of the 2 percent change in mid-year lapse observed in the data. The \$600 average allowed charge was chosen based on the non-continuous allowed claims provided in part (d) of the trend response to the second objection letter. The \$300 assumption for the low-cost category seemed reasonable given the decision to lapse.

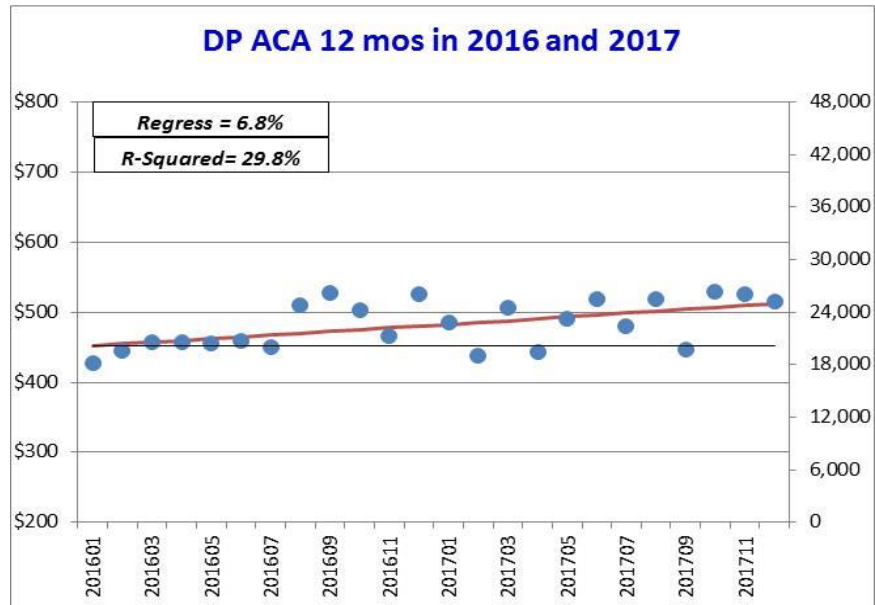
The impact of this change would be outside of the cohort regression trend analysis.

## Highmark Choice Company

## Individual Market

## Response to Objection 3 - Question 1

## Normalized Graph



Month-Year	Raw Allowed PMPM	Demographic Factor	Seasonality Factor	Step Change	Normalized Allowed PMPM	Regression Allowed PMPM
Jan-16	\$581.20	1.284	0.990	1.070	\$427.41	\$452.09
Feb-16	\$606.37	1.288	0.990	1.070	\$444.67	\$454.57
Mar-16	\$623.96	1.291	0.990	1.070	\$456.47	\$457.05
Apr-16	\$627.32	1.294	0.990	1.070	\$457.84	\$459.55
May-16	\$625.09	1.297	0.990	1.070	\$455.35	\$462.06
Jun-16	\$630.24	1.299	0.990	1.070	\$458.13	\$464.59
Jul-16	\$608.31	1.302	0.970	1.070	\$450.24	\$467.13
Aug-16	\$690.24	1.305	0.970	1.070	\$509.65	\$469.68
Sep-16	\$715.51	1.309	0.970	1.070	\$526.98	\$472.25
Oct-16	\$704.88	1.312	1.000	1.070	\$502.22	\$474.83
Nov-16	\$687.44	1.315	1.050	1.070	\$465.42	\$477.43
Dec-16	\$816.19	1.318	1.100	1.070	\$526.24	\$480.04
Jan-17	\$636.15	1.322	0.990	1.000	\$486.20	\$482.66
Feb-17	\$574.44	1.325	0.990	1.000	\$438.00	\$485.30
Mar-17	\$666.60	1.328	0.990	1.000	\$507.14	\$487.96
Apr-17	\$584.64	1.330	0.990	1.000	\$443.86	\$490.62
May-17	\$646.69	1.333	0.990	1.000	\$489.88	\$493.31
Jun-17	\$686.92	1.337	0.990	1.000	\$519.05	\$496.00
Jul-17	\$623.65	1.339	0.970	1.000	\$480.05	\$498.72
Aug-17	\$675.45	1.343	0.970	1.000	\$518.67	\$501.44
Sep-17	\$583.31	1.345	0.970	1.000	\$447.04	\$504.18
Oct-17	\$713.54	1.349	1.000	1.000	\$529.06	\$506.94
Nov-17	\$746.70	1.352	1.050	1.000	\$526.04	\$509.71
Dec-17	\$766.58	1.355	1.100	1.000	\$514.38	\$512.50

Slope: 1.0055  
Intercept: \$421.16  
Regress = 6.8%  
R-Squared = 29.8%

# Highmark Choice Company

## Individual Market

### Response to Objection 3 - Question 2

Year	Average Members		Change
	Jan-Jun	Jul-Dec	
2016	84,811	78,330	0.92
2017	44,092	39,884	0.90
			-0.02

Category	Base Scenario		Test Scenario		Impact
	Mix	Estimated PMPM	Mix	Estimated PMPM	
Persisting	90%	\$633	92%	\$633	
Lapsing	10%	\$300	8%	\$300	
Total	100%	\$600	100%	\$607	1.1%





Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

Highmark Choice Company  
38949  
01/01/2019

State: PA  
Market: Individual

## Section I: General Product and Plan Information

Product General Product and Item Information																											
Product ID: Metal AV Pricing Value Plan Category Plan Type Plan Name Plan ID (Standard Contract ID): Exchange Plan? Historical Rate Increase - Calendar Year - 2 Historical Rate Increase - Calendar Year - 1 Historical Rate Increase - Calendar Year 0 Effective Date of Product Rate Dates Rate Change % (over prior filing) Cum'l Yr Rate Change % (over 12 mos. prior) Prior Yr Rate Change % (over Exch. Period) Product Rate Increase %	Case Guide HMO 3849APAD007			My Direct Blue HMO 3849APAD008			Direct Blue HDPH HP 3849APAD009			My Direct Blue HMO 3849APAD010			Direct Blue HDPH HP 3849APAD011			My Direct Blue HMO 3849APAD012			Direct Blue HDPH HP 3849APAD013			My Direct Blue HMO 3849APAD014			Direct Blue HDPH HP 3849APAD015		
	Gold			Silver			Silver			Silver			Silver			Silver			Silver			Silver			Silver		
	0.785	0.785	0.720	0.643	0.585	0.711	0.661	0.643	0.585	0.720	0.711	0.700	0.661	0.643	0.585	0.720	0.711	0.700	0.661	0.643	0.585	0.720	0.711	0.700	0.661	0.643	
	0.010	1.092	1.080	0.749	0.780	1.148	1.029	1.029	0.535	0.514	0.820	0.628	0.780	0.780	0.735	0.628	0.780	0.780	0.735	0.628	0.780	0.780	0.735	0.628	0.780	0.735	
	Terminated	Renewing	Renewing	Renewing	New	New	Renewing	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	New	
	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	my Direct Blue	
	Case Guide Blue	HMO Gold 1000	HMO Silver 2400	my Direct Blue	HMO Gold 1000	my Direct Blue	Case Guide Blue	HMO Gold 1000	my Direct Blue	HMO Silver 2400	my Direct Blue	Case Guide Blue	HMO Gold 1000	my Direct Blue	HMO Silver 2400	my Direct Blue	Case Guide Blue	HMO Gold 1000	my Direct Blue	HMO Silver 2400	my Direct Blue	Case Guide Blue	HMO Gold 1000	my Direct Blue	HMO Silver 2400	my Direct Blue	
	HMO 750	2 Free PCP Visits 0	2 Free PCP Visits 0	HMO Bronze 7500	2 Free PCP Visits 0	HMO Bronze 7500	HMO 750	2 Free PCP Visits 0	HMO Bronze 7500	2 Free PCP Visits 0	HMO Bronze 7500	HMO 750	2 Free PCP Visits 0	HMO Bronze 7500	2 Free PCP Visits 0	HMO Bronze 7500	HMO 750	2 Free PCP Visits 0	HMO Bronze 7500	2 Free PCP Visits 0	HMO Bronze 7500	HMO 750	2 Free PCP Visits 0	HMO Bronze 7500	2 Free PCP Visits 0	HMO Bronze 7500	
	3849APAD0070001	3849APAD0080001	3849APAD0090001	3849APAD010001	3849APAD0110001	3849APAD0120001	3849APAD0070001	3849APAD0080001	3849APAD0090001	3849APAD010001	3849APAD0110001	3849APAD0120001	3849APAD0130001	3849APAD0140001	3849APAD0150001	3849APAD0160001	3849APAD0170001	3849APAD0180001	3849APAD0190001	3849APAD020001	3849APAD0210001	3849APAD0220001	3849APAD0230001	3849APAD0240001	3849APAD0250001	3849APAD0260001	
	No	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	01/01/2019	
	0.00%	7.77%	25.86%	10.41%	0.00%	0.00%	2.57%	21.16%	-23.73%	0.00%	0.00%	-25.38%	0.00%	-27.57%	-23.03%	13.47%	0.00%	0.00%									

## Plan ID (Standard Component ID)

[illegible]

Average Current Rate PMPM	\$558.55		\$725.51	\$614.24	\$485.57		\$614.24	\$608.17	\$502.04		\$739.92	\$621.23	\$725.51	\$608.17		
Projected Member Months	68,412	0	16,452	6,876	29,724	1,080	1,080	4,992	1,392	4,536	120	480	120	480	1,008	72

Plan ID (Standard Component ID
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[illegible][illegible]

Plan ID (Standard Component ID)	
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Plan ID (Standard Component ID)	Total	18849PA0070001	18849PA0080001	18849PA0090001	18849PA0100007	18849PA0100008	18849PA0100009	18849PA0100011	18849PA0100012	18849PA0100013	18849PA0100014	18849PA0100015	18849PA0100016	18849PA0100017	18849PA0100018
Plan Adjusted Index Rate	\$617.18	\$0.00	\$773.79	\$765.10	\$550.49	\$813.43	\$642.52	\$729.23	\$778.93	\$364.59	\$844.19	\$581.10	\$445.32	\$505.65	\$520.82
	\$8,462.3	\$1,452.41	\$9,724.74	\$1,083.29	\$9,724.74	\$1,083.29	\$9,724.74	\$1,083.29	\$9,724.74	\$1,083.29	\$9,724.74	\$1,083.29	\$9,724.74	\$1,083.29	\$9,724.74
Total Premium (TP)	\$4,222,273	\$0	\$12,730,439	\$5,240,833	\$15,770,346	\$551,330	\$878,716	\$3,112,600	\$3,015,095	\$1,718,871	\$43,753	\$262,290	\$69,731	\$213,754	\$557,067
HBH Percent of TP, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
State mandated benefits portion of TP that are other than HBH	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TP	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Allowed Claims (TAC)	\$54,294,932	\$0	\$14,126,278	\$5,630,648	\$23,631,569	\$858,636	\$884,355	\$4,087,870	\$1,139,887	\$2,575,613	\$68,138	\$280,728	\$70,182	\$280,728	\$618,148
HBH Percent of TAC, [see instructions]	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
State mandated benefits portion of TAC that are other than HBH	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowed Claims which are not the issuer's obligation	\$13,026,377	\$0	\$1,302,521	\$12,144,885	\$7,745,622	\$301,265	\$146,764	\$952,448	\$287,774	\$884.19	\$24,066	\$60,551	\$11,647	\$65,408	\$56,997
Portion of above payable by HRS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HRS on behalf of insured person, as %	#DIV/0!	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$41,268,556	\$0	\$12,823,757	\$4,416,164	\$15,885,947	\$555,371	\$797,631	\$3,135,422	\$852,113	\$1,731,416	\$44,072	\$220,178	\$58,535	\$215,120	\$561,151
Net Act of Return	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Risk Adjustment Transfer Amount	\$5,216,757	\$0	\$1,621,053	\$558,247	\$2,008,141	\$70,204	\$93,244	\$396,349	\$107,754	\$218,868	\$5,571	\$27,893	\$7,399	\$27,219	\$70,935

Incurred Claims PMPM	\$603.24	#DIV/0!	\$779.46	\$642.26	\$534.45	\$514.23	\$682.99	\$628.09	\$612.15	\$381.71	\$367.27	\$458.70	\$487.80	\$448.58	\$556.70	\$437.20
Allowed Claims PMPM	\$793.65	#DIV/0!	\$858.64	\$818.88	\$795.03	\$795.03	\$818.88	\$818.88	\$818.88	\$567.82	\$567.82	\$584.85	\$584.85	\$584.85	\$613.24	\$584.85
EBB portion of Allowed Claims, PMPM	\$793.65	#DIV/0!	\$858.64	\$818.88	\$795.03	\$795.03	\$818.88	\$818.88	\$818.88	\$567.82	\$567.82	\$584.85	\$584.85	\$584.85	\$613.24	\$584.85

## **Part II of the Preliminary Justification**

### **Highmark Choice Company – Individual Market**

#### **Scope and Range:**

Highmark Choice Company is requesting an average rate increase of 11.8% ranging from 7.8% to 25.9% for the 2019 ACA-qualifying individual products with effective dates from January 1, 2019 to December 31, 2019. This is projected to affect 4,537 members.

These premium rates are being set at a level that is required to adequately cover rising costs, primarily due to increasing medical and pharmacy services in the Individual market.

#### **Historical Financial Experience:**

Highmark Choice Company incurred a moderate underwriting loss in its Individual ACA programs in 2017.

#### **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 Choice Company**

**Individual Rate Filing**

**Effective January 1, 2019**

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## **I. General Information**

### **Document Overview**

This document contains the Part III Actuarial Memorandum for Highmark Choice Company's (HCC) individual block of business rate filing, for products with an effective date of January 1, 2019. 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, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of HCC's rate filing. However, we recognize that this certification may become a public document. HCC 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 HCC.

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 Choice Company
- State: The Commonwealth of Pennsylvania has regulatory authority over these policies.
- HIOS Issuer ID: 38949
- Market: Individual
- Effective Date: January 1, 2019

#### **I.2 Company Contact Information:**

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

## **II. Proposed Rate Increase(s)**

For all rate increases by plan see the 'Cum'tive Rate Change % (over 12 mos prior)\*' found in Worksheet 2 Row 27 of the URRT. The rate increase 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 increasing medical and pharmacy services in the Individual market.

In accordance with the filing instructions specified by the Pennsylvania Insurance Department, the rate development in this filing is based on certain assumptions we have had to make at this point in time. In accordance with the Department's guidance, we have assumed that the ACA health insurance coverage mandate will be eliminated, and that cost sharing reduction (CSR) payments will remain ceased for 2019. We have also included an assumed load for expected adverse selection due to the Short Term Limited Durational Insurance market expansion based on HHS recently proposed rule modifying federal requirements for this market. Additional assumptions include that advance payment of premium credits (APTCs) will continue until the end of 2019, there will be no significant changes in legislation, regulations or otherwise (i.e. rules, regulatory guidance, etc.) impacting the ACA market, and all Pennsylvania QHP issuers currently participating on the Marketplace will continue to do so throughout 2019. In addition, there are other uncertainties that may directly or indirectly affect an already unstable insurance market and ultimately, rates. If any of these assumptions are ultimately incorrect or additional developments occur that similarly have a detrimental impact to the market, modifications to the rate development may be necessary. As a result, HCC reserves the right to submit a revised filing.

## **III. Experience Period Premium and Claims**

### **III.1 Paid through Date:**

Experience Period claims were based on incurred calendar year 2017, paid through February 2018. This includes 2017 experience in Affordable Care Act compliant plans. HCC did not offer any transitional plans in 2017.

### **III.2 Premiums (net of MLR Rebate) in Experience Period:**

The premiums shown for the experience period were based on calendar year 2017 actual revenues.

Based on preliminary information for calendar year 2017, no MLR rebates are anticipated to be refunded to enrollees. Therefore, we did not include an adjustment for MLR rebates in the 2017 premium amounts.

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

- **Historical Experience:** We chose HCC's current experience for the individual block of business for the period January 1, 2017 through December 31, 2017, with claims paid through February, 2018 as the basis for the 2019 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 HCC'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 HCC's detailed claim-level historical data. This experience includes 2017 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 2017 plan designs chosen by each member.
- **Incurred but Not Paid (IBNR) Claims Estimate:** HCC is using a completion factor of 0.976 to include IBNR claims in allowed charges. The IBNR completion factor was developed using our corporate reserving system for HCC'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**

Historical cost and utilization data was summarized at the defined benefit categories included in Worksheet 1, Section II of the URRT. This data was used to allocate total claims into its components on 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**

Given the low membership numbers in 2017 and a drastically different product offering between the experience period and the projection period the experience data is not given any credibility in the rate calculation. Factors of 1.0 have been entered for Pop'l risk Morbidity, Other, Cost, and Util however, as place holders.

Please see the Credibility Manual Rate Development section, just below, for a discussion of the projection factors.

## **VI. Credibility Manual Rate Development**

### **VI. 1 Source and Appropriateness of Experience Data Used**

A manual rate was developed by blending 2017 experience from multiple sources, including ACA and group claims for members enrolled as of February 2018 as well as assumptions for any new members enrolled as of February 2018, to approximate the anticipated 2019 HCC population. HCC feels the 2017 data for these members is the most accurate representation of the expected 2019 market.

The normalized allowed charge was further compared to last year's developed manual cost for reasonability. (\$723.67 for 2019 vs \$733.65 for 2018)

### **VI. 2 Adjustments Made to the Data**

- **Population Morbidity**

Given that expected 2019 population is used to develop the manual cost, no Change in Morbidity is required.

#### *Impact of Health Insurance Coverage Mandate Elimination*

In accordance with the Department's guidance, the morbidity factor was increased by 6.0% to reflect the market uncertainty from the elimination of the health insurance coverage mandate. This deterioration is reflected in the filing by multiplying the original morbidity factor of 1.0 by 1.06 to arrive at a final morbidity factor of 1.06.

- **Demographics**

Given that the population used to set the manual cost is consistent with the expected 2019 population no Change in Demographics is required.

### **VI.3 Trend Factors (cost/utilization)**

This development of the CY2019 rates reflects an annual trend rate of 8.5% (5% cost, 3.3% utilization). These trends reflect HCC's expectations regarding increases in in-network contractual reimbursement and out-of-network costs. These estimates measure and normalize for benefit leverage, population aging, and historical changes for fee schedules, as well as company-wide utilization management programs, and external trend drivers.

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.

Please note that while the underlying utilization trend is expected to be 3.3%, HCC has included the anticipated change in utilization due to cost sharing requirements in the utilization trend column as instructed. The utilization adjustment is -0.83% per year. This brings the final utilization trend to 2.5% as found in the URRT.

## **VII. Credibility of Experience**

Given the low membership numbers in 2017 and a drastically different product offering between the experience period and the projection period the experience data is not given any credibility in the rate calculation. HCC has chosen to treat the credibility manual rates as 100% credible.

## **VIII. Paid to Allowed Ratio**

The paid to allowed ratio of 0.760 is a weighted average of the 2019 plan level paid to allowed ratios. Plan level paid to allowed factors were developed using an internal model based on HCC individual claims experience.

## **IX. Risk Adjustment and Reinsurance**

### **IX.1 Projected Risk Adjustments PMPM:**

The estimated average risk score for HCC's projected 2019 population was developed by using HCC's 2017 claim diagnoses and the risk adjustment coefficients as finalized in the Notice of Benefit and Payment Parameters. Similarly, allowable rating factors, actuarial value factors and induced demand factors were estimated for HCC based upon its projected 2019 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 2019.

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

The analysis resulted in HCC receiving from the risk adjustment pool. This value is reflected in worksheet 1 net of the risk adjuster fee (\$0.15 PMPM) consistent with the single risk pool regulations.

## **X. Non-Benefit Expenses and Profit & Risk**

### **X.1 Administrative Expense Load:**

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

### **X.2 Profit (or Contribution to Surplus) & Risk Margin:**

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

### **X.3 Taxes and Fees:**

The following fees were added:

- \$0.16 Per Member Per Month for the Patient Centered Outcomes Research Fee,
- 0% for the Health Insurance Provider Fee
- 3.5% Exchange Fee x 55% assumed on exchange percentage (= 1.9% included in the single risk pool base rate)
- 0% Pennsylvania Premium Tax

## **XI. Projected Loss Ratio**

The anticipated medical loss ratio is about 89.8% relative to total premium less taxes and fees. This loss ratio is calculated consistently with the federally prescribed MLR methodology.

## **XII. Single Risk Pool**

As described above the base experience used includes all HCC individual members in accordance with the Single Risk Pool regulations. The projected membership and their

corresponding premiums and claims only include those members who will be enrolled in a fully ACA-compliant plan in 2019.

### **XIII. Index Rate**

Please see Exhibit I for the numerical development of the projected index rate. The index rates as shown on Worksheet I of the URRT are simply the average allowed claims for the Essential Health Benefits for the experience and projected populations, respectively, for HCC. 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.

### **XIV. Market Adjusted Index Rate**

Please see Exhibit I for a numerical demonstration of the Market Adjusted Index Rate development. The Market Adjusted Index Rate is the Index Rate further adjusted for risk adjustment and the exchange fee. The Risk Adjustment factor is developed by taking one minus the expected risk transfer (net of the fee) and dividing by the projected incurred claims before risk adjustment. The Exchange User Fee factor is developed by adding the expected average exchange fee PMPM and the projected incurred claims after risk adjuster and reinsurance, then dividing by the projected incurred claims after risk adjuster and reinsurance. These adjustments were developed as factors in accordance with the Part III instructions.

### **XV. Plan Adjusted Index Rates**

A Plan Adjusted Index Rate is developed by taking the Market Adjusted Index Rate and adding a plan's actuarial value, relative benefit richness, relative network, any non EHB benefits, and retention. Please see Exhibit II for the development of the Plan Adjusted Index Rate for each plan.

It is HCC's intention to establish a credible pool of membership at the average cost of care observed in the Erie market today. While the efforts required to achieve the target cost level (e.g., product redesign, care management, provider financing, etc.) will ultimately impact various factors in the rate development and may not be immediately realized, the anticipated effect is incorporated in the network factor.

### **XVI. Calibration**

#### **XVI.1 Age Curve Calibration:**

The projected weighted average age factor for billable members is 1.919. This factor is calculated by dividing the all members age factor of 1.918 by the ratio of all members to billable members (.999). Each Plan Adjusted Index Rate represents the rate for an average member with an age factor of 1.919. Please note that no member will pay these rates because the age factor of 1.919 is not found on the HHS Age Curve. It only represents the average

age factor of the projected population. The nearest age to that factor is for age 52, which has a factor of 1.952. Please see Exhibit I for the development of the calibration factor.

#### **XVI.2 Geographic Factor Calibration:**

The projected weighted average geographic factor is 0.970. Each Plan Adjusted Index Rate represents the rate for an average member with a geographic factor of 0.970. Please see Exhibit I for the development of the calibration factor.

#### **XVI.3 Tobacco Factor Calibration:**

The projected weighted average tobacco factor is 1.010. Each Plan Adjusted Index Rate represents the rate for an average member with a tobacco factor of 1.010. Please see Exhibit I for the development of the calibration factor.

### **XVII. Consumer Adjusted Premium Rate Development**

The plan adjusted index rate represents the rate for an average age and average geographic member with a mix of tobacco users and non-tobacco users. Multiplying by the Combined Calibration Factor found in Exhibit I results in the value for a 52 year old non-tobacco user in a 1.0 geographical area. The standard HHS Age Curve along with the filed tobacco factors and geography factors can be used to calculate any rate found in the QHP rate template.

### **XVIII. 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 HCC's QHP application.

### **XIX. AV Pricing Values**

Please see Exhibit II for the portion of each AV pricing value that is attributable to each of the allowable modifiers. The utilization due to differences in cost sharing is based on the factors adopted by the risk adjustment methodology. No differences due to health status are in these adjustments.

#### **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 1.20 and represents the non-payment of Cost Sharing Reduction subsidies. Consistent with the Department's guidance, this adjustment factor was reflected in Column (v) of Exhibit II for the impacted plans.

## XX. Membership Projections

Membership projections reflect HCC's expectations for 2019. These projections reflect expected changes in market share due to market competition and changes in HCC's plan offerings.

HCC expects membership in 2019 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%	21.0%	5.0%
150%-200%	87%	30.0%	7.0%
200%-250%	73%	3.0%	1.0%
>250%	70%	<u>46.0%</u>	<u>10.0%</u>
Total		100.0%	23.0%

## XXI. Terminated Plans and Products

Plans in the 2017 experience period that will no longer be available in 2019 can be found in Exhibit III.

HCC also has some plans that were offered only in 2018 (not offered in the experience period or in the projection period). For these plans, some members will be mapped to renewing plans and others will be mapped to a new plans, depending on the county the member lives in and whether the members are currently on or off the exchange. These plans are shown in Exhibit III. In instances where there are multiple plans being mapped to a single HIOS ID, the increases are weighted by the mapped members and the experience period information is populated with zeros.

## XXII. Plan Type

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

### **XXIII. Warning Alerts**

There were no validation warnings that occurred when finalizing the URRT workbook.

### **XXIV. 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. This filing is prepared to accompany HCC's rate filing for the individual combined 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(d)(1) 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. The allowable modifiers used to generate plan-level rates were:

- The actuarial value and cost-sharing design of the plan.
- The plan's provider network, delivery system characteristics, and utilization management practices.
- The benefits provided under the plan that are in addition to the essential health benefits. These estimated benefits were pooled with similar benefits within the single risk pool and the claims experience from those benefits was utilized to determine rate variations.
- Administrative costs, excluding Exchange user fees.
- With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.

I certify that the percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.

I certify that the benefits included in HCC's plans are substantially equivalent to the Essential Health Benefits (EHBs) in the Commonwealth of Pennsylvania's benchmark plans. I certify that any benefit substitutions are:

- Actuarially equivalent to the benefits being replaced,
- Are made within only the same essential health benefit category,
- Are based on a standardized plan population,
- Are determined regardless of cost-sharing,
- Are not prescription drug benefits, and
- Are based on an analysis performed in accordance with generally accepted actuarial principles and methodologies.

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 HCC 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:

Title:

Date: August 7, 2018



**Exhibit I**  
**Highmark Choice Company**

**Highmark Individual Market Adjusted Index Rate (effective January 1, 2019)**

<b>2019 Projected Period Average Members</b>	5,701
<b>2019 Projected Allowed Claims</b>	\$793.65
<b>Non-EHB</b>	\$0.00
<b>2019 Index Rate (Allowed Claims for EHB Only)</b>	\$793.65
<b>Market-Wide Adjustment</b>	
Risk Adjustment (Net of Risk Adjuster Fee)	0.874
Transitional Reinsurance Program (Net of Reinsurance Premium)	1.000
Exchange User Fee	1.022
<b>2019 Market Adjusted Index Rate</b>	\$708.69
<b>Calibration</b>	
<b>Calibration from Plan Adjusted Index Rate to Age 52, 1.0 Area, Non-Smoker</b>	
(a) Average Age Factor	1.919
(b) Age 52 (Nearest Age on HHS Age Curve) Age Factor	1.952
(c) Average Geographic Factor	0.970
(d) Average Tobacco Load Factor	1.010
<b>Combined Calibration Factor <math>1/[(a/b)*c*d]</math></b>	1.039

## Exhibit II Highmark Choice Company

Unified Rate Review Template (URRT) AV Pricing Value Development  
Market Adjusted Index Rate PMPM = \$708.69

HIOS Plan ID	Exchange Status	Metal Level	Plan Design Marketing Name	Plan Premium PMPM	URRT AV Pricing Value	Portion of URRT AV Pricing Value Attributable to each Allowable Modifier <sup>(1)</sup>				
						(i)	(ii)	(iii)	(iv)	(v)
38949PA0080001	On/Off	Gold	my Direct Blue HMO Gold 1000 - 2 Free PC	\$773.79	1.092	0.954	1.029	1.000	1.112	1.000
38949PA0080002	On/Off	Silver	my Direct Blue HMO Silver 2400 - 2 Free PC	\$765.10	1.080	0.786	1.029	1.000	1.112	1.200
38949PA0080009	On/Off	Silver	my Direct Blue HMO Silver 0	\$813.63	1.148	0.836	1.029	1.000	1.112	1.200
38949PA0080010	Off	Silver	my Direct Blue HMO Silver 3500 - 2 Free PC	\$623.52	0.880	0.769	1.029	1.000	1.112	1.000
38949PA0090001	On/Off	Silver	my Direct Blue HMO Silver 4450 HSA	\$729.23	1.029	0.750	1.029	1.000	1.112	1.200
38949PA0090008	On/Off	Bronze	my Direct Blue HMO Bronze 7900	\$510.49	0.720	0.630	1.029	1.000	1.112	1.000
38949PA0080007	On/Off	Bronze	my Direct Blue HMO Bronze 4000	\$530.56	0.749	0.654	1.029	1.000	1.112	1.000
38949PA0100008	On/Off	Gold	my Direct Blue Erie HMO Gold 1000 - 2 Free	\$552.65	0.780	0.954	0.735	1.000	1.112	1.000
38949PA0100003	On/Off	Silver	my Direct Blue Erie HMO Silver 2400 - 2 Free	\$546.44	0.771	0.786	0.735	1.000	1.112	1.200
38949PA0100004	On/Off	Silver	my Direct Blue Erie HMO Silver 0	\$581.10	0.820	0.836	0.735	1.000	1.112	1.200
38949PA0100005	Off	Silver	my Direct Blue Erie HMO Silver 3500 - 2 Free	\$445.32	0.628	0.769	0.735	1.000	1.112	1.000
38949PA0110001	On/Off	Silver	my Direct Blue Erie HMO Silver 4450 HSA	\$520.82	0.735	0.750	0.735	1.000	1.112	1.200
38949PA0100002	On/Off	Bronze	my Direct Blue Erie HMO Bronze 7900	\$364.59	0.514	0.630	0.735	1.000	1.112	1.000
38949PA0100001	On/Off	Bronze	my Direct Blue Erie HMO Bronze 4000	\$378.93	0.535	0.654	0.735	1.000	1.112	1.000

<sup>(1)</sup> Permitted Plan-Level Adjustments to the Index Rate as prescribed in 45 CFR Part 156, §156.80(d)(2):

- (i) The actuarial value and cost-sharing design of the plan.
- (ii) The plan's provider network, delivery system characteristics, and utilization management practices.
- (iii) The benefits provided under the plan that are in addition to the essential health benefits.
- (iv) Administrative costs, excluding Exchange user fees.
- (v) With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.

**Exhibit III  
Highmark Choice Company**

**Terminated Experience Period Plans**

<b>HIOS ID</b>	<b>Metal</b>	<b>Plan Name</b>	<b>2019 Mapping</b>
38949PA0070001	Gold	Care Guide Blue HMO 750	NA

**Terminated Plans Offered in 2018 Only**

<b>HIOS ID</b>	<b>Metal</b>	<b>Plan Name</b>	<b>2019 Mapping</b>
38949PA0080004	Silver	my Direct Blue HMO 7150S	38949PA0080002 & 38949PA0080010 & 38949PA0100003 & 38949PA0100005
38949PA0080006	Bronze	my Direct Blue HMO 7000B	38949PA0080007 & 38949PA0100001

## **ACTUARIAL MEMORANDUM**

### **Highmark Choice Company**

#### **Revised Individual Rate Filing - January 1, 2019**

I, [REDACTED], am a member of the American Academy of Actuaries and meet its qualification standards for preparing individual rate filings. As a consulting actuary, I was requested by Highmark Choice Company ("HCC") to review the development of the market-wide base rate for the individual market on and off the Pennsylvania Exchange. The confidential material presented in this revised filing was prepared for the specific purpose of submitting the rating formula for the Pennsylvania Insurance Department and may not be appropriate for other purposes. This filing represents premium rates for individuals sold or renewed effective January 1, 2019. The rates are guaranteed until December 31, 2019.

To the best of my knowledge and judgment, the following are true with respect to this filing:

1. The index rate is established in accordance with generally accepted actuarial principles and the applicable Actuarial Standards of Practice. It is not excessive, inadequate, or unfairly discriminatory. Rates are reasonable in relationship to the benefits provided. However, it is certain that actual experience will not conform exactly to the assumptions used in this analysis. To the extent that actual experience is different from the assumptions used in developing the rates, the actual results will also deviate from the projected amounts.
2. It is in compliance with all applicable Pennsylvania and Federal Statutes and Regulations (45 CFR 156.80 and 147.102).
3. The rating factors and rating methodology are reasonable and consistent with HCC's business plan at the time of the filing.

[REDACTED]

Fellow, Society of Actuaries  
Member, American Academy of Actuaries  
August 7, 2018



38949PA0080002 Rating Area 4	Tobacco User/Non-Tobacco User	54	843.22	1032.94
38949PA0080002 Rating Area 4	Tobacco User/Non-Tobacco User	55	880.74	1078.91
38949PA0080002 Rating Area 4	Tobacco User/Non-Tobacco User	56	921.42	1128.74
38949PA0080002 Rating Area 4	Tobacco User/Non-Tobacco User	57	962.49	1179.05
38949PA0080002 Rating Area 4	Tobacco User/Non-Tobacco User	58	1006.33	1232.75
38949PA0080002 Rating Area 4	Tobacco User/Non-Tobacco User	59	1028.05	1259.36
38949PA0080002 Rating Area 4	Tobacco User/Non-Tobacco User	60	1071.89	1313.07
38949PA0080002 Rating Area 4	Tobacco User/Non-Tobacco User	61	1109.81	1359.52
38949PA0080002 Rating Area 4	Tobacco User/Non-Tobacco User	62	1134.69	1390.00
38949PA0080002 Rating Area 4	Tobacco User/Non-Tobacco User	63	1165.89	1428.22
38949PA0080002 Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	1184.85	1451.44
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	0-14	321.30	321.30
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	15	349.86	349.86
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	16	360.78	360.78
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	17	371.70	371.70
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	18	383.46	383.46
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	19	395.22	395.22
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	20	407.40	407.40
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	21	420.00	430.50
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	22	420.00	430.50
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	23	420.00	430.50
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	24	420.00	430.50
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	25	421.68	432.22
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	26	430.06	440.83
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	27	440.16	451.16
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	28	456.54	467.95
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	29	469.98	481.73
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	30	476.70	488.62
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	31	486.78	498.95
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	32	496.86	509.28
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	33	503.16	515.74
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	34	509.88	522.63
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	35	513.24	526.07
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	36	516.60	529.52
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	37	519.96	532.96
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	38	523.32	536.40
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	39	530.04	543.29
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	40	536.76	550.44
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	41	546.84	560.26
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	42	556.50	571.83
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	43	569.94	583.90
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	44	586.74	604.19
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	45	606.48	629.42
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	46	630.00	664.42
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	47	656.46	703.80
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	48	686.70	747.65
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	49	716.52	796.29
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	50	750.12	849.54
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	51	783.30	907.54
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	52	819.84	970.30
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	53	856.80	1038.84
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	54	896.70	1113.16
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	55	936.60	1193.26
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	56	979.86	1289.14
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	57	1023.54	1391.80
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	58	1070.16	1501.24
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	59	1093.26	1527.44
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	60	1138.88	1644.36
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	61	1180.20	1768.00
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	62	1206.66	1808.16
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	63	1239.84	1864.32
38949PA0080009 Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	1260.00	1937.40
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	0-14	246.23	246.23
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	15	268.12	268.12
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	16	276.49	276.49
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	17	284.85	284.85
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	18	293.87	293.87
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	19	302.88	302.88
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	20	312.21	312.21
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	21	321.87	321.87
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	22	321.87	329.92
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	23	321.87	329.92
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	24	321.87	329.92
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	25	323.16	331.24
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	26	329.59	337.83
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	27	337.32	345.75
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	28	349.87	358.62
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	29	360.17	369.17
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	30	365.32	374.45
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	31	373.05	382.38
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	32	380.77	390.29
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	33	385.60	395.24
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	34	390.75	400.52
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	35	393.33	403.16
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	36	395.90	405.80
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	37	398.48	408.44
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	38	401.05	411.08
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	39	406.20	416.36
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	40	411.35	422.49
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	41	419.07	430.07
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	42	426.48	437.25
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	43	436.78	445.63
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	44	449.65	454.00
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	45	464.78	463.17
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	46	482.81	482.06
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	47	503.08	502.13
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	48	526.26	529.41
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	49	549.11	568.27
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	50	574.86	604.20
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	51	600.29	645.36
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	52	628.29	696.66
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	53	656.61	750.35
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	54	687.19	804.81
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	55	717.77	861.77
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	56	750.92	919.88
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	57	784.40	980.89
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	58	820.12	1044.65
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	59	837.83	1062.34
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	60	873.56	1107.11
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	61	904.45	1147.95
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	62	924.73	1182.79

38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	63	950.16	1163.95
38949PA0080010 Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	965.61	1182.87
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	0-14	287.96	287.98
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	15	313.57	313.57
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	16	323.36	323.36
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	17	333.15	333.15
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	18	343.69	343.69
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	19	354.23	354.23
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	20	365.15	365.15
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	21	376.44	385.85
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	22	376.44	385.85
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	23	376.44	385.85
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	24	376.44	385.85
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	25	377.95	387.40
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	26	385.47	395.11
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	27	394.51	404.37
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	28	409.19	419.42
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	29	421.24	431.77
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	30	427.26	437.94
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	31	436.29	447.20
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	32	445.33	456.46
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	33	450.98	462.25
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	34	457.00	468.43
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	35	460.01	471.51
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	36	463.02	474.60
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	37	466.03	477.68
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	38	469.04	480.77
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	39	475.07	486.95
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	40	481.09	529.20
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	41	490.12	541.58
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	42	498.78	554.64
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	43	510.83	572.64
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	44	525.89	595.31
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	45	543.58	622.40
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	46	564.66	655.01
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	47	588.38	692.52
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	48	615.48	736.11
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	49	642.21	781.57
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	50	672.32	823.59
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	51	702.06	860.02
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	52	734.81	900.14
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	53	767.94	940.73
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	54	803.70	984.53
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	55	839.46	1028.34
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	56	878.23	1075.83
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	57	917.38	1123.79
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	58	959.17	1174.98
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	59	979.87	1200.34
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	60	1021.66	1251.53
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	61	1057.80	1295.81
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	62	1081.51	1324.85
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	63	1111.25	1361.28
38949PA0090001 Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	1129.32	1383.42
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	0-14	201.59	201.59
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	15	219.51	219.51
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	16	226.36	226.36

38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	17	233.22	233.22
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	18	240.59	240.59
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	19	247.97	247.97
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	20	255.61	255.61
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	21	263.52	270.11
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	22	263.52	270.11
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	23	263.52	270.11
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	24	263.52	270.11
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	25	264.57	271.18
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	26	269.84	276.59
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	27	276.17	283.07
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	28	286.45	293.61
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	29	294.88	302.25
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	30	299.10	306.58
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	31	305.42	313.06
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	32	311.74	319.53
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	33	315.70	323.59
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	34	319.91	327.91
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	35	322.02	330.07
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	36	324.13	332.23
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	37	326.24	334.40
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	38	328.35	336.56
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	39	332.56	340.87
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	40	336.78	370.46
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	41	343.10	379.13
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	42	349.16	388.27
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	43	357.60	400.87
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	44	368.14	416.73
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	45	380.52	435.70
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	46	395.28	458.52
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	47	411.88	484.78
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	48	430.86	515.31
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	49	449.57	547.13
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	50	470.65	576.55
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	51	491.46	602.04
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	52	514.39	630.13
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	53	537.58	658.54
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	54	562.62	689.21
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	55	587.65	719.87
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	56	614.79	753.12
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	57	642.20	786.70
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	58	671.45	822.53
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	59	685.94	840.28
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	60	715.19	876.11
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	61	740.49	907.10
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	62	757.09	927.44
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	63	777.91	952.94
38949PA0080008 Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	790.56	968.44
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	0-14	209.52	209.52
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	15	228.14	228.14
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	16	235.26	235.26
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	17	242.38	242.38
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	18	250.05	250.05
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	19	257.72	257.72
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	20	265.66	265.66



38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	21	273.88	280.73
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	22	273.88	280.73
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	23	273.88	280.73
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	24	273.88	280.73
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	25	274.98	281.85
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	26	280.45	287.46
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	27	287.03	294.21
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	28	297.71	305.15
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	29	306.47	314.13
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	30	310.85	318.62
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	31	317.43	325.37
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	32	324.00	332.10
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	33	328.11	336.31
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	34	332.49	340.80
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	35	334.68	343.05
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	36	336.87	345.29
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	37	339.06	347.54
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	38	341.25	349.78
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	39	345.64	354.28
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	40	350.02	385.02
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	41	356.59	394.03
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	42	362.89	403.53
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	43	371.66	416.63
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	44	382.61	433.11
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	45	395.48	452.82
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	46	410.82	476.55
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	47	428.07	503.84
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	48	447.79	535.56
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	49	467.24	568.63
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	50	489.15	599.21
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	51	510.79	625.72
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	52	534.61	654.90
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	53	558.72	684.43
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	54	584.73	716.29
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	55	610.75	748.17
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	56	638.96	782.73
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	57	667.45	817.63
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	58	697.85	854.87
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	59	712.91	873.31
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	60	743.31	910.55
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	61	769.60	942.76
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	62	786.86	963.90
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	63	808.49	990.40
38949PA0080007 Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	821.64	1006.51
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	218.25	218.25
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	15	237.65	237.65
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	16	245.06	245.06
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	17	252.48	252.48
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	18	260.47	260.47
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	19	268.46	268.46
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	20	276.73	276.73
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	21	285.29	292.42
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	22	285.29	292.42
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	23	285.29	292.42
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	24	285.29	292.42

38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	25	286.43	293.59
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	26	292.14	299.44
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	27	298.98	306.45
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	28	310.11	317.86
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	29	319.24	327.22
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	30	323.80	331.90
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	31	330.65	338.92
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	32	337.50	345.94
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	33	341.78	350.32
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	34	346.34	355.00
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	35	348.62	357.34
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	36	350.91	359.68
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	37	353.19	362.02
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	38	355.47	364.36
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	39	360.04	369.04
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	40	364.60	401.06
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	41	371.45	410.45
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	42	378.01	420.35
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	43	387.14	433.98
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	44	398.55	451.16
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	45	411.96	471.69
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	46	427.94	496.41
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	47	445.91	524.84
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	48	466.45	557.87
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	49	486.70	592.31
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	50	509.53	624.17
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	51	532.07	651.79
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	52	556.89	682.19
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	53	581.99	712.94
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	54	609.09	746.14
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	55	636.20	779.35
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	56	665.58	815.34
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	57	695.25	851.68
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	58	726.92	890.48
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	59	742.61	909.70
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	60	774.28	948.49
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	61	801.66	982.03
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	62	819.64	1004.06
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	63	842.18	1031.67
38949PA0100006 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	855.87	1048.44
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	215.79	215.79
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	15	234.97	234.97
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	16	242.31	242.31
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	17	249.64	249.64
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	18	257.54	257.54
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	19	265.44	265.44
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	20	273.62	273.62
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	21	282.08	289.13
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	22	282.08	289.13
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	23	282.08	289.13
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	24	282.08	289.13
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	25	283.21	290.29
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	26	288.85	296.07
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	27	295.62	303.01
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	28	306.62	314.29

38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	29	315.65	323.54
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	30	320.16	328.16
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	31	326.93	335.10
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	32	333.70	342.04
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	33	337.93	346.38
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	34	342.45	351.01
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	35	344.70	353.32
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	36	346.96	355.63
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	37	349.22	357.95
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	38	351.47	360.26
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	39	355.98	364.88
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	40	360.50	396.55
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	41	367.27	405.83
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	42	373.76	415.62
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	43	382.78	429.10
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	44	394.07	446.09
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	45	407.32	466.38
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	46	423.12	490.82
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	47	440.89	518.93
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	48	461.20	551.60
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	49	481.23	585.66
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	50	503.79	617.14
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	51	526.08	644.45
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	52	550.62	674.51
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	53	575.44	704.91
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	54	602.24	737.74
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	55	629.04	770.57
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	56	658.09	806.16
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	57	687.43	842.10
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	58	718.74	880.46
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	59	734.25	899.46
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	60	765.57	937.82
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	61	792.64	970.98
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	62	810.42	992.76
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	63	832.70	1020.06
38949PA0100003 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	846.24	1036.64
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	229.48	229.48
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	15	249.88	249.88
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	16	257.67	257.67
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	17	265.47	265.47
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	18	273.87	273.87
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	19	282.27	282.27
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	20	290.97	290.97
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	21	299.97	307.47
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	22	299.97	307.47
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	23	299.97	307.47
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	24	299.97	307.47
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	25	301.17	308.70
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	26	307.17	314.85
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	27	314.37	322.23
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	28	326.07	334.22
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	29	335.67	344.06
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	30	340.47	348.98
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	31	347.67	356.36
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	32	354.86	363.73

38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	33	359.36	368.34
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	34	364.16	373.26
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	35	366.56	375.72
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	36	368.96	378.18
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	37	371.36	380.64
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	38	373.76	383.10
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	39	378.56	388.02
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	40	383.36	421.70
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	41	390.56	431.57
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	42	397.46	441.98
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	43	407.06	456.31
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	44	419.06	474.38
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	45	433.16	495.97
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	46	449.96	521.95
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	47	468.85	551.84
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	48	490.45	586.58
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	49	511.75	622.80
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	50	535.75	656.29
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	51	559.44	685.31
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	52	585.54	717.29
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	53	611.94	749.63
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	54	640.44	784.54
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	55	668.93	819.44
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	56	699.83	857.29
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	57	731.03	895.51
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	58	764.32	936.29
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	59	780.82	956.50
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	60	814.12	997.30
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	61	842.92	1032.58
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	62	861.81	1055.72
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	63	885.51	1084.75
38949PA0100004 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	899.91	1102.39
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	175.86	175.86
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	15	191.49	191.49
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	16	197.47	197.47
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	17	203.44	203.44
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	18	209.88	209.88
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	19	216.32	216.32
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	20	222.98	222.98
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	21	229.88	235.63
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	22	229.88	235.63
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	23	229.88	235.63
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	24	229.88	235.63
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	25	230.80	236.57
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	26	235.40	241.29
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	27	240.91	246.93
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	28	249.88	256.13
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	29	257.24	263.67
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	30	260.91	267.43
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	31	266.43	273.09
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	32	271.95	278.75
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	33	275.40	282.29
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	34	279.07	286.05
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	35	280.91	287.93
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	36	282.75	289.82

38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	37	284.59	291.70
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	38	286.43	293.59
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	39	290.11	297.36
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	40	293.79	323.17
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	41	299.30	330.73
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	42	304.59	338.70
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	43	311.95	349.70
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	44	321.14	363.53
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	45	331.95	380.08
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	46	344.82	399.99
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	47	359.30	422.90
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	48	375.85	449.52
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	49	392.18	477.28
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	50	410.57	502.95
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	51	428.73	525.19
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	52	448.73	549.69
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	53	468.96	574.48
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	54	490.79	601.22
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	55	512.63	627.97
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	56	536.31	656.98
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	57	560.22	686.27
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	58	585.73	717.52
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	59	598.38	733.02
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	60	623.89	764.27
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	61	645.96	791.30
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	62	660.45	809.05
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	63	678.61	831.30
38949PA0100005 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	689.64	844.81
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	205.67	205.67
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	15	223.95	223.95
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	16	230.94	230.94
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	17	237.93	237.93
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	18	245.46	245.46
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	19	252.99	252.99
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	20	260.78	260.78
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	21	268.85	275.58
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	22	268.85	275.57
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	23	268.85	275.57
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	24	268.85	275.57
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	25	269.93	276.68
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	26	275.30	282.18
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	27	281.75	288.79
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	28	292.24	299.55
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	29	300.84	308.36
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	30	305.14	312.77
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	31	311.60	319.39
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	32	318.05	326.00
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	33	322.08	330.13
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	34	326.38	334.54
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	35	328.53	336.74
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	36	330.69	338.96
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	37	332.84	341.16
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	38	334.99	343.36
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	39	339.29	347.77
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	40	343.59	377.95

38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	41	350.04	386.79
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	42	356.23	396.13
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	43	364.83	408.97
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	44	375.58	425.16
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	45	388.22	444.51
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	46	403.28	467.80
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	47	420.21	494.59
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	48	439.57	525.73
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	49	458.66	558.19
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	50	480.17	588.21
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	51	501.41	614.23
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	52	524.80	642.88
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	53	548.45	671.85
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	54	573.99	703.14
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	55	599.54	734.44
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	56	627.23	768.36
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	57	655.19	802.61
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	58	685.03	839.16
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	59	699.82	857.28
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	60	729.66	893.83
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	61	755.47	925.45
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	62	772.41	946.20
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	63	793.65	972.22
38949PA0110001 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	806.55	988.02
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	143.98	143.98
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	15	156.78	156.78
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	16	161.67	161.67
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	17	166.57	166.57
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	18	171.84	171.84
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	19	177.11	177.11
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	20	182.56	182.56
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	21	188.21	192.91
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	22	188.21	192.92
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	23	188.21	192.92
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	24	188.21	192.92
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	25	188.96	193.68
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	26	192.73	197.55
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	27	197.24	202.17
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	28	204.58	209.69
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	29	210.61	215.88
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	30	213.62	218.96
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	31	218.14	223.59
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	32	222.65	228.22
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	33	225.48	231.12
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	34	228.49	234.20
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	35	229.99	235.74
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	36	231.50	237.29
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	37	233.00	238.83
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	38	234.51	240.37
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	39	237.52	243.46
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	40	240.53	264.58
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	41	245.05	270.78
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	42	249.38	277.31
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	43	255.40	286.30
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	44	262.93	297.64

38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	45	271.78	311.19
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	46	282.32	327.49
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	47	294.17	346.24
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	48	307.72	368.03
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	49	321.09	390.77
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	50	336.14	411.77
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	51	351.01	429.99
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	52	367.39	450.05
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	53	383.95	470.34
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	54	401.83	492.24
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	55	419.71	514.14
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	56	439.09	537.89
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	57	458.67	561.87
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	58	479.56	587.46
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	59	489.91	600.14
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	60	510.80	625.73
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	61	528.87	647.87
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	62	540.73	662.39
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	63	555.60	680.61
38949PA0100002 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	564.63	691.67
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	149.64	149.64
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	15	162.94	162.94
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	16	168.03	168.03
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	17	173.11	173.11
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	18	178.59	178.59
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	19	184.07	184.07
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	20	189.74	189.74
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	21	195.61	200.50
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	22	195.61	200.50
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	23	195.61	200.50
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	24	195.61	200.50
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	25	196.39	201.30
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	26	200.30	205.31
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	27	205.00	210.13
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	28	212.63	217.95
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	29	218.89	224.36
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	30	222.02	227.57
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	31	226.71	232.38
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	32	231.41	237.20
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	33	234.34	240.20
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	34	237.47	243.41
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	35	239.04	245.02
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	36	240.60	246.62
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	37	242.17	248.22
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	38	243.73	249.82
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	39	246.86	253.03
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	40	249.99	274.99
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	41	254.68	281.42
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	42	259.18	288.21
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	43	265.44	297.56
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	44	273.27	309.34
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	45	282.46	323.42
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	46	293.42	340.37
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	47	305.74	359.86
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	48	319.82	382.50

38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	49	333.71	406.13
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	50	349.36	427.97
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	51	364.81	446.89
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	52	381.83	467.74
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	53	399.04	488.82
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	54	417.63	511.60
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	55	436.21	534.36
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	56	456.36	559.04
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	57	476.70	583.96
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	58	498.41	610.55
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	59	509.17	623.73
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	60	530.89	650.34
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	61	549.66	673.33
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	62	561.99	688.44
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	63	577.44	707.36
38949PA0100001 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	586.83	718.87