

UPMC Health Benefits, Inc. – Small Group Plans

Rate request filing ID # UPMC-134078986 – This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at <https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx>

Overview

Initial request average rate change:	6.57%
Revised requested average rate change: ¹	6.57%
Range of requested:	0.27% to 8.84%
Effective date:	January 1, 2025
Mapped members:	845
Available in:	Rating Areas 1 and 5

Key Information

Jan. 2023 – Dec. 2023 financial experience

Premiums	\$12,066,541
Claims	\$12,135,838
Administrative Expenses	\$1,082,607
Taxes & Fees	\$250,322
<hr/>	
Insurer made (after taxes)	\$-1,402,227

How insurer plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2025

Claims:	87%
Administrative:	10%
Taxes & Fees:	3%
Profit:	1%

The insurer expects its annual medical costs to increase 4.7%.

Explanation of Requested Rate Change:

Increases in medical and pharmacy cost and utilization.

¹ 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.

SERFF Tracking #:

UPMC-134078986

State Tracking #:

UPMC-134078986

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Benefits, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name:

2025 SG Health Benefits

Project Name/Number:

/

Supporting Document Schedules

Satisfied - Item:	ACA Public Rate Filing PDF
Comments:	
Attachment(s):	UPMC Health Benefits Inc Small Group Public PDF 1 UPMC-134078986.pdf UPMC Health Benefits Inc Small Group Public PDF 2 UPMC-134078986.pdf
Item Status:	
Status Date:	

UPMC HEALTH PLAN

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May 15, 2024

Ms. Lindsi Swartz
Director - Life, Accident, and Health Rate and Policy Form Review
Bureau of Life, Accident and Health Insurance
Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Dear Ms. Swartz,

UPMC Health Benefits, Inc. respectfully requests approval of a rate filing for Small Group Off Exchange PPO/EPO products. The rates are proposed for effective dates of 1/1/2025 through 12/31/2025.

Company Name/NAIC #: UPMC Health Benefits, Inc./11018
Market: Small Group
On or Off Exchange: Off Exchange Only
Effective Date of Coverage: 1/1/2025
Average Rate Change Requested (Table 11): 6.57% (\$30.46)
Range of Rate Change Requested (Table 11): 0.27% to 8.84% (\$1.26 to \$41.01)
Products Offered: PPO, EPO
Rating Areas Where Plans are Offered: 1, 5 (no change from 2024)
Metal Levels Offered: Bronze, Silver, Gold
Currently Enrolled Lives Affected by the Rate Change: 845
Currently Enrolled Policyholders Affected by the Rate Change: 524
Number of Plans Offered in 2025: 14 (no change from 2024)
Total additional annual revenue generated from the proposed rate change: \$487,149
Corresponding Contract Form #: EPOF07, EPOF11, PPOF09, PPOF16
Binder ID#: UPMC-PA25-125118385
HIOS Issuer ID #: 67430
Submission Tracking #: UPMC-134078986

If you have any questions or require additional information, please call me at [REDACTED] or email me at [REDACTED]

Sincerely,

[REDACTED]

PA Actuarial Memorandum

Section 1 - Basic Information and Data

The purpose of this actuarial memorandum is to provide certain information related to a rate submission for the company identified below. The relevant index rate is developed in accordance with federal regulations, and plan specific premiums are generated using the allowable modifiers in accordance with the single risk pool rule.

1A. Company Information

The following section provides information related to the identification of the company that is submitting this rate filing. Much of this information is also displayed in Table 0 of the PA Actuarial Memorandum Exhibits.

Company Legal Name: UPMC Health Benefits, Inc.
NAIC #: 11018
HIOS Issuer ID: 67430
Market: Small Group
Exchange: Off Exchange
Products: PPO, EPO
Effective Date: 1/1/2025

Company Contact Information:



Filing Information:

Rate Filing SERFF Tracking #: UPMC-134078986
Form Filing SERFF Tracking #: UPMC-134084081, UPMC-134084103, UPMC-134084085, UPMC-134084111
Binder SERFF Tracking #: UPMC-PA25-125118385

1B. Rate History and Proposed Variations in Rate Changes

Historical and proposed rate changes vary by plan due to various changes made to meet AV requirements on a plan-by-plan basis. The values listed below and overall proposed rate change for 2025 are weighted averages of the increase for each plan based on projected enrollment. Please see Table 10 of the PA Actuarial Memorandum Exhibits for a breakdown of plan-by-plan rate increases.

SERFF Tracking #	Year	Rate Change relative to Prior Filing*
UPMC-132801369	2022	13.7%
UPMC-133258233	2023	12.6%
UPMC-133641719	2024	5.7%

* Historical increases in this table are from Table 10

1C. Average Rate Change

- Average rate change in Table 10, column AC of the PA Actuarial Memorandum Exhibits: 6.6%
- Change in 21-year-old non-tobacco premium PMPM in Table 11, cell AN13 of the PA Actuarial Memorandum Exhibits: 6.6%

1D. Membership Count

Various illustrations of the membership count for the captioned company and market are displayed in Table 1 of the PA Actuarial Memorandum Exhibits. The current membership displayed in this table includes all enrollment, regardless of whether these members are enrolled in plans for plan year 2024 or 2025.

1E. Benefit Changes

A table with these changes has been included in Appendix I. All plans have metal level actuarial values in accordance with the latest HHS requirements.

1F. Experience Period Claims and Premium

The single risk pool consists of members that are anticipated to enroll in ACA-compliant policies offered under the captioned market. Claims and premium data for all non-grandfathered policies in the single risk pool for the captioned company and market from the experience period (January 2023 - December 2023) with two months of run-out are displayed in Table 2 of the PA Actuarial Memorandum Exhibits. This section provides a discussion of each field in the table and its relation to the corresponding fields on the URRT. Please note that no data for Transitional (Grandmothered) policies is included in this table.

Earned Premium:

This represents the revenue accumulated by the captioned company during the experience period. No adjustments were made for MLR rebates as we do not anticipate owing them. HHS cost-sharing is not included in the premium data. Please note that the earned premium listed in Table 2 does match the total premium listed in section I, worksheet 1 of the URRT.

Paid Claims:

This field includes uncompleted paid medical, pharmacy, and pediatric dental and vision experience period claims for the captioned company and market.

Ultimate Incurred Claims:

This field includes completed paid medical and pharmacy experience period claims for the captioned company and market. We used the standard Development/Completion Factor Method to calculate claims that are incurred but not reported (IBNR). Factors were calculated using our entire fully insured group commercial book of business, of which Small Group ACA business is a subset. This data set is larger, more established, and more consistent, and is an appropriate representation of the claims completion patterns of employer group policies.

The completion factors used in Table 4b are displayed in the table below and no unexpected factors were observed. Please note that the ultimate incurred claims shown in Table 2 do not match the total incurred claims displayed in section I, worksheet 1 of the URRT because the value in the URRT equals the ultimate incurred claims less total prescription drug rebates listed in Table 2.

Month	Completion Factor
1/1/2023	0.9993
2/1/2023	0.9991
3/1/2023	0.9986
4/1/2023	0.9980
5/1/2023	0.9902
6/1/2023	0.9958
7/1/2023	0.9944
8/1/2023	0.9923
9/1/2023	0.9824
10/1/2023	0.9845
11/1/2023	0.9732
12/1/2023	0.9541

The following table shows the ultimate paid claims for the experience period distinguished between claims paid and fully adjudicated and claims estimated by IBNR:

Incurred Claims Processed by Claim System:	\$ 13,344,781
Claims Processed Outside Claim System:	\$ -
Claims Estimated by IBNR:	\$ 146,308
Ultimate Incurred Claims:	\$ 13,491,089

Member Months:

The sum of the experience period member months shown in Table 1 is also displayed in Table 2.

Estimated Cost Sharing:

This field represents the difference between allowed claims and ultimate incurred claims in Table 2.

Allowed Claims:

This field includes allowed medical and pharmacy claims as well as pediatric dental and vision claims from the experience period for the captioned company and market, which are pulled directly from our data warehouse. Please note that the allowed claims shown in Table 2 do not match the total allowed claims displayed in section I, worksheet 1 of the URRT because the value in the URRT equals the allowed claims less total prescription drug rebates listed in Table 2.

Non-EHB portion of Allowed Claims:

This field displays the amount of allowed experience period claims that can be attributed to non-EHBs for the captioned market and company.

Total Prescription Drug Rebates:

This field shows the amount of prescription drug rebates received for the captioned company and market during the experience period. Pharmacy rebates have been removed from the total incurred and allowed claims displayed in section I, worksheet 1 of the URRT.

Total EHB Capitation:

EHB benefits were not paid for via capitation during the experience period.

Total Non-EHB Capitation:

Non-EHB benefits were not paid for via capitation during the experience period.

Estimated Risk Adjustment:

Experience period Risk Adjustment for the captioned company is estimated to be a payment of \$532,413. This estimate is based on information provided by Wakely Consulting using UPMC and other participating carriers' CY 2023 data as of December 31, 2023 with zero months of runout. The payment translates to a PMPM of \$27.24.

Estimated Reinsurance Recoveries:

No reinsurance recoveries were made during the experience period.

Loss Ratio:

The loss ratio calculated in Table 2 is 100.57%

1G. Credibility of Data

The manual data for this filing was developed using a blend of ACA-compliant experience period data from groups domiciled in western Pennsylvania only under each of UPMC's subsidiary companies, which is displayed in tables 2b, 3b, and 4b in the PA Actuarial Memorandum Exhibits. The manual data consists of 1,272,175 member months of experience.

The experience period data for this company consists of 19,547 member months from ACA-compliant policies. However, this data set includes data from groups domiciled in both western and eastern Pennsylvania, but the captioned company will only offer coverage for groups domiciled in western Pennsylvania during the projection period in the small group market. To help account for this transition, 0% credibility has been applied to the experience (just as was implemented in the prior annual filing for the captioned company and market), and the manual data for this filing is assigned 100% credibility. The manual data encompasses the single risk pool of all UPMC Small Group market companies, and assigning it 100% credibility and assigning each company-specific single risk pool 0% credibility aligns with prior filings as well. Adjustments to the data include the trend and network adjustments discussed in the "Index Rate" section below.

1H. Trend Identification

The overall annual trend used in rate development is 4.73%. Historical allowed claims from our Small Group block of ACA-compliant business from employer groups domiciled in western Pennsylvania were used to

develop trend factors for use in the projected rates, and the basis for this trend is a least squares regression analysis on 12-month rolling cost and utilization claims experience between 2019 and 2023. The selected trends fall within the 95% confidence interval of regression analysis for each service category (Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, and Prescription Drug), and the selected aggregate trend is the weighted average aggregation of the component trends.

The large enrollment count and consistent makeup of this population make it appropriate for use in trend development for this filing. Service categories were defined to be consistent with the URRT instructions. Please see Tables 3 and 3b of the PA Actuarial Memorandum Exhibits for trend development calculations. Please note that the minor changes made to benefit designs in order to keep plan actuarial values within the allowed ranges were not significant enough to warrant an adjustment for induced demand with regard to trend, so the induced demand column has been populated with zeroes in Tables 3 and 3b. No changes in provider contracting are expected between the experience and projection periods, and therefore, no adjustments have been applied.

Small Group Quarterly Trend Increases:

Quarterly trended rates beginning on the first day of each calendar quarter of 2025 are proposed in this filing. The proposed quarterly trend is 1.39%. Please see Exhibit 12 for the derivation of quarterly trend.

11. Historical Experience

Historical data from the four most recent calendar years for the captioned company and market with two months of run-out is provided in Table 4. Allowed claims were developed using the same manner described above for Table 2. The historical data listed in Table 4b consists of a blend of ACA-compliant experience data from groups domiciled in western Pennsylvania under each of UPMC's subsidiary companies in the small group market and was used in the development of manual trend.

Section 2 - Rate Development & Change

2A. Projected Index Rate, Market-Adjusted Index Rate, & Total Allowed Claims

Table 5 of the PA Actuarial Memorandum Exhibits shows the development of the projected index rate, Market-Adjusted Index Rate, and projected total allowed claims. Detailed discussions on the development of each quantity are provided below. Table 5a is populated with the number of member months renewing in each quarter since quarterly trended rates are proposed for this filing.

Index Rate:

For this filing, the Index Rate of the Experience Period is set equal to the manual rate as outlined above in Section 1G of this memorandum. The calculation of the manual rate is shown in Table 2b of the PA Actuarial Memorandum Exhibits. The Index Rate of the Projection Period is then calculated in Table 5 by first applying two years of 4.73% annual trend to the Index Rate of Experience Period.

An adjustment factor of 1.318 has been applied to the index rate to account for differences in expected allowed claims costs between the manual data and that of the captioned company. This adjustment factor brings the captioned company index rate in line with the current characteristics of the provider networks. Please see Exhibit 7 of the Supporting Exhibits for the derivation of this factor.

An adjustment factor of 0.997 has been applied to the index rate in the Change in Other category. This adjustment accounts for itemized differences between the 2023 experience period and the 2025 projection period, such as the impact of medical and pharmacy cost savings initiatives that UPMC has engaged in. Please see Exhibit 8 of the Supporting Exhibits for the derivation of the Change in Other factor applied in Table 5.

No other adjustments have been applied to the index rate. The average age for our experience period Small Group risk pool was 36.7 with an average premium factor of 1.51. This is identical to our 2023 experience so far with age 36.7 and premium factor 1.51. Due to the stability of the population, no demographic adjustment has been made to the rates. Please note that the Index Rate of Projection Period of \$761.14 shown in Table 5 matches the corresponding value shown in section II, worksheet 1 of the URRT.

Market-Adjusted Index Rate:

The Projected Index Rate is adjusted by adding estimates for risk adjustment and marketplace fees (with impacts and costs spread across the whole risk pool) to obtain the Projected Market Adjusted Index Rate.

Projection period Risk Adjustment PMPM has been estimated to be a payment of \$13.94, which is displayed in Table 5. First, UPMC considered the expected transfer for 2023, relying on projections by Wakely Consulting using the most recently available data.

[REDACTED]

[REDACTED]

[REDACTED]

The projection period Risk Adjustment transfer PMPM also accounts for the impact of known changes to HHS model weights for the 2025 Benefit Period. The transfer amount is not adjusted to reflect the estimated impact of the Risk Adjustment Data Validation (RADV) program, as there have been fluctuations in the program's impact directionally in recent years. UPMC relies on analysis by Wakely Consulting in estimating the impacts of both the 2025 model changes and the RADV program.

The projected transfer assumes a \$0 High Cost Risk Pool (HCRP) recovery net of the program's surcharge.

Please see Exhibit 9 of the Supporting Exhibits for the derivation of this estimate.

The value entered in section II, worksheet 1 of the URRT was \$16.89 since the calculation of the Market Adjusted Index Rate is done on an allowed claims basis in the URRT. The updated PMPM was derived by taking the original paid PMPM divided by the Paid to Allowed Average Factor. The net amount after accounting for the fee is subtracted from the Index Rate of the Projection Period as part of the calculation of the Market Adjusted Index Rate. For the URRT and Table 5 of the PA Actuarial Memorandum Rate Exhibits, it was entered as a negative number because the calculation subtracts this value. The effect is an increase in premium as additional revenue will be required to cover the anticipated payment. No adjustment was made for the Marketplace User Fee since all plans included in this filing are only offered off exchange.

Total Allowed Claims:

The Market-Adjusted Index Rate is further modified to develop the projected total allowed claims PMPM by adding the projected allowed non-EHB claims PMPM. Benefits that were offered outside EHB include routine foot care, acupuncture, dental anesthesia, diabetes care management, and inherited metabolic disorder. The projected allowed claims for these benefits is \$1.42 PMPM.

2B. Retention Items

Retention items related to this filing are shown in Table 6 of the PA Actuarial Memorandum Exhibits. Detailed discussions on each item are provided below.

Administrative Expenses:

Administrative costs of 9.7% of premium have been displayed in Table 6 and the URRT. This value has been derived from projected administrative costs for the projection period. These expenses are assumed to be uniform for all plan designs.



Taxes and Fees:

Taxes and Fees are expected to be 2.6% of premium in 2025. This accounts for the projected Federal Income Tax in 2025. Please note that the Risk Adjustment Administration Fee of \$0.18 PMPM and the projected PCORI Fee of \$0.27 PMPM were included in the Taxes and Fees field in Table 6 and the URRT.

Profit/Contingency:

The projected surplus and risk margin for this company is 0.5% for 2025. This value is listed in both Table 6 and the URRT. The same level of margin is expected for each plan included in this filing.

Projected Loss Ratio

The projected period loss ratio, using the federally-prescribed MLR methodology without the credibility adjustment, is 91.6%, as shown in Exhibit 1 of the Supporting Exhibits.

An exhibit displaying historical MLR information is provided in Exhibit 2 of the Supporting Exhibits. Loss ratios in the 'Actual' column have been calculated from data submitted in the most recent three-year MLR filing using the federally-prescribed MLR methodology without the credibility adjustment. Enrollment data in the 'Actual' column ties directly to the historical data included in Table 4 of the PA Actuarial Memorandum Exhibits. Loss ratios and enrollment data in the 'Pricing' columns are projected values taken from each calendar year's approved ACA rate filing.

2C. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization factors for 2024 and 2025 are provided in Table 7 of the PA Actuarial Memorandum Exhibits. 2023 factors have been taken from the prior annual rate filing of the captioned company and market. Detailed discussion on each of the 2025 factors are provided below as well as in Section 5 of this memorandum.

Average Age Factor:

The average age factor was calculated using our projected ACA-related Small Group population with the prescribed HHS Age Factors for 2025. It was assumed this represents the age distribution of the entire single risk-pool. The number of members under each age bracket was multiplied by the corresponding HHS Age Factor. These were then summed and divided by the total number of members to obtain the average age factor. For UPMC's entire block of ACA-compliant Small Group business, the average age factor is 1.507 and average age was 36.7 during the experience period. This preliminary age factor is then multiplied by an adjustment factor of 0.993, which accounts for the regulation that prohibits charging for more than three children per family, resulting in a final age calibration factor of 1.496. Please see Exhibit 3 in the Supporting Exhibits for the calculation of this factor.

Average Geographic Factor:

The calibration factor of 1.005 was calculated as the weighted average of the geographical factors using projected enrollment for the single risk pool, as shown in Exhibit 4 of the Supporting Exhibits. Please see the Geographic Factors section below for a discussion on the development of factors applied for each rating area.

Average Tobacco Factor:

No tobacco load is applied in the Small Group market, so the average tobacco factor is 1.0.

Average Benefit Richness:

Benefit richness factors were calculated so that the average value is 1.0 when weighted with projected membership as demonstrated in Table 10 of the PA Actuarial Memorandum Exhibits.

Average Network Factor:

Network factors were calculated so that the average value is 1.0 when weighted with projected membership as demonstrated in Table 10 of the PA Actuarial Memorandum Exhibits. Please see the Network Factors section below for a discussion on the factors applied for each network.

2D. Components of Rate Change

Data to support the calculation of the components of the rate change is presented in Tables 8 and 9 of the PA Actuarial Memorandum Exhibits. Values presented in the 2024 columns have been taken from this company's 2024 annual rate filing.

Section 3 - Plan Rate Development

Table 10 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance to develop 2024 Plan Adjusted Index Rates. The allowable modifiers that are used in rate development are described below.

Plan Actuarial Value:

The AV for each plan was determined by the issuer's own pricing model based on experience from UPMC's fully-insured commercial block of business. This model calculates an AV for a given plan by first trending 2023 allowed claims data forward two years to the projection period, calculating paid amounts for each benefit category based on the benefit design of a given plan and projected allowed claims data, and taking the ratio of the total projected paid claims to projected allowed claims. Since the same tool was used for all plans, this eliminates any impact from morbidity at the plan level, and differing rate increases by product type are purely based on differences in benefit design for all plans within a given product.

Benefit Richness (Induced Demand)

Benefit richness factors were calculated using the formula $(\text{Plan AV})^2 - (\text{Plan AV}) + 1.24$, where (Plan AV) is equal to the product of the Plan AV described above and the Non-Funding of CSR Adjustment described below on a plan-by-plan basis. This formula was prescribed by the Pennsylvania Insurance Department and has been developed to produce induced demand factors that mimic those determined by HHS. The initial factors calculated using this formula were then normalized against projected membership by plan.

Benefits in addition to EHBs

Benefits that will be offered outside EHB include routine foot care, acupuncture, dental anesthesia, diabetes care management, and inherited metabolic disorder. The projected allowed claims for these benefits is \$1.42 PMPM. The adjustment factor of 1.002 included in Table 10 has been derived by adding the aforementioned PMPM to the projected index rate for 2025 and dividing this total by the same index rate, causing the adjustment to be applied uniformly to all plans.

Provider Network

Please see the Network Factors section below for a discussion on the development of the provider network factors applied in Table 10.

Catastrophic Eligibility

This adjustment is not applicable to the small group market.

Non-Funding of CSR Adjustment

This adjustment is not applicable to the small group market.

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

Table 11 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance. 2025 rates calculated in this tables were tested to ensure that they match those included in the PA Plan Design Summary and Rate Tables, Federal Rates Template, and the binder.

Section 5 - Plan Factors

5A. Age and Tobacco Factors

As indicated in Table 12 of the PA Actuarial Memorandum Exhibits, the default federal standard age curve for 2025 is used in the development of the Consumer Adjusted Premium Rates. No tobacco load will be applied for the small group market in 2025.

5B. Geographic Factors

The geographic rating areas used within this filing are the same as those defined by the state. For 2025, the proposed geographic factors are identical to the 2024 filing. The table below displays the current and proposed factors:

Region	2024	2025
1	0.960	0.960
5	1.020	1.020

5C. Network Factors

Since only one network is included in this filing, no network adjustments were deemed necessary for 2025.

5D. Rate Change Summary

Table 15 of the PA Actuarial Memorandum Exhibits has been populated as described in state guidance.

5E. Service Area Composition

Table 13 of the PA Actuarial Memorandum Exhibits shows the areas in which plans will be offered in 2025. Service area maps for 2024 and 2025 have been uploaded in the Supporting Documentation section in SERFF.

5F. Composite Rating

No composite rating is used with these plans.

5G. Connectivity Factors

Connectivity features are not available under these plans.

Section 6 - Reference Information and Certification

URRT Warning Alerts

Several warning messages appear after clicking the validate button in the URRT. These messages highlight the fact that several terminated or renewing plans have entries of zero in the current enrollment and premium PMPM fields on worksheet 2 of the URRT. Similar messages have appeared in the URRT in prior years across UPMC companies for similar reasons.

SERFF Rate / Rule Schedule Tables

In accordance with PID guidance, the SERFF Rate/Rule Schedule Tab of this rate filing contains the proposed premium rates for all proposed plans, and Excel versions of the Federal Rates Template and the PA Plan Design Summary and Rate Tables.

The Company Rate Information and Rate Review Detail is complete and accurate. Current premiums are consistent with our enrollment as of February 15, 2024. The rate change data presented is consistent with Table 11 and the number of policyholders affected is populated using the total covered lives shown in Table 10 cell V15. The total requested rate change entered is consistent with Cell AN13 of Table 11.

In order to accurately portray the volumes of current premium and annual premium change, current premiums are calculated using the entire Small Group ACA-compliant census as of February 15, 2024 regardless of each enrollee's employer group renewal month. Because many of the employer groups in the current census hold policies that originated in 2023, current premiums for all enrollees are calculated and annualized using the Q1 2024 premium that corresponds to each enrollee's age, area, and benefit plan as of that date. The proposed rate change is then applied to that total annualized premium.

Standard Questions

Per PID ACA Rate Filing Final Guidance issued on April 3, 2024, the Standard Questions to be included with the initial filing are enclosed with this rate filing in a separate document under the Supporting Documentation tab in SERFF.

Reliance

Below is a summary of the information that we have relied on as part of rate development.

Source	Type of Information	Comments
Jeffrey A. Bees, CFO, Commercial Products and WorkPartners	Projected administrative expenses, impact of discontinuation of SaveOnSP Program	I have not performed any independent audit or otherwise verified the accuracy of this data/information.
Rachel Oaks, Sr. Director, Medical Economics	Anticipated savings from medical savings initiatives	I have not performed any independent audit or otherwise verified the accuracy of this data/information.

List of Supporting Exhibits

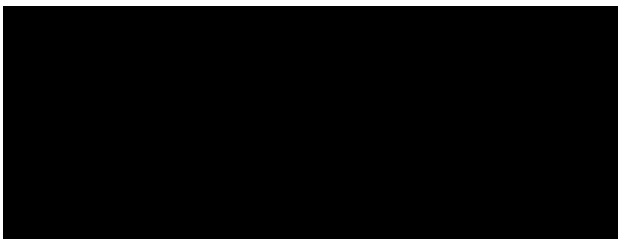
Supporting exhibits have been included with the rate filing to assist with the review process. Below is a list summarizing the contents of each exhibit.

- Exhibit 1: Derivation of Projection Period MLR
- Exhibit 2: Actual vs Pricing MLR & Member Months
- Exhibit 3: Derivation of Age Calibration Factor
- Exhibit 4: Derivation of Geographical Calibration Factor
- Exhibit 5: Current/Projected Commissions by OEP and SEP
- Exhibit 6: Derivation of 3-Child Cap Adjustment Factor
- Exhibit 7: Derivation of Change in Network Factor
- Exhibit 8: Derivation of Change in Other Factor
- Exhibit 9: Derivation of Projected Risk Adjustment PMPM
- Exhibit 10: Projected Administrative Expense Load Development
- Exhibit 11: Derivation of Projected Taxes and Fees
- Exhibit 12: Derivation of Quarterly Trend
- Exhibit 13a: Calculation of 2024Q1 to 2025Q1 Rate Change
- Exhibit 13b: Calculation of 2024Q2 to 2025Q2 Rate Change
- Exhibit 13c: Calculation of 2024Q3 to 2025Q3 Rate Change
- Exhibit 13d: Calculation of 2024Q4 to 2025Q4 Rate Change

Actuarial Certification

I, [REDACTED], am a Member of the American Academy of Actuaries in good standing. I am currently Manager for ACA products in the Actuarial Services department for UPMC Health Plan. I certify that:

- All factor, benefit and other changes from the prior approved filing have been disclosed in this actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR § 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2025 Rate Filing Justification.
- The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80 and § 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
- The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and § 156.80(d)(2) were used to generate plan level rates.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans except those specified in the certification.



5/15/2024

Date

Carrier Name: UPMC HEALTH BENEFITS INC.
 Product(s): PPO, EPO
 Market Segment: Small Group
 Rate Effective Date: 1/1/2025

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 618,468,515.07	\$ 613,912,823.31	\$ 620,362,788.13	1,272,175	\$ 133,131,338.28	\$ 753,294,126.40	\$ 1,226,838.81	\$ (79,841,593.49)	\$ -	\$ -	\$ (34,650,947.53)	\$ 528.41
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$
Loss Ratio											\$ 92.55%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	8.57%	-4.33%		3.87%	13.24%
Outpatient Hospital	2.28%	0.60%		2.89%	26.94%
Professional	1.46%	0.20%		1.66%	16.69%
Other Medical	6.10%	-0.99%		5.62%	12.07%
Capitation				0.00%	0.00%
Prescription Drugs	9.11%	-0.90%		8.13%	31.06%
Total Annual Trend				4.73%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.097	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-20		\$ 52,210,776.26	1.0000	\$ 52,210,776.26	115,443	\$ 452.26	\$ -	\$ (5,819,632.26)	\$ 56,970,912.20	\$ 493.50
Feb-20		\$ 48,412,362.90	1.0000	\$ 48,412,362.90	115,639	\$ 418.65	\$ -	\$ (5,398,965.58)	\$ 52,248,673.60	\$ 451.83
Mar-20		\$ 48,118,138.82	1.0000	\$ 48,118,138.82	115,677	\$ 415.97	\$ -	\$ (6,392,752.87)	\$ 49,838,920.08	\$ 430.85
Apr-20		\$ 37,285,939.88	1.0000	\$ 37,285,939.88	115,288	\$ 323.82	\$ -	\$ (5,862,028.47)	\$ 36,160,520.56	\$ 313.66
May-20		\$ 44,862,529.85	1.0000	\$ 44,862,529.85	115,088	\$ 389.81	\$ -	\$ (6,634,099.87)	\$ 45,712,012.66	\$ 397.19
Jun-20		\$ 51,411,463.92	1.0000	\$ 51,411,463.92	115,409	\$ 445.47	\$ -	\$ (6,019,768.68)	\$ 53,436,530.70	\$ 465.02
Jul-20		\$ 51,804,163.26	1.0000	\$ 51,804,163.26	115,857	\$ 447.14	\$ -	\$ (6,079,926.18)	\$ 54,296,177.82	\$ 468.65
Aug-20		\$ 50,906,125.91	1.0000	\$ 50,906,125.91	115,706	\$ 439.96	\$ -	\$ (6,081,474.77)	\$ 53,463,060.54	\$ 462.06
Sep-20		\$ 53,469,482.93	1.0000	\$ 53,469,482.93	116,095	\$ 460.92	\$ -	\$ (6,099,261.04)	\$ 55,757,018.58	\$ 480.64
Oct-20		\$ 55,044,041.65	1.0000	\$ 55,044,041.65	116,260	\$ 473.46	\$ -	\$ (6,074,743.87)	\$ 57,375,523.39	\$ 493.51
Nov-20		\$ 52,302,002.05	1.0000	\$ 52,302,002.05	116,696	\$ 448.19	\$ -	\$ (5,978,946.51)	\$ 53,805,918.94	\$ 461.08
Dec-20	\$ 570,239,953.94	\$ 52,834,255.40	1.0000	\$ 52,834,255.40	117,060	\$ 451.34	\$ 97,286,235.33	\$ (6,357,663.87)	\$ 55,082,945.12	\$ 470.55
Jan-21		\$ 51,557,033.17	1.0000	\$ 51,557,033.17	117,682	\$ 438.10	\$ -	\$ (5,988,690.31)	\$ 54,991,383.05	\$ 467.29
Feb-21		\$ 53,073,520.86	1.0000	\$ 53,073,520.86	117,465	\$ 451.82	\$ -	\$ (5,936,389.09)	\$ 56,465,242.78	\$ 480.66
Mar-21		\$ 59,102,843.17	1.0000	\$ 59,102,843.17	117,081	\$ 504.80	\$ -	\$ (6,741,263.04)	\$ 62,765,204.75	\$ 536.08
Apr-21		\$ 56,950,006.19	1.0000	\$ 56,950,006.19	116,507	\$ 488.81	\$ -	\$ (6,490,751.20)	\$ 59,969,905.21	\$ 514.73
May-21		\$ 54,997,380.51	1.0000	\$ 54,997,380.51	116,519	\$ 472.00	\$ -	\$ (6,217,653.82)	\$ 57,830,608.30	\$ 496.32
Jun-21		\$ 57,008,192.82	1.0000	\$ 57,008,192.82	116,269	\$ 490.31	\$ -	\$ (6,837,040.01)	\$ 59,296,538.97	\$ 509.99
Jul-21		\$ 53,191,219.35	1.0000	\$ 53,191,219.35	116,402	\$ 456.96	\$ -	\$ (6,467,833.17)	\$ 56,189,297.44	\$ 482.72
Aug-21		\$ 56,353,676.06	1.0000	\$ 56,353,676.06	116,122	\$ 485.30	\$ -	\$ (6,626,994.29)	\$ 59,004,733.40	\$ 508.13
Sep-21		\$ 55,158,511.52	1.0000	\$ 55,158,511.52	115,416	\$ 477.91	\$ -	\$ (6,360,586.95)	\$ 57,919,585.87	\$ 501.83
Oct-21		\$ 56,882,471.87	1.0000	\$ 56,882,471.87	115,177	\$ 493.87	\$ -	\$ (6,262,024.17)	\$ 60,166,549.32	\$ 522.38
Nov-21		\$ 59,141,063.84	1.0000	\$ 59,141,063.84	115,150	\$ 513.60	\$ -	\$ (6,670,452.57)	\$ 61,201,996.20	\$ 531.50
Dec-21	\$ 600,842,634.91	\$ 56,887,622.44	1.0000	\$ 56,887,622.44	115,654	\$ 491.88	\$ 113,281,153.69	\$ (6,811,539.35)	\$ 60,336,413.02	\$ 521.87
Jan-22		\$ 52,891,599.56	1.0000	\$ 52,891,599.56	115,762	\$ 456.90	\$ -	\$ (6,580,966.27)	\$ 57,024,688.49	\$ 492.60
Feb-22		\$ 48,577,063.70	1.0000	\$ 48,577,063.70	115,673	\$ 419.95	\$ -	\$ (6,482,343.89)	\$ 51,977,234.52	\$ 449.35
Mar-22		\$ 57,041,514.27	1.0000	\$ 57,041,514.27	115,498	\$ 493.87	\$ -	\$ (7,223,969.72)	\$ 61,324,885.45	\$ 530.96
Apr-22		\$ 54,554,501.93	1.0000	\$ 54,554,501.93	115,102	\$ 473.97	\$ -	\$ (6,772,344.44)	\$ 58,161,640.99	\$ 505.31
May-22		\$ 53,949,651.74	1.0000	\$ 53,949,651.74	114,968	\$ 469.26	\$ -	\$ (6,965,301.08)	\$ 56,784,389.39	\$ 493.91
Jun-22		\$ 55,092,452.50	1.0000	\$ 55,092,452.50	115,289	\$ 477.86	\$ -	\$ (6,987,735.17)	\$ 57,893,177.28	\$ 500.42
Jul-22		\$ 50,964,643.84	1.0000	\$ 50,964,643.84	115,176	\$ 442.49	\$ -	\$ (5,868,016.52)	\$ 56,239,841.33	\$ 488.29
Aug-22		\$ 54,976,838.53	1.0000	\$ 54,976,838.53	114,711	\$ 479.26	\$ -	\$ (6,607,279.55)	\$ 60,122,639.80	\$ 524.12
Sep-22		\$ 54,642,226.19	1.0000	\$ 54,642,226.19	114,788	\$ 476.03	\$ -	\$ (6,482,217.93)	\$ 58,991,591.02	\$ 513.92
Oct-22		\$ 54,688,971.97	1.0000	\$ 54,688,971.97	114,355	\$ 478.24	\$ -	\$ (6,312,937.08)	\$ 59,005,570.20	\$ 516.44
Nov-22		\$ 56,884,499.41	1.0000	\$ 56,884,499.41	114,005	\$ 498.96	\$ -	\$ (6,490,884.72)	\$ 61,341,193.94	\$ 538.06
Dec-22	\$ 616,200,395.78	\$ 52,724,205.68	1.0000	\$ 52,724,205.68	114,345	\$ 461.10	\$ 128,783,771.25	\$ (6,302,655.92)	\$ 57,976,435.85	\$ 507.03
Jan-23		\$ 49,580,805.78	0.9993	\$ 49,615,052.09	109,767	\$ 452.00	\$ -	\$ (6,345,311.55)	\$ 56,497,869.27	\$ 514.71
Feb-23		\$ 47,767,428.83	0.9991	\$ 47,809,022.89	109,068	\$ 438.34	\$ -	\$ (5,640,216.71)	\$ 54,053,470.89	\$ 495.59
Mar-23		\$ 53,733,561.86	0.9986	\$ 53,810,407.46	108,449	\$ 496.18	\$ -	\$ (6,965,656.04)	\$ 60,053,066.12	\$ 553.74
Apr-23		\$ 48,189,962.97	0.9980	\$ 48,265,474.34	107,434	\$ 449.26	\$ -	\$ (6,159,251.97)	\$ 52,930,170.99	\$ 492.68
May-23		\$ 53,677,361.31	0.9902	\$ 54,210,584.44	106,788	\$ 507.65	\$ -	\$ (7,135,078.69)	\$ 58,689,137.12	\$ 549.99
Jun-23		\$ 52,902,209.45	0.9958	\$ 53,125,945.69	106,086	\$ 500.78	\$ -	\$ (6,771,504.40)	\$ 57,115,218.36	\$ 538.39
Jul-23		\$ 49,699,018.63	0.9944	\$ 49,978,340.33	105,273	\$ 474.75	\$ -	\$ (6,399,054.62)	\$ 53,821,650.87	\$ 511.26
Aug-23		\$ 55,333,374.43	0.9923	\$ 55,965,575.88	105,025	\$ 532.88	\$ -	\$ (7,885,698.10)	\$ 59,577,309.23	\$ 567.27
Sep-23		\$ 49,462,262.95	0.9824	\$ 49,393,261.39	104,651	\$ 481.11	\$ -	\$ (6,569,205.27)	\$ 53,475,703.13	\$ 510.99
Oct-23		\$ 53,575,431.14	0.9845	\$ 54,418,103.73	104,351	\$ 521.49	\$ -	\$ (7,078,531.25)	\$ 57,573,144.71	\$ 551.73
Nov-23		\$ 51,307,754.43	0.9732	\$ 52,719,541.30	104,083	\$ 506.51	\$ -	\$ (7,055,384.01)	\$ 55,333,574.27	\$ 531.63
Dec-23	\$ 618,468,515.07	\$ 47,603,651.53	0.9541	\$ 48,895,613.70	101,200	\$ 493.04	\$ 133,131,338.28	\$ (6,336,700.89)	\$ 54,332,217.96	\$ 536.88

* 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: UPMC HEALTH BENEFITS INC.
Product(s): PPO, EPO
Market Segment: Small Group
Rate Effective Date: 1/1/2025

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	\$ 728.89	\$ 528.41	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection factor	1.097	1.097	
Unadjusted Projected Allowed EHB Claims PMPM	\$ 799.54	\$ 579.63	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other	1.000	1.000	<- See URRT Instructions
Total Non-Morbidity Changes	1.000	1.000	
Change in Demographics	1.000	1.000	<- See URRT Instructions
Change in Network	1.000	1.318	
Change in Benefits	1.000	1.000	<- See URRT Instructions
Change in Other	1.000	0.997	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 799.54	\$ 761.14	
Credibility Factors	0%	100%	<- See Instructions
Blended Projected EHB Claims PMPM	\$ 799.54	\$ 761.14	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	\$ 761.14	\$ 761.14	<- Index Rate for Projection Period on URRT
Projected Paid or Allowed Ratio	0.825	0.825	
Projected Incurred EHB Claims PMPM	\$ 628.23	\$ 628.23	
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	\$ (11.94)	\$ (11.94)	
Projected Incurred Exchange User Fees PMPM	\$ 50.00	\$ 50.00	
Projected Incurred Reinsurance Recoveries PMPM	\$ 50.00	\$ 50.00	
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 642.17	\$ 642.17	
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 778.04	\$ 778.04	<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	\$ 1.42	\$ 1.42	
Catastrophic Eligibility Adjustment	1.000	1.000	
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 643.3422996	\$ 643.3422996	
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 779.46	\$ 779.46	

Table 6. Retention

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	9.72%	\$71.69
General and Claims	5.78%	\$42.89
Agent/Broker Fees and Commissions	1.72%	\$12.72
Quality Improvement Initiatives	2.23%	\$16.61
Taxes and Fees	2.55%	\$19.08
Risk Adjustment User Fee	0.02%	\$0.18
PCORI Fee	0.04%	\$0.27
PA Premium & Other Taxes (if applicable)	2.09%	\$15.76
Federal Income Tax	0.53%	\$3.87
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	0.50%	\$3.69
Total Retention	12.80%	\$94.46
Projected Required Revenue PMPM		\$ 737.80

Table 8. Components of Rate Change

Rate Components	2024	2025	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 461.35	\$ 491.69	\$ 30.33	6.6%
B. Base period allowed claims before normalization	\$ 521.98	\$ 528.41	\$ 6.43	1.4%
C. Normalization factor component of change	\$ (171.13)	\$ (177.03)	\$ (5.89)	-1.3%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 350.84	\$ 351.38	\$ 0.53	0.1%
D2. URRT Trend	\$ 29.89	\$ 34.06	\$ 4.18	0.9%
D3. URRT Morbidity	\$ 1.14	\$ -	\$ (1.14)	-0.2%
D4. URRT Other	\$ 90.11	\$ 120.70	\$ 30.60	6.6%
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ 11.04	\$ 11.29	\$ 0.19	0.0%
D6. Normalized Exchange User Fee on an allowed basis	\$ -	\$ -	\$ -	0.0%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ -	\$ -	\$ -	0.0%
D8. Subtotal - Sum(D1-D7)	\$ 483.01	\$ 517.38	\$ 34.36	7.4%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	\$ -	\$ -	0.0%
E2. Pricing AV	\$ (91.81)	\$ (90.30)	\$ 1.46	0.3%
E3. Benefit Richness	\$ 2.91	\$ 0.00	\$ (2.91)	-0.6%
E4. Catastrophic Eligibility	\$ -	\$ -	\$ -	0.0%
E5. Benefits in Addition to EHB	\$ 0.90	\$ 0.80	\$ (0.10)	0.0%
E6. Subtotal - Sum(E1-E5)	\$ (88.00)	\$ (89.55)	\$ (1.55)	-0.3%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 49.61	\$ 47.78	\$ (1.83)	-0.4%
F2. Taxes and Fees	\$ 11.49	\$ 12.71	\$ 1.23	0.3%
F3. Profit and/or Contingency	\$ -	\$ 2.46	\$ 2.46	0.5%
F4. Subtotal - Sum(F1-F3)	\$ 61.09	\$ 62.95	\$ 1.86	0.4%
G. Change in Miscellaneous Items	\$ -	\$ -	\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 456.10	\$ 490.78	\$ 34.67	7.5%

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 528.41	<- Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 618,468,515.07	
Blended Loss Ratio	92.55%	

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

	Effective Date					Total Single Risk Pool
# of Member Months Renewing in Quarter	1/1/2025	4/1/2025	7/1/2025	10/1/2025		
Adjusted Projected Allowed EHB Claims PMPM	\$ 761.14	\$ 761.14	\$ 761.14	\$ 761.14	\$ 761.14	\$ 10,142
Months of Trend	-	3	6	9	9	761.14
Annual Trend	5.67%	5.67%	5.67%	5.67%	5.67%	
Single Risk Pool Projected Allowed Claims	\$ 761.14	\$ 771.71	\$ 782.42	\$ 793.27	\$ 779.43	
Quarterly Trend Factor	1.000	1.014	1.028	1.042	1.024	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2024	2025
Average Age Factor	1.500	1.490
Average Geographic Factor	0.993	1.000
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 720.22	\$ 779.46
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 484.09	\$ 518.32

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

	2024	2025	
Paid-to-Allowed	0.750	0.825	
URRT Trend (Total Applied Trend Factor)	1.085	1.097	<- URRT W1, S2
URRT Morbidity	1.003	1.000	<- URRT W1, S2
URRT "Other"	1.236	1.313	<- URRT W1, S2
Risk Adjustment	\$ 13.07	\$ 13.94	<- URRT W1, S3
Exchange User Fee	\$ -	\$ -	<- URRT W1, S3
Reinsurance Recoveries	\$ -	\$ -	<- URRT W1, S3
Capitation	\$ -	\$ -	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.810	0.825	<- For 2024 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	1.001	1.000	
Catastrophic Eligibility	1.000	1.000	
Benefits in Addition to EHB	1.003	1.002	
Administrative Expenses	10.75%	9.72%	
Taxes and Fees	2.49%	2.59%	
Profit and/or Contingency	0.00%	0.50%	

PA Rate Template Part III
Table 10. Plan Rates

Carrier Name: UPMC HEALTH BENEFITS INC.
Product(s): PPO, EPO
Market Segment: Small Group
Rate Effective Date: 1/1/2025
Base Period Start Date: 1/1/2023
Date of Most Recent Membership: 2/3/2024
Market Adjusted Index Rate: 778.04

Calibration	
Age Calibration Factor	1.000
Gender Calibration Factor	1.000
Product Calibration Factor	1.000
Age-Product Calibration Factor	1.000

Total Covered Lives @ 02-01-2024: 845

Plan Number	HICS Plan ID (Standard Component)	Product Type (PPO, HD, PPO, EPO, Indemnity, Other)	1/1/2024 Plan Effective Date	Rating, Modified, New, Discontinued & Reopen, Discontinued & Not Reopen (E, P, A, D, N, M, R, O, N, R, O, N, R, O, N)	1/1/2023 HICS Plan ID (if 1/1/2024 Plan Discontinued & Reopen)	Metallic Tier	Metallic Tier Actual Value	Standard AC, Approach (L, U)	Exchange On/Off or Opt	Rating At (Compare) (determined AV)	Benefit Ranges (based on annual)	Benefits in addition to FSB	Provider Network	Co-insurance Eligibility	Non-Funding of CSR Adjustment	Pure Premium	Admin Costs	Taxes & Fees (not including Exchange Fees)	Profit or Contingency	Total Covered Lives (Projected into 2025 Plan @ 02-01-2024)	Total Projected Lives	2024 Calibrated Plan Adjusted Index Rate (None)	2025 Calibrated Plan Adjusted Index Rate (None)	Proposed Rate Change Compared to Prior 12 months	% of Total Covered Lives	02-01-2024 Number of Covered Lives by Rating Area										2025 Calibrated Plan Indicator	On Notice Check
																										1	2	3	4	5	6	7	8	9	Total		
Total - Current Membership																								845	845	\$ 461.39	\$ 461.69	6.5%									
Total - Projected Membership																								845	845	\$ 461.39	\$ 461.69	6.5%									
Plan 1	57483PA0070016	EPO	TRANSITIONAL	None	TRANSITIONAL	N/A	N/A	0.784	N/A	N/A	0.825	1.000	1.000	1.000	1.000	1.000	644.75	0.7%	2.6%	0.5%	N/A	N/A	N/A	N/A	181	181	\$ 493.37	\$ 528.06	7.5%	21.4%							
Plan 2	57483PA0070018	EPO	SMALL BUSINESS ADVANTAGE NETWORK	None	SMALL BUSINESS ADVANTAGE NETWORK	None	None	0.854	Standard Act	Opt	0.955	1.021	1.021	1.021	1.021	1.021	549.73	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	137	137	\$ 485.08	\$ 516.08	6.2%	16.0%							
Plan 3	57483PA0070011	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.700	Standard Act	Opt	0.768	0.966	1.020	1.020	1.020	1.020	528.02	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	97	97	\$ 471.00	\$ 499.80	7.5%	4.4%							
Plan 4	57483PA0070012	EPO	SMALL BUSINESS ADVANTAGE NETWORK	None	SMALL BUSINESS ADVANTAGE NETWORK	None	None	0.853	Standard Act	Opt	0.924	0.924	1.021	1.021	1.021	1.021	544.54	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	7	7	\$ 513.40	\$ 539.30	1.8%	0.8%							
Plan 5	57483PA0070014	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.792	Standard Act	Opt	0.770	0.971	1.020	1.020	1.020	1.020	528.41	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	18	18	\$ 470.67	\$ 499.50	7.5%	2.2%							
Plan 6	57483PA0070017	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.713	Standard Act	Opt	0.723	0.948	1.020	1.020	1.020	1.020	513.64	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	20	20	\$ 478.81	\$ 497.47	7.0%	2.4%							
Plan 7	57483PA0070018	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.713	Standard Act	Opt	0.768	0.966	1.020	1.020	1.020	1.020	529.79	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	-	-	\$ 490.00	\$ 481.60	-8.8%	0.0%							
Plan 8	57483PA0080019	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.858	Standard Act	Opt	0.848	1.021	1.021	1.021	1.021	1.021	567.00	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	105	105	\$ 473.18	\$ 500.72	7.0%	12.4%							
Plan 9	57483PA0080011	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.853	Standard Act	Opt	0.833	1.021	1.020	1.020	1.020	1.020	553.54	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	200	200	\$ 489.70	\$ 499.43	-6.3%	28.6%							
Plan 10	57483PA0080014	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.700	Standard Act	Opt	0.771	0.928	1.021	1.021	1.021	1.021	541.47	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	28	28	\$ 499.83	\$ 498.18	-7.1%	3.3%							
Plan 11	57483PA0080015	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.853	Standard Act	Opt	0.850	0.911	1.020	1.020	1.020	1.020	543.51	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	41	41	\$ 470.10	\$ 520.07	9.3%	4.9%							
Plan 12	57483PA0080017	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.792	Standard Act	Opt	0.761	0.962	1.021	1.021	1.021	1.021	520.84	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	-	-	\$ 495.40	\$ 495.53	0.0%	7.3%							
Plan 13	57483PA0080018	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.713	Standard Act	Opt	0.705	0.938	1.021	1.021	1.021	1.021	525.53	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	-	-	\$ 466.01	\$ 501.45	7.2%	0.0%							
Plan 14	57483PA0080019	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.754	Standard Act	Opt	0.754	0.931	1.021	1.021	1.021	1.021	538.16	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	-	-	\$ 494.51	\$ 495.47	-8.8%	0.0%							
Plan 15	57483PA0080019	EPO	SMALL BUSINESS ADVANTAGE	None	SMALL BUSINESS ADVANTAGE	None	None	0.754	Standard Act	Opt	0.754	0.931	1.021	1.021	1.021	1.021	538.16	0.7%	2.0%	0.5%	N/A	N/A	N/A	N/A	-	-	\$ 494.51	\$ 495.47	-8.8%	0.0%							

PK State Template Part 128 - Small Group Annual

Form 10- Non-Financial Information for Self-Insured Retirees

Line Item	2024	2023	2022	2021	2020
1. General Information					
2. Financial Summary					
3. Actuarial Assumptions					
4. Risk Management					
5. Plan Administration					
6. Other Information					

Line Item	2024	2023	2022	2021	2020
7. Asset Allocation					
8. Investment Performance					
9. Liability Information					
10. Funding Status					

Line Item	2024	2023	2022	2021	2020
11. Risk Assessment					
12. Mitigation Strategies					
13. Regulatory Compliance					

Line Item	2024	2023	2022	2021	2020
14. Governance					
15. Transparency					

Line Item	2024	2023	2022	2021	2020
16. Communication					
17. Stakeholder Engagement					

Line Item	2024	2023	2022	2021	2020
18. Financial Statements					
19. Actuarial Reports					

Line Item	2024	2023	2022	2021	2020
20. Audit Reports					
21. Risk Management Reports					

Line Item	2024	2023	2022	2021	2020
22. Summary of Information					
23. Additional Disclosures					
24. Contact Information					

Table with 30 columns and 2 rows of header information.																													
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Left half of header row 2															Right half of header row 2														
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PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	0.06567937
Revised Requested Average Rate Change:	6.57%
Minimum Requested Rate Change:	0.27%
Maximum Requested Rate Change:	8.84%
Mapped Members:	845
Available in Rating Areas:	Rating Areas 1 and 5

Carrier Name: UPMC HEALTH BENEFITS INC.
 Product(s): PPO, EPO
 Market Segment: Small Group
 Rate Effective Date: 1/1/2025

Rating Area	Active Rating Areas	Count of Remaining Active Rating Areas	Text
1		1	2 1
2			1
3			1
4			1
5	5		1 and 5
6			0
7			0
8			0
9			0

Key Information

Jan. 2023 - Dec. 2023 Financial Experience

Premium	\$	12,066,540.56
Claims	\$	12,135,837.94
Administrative Expenses	\$	1,082,607.09
Taxes & Fees	\$	250,322.43
Company Made After Taxes	\$	(1,402,226.89)

How It Plans to Spend Your Premium

This is how the company plans to spend the premium it collects in 2025:

Claims:	87%
Administrative Expenses:	10%
Taxes & Fees:	3%
Profit:	1%

The company expects its annual medical costs to increase: 4.73%

Explanation of requested rate change: Increases in medical and pharmacy cost and utilization.

Table 16. Risk Adjustment Calculation

Component	Statewide	Insurer Specific
State Average Monthly Premium Before Adjustment	590.32	
Administrative Cost Adjustment	0.86	
State Average Monthly Premium	507.68	
Actuarial Value (AV)	0.78	
Plan Liability Risk Score (PLRS)	1.26	
Allowable Rating Factor (ARF)	1.50	
Induced Demand Factor (IDF)	1.07	
Geographic Cost Factor (GCF)	0.97	
Factors Including Risk Score	1.31	
Factors Excluding Risk Score	1.22	
Risk Adjustment Transfer PMPM		(22.20)
Insurer Specific Manual Adjustment PMPM		8.262290634
High Cost Risk Pool Adjustment PMPM		0
Total Risk Adjustment Transfer		(13.94)

<-- Negative implies payer of RA

<-- Please provide explanation and calculation if value provided.

UPMC Health Benefits, Inc.
Small Group
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
67430PA0070026	UPMC Small Business Advantage Gold PPO \$1,000 \$40/\$50 - Premium Network	PPO	Gold	Off	SG PPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0070028	UPMC Small Business Advantage Gold PPO \$1,500 \$40/\$50 - Premium Network	PPO	Gold	Off	SG PPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0070031	UPMC Small Business Advantage Silver PPO \$4,400 \$60/\$80 - Premium Network	PPO	Silver	Off	SG PPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0070032	UPMC Small Business Advantage Bronze PPO \$8,550 - Premium Network	PPO	Bronze	Off	SG PPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0070034	UPMC Consumer Advantage Gold HSA PPO \$2,200/10% - Premium Network	PPO	Gold	Off	SG PPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0070037	UPMC Consumer Advantage Silver HSA PPO \$4,700 - Premium Network	PPO	Silver	Off	SG PPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0070038	UPMC First Care Silver PPO \$6,400 \$80/\$100 - Premium Network	PPO	Silver	Off	SG PPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0080019	UPMC Small Business Advantage Gold EPO \$1,000 \$40/\$50 - Premium Network	EPO	Gold	Off	SG EPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0080021	UPMC Small Business Advantage Gold EPO \$1,500 \$40/\$50 - Premium Network	EPO	Gold	Off	SG EPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0080024	UPMC Small Business Advantage Silver EPO \$4,400 \$60/\$80 - Premium Network	EPO	Silver	Off	SG EPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0080025	UPMC Small Business Advantage Bronze EPO \$8,550 - Premium Network	EPO	Bronze	Off	SG EPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0080027	UPMC Consumer Advantage Gold HSA EPO \$2,200/10% - Premium Network	EPO	Gold	Off	SG EPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0080028	UPMC Consumer Advantage Silver HSA EPO \$4,700 - Premium Network	EPO	Silver	Off	SG EPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
67430PA0080029	UPMC First Care Silver EPO \$6,400 \$80/\$100 - Premium Network	EPO	Silver	Off	SG EPO Premium HB w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford

Company Name UPMC Health Benefits, Inc.

Market Small Group

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

02-01-2024 Number of Covered Lives by Rating County				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
67430PA0070026	Business Advantage Gold PPO \$1,000 \$40/\$50 - Pre	PPO	Gold	Off
67430PA0070028	Business Advantage Gold PPO \$1,500 \$40/\$50 - Pre	PPO	Gold	Off
67430PA0070031	Business Advantage Silver PPO \$4,400 \$60/\$80 - Pre	PPO	Silver	Off
67430PA0070032	Business Advantage Bronze PPO \$8,550 - Premi	PPO	Bronze	Off
67430PA0070034	Consumer Advantage Gold HSA PPO \$2,200/10% - Premi	PPO	Gold	Off
67430PA0070037	Consumer Advantage Silver HSA PPO \$4,700 - Premi	PPO	Silver	Off
67430PA0070038	First Care Silver PPO \$6,400 \$80/\$100 - Premium N	PPO	Silver	Off
67430PA0080019	Business Advantage Gold EPO \$1,000 \$40/\$50 - Pre	EPO	Gold	Off
67430PA0080021	Business Advantage Gold EPO \$1,500 \$40/\$50 - Pre	EPO	Gold	Off
67430PA0080024	Business Advantage Silver EPO \$4,400 \$60/\$80 - Pre	EPO	Silver	Off
67430PA0080025	Business Advantage Bronze EPO \$8,550 - Premi	EPO	Bronze	Off
67430PA0080027	Consumer Advantage Gold HSA EPO \$2,200/10% - Premi	EPO	Gold	Off
67430PA0080028	Consumer Advantage Silver HSA EPO \$4,700 - Premi	EPO	Silver	Off
67430PA0080029	First Care Silver EPO \$6,400 \$80/\$100 - Premium N	EPO	Silver	Off

RATING AREA 1

209	0	0	0
Crawford	Clarion	Erie	Forest

\$506.92
 \$495.44
 \$423.16
 \$325.82
 \$431.52
 \$389.25
 \$423.94
 \$488.76
 \$478.49
 \$411.05
 \$315.91
 \$417.91
 \$377.71
 \$412.29

0	0	0	0
Mckean	Mercer	Venango	Warren

RATING AREA 2

0	0	0
Elk	Cameron	Potter

RATING AREA 3

0	0	0	0	0	0	0
Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe

0	0	0	0	0	0
Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming

RATING AREA 4

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

0	0
Washington	Westmoreland

RATING AREA 5

0	0	636	0	0	0	0
Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset

RATING AREA 6

0	0	0	0
Centre	Columbia	Lehigh	Mifflin

\$538.59

\$526.39

\$449.60

\$346.17

\$458.48

\$413.56

\$450.42

\$519.29

\$508.38

\$436.73

\$335.65

\$444.02

\$401.31

\$438.05

0	0	0	0	0	0
Montour	Northampton	Northumberland	Schuylkill	Snyder	Union

RATING AREA 7

0	0	0	0
Adams	Berks	Lancaster	York

RATING AREA 8

0	0	0
Bucks	Chester	Delaware

0	0
Montgomery	Philadelphia

RATING AREA 9

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

1	Unified Rate Review v6.0																			
2	To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.																			
3	To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.																			
4	To validate, select the Validate button or Ctrl + Shift + I.																			
5	To finalize, select the Finalize button or Ctrl + Shift + F.																			
6																				
7																				
8	Market Level Calculations (Same for all Plans)																			
9																				
10																				
11	Section I: Experience Period Data																			
12	Experience Period: 1/1/2023 to 12/31/2023																			
13	Total PMPM																			
14	Allowed Claims		\$14,262,054.32				\$729.63													
15	Reinsurance		\$0.00				\$0.00													
16	Incurred Claims in Experience Period		\$12,135,837.94				\$620.85													
17	Risk Adjustment		-\$532,412.66				-\$27.24													
18	Experience Period Premium		\$12,598,953.22				\$644.55													
19	Experience Period Member Months		19,547																	
20																				
21	Section II: Projections																			
22																				
23	Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend			Year 2 Trend			Trended EHB Allowed Claims PMPM											
24			Cost	Utilization		Cost	Utilization													
25	Inpatient Hospital	\$87.18	1.086	0.957	1.086	0.957		\$94.17												
26	Outpatient Hospital	\$266.50	1.023	1.006	1.023	1.006		\$282.26												
27	Professional	\$96.63	1.015	1.002	1.015	1.002		\$99.95												
28	Other Medical	\$140.38	1.061	0.990	1.061	0.990		\$154.88												
29	Capitation	\$0.00	1.000	1.000	1.000	1.000		\$0.00												
30	Prescription Drug	\$138.19	1.091	0.991	1.091	0.991		\$161.54												
31	Total	\$728.88						\$792.79												
32	Morbidity Adjustment					1.000														
33	Demographic Shift					1.000														
34	Plan Design Changes					1.000														
35	Other					1.000														
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2025			\$792.79														
37																				
38	Manual EHB Allowed Claims PMPM					\$761.14														
39	Applied Credibility %					0.00%														
40																				
41	Projected Period Totals																			
42	Projected Index Rate for		1/1/2025			\$761.14			\$7,717,959.60											
43	Reinsurance					\$0.00			\$0.00											
44	Risk Adjustment Payment/Charge					-\$16.89			-\$171,264.60											
45	Exchange User Fees					0.00%			\$0.00											
46	Market Adjusted Index Rate					\$778.03			\$7,889,224.20											
47																				
48	Projected Member Months					10,140														
49																				
50	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																			
51																				

Product-Plan Data Collection

Company Legal Name: UPMC HEALTH BENEFITS INC.
HIOS Issuer ID: 67430 State: PA
Effective Date of Rate Change(s): 1/1/2025 Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

To validate, select the Validate button or Ctrl + Shift + I.

To finalize, select the Finalize button or Ctrl + Shift + F.

To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.

To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

Product/Plan Level Calculations

Section I: General Product and Plan Information

Table with columns for Product ID, Plan Name, Business, Advantage Gold, Advantage Silver, Silver PPO, and Effective Date of Rate Change. Includes rows for 1.1 Product Name, 1.2 Product ID, 1.3 Plan Name, etc.

Worksheet 1 Totals Section II: Experience Period and Current Plan Level Information

Table with columns for Plan ID (Standard Component ID), Total, and various rates like 2.1 Allowed Claims, 2.2 Reinsurance, 2.3 Member Cost Sharing, etc.

Section III: Plan Adjustment Factors

Table with columns for Plan ID (Standard Component ID), Market Adjusted Index Rate, AV and Cost Sharing Design of Plan, and Administrative Expenses. Includes rows for 3.1 Plan ID, 3.2 Market Adjusted Index Rate, etc.

Section IV: Projected Plan Level Information

Table with columns for Plan ID (Standard Component ID), Total, 4.1 Allowed Claims, 4.2 Reinsurance, 4.3 Member Cost Sharing, etc.

Rating Area Data Collection

*Specify the total number of Rating
Select only the Rating Areas you are
To validate, select the Validate button
To finalize, select the Finalize button*

Rating Area	Rating Factor
Rating Area 1	0.9600
Rating Area 5	1.0200

RFJ Part III: Actuarial Memorandum

General Information

The purpose of this actuarial memorandum is to provide certain information related to a rate submission for the company identified below. The relevant index rate is developed in accordance with federal regulations, and plan specific premiums are generated using the allowable modifiers in accordance with the single risk pool rule.

The following section provides information related to the identification of the company that is submitting this rate filing. Much of this information is also displayed in Table 0 of the PA Actuarial Memorandum Exhibits.

Company Identifying Information:

Company Legal Name: UPMC Health Benefits, Inc.

NAIC #: 11018

State: PA

HIOS Issuer ID: 67430

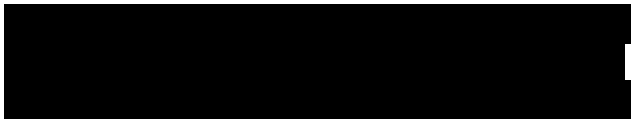
Market: Small Group

Exchange: Off Exchange

Products: PPO, EPO

Effective Date: 1/1/2025

Company Contact Information:



Filing Information:

Rate Filing SERFF Tracking #: UPMC-134078986

Form Filing SERFF Tracking #: UPMC-134084081, UPMC-134084103, UPMC-134084085, UPMC-134084111

Binder SERFF Tracking #: UPMC-PA25-125118385

Rate History:

Historical and proposed rate changes vary by plan due to various changes made to meet AV requirements on a plan-by-plan basis. The values listed below and overall proposed rate change for 2025 are weighted averages of the increase for each plan based on projected enrollment. Please see Table 10 of the PA Actuarial Memorandum Exhibits for a breakdown of plan-by-plan rate increases.

SERFF Tracking #	Year	Rate Change relative to Prior Filing*
UPMC-131496028	2019	N/A
UPMC-131851705	2019 Q4	N/A
UPMC-131943309	2020	11.5%
UPMC-132294646	2020 Q4	16.8%
UPMC-132364942	2021	-3.0%

UPMC-132801369	2022	13.7%
UPMC-133258233	2023	12.6%
UPMC-133641719	2024	5.7%

* Relative to prior year annual filing for quarterly updates. Historical increases in this table are from PAAM Exhibits Table 10.

Proposed Rate Increase(s)

Reasons for Rate Increase(s):

The proposed rate increase calculated for PPO products in section I, worksheet 2 of the URRT is 6.8%.

The proposed rate increase calculated for EPO products in section I, worksheet 2 of the URRT is 6.4%.

The largest driver of the rate increase is medical and pharmacy cost and utilization trends.

Market Experience

Single Risk Pool

The single risk pool consists of members that are anticipated to enroll in ACA-compliant policies offered under the captioned market.

Experience Period Premium and Claims

Paid Through Date:

The reported claims during the experience period have a paid through date of February 2024.

Current Date:

Current enrollment and premium data is reported as of February 15, 2024.

Premiums (net of MLR Rebate) in Experience Period:

Section I, worksheet 1 of the URRT contains calendar year 2023 premium for all non-grandfathered policies in the single risk pool for the captioned company and market. No adjustments were made for MLR rebates as we do not anticipate owing them. HHS cost-sharing is not included in the premium data. Please note that the earned premium is also listed in Table 2 of the PA Actuarial Memorandum Exhibits.

Allowed and Incurred Claims Incurred During the Experience Period:

Section I, worksheet 1 of the URRT contains calendar year 2023 claims experience for all non-grandfathered policies in the single risk pool for the captioned company and market, paid through February 2024. Allowed medical, pharmacy, and pediatric dental and vision claims are pulled directly from our data warehouse. We used the standard Development/Completion Factor Method to calculate IBNR. Factors were calculated using our entire fully insured group commercial book of business, of which Small Group ACA business is a subset. This data set is larger, more established, and more consistent, and is an appropriate representation of the claims completion patterns of employer group policies. The completion factors used are displayed in the table below and no unexpected factors were observed.

Month	Completion Factor
1/1/2023	0.9993
2/1/2023	0.9991
3/1/2023	0.9986
4/1/2023	0.9980
5/1/2023	0.9902
6/1/2023	0.9958
7/1/2023	0.9944
8/1/2023	0.9923
9/1/2023	0.9824
10/1/2023	0.9845
11/1/2023	0.9732
12/1/2023	0.9541

The following table shows the ultimate paid claims for the experience period distinguished between claims paid and fully adjudicated and claims estimated by IBNR:

Incurred Claims Processed by Claim System:	\$ 13,344,781
Claims Processed Outside Claim System:	\$ -
Claims Estimated by IBNR:	\$ 146,308
Ultimate Incurred Claims:	\$ 13,491,089

Benefit Categories

Medical claims are split into nine categories in our data warehouse. They, along with pediatric dental & vision claims, are mapped into the categories in the URRT as follows:

UPMC Benefit Category	URRT Benefit Category
Inpatient	Inpatient Hospital
Catastrophic	Inpatient Hospital
Outpatient	Outpatient Hospital
Behavioral	Outpatient Hospital
PCP	Professional
Specialist	Professional
Diagnostic	Other Medical
ER	Other Medical
Other	Other Medical
Pediatric Dental	Other Medical
Pediatric Vision	Other Medical

Drug claims are in separate tables and directly mapped into the Prescription Drugs category. Note that services are the unit of measurement used for the Other Medical category.

Projection Factors

Trend Factors (cost/utilization):

The overall annual trend used in rate development is 4.73%. Historical allowed claims from our Small Group block of ACA-compliant business from employer groups domiciled in western Pennsylvania were used to develop trend factors for use in the projected rates, and the basis for this trend is a least squares regression analysis on 12-month rolling cost and utilization claims experience between 2019 and 2023. The selected trends fall within the 95% confidence interval of regression analysis for each service category (Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, and Prescription Drug), and the selected aggregate trend is the weighted average aggregation of the component trends.

The large enrollment count and consistent makeup of this population make it appropriate for use in trend development for this filing. Service categories were defined to be consistent with the URRT instructions. Please see Tables 3 and 3b of the PA Actuarial Memorandum Exhibits for trend development calculations. Please note that the minor changes made to benefit designs in order to keep plan actuarial values within the allowed ranges were not significant enough to warrant an adjustment for induced demand with regard to trend, so the induced demand column has been populated with zeroes in Tables 3 and 3b. No changes in provider contracting are expected between the experience and projection periods, and therefore, no adjustments have been applied.

Adjustments to Trended EHB Allowed Claims PMPM

Changes in the Morbidity of the Population Insured:

[REDACTED]

Changes in Benefits:

No changes were made to the PA EHB Benchmark plan for 2025, so no adjustments were necessary.

Changes in Demographics:

No other adjustments have been applied to the index rate. The average age for our experience period Small Group risk pool was 36.7 with an average premium factor of 1.51. This is identical to our 2024 experience so far with age 36.7 and premium factor 1.51. Due to the stability of the population, no demographic adjustment has been made to the rates.

Other Adjustments:

An adjustment factor of 1.318 has been applied to the index rate to account for differences in expected allowed claims costs between the manual data and that of the captioned company. This adjustment factor brings the captioned company index rate in line with the current characteristics of the provider networks. Please see Exhibit 7 of the Supporting Exhibits for the derivation of this factor.

An adjustment factor of 0.997 has been applied to the index rate in the Change in Other category. This adjustment accounts for itemized differences between the 2023 experience period and the 2025 projection period, such as the impact of medical and pharmacy cost savings initiatives that UPMC has engaged in. Please see Exhibit 8 of the Supporting Exhibits for the derivation of the Change in Other factor applied in Table 5.

Credibility Manual Rate Development

Source and Appropriateness of Manual Rate Used:

The manual data for this filing was developed using a blend of ACA-compliant experience period data from groups domiciled in western Pennsylvania only under each of UPMC's subsidiary companies, which is displayed in tables 2b, 3b, and 4b in the PA Actuarial Memorandum Exhibits. The manual data consists of 1,272,175 member months of experience. Using data from western Pennsylvania only as the basis for the manual was deemed appropriate since coverage will only be offered in this part of the state during the projection period.

Adjustments Made to the Data:

Adjustments made to the manual data are discussed in the "Projection Factors" section above.

Inclusion of Capitation Payments:

No benefits are projected to be paid for via capitation.

Credibility of Experience

The experience period data for this company consists of 19,547 member months from ACA-compliant policies. However, this data set includes data from groups domiciled in both western and eastern Pennsylvania, but the captioned company will only offer coverage for groups domiciled in western Pennsylvania during the projection period in the small group market. To help account for this transition, 0% credibility has been applied to the experience (just as was implemented in the prior annual filing for the captioned company and market), and the manual data for this filing is assigned 100% credibility. The manual data encompasses the single risk pool of all UPMC Small Group market companies, and assigning it 100% credibility and assigning each company-specific single risk pool 0% credibility aligns with prior filings as well.

Establishing the Index Rate

For this filing, the Index Rate of the Experience Period is set equal to the manual rate as outlined above in Section 1G of this memorandum. The calculation of the manual rate is shown in Table 2b of the PA Actuarial Memorandum Exhibits. The Index Rate of the Projection Period is then calculated in Table 5 by first applying two years of 4.73% annual trend to the Index Rate of Experience Period.

The adjustments described in the Projection Factors section above were then applied to the trended manual rate to generate the Index Rate of the Projection Period. Please note that the Index Rate of Projection Period of \$761.14 shown in Table 5 matches the corresponding value shown in section II, worksheet 1 of the URRT. Please note that claims corresponding to non-EHBs were not included in the calculation of the index rates despite being covered during the experience period.

Small Group Quarterly Trend Increases:

Quarterly trended rates beginning on the first day of each calendar quarter of 2025 are proposed in this filing. The proposed quarterly trend is 1.39%. Please see Exhibit 12 for the derivation of quarterly trend.

Paid to Allowed Ratio

The Paid to Allowed Average Factor was calculated by taking the weighted average of the company-determined Actuarial Values for all plans using current membership as demonstrated in Table 10 of the PA Actuarial Memorandum Exhibits.

Development of the Market Adjusted Index Rate

The Projected Index Rate is adjusted by adding estimates for Risk Adjustment and Marketplace Fees (with impacts and costs spread across the whole risk pool) to obtain the projected Market Adjusted Index Rate. Derivation of the PMPM values used for the Risk Adjustment, Marketplace Fees adjustments, and projected Reinsurance recoveries are described in the following sections.

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:

Experience period Risk Adjustment for the captioned company is estimated to be a payment of \$532,413. This estimate is based on information provided by Wakely Consulting using UPMC and other participating carriers' CY 2023 data as of December 31, 2023 with zero months of runout. The payment translates to a PMPM of \$27.24.

No reinsurance recoveries are expected for this market.

Projected Risk Adjustments PMPM:

Projection period Risk Adjustment PMPM has been estimated to be a payment of \$13.94, which is displayed in Table 5. First, UPMC considered the expected transfer for 2023, relying on projections by Wakely Consulting using the most recently available data.

[REDACTED]

[REDACTED]

[REDACTED]

The projection period Risk Adjustment transfer PMPM also accounts for the impact of known changes to HHS model weights for the 2025 Benefit Period. The transfer amount is not adjusted to reflect the estimated impact of the Risk Adjustment Data Validation (RADV) program, as there have been fluctuations in the program's impact directionally in recent years. UPMC relies on analysis by Wakely Consulting in estimating the impacts of both the 2025 model changes and the RADV program.

The projected transfer assumes a \$0 High Cost Risk Pool (HCRP) recovery net of the program's surcharge.

Please see Exhibit 9 of the Supporting Exhibits for this derivation

The value entered in section II, worksheet 1 of the URRT was \$16.89 since the calculation of the Market Adjusted Index Rate is done on an allowed claims basis in the URRT. The updated PMPM was derived by taking the original paid PMPM divided by the Paid to Allowed Average Factor. The net amount after accounting for the fee is subtracted from the Index Rate of the Projection Period as part of the calculation of the Market Adjusted Index Rate. For the URRT and Table 5 of the PA Actuarial Memorandum Rate Exhibits, it was entered as a negative number because the calculation subtracts this value. The effect is an increase in premium as additional revenue will be required to cover the anticipated payment. No adjustment was made for the Marketplace User Fee since all plans included in this filing are only offered off exchange.

Exchange User Fees:

No adjustment was made for the Marketplace User Fee since all plans included in this filing are only offered off exchange.

Estimated Reinsurance Recoveries PMPM:

No adjustment was made for the new state-based reinsurance program since it is not applicable to the small group market.

Non-Benefit Expenses and Profit & Risk

Administrative Expense Load:

Administrative costs of 9.7% of premium have been displayed in Table 6 and the URRT. This value has been derived from projected administrative costs for the projection period. These expenses are assumed to be uniform for all plan designs.



Profit & Risk Margin:

The projected profit margin for this company will remain at 0.5% for 2025. This value is listed in both Table 6 and the URRT. The same level of profit margin is expected for each plan included in this filing.

Taxes and Fees:

Taxes and Fees are expected to be 2.6% of premium in 2025. This accounts for the projected Federal Income Tax in 2025. Please note that the Risk Adjustment Administration Fee of \$0.18 PMPM and the projected PCORI Fee of \$0.27 PMPM were included in the Taxes and Fees field in Table 6 and the URRT.

Plan Adjusted Index Rates

Table 10 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance to develop 2025 Plan Adjusted Index Rates. The allowable modifiers that are used in rate development are described below.

Plan Actuarial Value:

The AV for each plan was determined by the issuer's own pricing model based on experience from UPMC's fully-insured commercial block of business. This model calculates an AV for a given plan by first trending 2023 allowed claims data forward two years to the projection period, calculating paid amounts for each benefit category based on the benefit design of a given plan and projected allowed claims data, and taking the ratio of the total projected paid claims to projected allowed claims. Since the same tool was used for all plans, this eliminates any impact from morbidity at the plan level, and differing rate increases by product type are purely based on differences in benefit design for all plans within a given product.

Benefit Richness (induced demand)

Benefit richness factors were calculated using the formula $(\text{Plan AV})^2 - (\text{Plan AV}) + 1.24$, where (Plan AV) is equal to the product of the Plan AV described above and the Non-Funding of CSR Adjustment described below on a plan-by-plan basis. This formula was prescribed by the Pennsylvania Insurance Department and has been developed to produce induced demand factors that mimic those determined by HHS. The initial factors calculated using this formula were then normalized against projected membership by plan.

Benefits in addition to EHBs

Benefits that will be offered outside EHB include routine foot care, acupuncture, dental anesthesia, diabetes care management, and inherited metabolic disorder. The projected allowed claims for these benefits is \$1.42 PMPM. The adjustment factor of 1.002 included in Table 10 has been derived by adding the aforementioned PMPM to the projected index rate for 2025 and dividing this total by the same index rate, causing the adjustment to be applied uniformly to all plans.

Provider Network

Since only one network is included in this filing, no network adjustments were deemed necessary for 2025.

Catastrophic Eligibility

This adjustment is not applicable to the small group market.

Non-Funding of CSR Adjustment

This adjustment is not applicable to the small group market.

Calibration

Age Curve Calibration:

The average age factor was calculated using our projected ACA-related Small Group population with the prescribed HHS Age Factors for 2025. It was assumed this represents the age distribution of the entire single risk-pool. The number of members under each age bracket was multiplied by the corresponding HHS Age Factor.

These were then summed and divided by the total number of members to obtain the average age factor. For UPMC's entire block of ACA-compliant Small Group business, the average age factor is 1.507 and average age was 36.7 during the experience period. This preliminary age factor is then multiplied by an adjustment factor of 0.993, which accounts for the regulation that prohibits charging for more than three children per family, resulting in a final age calibration factor of 1.496. Please see Exhibit 3 in the Supporting Exhibits for the calculation of this factor.

Geographic Factor Calibration:

The geographic rating areas used within this filing are the same as those defined by the state. For 2025, the proposed geographic factors are identical to the 2024 filing. The table below displays the current and proposed factors:

Region	2024	2025
1	0.960	0.960
5	1.020	1.020

The calibration factor of 1.005 was calculated as the weighted average of the geographical factors using projected enrollment for the single risk pool, as shown in Exhibit 4 of the Supporting Exhibits.

Tobacco Use Rating Factor Calibration:

No tobacco load is applied in the Small Group market, so no adjustment is necessary.

Consumer Adjusted Premium Rate Development

Table 11 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance. 2025 rates calculated in this tables were tested to ensure that they match those included in the PA Plan Design Summary and Rate Tables, Federal Rates Template, and the binder. The Plan Adjusted Index Rates are divided by the age calibration factor then multiplied by the specific age, geographic, and tobacco factors shown in Tables 12, 13, and 14 of the PA Actuarial Memorandum Exhibits, respectively, to develop the Consumer Adjusted Premium Rates.

Projected Loss Ratio

The projected period loss ratio, using the federally-prescribed MLR methodology without the credibility adjustment, is 91.6%, as shown in Exhibit 1 of the Supporting Exhibits.

An exhibit displaying historical MLR information is provided in Exhibit 2 of the Supporting Exhibits. Loss ratios in the 'Actual' column have been calculated from data submitted in the most recent three-year MLR filing using the federally-prescribed MLR methodology without the credibility adjustment. Enrollment data in the 'Actual' column ties directly to the historical data included in Table 4 of the PA Actuarial Memorandum Exhibits. Loss ratios and enrollment data in the 'Pricing' columns are projected values taken from each calendar year's approved ACA rate filing.

Plan Product Info

AV Metal Values

Metal values were determined using the final 2025 HHS AV Calculator. For plans with designs that were incompatible with the AV Calculator, a Supporting Documentation and Justification narrative has been included with the AV Screenshots.

Membership Projections

Projected membership for plan year 2025 does not vary significantly from the February 2024 enrollment. Membership projections for renewing plans are assumed equal to the February 2024 enrollment, and a small number of members is assumed to enroll in new plans.

Terminated Plans and Products

Please see Table 10 of the PA Actuarial Memorandum Exhibits for a mapping of all terminated SCIDs to a 2025 plan, where applicable.

Warning Alerts

Several warning messages appear after clicking the validate button in the URRT. These messages highlight the fact that several terminated or renewing plans have entries of zero in the current enrollment and premium PMPM fields on worksheet 2 of the URRT. Similar messages have appeared in the URRT in prior years across UPMC companies for similar reasons.

Effective Rate Review Information

The Pennsylvania Insurance Department is responsible for conducting effective rate review for all submitted rates.

Reliance

Below is a summary of the information that we have relied on as part of rate development.

Source	Type of Information	Comments
Jeffrey A. Bees, CFO, Commercial Products and WorkPartners	Projected administrative expenses, impact of discontinuation of SaveOnSP Program	I have not performed any independent audit or otherwise verified the accuracy of this data/information.
Rachel Oaks, Sr. Director, Medical Economics	Anticipated savings from medical savings initiatives	I have not performed any independent audit or otherwise verified the accuracy of this data/information.

List of Supporting Exhibits

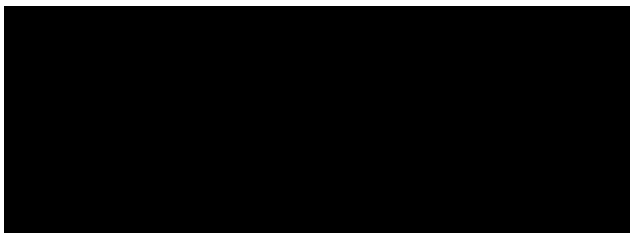
Supporting exhibits have been included with the rate filing to assist with the review process. Below is a list summarizing the contents of each exhibit.

- Exhibit 1: Derivation of Projection Period MLR
- Exhibit 2: Actual vs Pricing MLR & Member Months
- Exhibit 3: Derivation of Age Calibration Factor
- Exhibit 4: Derivation of Geographical Calibration Factor
- Exhibit 5: Current/Projected Commissions by OEP and SEP
- Exhibit 6: Derivation of 3-Child Cap Adjustment Factor
- Exhibit 7: Derivation of Change in Network Factor
- Exhibit 8: Derivation of Change in Other Factor
- Exhibit 9: Derivation of Projected Risk Adjustment PMPM
- Exhibit 10: Projected Administrative Expense Load Development
- Exhibit 11: Derivation of Projected Taxes and Fees
- Exhibit 12: Derivation of Quarterly Trend
- Exhibit 13a: Calculation of 2024Q1 to 2025Q1 Rate Change
- Exhibit 13b: Calculation of 2024Q2 to 2025Q2 Rate Change
- Exhibit 13c: Calculation of 2024Q3 to 2025Q3 Rate Change
- Exhibit 13d: Calculation of 2024Q4 to 2025Q4 Rate Change

Actuarial Certification

I, [REDACTED], am a Member of the American Academy of Actuaries in good standing. I am currently Manager for ACA products in the Actuarial Services department for UPMC Health Plan. I certify that:

- All factor, benefit and other changes from the prior approved filing have been disclosed in this actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR § 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2025 Rate Filing Justification.
- The projected Index Rate is:
 - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80 and § 147.102)
 - b. Developed in compliance with the applicable Actuarial Standards of Practice
 - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
 - d. Neither excessive nor deficient
- The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and § 156.80(d)(2) were used to generate plan level rates.
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area.
- The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I URRT for all plans except those specified in the certification.



5/15/2024
Date

2025 Rates Table Template v14.0				
All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.				
If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.				
If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.				
If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	67430			
Rate Effective Date*	1/1/2025			
Rate Expiration Date*	3/31/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
67430PA0070026	Rating Area 1	No Preference	0-14	387.79
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67430PA0070026	Rating Area 1	No Preference	18	462.82
67430PA0070026	Rating Area 1	No Preference	19	477.01
67430PA0070026	Rating Area 1	No Preference	20	491.71
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67430PA0080029 Rating Area 5	No Preference	57	1067.53
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67430PA0080029 Rating Area 5	No Preference	60	1188.87
67430PA0080029 Rating Area 5	No Preference	61	1230.92
67430PA0080029 Rating Area 5	No Preference	62	1258.52
67430PA0080029 Rating Area 5	No Preference	63	1293.12
67430PA0080029 Rating Area 5	No Preference	64 and over	1314.15

2025 Rates Table Template v14.0				
All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.				
If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.				
If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.				
If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	67430			
Rate Effective Date*	4/1/2025			
Rate Expiration Date*	6/30/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
67430PA0070026	Rating Area 1	No Preference	0-14	393.18
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67430PA0070026	Rating Area 1	No Preference	16	441.49
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67430PA0070026	Rating Area 1	No Preference	18	469.25
67430PA0070026	Rating Area 1	No Preference	19	483.64
67430PA0070026	Rating Area 1	No Preference	20	498.54
67430PA0070026	Rating Area 1	No Preference	21	513.96
67430PA0070026	Rating Area 1	No Preference	22	513.96
67430PA0070026	Rating Area 1	No Preference	23	513.96
67430PA0070026	Rating Area 1	No Preference	24	513.96
67430PA0070026	Rating Area 1	No Preference	25	516.02
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67430PA0070026	Rating Area 1	No Preference	36	632.17
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67430PA0070026	Rating Area 5	No Preference	19	513.85
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67430PA0070031	Rating Area 1	No Preference	29	480.10
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67430PA0070031	Rating Area 1	No Preference	62	1232.63
67430PA0070031	Rating Area 1	No Preference	63	1266.53
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67430PA0080029	Rating Area 5	No Preference	43	602.68
67430PA0080029	Rating Area 5	No Preference	44	620.45
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67430PA0080029	Rating Area 5	No Preference	46	666.20
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67430PA0080029 Rating Area 5	No Preference	48	726.15
67430PA0080029 Rating Area 5	No Preference	49	757.69
67430PA0080029 Rating Area 5	No Preference	50	793.22
67430PA0080029 Rating Area 5	No Preference	51	828.30
67430PA0080029 Rating Area 5	No Preference	52	866.94
67430PA0080029 Rating Area 5	No Preference	53	906.03
67430PA0080029 Rating Area 5	No Preference	54	948.22
67430PA0080029 Rating Area 5	No Preference	55	990.41
67430PA0080029 Rating Area 5	No Preference	56	1036.16
67430PA0080029 Rating Area 5	No Preference	57	1082.34
67430PA0080029 Rating Area 5	No Preference	58	1131.64
67430PA0080029 Rating Area 5	No Preference	59	1156.07
67430PA0080029 Rating Area 5	No Preference	60	1205.37
67430PA0080029 Rating Area 5	No Preference	61	1248.01
67430PA0080029 Rating Area 5	No Preference	62	1275.99
67430PA0080029 Rating Area 5	No Preference	63	1311.07
67430PA0080029 Rating Area 5	No Preference	64 and over	1332.39

2025 Rates Table Template v14.0				
All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.				
If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.				
If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.				
If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	67430			
Rate Effective Date*	7/1/2025			
Rate Expiration Date*	9/30/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
67430PA0070026	Rating Area 1	No Preference	0-14	398.63
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67430PA0070026	Rating Area 1	No Preference	16	447.62
67430PA0070026	Rating Area 1	No Preference	17	461.16
67430PA0070026	Rating Area 1	No Preference	18	475.76
67430PA0070026	Rating Area 1	No Preference	19	490.35
67430PA0070026	Rating Area 1	No Preference	20	505.46
67430PA0070026	Rating Area 1	No Preference	21	521.09
67430PA0070026	Rating Area 1	No Preference	22	521.09
67430PA0070026	Rating Area 1	No Preference	23	521.09
67430PA0070026	Rating Area 1	No Preference	24	521.09
67430PA0070026	Rating Area 1	No Preference	25	523.17
67430PA0070026	Rating Area 1	No Preference	26	533.60
67430PA0070026	Rating Area 1	No Preference	27	546.10
67430PA0070026	Rating Area 1	No Preference	28	566.42
67430PA0070026	Rating Area 1	No Preference	29	583.10
67430PA0070026	Rating Area 1	No Preference	30	591.44
67430PA0070026	Rating Area 1	No Preference	31	603.94
67430PA0070026	Rating Area 1	No Preference	32	616.45
67430PA0070026	Rating Area 1	No Preference	33	624.27
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67430PA0070026	Rating Area 1	No Preference	38	649.28
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67430PA0070032	Rating Area 1	No Preference	64 and over	1004.76
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67430PA0080019	Rating Area 1	No Preference	26	514.47
67430PA0080019	Rating Area 1	No Preference	27	526.53
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67430PA0080019	Rating Area 1	No Preference	29	562.20
67430PA0080019	Rating Area 1	No Preference	30	570.24
67430PA0080019	Rating Area 1	No Preference	31	582.29
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67430PA0080019	Rating Area 1	No Preference	35	613.95
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67430PA0080024	Rating Area 5	No Preference	62	1289.80
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67430PA0080025	Rating Area 1	No Preference	62	932.98
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67430PA0080029	Rating Area 1	No Preference	34	514.51
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67430PA0080029	Rating Area 5	No Preference	46	675.44
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67430PA0080029 Rating Area 5	No Preference	50	804.22
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67430PA0080029 Rating Area 5	No Preference	58	1147.34
67430PA0080029 Rating Area 5	No Preference	59	1172.10
67430PA0080029 Rating Area 5	No Preference	60	1222.09
67430PA0080029 Rating Area 5	No Preference	61	1265.31
67430PA0080029 Rating Area 5	No Preference	62	1293.68
67430PA0080029 Rating Area 5	No Preference	63	1329.26
67430PA0080029 Rating Area 5	No Preference	64 and over	1350.87

2025 Rates Table Template v14.0				
All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.				
If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.				
If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.				
If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.				
HIOS Issuer ID*	67430			
Rate Effective Date*	10/1/2025			
Rate Expiration Date*	12/31/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
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67430PA0070026	Rating Area 1	No Preference	15	440.09
67430PA0070026	Rating Area 1	No Preference	16	453.83
67430PA0070026	Rating Area 1	No Preference	17	467.56
67430PA0070026	Rating Area 1	No Preference	18	482.36
67430PA0070026	Rating Area 1	No Preference	19	497.15
67430PA0070026	Rating Area 1	No Preference	20	512.47
67430PA0070026	Rating Area 1	No Preference	21	528.32
67430PA0070026	Rating Area 1	No Preference	22	528.32
67430PA0070026	Rating Area 1	No Preference	23	528.32
67430PA0070026	Rating Area 1	No Preference	24	528.32
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67430PA0070026	Rating Area 1	No Preference	26	541.00
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67430PA0070026	Rating Area 1	No Preference	28	574.28
67430PA0070026	Rating Area 1	No Preference	29	591.19
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67430PA0070026	Rating Area 1	No Preference	31	612.32
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67430PA0070026	Rating Area 1	No Preference	33	632.93
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67430PA0070026	Rating Area 1	No Preference	36	649.83
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67430PA0070026	Rating Area 1	No Preference	61	1484.58
67430PA0070026	Rating Area 1	No Preference	62	1517.86
67430PA0070026	Rating Area 1	No Preference	63	1559.60
67430PA0070026	Rating Area 1	No Preference	64 and over	1584.96
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67430PA0070031	Rating Area 5	No Preference	61	1316.71
67430PA0070031	Rating Area 5	No Preference	62	1346.23
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67430PA0070031	Rating Area 5	No Preference	64 and over	1405.74
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67430PA0070034	Rating Area 1	No Preference	62	1292.10
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67430PA0080027	Rating Area 1	No Preference	62	1251.36
67430PA0080027	Rating Area 1	No Preference	63	1285.77
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67430PA0080027	Rating Area 5	No Preference	17	409.55
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67430PA0080027	Rating Area 5	No Preference	29	517.84
67430PA0080027	Rating Area 5	No Preference	30	525.24
67430PA0080027	Rating Area 5	No Preference	31	536.35

67430PA0080027	Rating Area 5	No Preference	32	547.46
67430PA0080027	Rating Area 5	No Preference	33	554.40
67430PA0080027	Rating Area 5	No Preference	34	561.80
67430PA0080027	Rating Area 5	No Preference	35	565.50
67430PA0080027	Rating Area 5	No Preference	36	569.21
67430PA0080027	Rating Area 5	No Preference	37	572.91
67430PA0080027	Rating Area 5	No Preference	38	576.61
67430PA0080027	Rating Area 5	No Preference	39	584.02
67430PA0080027	Rating Area 5	No Preference	40	591.42
67430PA0080027	Rating Area 5	No Preference	41	602.53
67430PA0080027	Rating Area 5	No Preference	42	613.17
67430PA0080027	Rating Area 5	No Preference	43	627.98
67430PA0080027	Rating Area 5	No Preference	44	646.49
67430PA0080027	Rating Area 5	No Preference	45	668.24
67430PA0080027	Rating Area 5	No Preference	46	694.16
67430PA0080027	Rating Area 5	No Preference	47	723.31
67430PA0080027	Rating Area 5	No Preference	48	756.63
67430PA0080027	Rating Area 5	No Preference	49	789.49
67430PA0080027	Rating Area 5	No Preference	50	826.51
67430PA0080027	Rating Area 5	No Preference	51	863.07
67430PA0080027	Rating Area 5	No Preference	52	903.33
67430PA0080027	Rating Area 5	No Preference	53	944.05
67430PA0080027	Rating Area 5	No Preference	54	988.01
67430PA0080027	Rating Area 5	No Preference	55	1031.98
67430PA0080027	Rating Area 5	No Preference	56	1079.64
67430PA0080027	Rating Area 5	No Preference	57	1127.77
67430PA0080027	Rating Area 5	No Preference	58	1179.14
67430PA0080027	Rating Area 5	No Preference	59	1204.59
67430PA0080027	Rating Area 5	No Preference	60	1255.96
67430PA0080027	Rating Area 5	No Preference	61	1300.38
67430PA0080027	Rating Area 5	No Preference	62	1329.54
67430PA0080027	Rating Area 5	No Preference	63	1366.10
67430PA0080027	Rating Area 5	No Preference	64 and over	1388.31
67430PA0080028	Rating Area 1	No Preference	0-14	301.15
67430PA0080028	Rating Area 1	No Preference	15	327.92
67430PA0080028	Rating Area 1	No Preference	16	338.15
67430PA0080028	Rating Area 1	No Preference	17	348.39
67430PA0080028	Rating Area 1	No Preference	18	359.41
67430PA0080028	Rating Area 1	No Preference	19	370.43
67430PA0080028	Rating Area 1	No Preference	20	381.85
67430PA0080028	Rating Area 1	No Preference	21	393.66
67430PA0080028	Rating Area 1	No Preference	22	393.66
67430PA0080028	Rating Area 1	No Preference	23	393.66
67430PA0080028	Rating Area 1	No Preference	24	393.66
67430PA0080028	Rating Area 1	No Preference	25	395.23
67430PA0080028	Rating Area 1	No Preference	26	403.11
67430PA0080028	Rating Area 1	No Preference	27	412.56
67430PA0080028	Rating Area 1	No Preference	28	427.91
67430PA0080028	Rating Area 1	No Preference	29	440.51
67430PA0080028	Rating Area 1	No Preference	30	446.80
67430PA0080028	Rating Area 1	No Preference	31	456.25
67430PA0080028	Rating Area 1	No Preference	32	465.70
67430PA0080028	Rating Area 1	No Preference	33	471.60
67430PA0080028	Rating Area 1	No Preference	34	477.90
67430PA0080028	Rating Area 1	No Preference	35	481.05
67430PA0080028	Rating Area 1	No Preference	36	484.20
67430PA0080028	Rating Area 1	No Preference	37	487.35
67430PA0080028	Rating Area 1	No Preference	38	490.50
67430PA0080028	Rating Area 1	No Preference	39	496.80
67430PA0080028	Rating Area 1	No Preference	40	503.10
67430PA0080028	Rating Area 1	No Preference	41	512.55
67430PA0080028	Rating Area 1	No Preference	42	521.60
67430PA0080028	Rating Area 1	No Preference	43	534.20
67430PA0080028	Rating Area 1	No Preference	44	549.94
67430PA0080028	Rating Area 1	No Preference	45	568.45
67430PA0080028	Rating Area 1	No Preference	46	590.49
67430PA0080028	Rating Area 1	No Preference	47	615.29
67430PA0080028	Rating Area 1	No Preference	48	643.63
67430PA0080028	Rating Area 1	No Preference	49	671.58
67430PA0080028	Rating Area 1	No Preference	50	703.08
67430PA0080028	Rating Area 1	No Preference	51	734.18
67430PA0080028	Rating Area 1	No Preference	52	768.42
67430PA0080028	Rating Area 1	No Preference	53	803.07
67430PA0080028	Rating Area 1	No Preference	54	840.46
67430PA0080028	Rating Area 1	No Preference	55	877.86
67430PA0080028	Rating Area 1	No Preference	56	918.41
67430PA0080028	Rating Area 1	No Preference	57	959.35
67430PA0080028	Rating Area 1	No Preference	58	1003.05
67430PA0080028	Rating Area 1	No Preference	59	1024.70
67430PA0080028	Rating Area 1	No Preference	60	1068.39
67430PA0080028	Rating Area 1	No Preference	61	1106.18
67430PA0080028	Rating Area 1	No Preference	62	1130.99
67430PA0080028	Rating Area 1	No Preference	63	1162.08
67430PA0080028	Rating Area 1	No Preference	64 and over	1180.98
67430PA0080028	Rating Area 5	No Preference	0-14	319.96
67430PA0080028	Rating Area 5	No Preference	15	348.40
67430PA0080028	Rating Area 5	No Preference	16	359.28
67430PA0080028	Rating Area 5	No Preference	17	370.15
67430PA0080028	Rating Area 5	No Preference	18	381.86
67430PA0080028	Rating Area 5	No Preference	19	393.57
67430PA0080028	Rating Area 5	No Preference	20	405.70
67430PA0080028	Rating Area 5	No Preference	21	418.25
67430PA0080028	Rating Area 5	No Preference	22	418.25
67430PA0080028	Rating Area 5	No Preference	23	418.25
67430PA0080028	Rating Area 5	No Preference	24	418.25
67430PA0080028	Rating Area 5	No Preference	25	419.92
67430PA0080028	Rating Area 5	No Preference	26	428.29
67430PA0080028	Rating Area 5	No Preference	27	438.33
67430PA0080028	Rating Area 5	No Preference	28	454.64
67430PA0080028	Rating Area 5	No Preference	29	468.02
67430PA0080028	Rating Area 5	No Preference	30	474.71
67430PA0080028	Rating Area 5	No Preference	31	484.75
67430PA0080028	Rating Area 5	No Preference	32	494.79
67430PA0080028	Rating Area 5	No Preference	33	501.06
67430PA0080028	Rating Area 5	No Preference	34	507.76
67430PA0080028	Rating Area 5	No Preference	35	511.10
67430PA0080028	Rating Area 5	No Preference	36	514.45
67430PA0080028	Rating Area 5	No Preference	37	517.79
67430PA0080028	Rating Area 5	No Preference	38	521.14
67430PA0080028	Rating Area 5	No Preference	39	527.83

67430PA0080028	Rating Area 5	No Preference	40	534.52
67430PA0080028	Rating Area 5	No Preference	41	544.56
67430PA0080028	Rating Area 5	No Preference	42	554.18
67430PA0080028	Rating Area 5	No Preference	43	567.57
67430PA0080028	Rating Area 5	No Preference	44	584.30
67430PA0080028	Rating Area 5	No Preference	45	603.95
67430PA0080028	Rating Area 5	No Preference	46	627.38
67430PA0080028	Rating Area 5	No Preference	47	653.72
67430PA0080028	Rating Area 5	No Preference	48	683.84
67430PA0080028	Rating Area 5	No Preference	49	713.53
67430PA0080028	Rating Area 5	No Preference	50	746.99
67430PA0080028	Rating Area 5	No Preference	51	780.04
67430PA0080028	Rating Area 5	No Preference	52	816.42
67430PA0080028	Rating Area 5	No Preference	53	853.23
67430PA0080028	Rating Area 5	No Preference	54	892.96
67430PA0080028	Rating Area 5	No Preference	55	932.70
67430PA0080028	Rating Area 5	No Preference	56	975.78
67430PA0080028	Rating Area 5	No Preference	57	1019.28
67430PA0080028	Rating Area 5	No Preference	58	1065.70
67430PA0080028	Rating Area 5	No Preference	59	1088.70
67430PA0080028	Rating Area 5	No Preference	60	1135.13
67430PA0080028	Rating Area 5	No Preference	61	1175.28
67430PA0080028	Rating Area 5	No Preference	62	1201.63
67430PA0080028	Rating Area 5	No Preference	63	1234.67
67430PA0080028	Rating Area 5	No Preference	64 and over	1254.75
67430PA0080029	Rating Area 1	No Preference	0-14	328.71
67430PA0080029	Rating Area 1	No Preference	15	357.93
67430PA0080029	Rating Area 1	No Preference	16	369.10
67430PA0080029	Rating Area 1	No Preference	17	380.28
67430PA0080029	Rating Area 1	No Preference	18	392.31
67430PA0080029	Rating Area 1	No Preference	19	404.34
67430PA0080029	Rating Area 1	No Preference	20	416.80
67430PA0080029	Rating Area 1	No Preference	21	429.69
67430PA0080029	Rating Area 1	No Preference	22	429.69
67430PA0080029	Rating Area 1	No Preference	23	429.69
67430PA0080029	Rating Area 1	No Preference	24	429.69
67430PA0080029	Rating Area 1	No Preference	25	431.41
67430PA0080029	Rating Area 1	No Preference	26	440.00
67430PA0080029	Rating Area 1	No Preference	27	450.32
67430PA0080029	Rating Area 1	No Preference	28	467.07
67430PA0080029	Rating Area 1	No Preference	29	480.82
67430PA0080029	Rating Area 1	No Preference	30	487.70
67430PA0080029	Rating Area 1	No Preference	31	498.01
67430PA0080029	Rating Area 1	No Preference	32	508.32
67430PA0080029	Rating Area 1	No Preference	33	514.77
67430PA0080029	Rating Area 1	No Preference	34	521.64
67430PA0080029	Rating Area 1	No Preference	35	525.08
67430PA0080029	Rating Area 1	No Preference	36	528.52
67430PA0080029	Rating Area 1	No Preference	37	531.96
67430PA0080029	Rating Area 1	No Preference	38	535.39
67430PA0080029	Rating Area 1	No Preference	39	542.27
67430PA0080029	Rating Area 1	No Preference	40	549.14
67430PA0080029	Rating Area 1	No Preference	41	559.46
67430PA0080029	Rating Area 1	No Preference	42	569.34
67430PA0080029	Rating Area 1	No Preference	43	583.09
67430PA0080029	Rating Area 1	No Preference	44	600.28
67430PA0080029	Rating Area 1	No Preference	45	620.47
67430PA0080029	Rating Area 1	No Preference	46	644.54
67430PA0080029	Rating Area 1	No Preference	47	671.61
67430PA0080029	Rating Area 1	No Preference	48	702.54
67430PA0080029	Rating Area 1	No Preference	49	733.05
67430PA0080029	Rating Area 1	No Preference	50	767.43
67430PA0080029	Rating Area 1	No Preference	51	801.37
67430PA0080029	Rating Area 1	No Preference	52	838.75
67430PA0080029	Rating Area 1	No Preference	53	876.57
67430PA0080029	Rating Area 1	No Preference	54	917.39
67430PA0080029	Rating Area 1	No Preference	55	958.21
67430PA0080029	Rating Area 1	No Preference	56	1002.47
67430PA0080029	Rating Area 1	No Preference	57	1047.15
67430PA0080029	Rating Area 1	No Preference	58	1094.85
67430PA0080029	Rating Area 1	No Preference	59	1118.48
67430PA0080029	Rating Area 1	No Preference	60	1166.18
67430PA0080029	Rating Area 1	No Preference	61	1207.43
67430PA0080029	Rating Area 1	No Preference	62	1234.50
67430PA0080029	Rating Area 1	No Preference	63	1268.44
67430PA0080029	Rating Area 1	No Preference	64 and over	1289.07
67430PA0080029	Rating Area 5	No Preference	0-14	349.25
67430PA0080029	Rating Area 5	No Preference	15	380.30
67430PA0080029	Rating Area 5	No Preference	16	392.17
67430PA0080029	Rating Area 5	No Preference	17	404.04
67430PA0080029	Rating Area 5	No Preference	18	416.82
67430PA0080029	Rating Area 5	No Preference	19	429.60
67430PA0080029	Rating Area 5	No Preference	20	442.84
67430PA0080029	Rating Area 5	No Preference	21	456.54
67430PA0080029	Rating Area 5	No Preference	22	456.54
67430PA0080029	Rating Area 5	No Preference	23	456.54
67430PA0080029	Rating Area 5	No Preference	24	456.54
67430PA0080029	Rating Area 5	No Preference	25	458.37
67430PA0080029	Rating Area 5	No Preference	26	467.50
67430PA0080029	Rating Area 5	No Preference	27	478.45
67430PA0080029	Rating Area 5	No Preference	28	496.26
67430PA0080029	Rating Area 5	No Preference	29	510.87
67430PA0080029	Rating Area 5	No Preference	30	518.17
67430PA0080029	Rating Area 5	No Preference	31	529.13
67430PA0080029	Rating Area 5	No Preference	32	540.09
67430PA0080029	Rating Area 5	No Preference	33	546.93
67430PA0080029	Rating Area 5	No Preference	34	554.24
67430PA0080029	Rating Area 5	No Preference	35	557.89
67430PA0080029	Rating Area 5	No Preference	36	561.54
67430PA0080029	Rating Area 5	No Preference	37	565.20
67430PA0080029	Rating Area 5	No Preference	38	568.85
67430PA0080029	Rating Area 5	No Preference	39	576.15
67430PA0080029	Rating Area 5	No Preference	40	583.46
67430PA0080029	Rating Area 5	No Preference	41	594.42
67430PA0080029	Rating Area 5	No Preference	42	604.92
67430PA0080029	Rating Area 5	No Preference	43	619.52
67430PA0080029	Rating Area 5	No Preference	44	637.79
67430PA0080029	Rating Area 5	No Preference	45	659.24
67430PA0080029	Rating Area 5	No Preference	46	684.81
67430PA0080029	Rating Area 5	No Preference	47	713.57

67430PA0080029 Rating Area 5	No Preference	48	746.44
67430PA0080029 Rating Area 5	No Preference	49	778.86
67430PA0080029 Rating Area 5	No Preference	50	815.38
67430PA0080029 Rating Area 5	No Preference	51	851.45
67430PA0080029 Rating Area 5	No Preference	52	891.17
67430PA0080029 Rating Area 5	No Preference	53	931.34
67430PA0080029 Rating Area 5	No Preference	54	974.71
67430PA0080029 Rating Area 5	No Preference	55	1018.08
67430PA0080029 Rating Area 5	No Preference	56	1065.11
67430PA0080029 Rating Area 5	No Preference	57	1112.59
67430PA0080029 Rating Area 5	No Preference	58	1163.26
67430PA0080029 Rating Area 5	No Preference	59	1188.37
67430PA0080029 Rating Area 5	No Preference	60	1239.05
67430PA0080029 Rating Area 5	No Preference	61	1282.88
67430PA0080029 Rating Area 5	No Preference	62	1311.64
67430PA0080029 Rating Area 5	No Preference	63	1347.71
67430PA0080029 Rating Area 5	No Preference	64 and over	1369.62

Exhibit 1: Derivation of Projection Period MLR

Projected Paid Claims	Projected Amount of Risk Adjustment	Projected Quality Improvement Initiatives	Projected Taxes & Fees	Projected Premium	Loss Ratio
\$ 6,549,208	\$ (141,379)	\$ 168,440	\$ 193,449	\$ 7,677,819	91.6%

Exhibit 2: Actual vs Pricing MLR & Member Months

Calendar Year	MLR		Member Months	
	Actual	Pricing	Actual	Pricing
2020	104.6%	91.3%	214,168	98,484
2021	106.3%	93.4%	153,134	85,488
2022	93.1%	93.9%	41,686	54,624

Exhibit 3: Derivation of Age Calibration Factor

Age Band	Age Factor	Current/Projected Enrollment Distribution
0-14	0.765	13.82%
15	0.833	1.02%
16	0.859	1.05%
17	0.885	1.09%
18	0.913	1.16%
19	0.941	1.21%
20	0.970	1.31%
21	1.000	1.26%
22	1.000	1.41%
23	1.000	1.43%
24	1.000	1.54%
25	1.004	1.66%
26	1.024	1.63%
27	1.048	1.76%
28	1.087	1.79%
29	1.119	1.72%
30	1.135	1.81%
31	1.159	1.91%
32	1.183	1.86%
33	1.198	1.95%
34	1.214	1.94%
35	1.222	1.87%
36	1.230	1.75%
37	1.238	1.85%
38	1.246	1.78%
39	1.262	1.78%
40	1.278	1.75%
41	1.302	1.83%
42	1.325	1.76%
43	1.357	1.80%
44	1.397	1.80%
45	1.444	1.72%
46	1.500	1.64%
47	1.563	1.60%
48	1.635	1.63%
49	1.706	1.66%
50	1.786	1.65%
51	1.865	1.80%
52	1.952	1.92%
53	2.040	1.93%
54	2.135	1.92%
55	2.230	1.83%
56	2.333	1.95%
57	2.437	1.90%
58	2.548	1.90%
59	2.603	1.95%
60	2.714	1.95%
61	2.810	1.93%
62	2.873	1.91%
63	2.952	1.75%
64 and over	3.000	3.13%

Initial Age Factor:	1.50718
3-child cap Adjustment:	0.99266
Final Age Factor used:	1.49612

Exhibit 4: Derivation of Geographic Calibration Factor

Rating Area	Current/Projected Enrollment Distribution	Proposed Factor
1	24.7%	0.960
5	75.3%	1.020

Calibration Factor
1.0051

Exhibit 6: Derivation of 3-child Cap Adjustment Factor

Total Members	Dependents under the age of 21 in excess of 3 per contract	% of Total	3-child Cap Adjustment
99,057	727	0.7339%	0.99266

ACA-compliant February 2024 Small Group Block (Rating Areas 1, 2, 4, 5) including all legal entities

Exhibit 7: Derivation of Change in Network Factor

Legal Entity	Product / Service Area Factor	Network Calibration Factor	Induced Demand Factor	Average Geographic Factor	Normalization Factor	Normalized Product / Service Area / Induced Demand Factor	Portion of Projected Enrollment	Change in Network Factor
Health Coverage	0.930	1.000	1.131	0.954	1.005	1.008	8.0%	1.008
Health Options	0.974	0.983	1.096	0.945	1.005	0.996	91.1%	0.996
Health Benefits	1.187	1.000	1.100	1.005	1.005	1.318	0.9%	1.318

Normalization Check: **1.0000**

Exhibit 8: Derivation of Change in Other Factor

Legal Entity	Unadjusted Projected Allowed EHB Claims PMPM	Change in Morbidity	Change in Network	Total Adjusted Projected Allowed EHB Claims PMPM	Projected Paid to Allowed Ratio	Projected Incurred EHB Claims PMPM	Projected Savings from Initiatives	Projected Cost Impact from Act 1 of 2023			Adjusted Projected Incurred EHB Claims PMPM	Adjusted Projected Allowed EHB Claims PMPM	Portion of Projected Enrollment
Health Coverage	\$ 579.63	1.000	1.008	\$ 584.23	0.872	\$ 509.47	\$ (17.40)	\$ 0.60			\$ 507.80	\$ 582.32	8.0%
Health Options	\$ 579.63	1.000	0.996	\$ 577.51	0.821	\$ 474.32	\$ (17.40)	\$ 0.60			\$ 472.64	\$ 575.47	91.1%
Health Benefits	\$ 579.63	1.000	1.318	\$ 763.81	0.825	\$ 630.43	\$ (17.40)	\$ 0.60			\$ 628.76	\$ 761.79	0.9%

Average

\$ 579.64

\$ 577.61

Change in Other Factor to Apply: **0.9965**

Exhibit 10: Projected Administrative Expense Load Development

General and Claims PMPM	Agent/Broker Fees and Commissions PMPM	Quality Improvement Initiatives PMPM	Projected Required Revenue PMPM	General and Claims % of Projected Revenue	Agent/Broker Fees and Commissions % of Projected Revenue	Quality Improvement Initiatives % of Projected Revenue	Admin Expense % of Projected Revenue
\$42.36	\$12.72	\$16.61	\$ 737.80	5.7%	1.7%	2.3%	9.72%

Exhibit 11: Derivation of Projected Taxes and Fees

Risk Adjustment User Fee PMPM	PCORI Fee PMPM	PA Premium Tax (if applicable) PMPM	Federal Income Tax PMPM	Total Taxes & Fees PMPM	2025 Projected Lives (from Table 10)	2025 Projected Member Months	Projected Taxes & Fees
\$0.18	\$0.27	\$14.76	\$3.87	\$19.08	845	10,140	\$193,449

Projected Taxes & Fees from Exhibit 1:	\$193,449
Check:	TRUE

Exhibit 12: Derivation of Quarterly Trend

Original (Monthly) Method				
Renewal Month	Feb 2024 ACA Enrollment Distribution	# Months Plan Year Will Run Into 2024	Additional Claims Trend Applied	Weighted Claims Trend Applied
Jan	20.9%	0	0.00%	2.4%
Feb	3.4%	1	0.39%	
Mar	3.6%	2	0.77%	
Apr	5.1%	3	1.16%	
May	3.3%	4	1.55%	
Jun	3.7%	5	1.95%	
Jul	12.0%	6	2.34%	
Aug	4.2%	7	2.74%	
Sep	4.6%	8	3.13%	
Oct	5.4%	9	3.53%	
Nov	3.6%	10	3.93%	
Dec	30.2%	11	4.33%	

Table 5A (Quarterly) Method	
Allowed Quarterly Trend	Weighted Claims Trend Applied
0.00%	2.4%
0.00%	
0.00%	
1.39%	
1.39%	
1.39%	
2.79%	
2.79%	
2.79%	
4.22%	
4.22%	
4.22%	

Annual Trend to use in Table 5A
5.67%

<--Quarterly Trend

Annual Trend (Table 3)	4.73%
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Exhibit 13a: Calculation of 2024Q1 to 2025Q1 Rate Change

Plan Number	SCID	Table 10 Mapping	Mapped SCID	Total Covered Lives Mapped into 2025 Plans @ 02-29-2024	2024Q1 Calibrated PAIR	2025Q1 Calibrated PAIR	Rate Increase
Plan 1	67430PA0070026	M		181	\$ 491.37	\$ 528.05	6.57%
Plan 2	67430PA0070028	M		157	\$ 485.99	\$ 516.08	
Plan 3	67430PA0070031	M		37	\$ 411.66	\$ 440.80	
Plan 4	67430PA0070032	M		7	\$ 333.40	\$ 339.39	
Plan 5	67430PA0070034	E		19	\$ 419.62	\$ 449.50	
Plan 6	67430PA0070037	E		20	\$ 378.81	\$ 405.47	
Plan 7	67430PA0070038	M		0	\$ 406.05	\$ 441.60	
Plan 8	67430PA0080019	M		105	\$ 473.18	\$ 509.12	
Plan 9	67430PA0080021	M		250	\$ 468.75	\$ 498.43	
Plan 10	67430PA0080024	M		28	\$ 399.83	\$ 428.18	
Plan 11	67430PA0080025	M		41	\$ 328.18	\$ 329.07	
Plan 12	67430PA0080027	E		0	\$ 405.82	\$ 435.33	
Plan 13	67430PA0080028	E		0	\$ 366.91	\$ 393.45	
Plan 14	67430PA0080029	M		0	\$ 394.57	\$ 429.47	

Exhibit 13b: Calculation of 2024Q2 to 2025Q2 Rate Change

Plan Number	SCID	Table 10 Mapping	Mapped SCID	Total Covered Lives Mapped into 2025 Plans @ 02-29-2024	2024Q2 Calibrated PAIR	2025Q2 Calibrated PAIR	Rate Increase
Plan 1	67430PA0070026	M		181	\$ 497.43	\$ 535.37	6.73%
Plan 2	67430PA0070028	M		157	\$ 491.98	\$ 523.24	
Plan 3	67430PA0070031	M		37	\$ 416.74	\$ 446.91	
Plan 4	67430PA0070032	M		7	\$ 337.51	\$ 344.10	
Plan 5	67430PA0070034	E		19	\$ 424.79	\$ 455.74	
Plan 6	67430PA0070037	E		20	\$ 383.48	\$ 411.09	
Plan 7	67430PA0070038	M		0	\$ 411.05	\$ 447.73	
Plan 8	67430PA0080019	M		105	\$ 479.02	\$ 516.19	
Plan 9	67430PA0080021	M		250	\$ 474.53	\$ 505.34	
Plan 10	67430PA0080024	M		28	\$ 404.75	\$ 434.12	
Plan 11	67430PA0080025	M		41	\$ 332.23	\$ 333.64	
Plan 12	67430PA0080027	E		0	\$ 410.82	\$ 441.37	
Plan 13	67430PA0080028	E		0	\$ 371.43	\$ 398.91	
Plan 14	67430PA0080029	M		0	\$ 399.44	\$ 435.43	

Exhibit 13c: Calculation of 2024Q3 to 2025Q3 Rate Change

Plan Number	SCID	Table 10 Mapping	Mapped SCID	Total Covered Lives Mapped into 2025 Plans @ 02-29-2024	2024Q3 Calibrated PAIR	2025Q3 Calibrated PAIR	Rate Increase
Plan 1	67430PA0070026	M		181	\$ 503.56	\$ 542.80	6.89%
Plan 2	67430PA0070028	M		157	\$ 498.05	\$ 530.51	
Plan 3	67430PA0070031	M		37	\$ 421.87	\$ 453.12	
Plan 4	67430PA0070032	M		7	\$ 341.67	\$ 348.88	
Plan 5	67430PA0070034	E		19	\$ 430.03	\$ 462.07	
Plan 6	67430PA0070037	E		20	\$ 388.21	\$ 416.80	
Plan 7	67430PA0070038	M		0	\$ 416.12	\$ 453.95	
Plan 8	67430PA0080019	M		105	\$ 484.92	\$ 523.35	
Plan 9	67430PA0080021	M		250	\$ 480.38	\$ 512.36	
Plan 10	67430PA0080024	M		28	\$ 409.74	\$ 440.15	
Plan 11	67430PA0080025	M		41	\$ 336.33	\$ 338.27	
Plan 12	67430PA0080027	E		0	\$ 415.89	\$ 447.49	
Plan 13	67430PA0080028	E		0	\$ 376.01	\$ 404.45	
Plan 14	67430PA0080029	M		0	\$ 404.36	\$ 441.47	

Exhibit 13d: Calculation of 2024Q4 to 2025Q4 Rate Change

Plan Number	SCID	Table 10 Mapping	Mapped SCID	Total Covered Lives Mapped into 2025 Plans @ 02-29-2024	2024Q4 Calibrated PAIR	2025Q4 Calibrated PAIR	Rate Increase
Plan 1	67430PA0070026	M		181	\$ 509.77	\$ 550.34	7.06%
Plan 2	67430PA0070028	M		157	\$ 504.19	\$ 537.87	
Plan 3	67430PA0070031	M		37	\$ 427.08	\$ 459.40	
Plan 4	67430PA0070032	M		7	\$ 345.88	\$ 353.72	
Plan 5	67430PA0070034	E		19	\$ 435.33	\$ 468.48	
Plan 6	67430PA0070037	E		20	\$ 393.00	\$ 422.58	
Plan 7	67430PA0070038	M		0	\$ 421.25	\$ 460.25	
Plan 8	67430PA0080019	M		105	\$ 490.90	\$ 530.61	
Plan 9	67430PA0080021	M		250	\$ 486.30	\$ 519.47	
Plan 10	67430PA0080024	M		28	\$ 414.80	\$ 446.25	
Plan 11	67430PA0080025	M		41	\$ 340.47	\$ 342.97	
Plan 12	67430PA0080027	E		0	\$ 421.02	\$ 453.70	
Plan 13	67430PA0080028	E		0	\$ 380.64	\$ 410.06	
Plan 14	67430PA0080029	M		0	\$ 409.35	\$ 447.60	

2025 Business Rules Template v14.0		<i>All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.</i>					
		<i>Enter the Issuer Rule on the first row (no Product ID or Plan ID).</i>					
		<i>For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.</i>					
		<i>For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule.</i>					
		<i>Issuer level rule will apply only to plan type indicated in cell C10.</i>					
HIOS Issuer ID*		67430					
Medical, Dental, or Both?*		Medical					
Product ID	Plan ID (Standard Component)	Medical or Dental Rule?*	What is the maximum number of rated underage dependents on this policy?	Is there a maximum age for a dependent?	How is age determined for rating and eligibility purposes?	How is tobacco status determined for subscribers and dependents?	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?
		Medical	3	25	Age on effective date	Not Applicable	Self, Yes; Spouse, No; Child, No; Stepson or Stepdaughter, No; Life Partner, No; Foster Child, No; Ward, No

Standard Questions – SG Health Benefits

1. Membership

- a. If the projected membership for plan year 2025 significantly differs from the current 2/1/2024 membership, please explain why.

Projected membership for plan year 2025 does not vary significantly from the February 2024 enrollment. Membership projections for renewing plans are assumed equal to the February 2024 enrollment, and a small number of members is assumed to enroll in new plans.

2. Experience Period Claims:

- a. Please confirm that all claims which are capitated have been removed from the experience period claims.

[REDACTED]

- b. Please confirm that all non-EHB claims have been removed from the experience period claims.

We can confirm that all non-EHB claims have been removed from the experience period claims.

- c. How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?

[REDACTED]

3. COVID:

- a. Please confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. Additionally, please confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.

We can confirm that Tables 2-4 of the PAAM Exhibits are not adjusting for COVID. We are not including a COVID adjustment factor in our filing, thus no associated factor is reflected in Table 5 of the PAAM Exhibits.

- b. If there is a COVID adjustment factor other than 1.0, please provide a quantitative exhibit supporting the factor.

The COVID adjustment factor in the filing is 1.0 (no adjustment).

- c. Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY25. Within your response, please clarify if these services will be considered preventative and covered at 100%.

For Plan Year 2025, UPMC Health Plan will apply cost share for COVID-19 diagnostic and antibody testing and prescription antiviral and monoclonal antibody treatment in accordance with the cost share set forth in a member's plan documents. COVID-19 vaccines will continue to be covered at no-cost to members as a preventive service. Over-the-counter COVID-19 tests will not be eligible for reimbursement under a member's medical benefit.

4. Trend:

- a. [SG. Only] If the Total Annual Trend in Table 3 (weighted by credibility) and the Annual Trend used to calculate quarterly rates in Table 5A differ, please provide an explanation and exhibit in support of the variation.

Please reference Supporting Exhibit 12 for derivation of the Annual Trend used to calculate quarterly rates in Table 5A (5.67%), as this value differs from the Total Annual Trend in Table 3. Our Table 3 value (4.73%) is utilized as a basis to calculate an additional amount of claims trend to be applied by renewal month that will ultimately run into CY2025. For example, a March renewing group will have:

$$[1 + 4.73\% \text{ annual}] ^ [[2 \text{ months of additional trend into 2025}] / [12 \text{ months annualized}]] - 1 = 0.77\% \text{ of additional trend}$$

This same process is completed for all renewal months. The total additional trend running into CY2025 after accounting for all months is then weighted by the February 2024 renewal month membership distribution to arrive at an overall additional trend of 2.4%.

The process then pivots to a quarterly basis, as Small Group rates can vary by renewal quarter, not renewal month. Our 1.39% quarterly trend is determined by assuring the weighted additional trend running into CY2025 of 2.4% (as calculated in the previous step) is achieved at the quarterly level.

Finally, our quarterly trend is annualized to arrive at the value represented in Table 5A:

$$[1 + 1.39\%] ^ 4 - 1 = 5.67\%$$

- b. [SG. Only] In Table 5A, if cells K32:M32 are left to equal J32, please explain why that is a reasonable assumption.

Our quarterly trend is sourced from our annualized trend as outlined in our response to Question (4a) above, i.e. $[1 + 5.67\%] ^ (1/4) - 1 = 1.39\%$ of additional trend per renewal quarter. We are assuming the additional amount of quarterly trend is uniform as renewal quarters progress, thus this is a reasonable assumption.

5. Table 6 - Retention:

- a. Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.

UPMC is filing a 0.5% surplus and risk load for the 2025 rating period, including consideration of the 21% federal income tax rate. The surplus and tax are both reflected in Table 6, and cell C57 does not reflect any additional adjustments.

- b. Please confirm that the Risk Adjustment User Fee PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2025.

We can confirm that the Risk Adjustment User Fee of \$0.18 PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2025.

- c. Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open-Enrollment Enrollee – Renewing, Open Enrollment Enrollee – New, Special Enrollment Period Enrollee – New, Special Enrollment Enrollee – Renewing. If the commission PMPM is not consistent between the four options above, please provide a detailed explanation as to the reason for the difference.



6. Pricing AVs:

- a. Please confirm that the Pricing AVs were calculated using a single risk pool (i.e., claims/utilization experience is **not** separated by metal level).

We can confirm that the Pricing AVs were calculated using a single risk pool (i.e. claims experience is not separated by metal level).

- b. Please identify and support any differences between the company's metallic AV calculator results and the corresponding Pricing AVs.

Unlike the AV Calculator (AVC), which relies on a national data set, UPMC models actuarial value of benefit based on its own allowed claims experience. The UPMC benefit valuation calculator is updated annually and is used to determine the actuarial value of a plan design by readjudicating an experience period claim by claim to calculate the plan liability for each policyholder. The ratio of the total plan liability to the total allowed claims is the plan AV. This simulation ensures that UPMC has the ability to calculate factors that account for embedded versus aggregate deductibles or out-of-pocket maximums, and that claim types align with our schedule of benefits.

Table 10 of the PAAM Exhibits illustrates the AV results from both the AVC and our pricing process for each plan.

7. Expanded Bronze Plans:

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

All Bronze Plans offered under UPMC Health Options, Inc. (Issuer HIOS ID 67430) in the Small Group market are within standard Bronze de minimus range.

8. PAAM Exhibits – Consumer Factors:

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

Proposed geographic rating factors have not changed from the previous year.

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

Proposed 2025 network factors did not change relative to one another when compared to 2024 network factors. However, the factors are normalized each year in order to average to 1.000 based on current (February) enrollment.

9. MLR Exhibit:

- a. Please complete table below which summarizes the most recent three years of complete MLR information.
 - i. Actual is the final information which was filed for the specified calendar year
 - ii. Projected is the information which was projected in the final annual filing for the given year (i.e., 2021 projected information is from the plan year 2021 annual filing submitted in 2020)

Calendar Year	MLR		Member Months	
	Actual	Projected	Actual	Projected
2020	104.6%	91.3%	214,168	98,484
2021	106.3%	93.4%	153,134	85,488
2022	93.1%	93.9%	41,686	54,624

- b. Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.

Because the policies issued in the Small Group market do not necessarily align with the calendar year, there tends to be a lag between pricing MLR and calendar year MLR. In

addition to that impact, differences observed between calendar year actual MLR and plan year projection MLR can be attributed to claims experience emerging differently than expected as well as Risk Adjustment transfers generally materializing less favorable than projected at the time of pricing.

The actual and pricing member months are comparable. Variances are generally driven by relative rate position among other carriers, which are not known at the time of rating, as well as any holistic changes to the market.

c. Does the insurer expect to pay MLR rebates for the 3-year period above?

UPMC does not expect to pay MLR rebates for the 3-year period above.

10. Plan of Withdrawal:

a. Please confirm that a Plan of Withdrawal has been submitted if any plans are being discontinued.

UPMC does not intend to discontinue the issuance of any plan, product, or book of business at the end of the policy term for current policyholders without offering alternative coverage.

11. Transitional Plans:

a. Starting in October 2024, the PID will discontinue the non-enforcement policy for individual transitional plans (the non-enforcement policy for small group transitional plans will continue until further notice, or until the federal government discontinues its non-enforcement policy). If applicable, please discuss the migration of individual transitional members into ACA-compliant plans effective January 1, 2025.

Not applicable

12. Copay Adjustment Programs:

a. Does the company use a copay adjustment program (also known as a copay accumulator program)?

UPMC intends to operate a copay adjustment program for policies covered by this rate filing.

b. How does the company handle copay assistance coupons? For example, does the coupon apply to the MOOP?

The program in effect for PY 2025 will not apply copay assistance coupons to the MOOP.

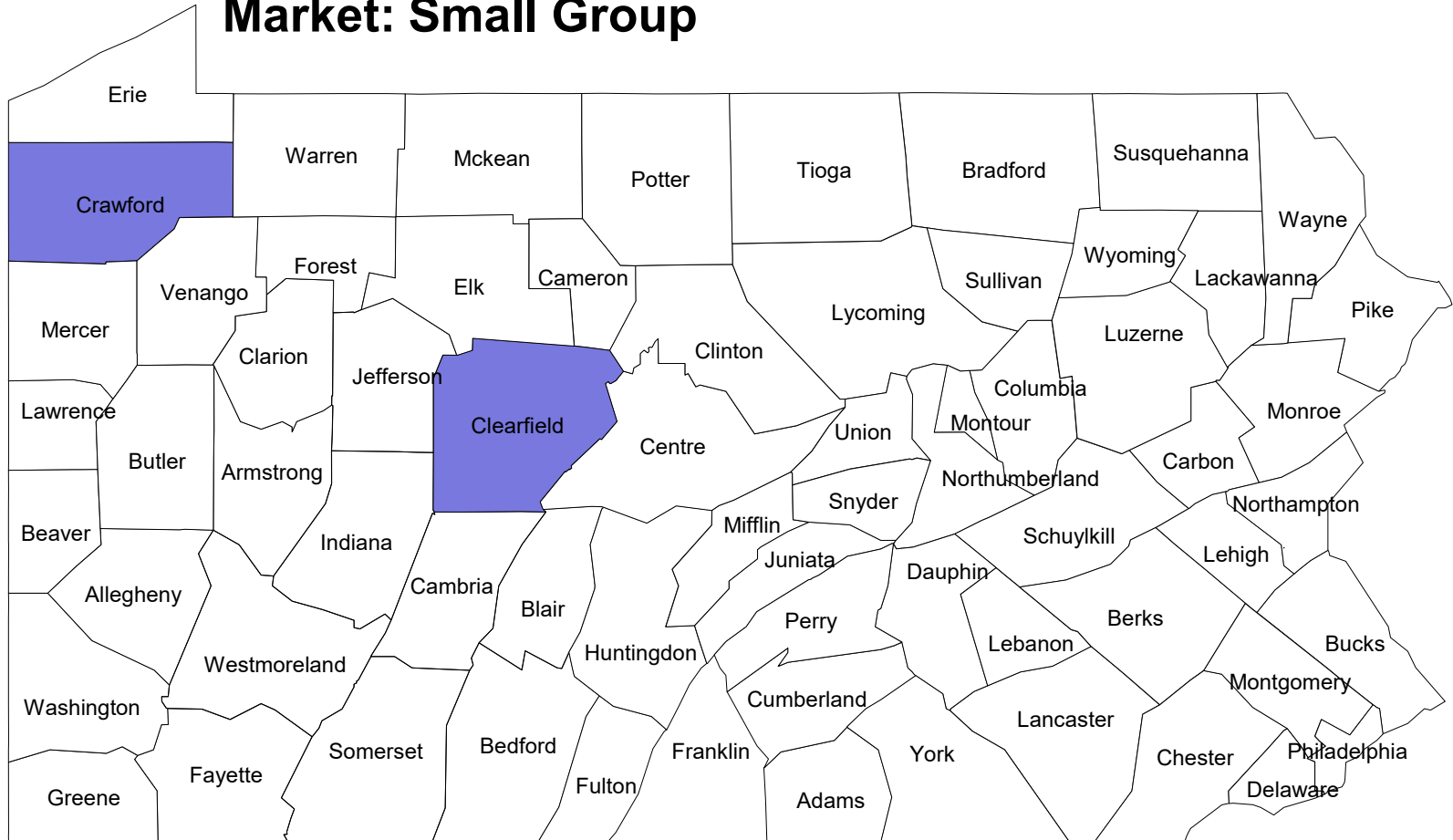
c. If any change to such a program has resulted in a pricing impact, please include a detailed quantitative exhibit supporting the pricing impact.

Exhibit 8 in the enclosed Supporting Exhibits quantifies the impact on the projected period relative to the experience period of the discontinuation of the SaveOnSP program. The expected savings for the forthcoming copay adjustment program in PY 2025 is reflected separately from the impact of the former program and is included in Exhibit 8 of the Supporting Exhibits.



2024 Service Area

Issuer: UPMC Health Benefits, Inc.

Market: Small Group



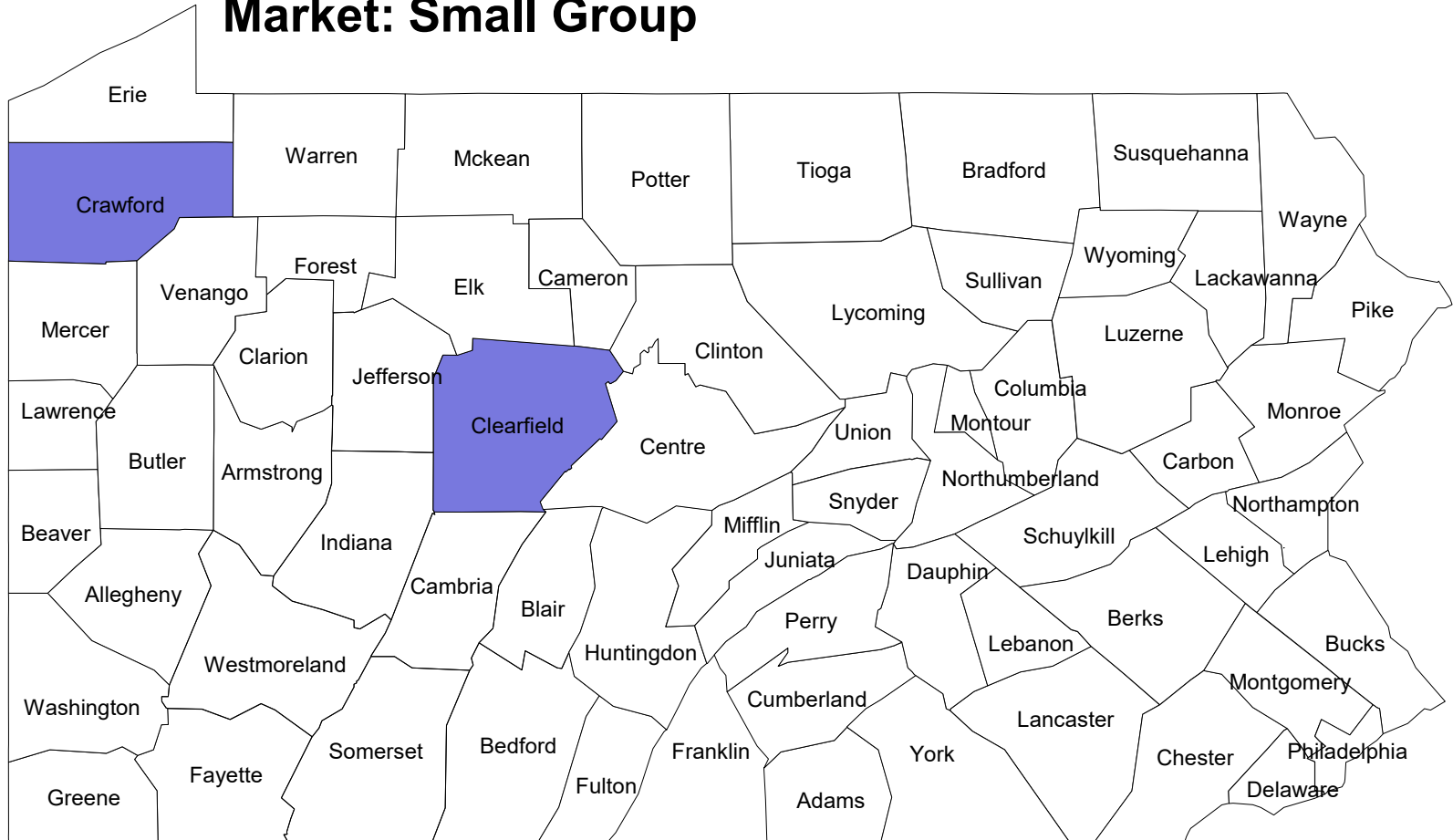
Key (modify as needed)

-  : On-exchange service area
-  : Off-exchange service area



2025 Service Area

Issuer: UPMC Health Benefits, Inc.

Market: Small Group



Key (modify as needed)

-  : On-exchange service area
-  : Off-exchange service area