

SERFF Tracking #:	INAC-132358777	State Tracking #:	INAC-132358777	Company Tracking #:	QCC INDIV 1-1-2021
State:	Pennsylvania	Filing Company:	QCC Insurance Company		
TOI/Sub-TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense				
Product Name:	QCC Individual PPO effective 1-1-2021				
Project Name/Number:	/				

Supporting Document Schedules

Satisfied - Item:	ACA Public Rate Filing PDF
Comments:	
Attachment(s):	Public Rate Filing QCC Consumer 08182020.pdf
Item Status:	
Status Date:	



May 19, 2020 – Revised August 20, 2020

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

SUBMITTED VIA SERFF

**RE: QCC Insurance Company, Inc.
Individual PPO Rate Filing effective 1/1/2021
INAC-132358777**

Dear Ms. Gray:

Attached is the 2021 annual rate filing for PPO plans of QCC Insurance Company, Inc. (QCC) in the Individual (non-group) marketplace in the Commonwealth of Pennsylvania. Rates for new and renewing plans are being filed and satisfy market reform requirements of the Affordable Care Act (ACA).

This rate filing includes rates for these plans and specifies compliance with rating requirements of the ACA. The enclosed is for rating periods effective from January 1, 2021 through December 31, 2021.

Per the guidance provided in the 2021 ACA-Compliant Health Insurance Rate Filing Guidance provided by the Pennsylvania Insurance Department, we applied a factor of 1.01 to all individual plans. We also applied a factor of 1.20 to Silver plans for the impact of non-payment of CSR costs per the guidance. The rates also consider the impact of the state's reinsurance program, including a Reinsurance Morbidity Adjustment of 0.999 (-0.1%).

The proposed rates represent a -3.9% increase over the previously approved 2020 rates.

Information for the Pennsylvania Bulletin:

1.	Company Name and NAIC Number:	QCC Insurance Company, Inc. 93688
2.	Market	Individual
3.	On or Off Exchange	On and Off
4.	Effective Date of Coverage	January 1, 2021
5.	Average Rate Change Requested	-3.9%



- | | | |
|-----|--|---|
| 6. | Range of Rate Changes Requested | -3.9% to -1.6% |
| 7. | Total Annual Revenue Generated from the Proposed Rate Change | -\$12,513,269 |
| 8. | Products | PPO |
| 9. | Rating Areas and Change from 2018 | Rating Area 8; No Change |
| 10. | Metal Levels and Catastrophic Plans | Gold, Silver, Bronze |
| 11. | Current covered lives and policyholders as of February 1, 2020 | 41,560 lives |
| 12. | Number of plans offered in 2021 and change from 2020 | 14 plans in 2021; 16 plans in 2020 |
| 13. | Corresponding contract form number, SERFF, and binder numbers | INLG-132356154, INLG-132356143, INLG-132356181
See appendix for form numbers |
| 14. | HIOS Issuer ID # and submission tracking Number | HIOS Issuer ID # 31609; Tracking # 31609-1751467485967847430 |

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

Sincerely,

[REDACTED]

cc:

[REDACTED]

APPENDIX

Form Numbers

08535.ON Rev. 1.21
08535-OC.ON Rev. 1.21
08535.OFF Rev. 1.21
08535-OC.OFF Rev. 1.21
08537.ON.PDEN Rev. 1.21
08537-OC.ON.PDEN Rev. 1.21
08537.OFF Rev. 1.21
08537-OC.OFF Rev. 1.21
08537.ON.PDEN.HSA Rev. 1.21
08537-OC.ON.PDEN.HSA Rev. 1.21
08537.OFF.PDEN.HSA Rev. 1.21
08537-OC.OFF.PDEN.HSA Rev. 1.21
PREV/SCH-II Rev. 1.21

Attachment I

Rate Change Summary

QCC Insurance Company, Inc. – Individual Plans

Rate request filing ID # INAC-132358777 - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at

<http://www.insurance.pa.gov/Consumers/ACARelatedFilings/>

Overview

Initial requested average rate change:	-2.0%
Revised requested average rate change:	-3.9%
Range of requested rate change:	-3.9% to -1.6%
Effective date:	January 1, 2021
Mapped Members:	41,482
Available in:	Area 8

Key information

Jan. 2019-Dec. 2019 financial experience

Premiums	\$334,625,048
Claims	\$235,428,535
Administrative expenses	\$17,258,766
Taxes & fees	\$19,786,151
Company made (after taxes)	\$62,151,596

How it plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2021:

Claims:	82.7%
Administrative:	12.8%
Taxes & fees:	2.5%
Profit:	2.0%

The company expects its annual medical costs to increase **13.5%**.

Explanation of requested rate change

QCC Insurance Company ("QCC") is revising premium rates for the Pennsylvania Consumer ACA compliant products, effective from January 1, 2021.

About 42,000 members will be affected.

Changes in Taxes and Fees:

The Federal government ended the Health Insurance Providers Fee beginning with premiums due in 2021. This lowers 2021 premium rates by about 3.4%.

Changes in Medical Service Costs:

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

Financial Experience of the Product:

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

Changes in Benefits:

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

Administrative Costs:

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

PENNSYLVANIA ACTUARIAL MEMORANDUM

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) and PA Actuarial Memorandum Rate Exhibits to provide certain information to support the gross premium for the single risk pool for individual market health care insurance underwritten by QCC Insurance Co., Inc. in the Commonwealth of Pennsylvania. It is provided as a component of a state rate filing. This submission may not be appropriate for other purposes.

1. BASIC INFORMATION AND DATA

A. COMPANY INFORMATION

Company Legal Name:	QCC Insurance Co., Inc. ("QCC")
State:	Pennsylvania
NAIC #:	93688
Market:	Individual
Marketplace:	On and Off Exchange
Effective Date(s):	1/1/2021 – 12/31/2021
Average Rate Change:	-3.9%
Range of Rate Changes:	-3.9% to -1.6%
Products:	PPO
Rating Areas:	Rating Area 8
Metal Levels:	Gold, Silver, Bronze, Catastrophic
Current Members:	41,560
Number of 2021 Plans:	14
HIOS Issuer ID (5-digit):	31609

Worksheet 1 of the accompanying URRT contains experience period data and development of the projected Single Risk Pool Gross Premium Average Rate PMPM for the individual market for QCC. Worksheet 2 contains experience period data and projections by product for the single risk pool for the same entities. This memorandum pertains only to plans denoted in Worksheet 2 by Plan IDs starting with the sequence 31609.

COMPANY CONTACT INFORMATION

Primary Contact Name:	
Primary Contact Telephone Number:	
Primary Contact Email Address:	

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

INAC-132358777
QCC Consumer

1

PA Actuarial Memorandum
May 19, 2020 / Revised August 20, 2020

January 1, 2015	14.90%	INAC- 129626643
January 1, 2016	4.53%	INAC- 129938930
January 1, 2017	28.38%	INAC- 130539917
January 1, 2018	28.80%	INAC- 131146005
January 1, 2019	0.00%	INAC- 131478475
January 1, 2020	5.10%	INAC- 131927222

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

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

C. AVERAGE RATE CHANGE

The average proposed rate change shown in Cell AC15 of Table 10 is -3.9%. The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2019 to calendar year 2021 are incorporated into the pricing and reflected in the Unified Rate Review Template.

The change in 21-year-old Non-Tobacco Premium PMPM calculated in Table 11, Cell AN13 is -3.5%.

D. MEMBERSHIP COUNT

Table 1 illustrates the Experience Period member-months, Current Period members as of February 1, 2020, and Projected Rating Period Member-months by ages.

E. BENEFIT CHANGES

Benefit changes were made to the following plans to assure compliance with Actuarial Value Requirements, including differences that resulted from changes to the AV Calculator. The basis for pricing changes was our internal pricing model.

F. EXPERIENCE PERIOD CLAIMS AND PREMIUMS

Table 2 illustrates the experience period claims and premiums using calendar year data. The data is consistent with the data reported in Section 1 of Worksheet I of the URRT.

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2019 and paid through February 2020. Earned premiums and member months are for January through December 2019. The data are for all direct-written individual business of QCC in the Commonwealth of

Pennsylvania, including out-of-network claims written by QCC but paid by QCC for POS plans. No private reinsurance was applicable.

The Non-EHB benefits portion of Allowed Claims is shown separately in cell H36 of Table 2. Capitation is uniform by age for the experience period. Net pharmacy rebates are illustrated in cell I36 of Table 2.

Projected Risk Adjustment PMPM

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

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2019 risk transfer results.

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

G. CREDIBILITY OF DATA

The experience period data is considered 100% credible.

H. TREND IDENTIFICATION

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

We populated the URRT with the Total Annual Trend calculated in cell C52 of Table 3. The URRT requires that factors are rounded to four decimal places which results in some small differences. To arrive more closely with the result in the Actuarial Memo Rate Exhibit, we adjusted the utilization component of Capitation trend in the URRT.

I. HISTORICAL EXPERIENCE

Table 4 illustrates historical experience from 2016 through 2019 for the product line.

a. Annualized Cost Trend

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

b. Annualized Utilization Trend

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

c. Rebates

Rebate payments will be made as appropriate for 2019 for QCC in Consumer. Rebate payments will be made if applicable for the 2020 policy period. We do not anticipate 2021 rebates for QCC Consumer.

J. TERMINATED PLANS

The following plans are being terminated in 2021:

31609PA0160003	Personal Choice EPO Silver Reserve
31609PA0160004	Personal Choice EPO Platinum
31609PA0180002	Personal Choice EPO Silver Reserve
31609PA0180003	Personal Choice EPO Platinum

2. RATE DEVELOPMENT AND CHANGE

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

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

Changes in Population Risk Morbidity

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

COVID-19 Impact

Morbidity was increased by an additional 1% to account for the impact of COVID-19 on overall projected claims.

Development of Reinsurance Tables

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information was populated using 2019 QCC Individual claims data by individual member. 2019 claims paid through February 2020 were completed and compiled into the Annual Incurred Claims Ranges shown on Tab II.a. of the Actuarial Memorandum Exhibit.

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information was populated by trending the data from the Experience Period table to 2021 using a 7% trend assumption on the incurred claims. The resulting impact is shown in Cell E7 of Tab II.b. of the Actuarial Memorandum Exhibit.

Changes in Other Factors

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

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

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

B. RETENTION ITEMS

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

Administrative Expenses		12.81%
General and Claims	10.40%	
Agent/Broker Fees and Commissions	1.61%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		2.49%
RA User Fee	0.03%	
PCORI Fee	0.04%	
PA Premium Tax	2.00%	
Federal Income Tax	0.42%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		2.00%
Total Retention		17.30%

C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Table 7 compares the normalization factors used in this filing to those used in the 2020 filing. The changes in the factors reflect small differences from the projected populations in 2020 and 2021.

D. COMPONENTS OF RATE CHANGE

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

Data in Table 9 is consistent with the 2020 and 2021 URRT with the exceptions of Risk Adjustment and Reinsurance which were revised to project company-specific values.

3. PLAN RATE DEVELOPMENT

Table 10 is populated with plan information consistent with entries in the 2021 URRT. Plan mappings, where applicable, are illustrated in Column F of Table 10.

Attached to this actuarial memorandum are exhibits providing actuarial certifications for the use of alternate methods of calculating the Actuarial Value, where applicable, as well as required support for the calculations.

The factor “AV and Cost Sharing Design of Plan” in Worksheet 2 of the URRT is the product of the Pricing AV, the Non-Funding of CSR Adjustment, and the Benefit Richness Factors from the Actuarial Memo Rate Exhibit. Again, please note that the URRT requires factors to be rounded to four decimal places, resulting in small differences.

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

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

5. PLAN FACTORS

Tables 12, 13, and 14 illustrate the factors used in pricing for age, tobacco, geographic rating area, and network. The tobacco factors match the previously approved tobacco factors from the 2020 filing.

6. ACTUARIAL CERTIFICATION

I, [REDACTED], [REDACTED] [REDACTED] for the Independence Blue Cross Family of Companies. I am a member of the Society of Actuaries and the American Academy of Actuaries with the education and experience necessary to perform the work necessary and meet the Qualification Standards of the American Academy of Actuaries to render the qualified actuarial opinion contained herein. The developed rates and memorandum have been prepared in conformity with appropriate Actuarial Standards of Practice and the Academy’s Code of Professional Conduct.

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

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

- The projected index rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.08(d)(1) and 147.106);
 - Developed in compliance with applicable Actuarial Standards of Practice;

—Reasonable in relation to the benefits provided and the population anticipated to be covered;
and

—Neither excessive nor deficient.

- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values illustrated in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. If an alternate methodology was used to calculate the AV Metal Value for at least one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.
- All factor, benefit, and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2021 Rate Filing Justification.

QUALIFICATION TO ACTUARIAL CERTIFICATION

The trend used to project 2021 Allowed Claims was directed by PID reviewer and is less than the trend we considered adequate for the purpose of calculating these rates in our original submission. It is my opinion that the rates submitted in this filing may not be adequate if our originally submitted trend materializes.

May 19, 2020

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	CSC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2021
Rate Period Start Date:	1/1/2019
Date of Most Recent Membership:	12/31/2020

to 12/31/2021
to 12/31/2019

Table 1. Number of Members

	Member-months Experience Period	Members Current Period (as of 01-01-2020)	Member-months Projected Rating Period
	41.5	41.8	41.8
Average Age			
Total	465,684	45,560	498,720
<18	59,191	5,100	65,520
18-24	18,719	1,335	40,808
25-34	32,344	2,746	45,456
35-44	38,101	3,179	42,568
45-54	32,457	2,935	35,640
55-64	36,745	3,495	39,772
65-69	37,118	3,324	39,888
70-74	46,190	4,187	50,004
75-79	33,311	3,526	36,512
80-84	35,416	3,009	39,872
85+	14,308	1,008	16,116

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member % HMO)	Allowed Claims (Non-Capitated)	Non-ERB portion of Allowed Claims	Total Prescription Drug Rebates*	Total ERB Capitation	Total Non-ERB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 304,830,831.41	\$ 245,820,058.41	\$ 249,064,149.49	465,060	26.82% 61.41	\$ 295,955,739.43		\$ 16,314,459.41	\$ 7,700,617.41	\$ 8,613,842.00	\$ 29,096,142.41	\$ 655.84
Experience Period Total Allowed ERB Claims + ERB Capitation PMPM (net of prescription drug rebates)											\$ 70,385
Exp Ratio											

*Express Prescription Drug Rebatess as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composity Trend*	Weight*
Emergency Hospital	1.07%	8.11%	0.00%	11.97%	20.01%
Emergency Hospital	1.27%	8.11%	0.00%	11.65%	21.13%
Professional	2.76%	8.11%	0.00%	11.00%	20.50%
Other Medical	2.76%	8.11%	0.00%	11.10%	0.00%
Capitation				0.00%	0.00%
Prescription Drugs	10.66%	8.11%	0.00%	10.42%	20.38%
Total Annual Trend				13.55%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.380	

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

** Should equal 100% Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factor*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member % HMO)	Prescription Drug Rebatess**	Allowed Claims (Net of Prescription Drug Rebatess)	Allowed PMPM
Jan-16	\$ 22,787,547.80	\$ 22,787,547.80	1.0000	\$ 22,787,547.80	42,016	\$ 542.22		\$ (444,418.42)	\$ 29,211,966.18	\$ 696.88
Feb-16	\$ 24,433,433.84	\$ 24,433,433.84	1.0000	\$ 24,433,433.84	41,793	\$ 588.08		\$ (421,198.81)	\$ 31,172,232.65	\$ 735.85
Mar-16	\$ 28,846,912.14	\$ 28,846,912.14	1.0000	\$ 28,846,912.14	41,868	\$ 706.42		\$ (464,145.26)	\$ 34,178,067.40	\$ 823.92
Apr-16	\$ 26,381,596.70	\$ 26,381,596.70	1.0000	\$ 26,381,596.70	41,771	\$ 631.97		\$ (331,813.22)	\$ 30,800,777.81	\$ 737.26
May-16	\$ 28,072,608.21	\$ 28,072,608.21	1.0000	\$ 28,072,608.21	41,440	\$ 677.41		\$ (321,275.39)	\$ 32,778,710.30	\$ 795.90
Jun-16	\$ 26,806,113.42	\$ 26,806,113.42	1.0000	\$ 26,806,113.42	41,407	\$ 648.26		\$ (228,598.26)	\$ 31,405,488.64	\$ 801.92
Jul-16	\$ 27,656,158.46	\$ 27,656,158.46	1.0000	\$ 27,656,158.46	41,488	\$ 669.81		\$ 424,842.81	\$ 31,145,138.64	\$ 759.34
Aug-16	\$ 31,530,335.80	\$ 31,530,335.80	1.0000	\$ 31,530,335.80	40,853	\$ 773.04		\$ (470,805.14)	\$ 35,339,952.48	\$ 864.86
Sep-16	\$ 29,115,971.22	\$ 29,115,971.22	1.0000	\$ 29,115,971.22	40,447	\$ 716.31		\$ (438,201.88)	\$ 31,486,083.10	\$ 804.51
Oct-16	\$ 27,664,385.79	\$ 27,664,385.79	1.0000	\$ 27,664,385.79	40,316	\$ 686.44		\$ (432,997.46)	\$ 31,624,726.08	\$ 779.24
Nov-16	\$ 26,648,327.78	\$ 26,648,327.78	1.0000	\$ 26,648,327.78	39,862	\$ 705.02		\$ (467,169.49)	\$ 31,773,456.65	\$ 797.70
Dec-16	\$ 28,087,143.39	\$ 28,087,143.39	1.0000	\$ 28,087,143.39	39,293	\$ 714.81	\$ 15,572,913.76	\$ (483,535.17)	\$ 30,697,227.58	\$ 781.16
Jan-17	\$ 24,025,151.08	\$ 24,025,151.08	1.0000	\$ 24,025,151.08	39,174	\$ 618.84		\$ (467,872.86)	\$ 31,147,010.50	\$ 800.79
Feb-17	\$ 24,520,437.37	\$ 24,520,437.37	1.0000	\$ 24,520,437.37	39,884	\$ 618.94		\$ (446,451.61)	\$ 31,117,845.76	\$ 801.61
Mar-17	\$ 28,363,127.43	\$ 28,363,127.43	1.0000	\$ 28,363,127.43	39,208	\$ 724.59		\$ (468,476.38)	\$ 31,788,991.61	\$ 807.53
Apr-17	\$ 24,764,891.77	\$ 24,764,891.77	1.0000	\$ 24,764,891.77	39,389	\$ 629.32		\$ (476,569.23)	\$ 31,239,361.54	\$ 809.65
May-17	\$ 27,870,511.84	\$ 27,870,511.84	1.0000	\$ 27,870,511.84	39,480	\$ 704.11		\$ (541,296.81)	\$ 31,448,808.16	\$ 876.47
Jun-17	\$ 27,949,171.28	\$ 27,949,171.28	1.0000	\$ 27,949,171.28	39,856	\$ 704.30		\$ (530,539.41)	\$ 31,451,653.69	\$ 853.53
Jul-17	\$ 29,745,091.77	\$ 29,745,091.77	1.0000	\$ 29,745,091.77	39,172	\$ 761.62		\$ (510,141.26)	\$ 31,761,141.01	\$ 855.05
Aug-17	\$ 27,589,223.82	\$ 27,589,223.82	1.0000	\$ 27,589,223.82	38,618	\$ 717.21		\$ (547,814.48)	\$ 31,289,402.48	\$ 865.79
Sep-17	\$ 26,513,187.06	\$ 26,513,187.06	1.0000	\$ 26,513,187.06	38,174	\$ 694.86		\$ (508,812.96)	\$ 31,018,995.10	\$ 829.27
Oct-17	\$ 27,063,657.17	\$ 27,063,657.17	1.0000	\$ 27,063,657.17	37,823	\$ 716.10		\$ (555,226.47)	\$ 31,173,933.51	\$ 834.57
Nov-17	\$ 26,520,029.81	\$ 26,520,029.81	1.0000	\$ 26,520,029.81	38,881	\$ 685.46		\$ (551,486.91)	\$ 31,068,542.90	\$ 856.59
Dec-17	\$ 27,179,288.47	\$ 27,179,288.47	1.0000	\$ 27,179,288.47	38,447	\$ 709.79	\$ 15,135,119.07	\$ (510,423.44)	\$ 30,677,868.14	\$ 866.95
Jan-18	\$ 24,201,123.56	\$ 24,201,123.56	1.0000	\$ 24,201,123.56	38,421	\$ 630.11		\$ (492,981.47)	\$ 31,139,304.90	\$ 875.89
Feb-18	\$ 26,365,185.17	\$ 26,365,185.17	1.0000	\$ 26,365,185.17	38,424	\$ 689.12		\$ (497,498.40)	\$ 31,493,683.57	\$ 831.69
Mar-18	\$ 22,125,736.79	\$ 22,125,736.79	1.0000	\$ 22,125,736.79	39,869	\$ 553.57		\$ (511,959.75)	\$ 27,538,418.01	\$ 688.89
Apr-18	\$ 23,242,729.81	\$ 23,242,729.81	1.0000	\$ 23,242,729.81	39,491	\$ 586.31		\$ (521,139.21)	\$ 27,166,086.76	\$ 697.49
May-18	\$ 25,260,100.36	\$ 25,260,100.36	1.0000	\$ 25,260,100.36	38,908	\$ 650.21		\$ (538,381.08)	\$ 30,222,853.80	\$ 776.38
Jun-18	\$ 22,883,425.98	\$ 22,883,425.98	1.0000	\$ 22,883,425.98	38,430	\$ 596.50		\$ (512,544.28)	\$ 28,570,945.18	\$ 801.38
Jul-18	\$ 22,688,131.18	\$ 22,688,131.18	1.0000	\$ 22,688,131.18	39,031	\$ 582.03		\$ (539,178.09)	\$ 28,200,303.19	\$ 725.75
Aug-18	\$ 26,481,626.81	\$ 26,481,626.81	1.0000	\$ 26,481,626.81	37,793	\$ 704.12		\$ (581,228.07)	\$ 29,263,854.48	\$ 776.24
Sep-18	\$ 23,817,750.06	\$ 23,817,750.06	1.0000	\$ 23,817,750.06	37,124	\$ 638.60		\$ (539,305.07)	\$ 27,145,204.15	\$ 727.33
Oct-18	\$ 26,575,057.81	\$ 26,575,057.81	1.0000	\$ 26,575,057.81	38,938	\$ 710.45		\$ (599,651.09)	\$ 30,145,784.21	\$ 816.23
Nov-18	\$ 22,722,278.31	\$ 22,722,278.31	1.0000	\$ 22,722,278.31	38,111	\$ 593.46		\$ (574,609.29)	\$ 28,818,887.60	\$ 757.49
Dec-18	\$ 24,494,513.87	\$ 24,494,513.87	1.0000	\$ 24,494,513.87	38,881	\$ 629.12	\$ 11,626,424.60	\$ (510,459.06)	\$ 29,984,144.64	\$ 789.29
Jan-19	\$ 17,812,688.45	\$ 17,812,688.45	0.9998	\$ 17,812,688.45	42,000	\$ 424.30		\$ (500,507.06)	\$ 26,400,800.10	\$ 620.05
Feb-19	\$ 17,786,495.06	\$ 17,786,495.06	0.9999	\$ 17,786,495.06	41,854	\$ 431.42		\$ (496,119.38)	\$ 26,875,302.84	\$ 671.89
Mar-19	\$ 20,072,184.99	\$ 20,072,184.99	0.9999	\$ 20,072,184.99	40,467	\$ 496.08		\$ (509,027.00)	\$ 25,673,909.44	\$ 634.44
Apr-19	\$ 21,397,084.39	\$ 21,397,084.39	0.9998	\$ 21,397,084.39	39,991	\$ 536.82		\$ (518,189.03)	\$ 26,400,343.40	\$ 665.56
May-19	\$ 21,185,176.84	\$ 21,185,176.84	0.9976	\$ 21,185,176.84	39,188	\$ 539.06		\$ (486,388.18)	\$ 25,980,387.16	\$ 659.65
Jun-19	\$ 18,905,114.05	\$ 18,905,114.05	0.9919	\$ 18,905,114.05	38,515	\$ 490.10		\$ (506,017.47)	\$ 25,511,122.80	\$ 658.68
Jul-19	\$ 21,081,176.10	\$ 21,081,176.10	0.9919	\$ 21,081,176.10	39,097	\$ 533.05		\$ (501,065.12)	\$ 25,726,181.15	\$ 657.05
Aug-19	\$ 18,714,143.39	\$ 18,714,143.39	0.9914	\$ 18,714,143.39	37,584	\$ 504.56		\$ (541,000.94)	\$ 25,652,911.26	\$ 682.74
Sep-19	\$ 18,567,133.12	\$ 18,567,133.12	0.9885	\$ 18,567,133.12	37,566	\$ 497.66		\$ (524,138.43)	\$ 25,117,292.65	\$ 668.86
Oct-19	\$ 21,013,661.88	\$ 21,013,661.88	0.9783	\$ 21,013,661.88	37,185	\$ 578.70		\$ (578,821.18)	\$ 25,105,880.08	\$ 674.88
Nov-19	\$ 19,672,349.09	\$ 19,672,349.09	0.9669	\$ 19,672,349.09	36,767	\$ 536.61		\$ (536,613.23)	\$ 24,165,959.90	\$ 619.90
Dec-19	\$ 19,676,831.41	\$ 19,676,831.41	0.9484	\$ 19,676,831.41	36,420	\$ 540.30	\$ 10,512,917.43	\$ (530,547.84)	\$ 24,145,991.77	\$ 692.40

*Express Completion Factor as a percentage

**Express Prescription Drug Rebatess as a negative number

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

Carrier Name:	QCC Insurance Company, Inc.	Attachment Point:	\$60,000
Product(s):	PPO	Reinsurance Cap:	\$100,000
Market Segment:	Individual	Coinsurance Rate:	60%
Rate Effective Date:	1/1/2021		
Incurred Dates:	1/1/2019 to 12/31/2019	Proj. Incurred Claim Impact:	-6.2%

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2019 to 12/31/2019					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999	47,215	446,299	\$76,659,019	\$76,659,019
\$30,000	\$34,999	225	2,517	\$7,301,059	\$7,301,059
\$35,000	\$39,999	191	2,097	\$7,141,390	\$7,141,390
\$40,000	\$44,999	145	1,525	\$6,157,626	\$6,157,626
\$45,000	\$49,999	145	1,620	\$6,871,399	\$6,871,399
\$50,000	\$54,999	100	1,115	\$5,260,701	\$5,260,701
\$55,000	\$59,999	98	1,069	\$5,639,771	\$5,639,771
\$60,000	\$64,999	90	1,016	\$5,624,233	\$5,489,693
\$65,000	\$69,999	66	714	\$4,443,636	\$4,153,454
\$70,000	\$74,999	60	707	\$4,340,580	\$3,896,232
\$75,000	\$79,999	70	773	\$5,418,084	\$4,687,234
\$80,000	\$84,999	42	461	\$3,471,750	\$2,900,700
\$85,000	\$89,999	42	434	\$3,668,019	\$2,979,208
\$90,000	\$94,999	39	419	\$3,601,167	\$2,844,467
\$95,000	\$99,999	42	495	\$4,079,499	\$3,143,799
\$100,000	\$109,999	55	626	\$5,767,539	\$4,447,539
\$110,000	\$119,999	41	453	\$4,684,927	\$3,700,927
\$120,000	\$129,999	45	510	\$5,613,954	\$4,533,954
\$130,000	\$139,999	29	313	\$3,907,169	\$3,211,169
\$140,000	\$149,999	28	310	\$4,066,781	\$3,394,781
\$150,000	\$159,999	24	263	\$3,719,338	\$3,143,338
\$160,000	\$169,999	23	266	\$3,785,485	\$3,233,485
\$170,000	\$179,999	20	221	\$3,527,166	\$3,047,166
\$180,000	\$189,999	17	192	\$3,137,039	\$2,729,039
\$190,000	\$199,999	14	147	\$2,712,715	\$2,376,715
\$200,000	\$209,999	10	120	\$2,041,306	\$1,801,306
\$210,000	\$219,999	10	112	\$2,145,704	\$1,905,704
\$220,000	\$229,999	11	124	\$2,485,434	\$2,221,434
\$230,000	\$239,999	11	124	\$2,572,491	\$2,308,491
\$240,000	\$249,999	8	78	\$1,970,199	\$1,778,199
\$250,000	\$259,999	3	30	\$761,588	\$689,588
\$260,000	\$269,999	9	102	\$2,392,503	\$2,176,503
\$270,000	\$279,999	3	29	\$823,652	\$751,652
\$280,000	\$289,999	6	70	\$1,711,855	\$1,567,855
\$290,000	\$299,999	7	69	\$2,072,598	\$1,904,598
\$300,000	\$324,999	7	79	\$2,184,859	\$2,016,859
\$325,000	\$349,999	5	55	\$1,697,968	\$1,577,968
\$350,000	\$374,999	6	61	\$2,169,317	\$2,025,317
\$375,000	\$399,999	3	28	\$1,170,375	\$1,098,375
\$400,000	\$424,999	1	12	\$416,000	\$392,000
\$425,000	\$449,999	4	48	\$1,719,689	\$1,623,689
\$450,000	\$474,999	3	31	\$1,381,405	\$1,309,405
\$475,000	\$499,999	4	45	\$1,952,392	\$1,856,392
\$500,000	\$599,999	8	90	\$4,229,583	\$4,037,583
\$600,000	\$699,999	5	59	\$3,214,703	\$3,094,703
\$700,000	\$799,999	3	36	\$2,289,240	\$2,217,240
\$800,000	\$899,999	4	48	\$3,428,482	\$3,332,482
\$900,000	\$999,999	3	36	\$2,805,996	\$2,733,996
\$1,000,000+		3	36	\$3,467,593	\$3,395,593
Total		49,003	466,084	\$241,704,979	\$226,760,798

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

Carrier Name: QCC Insurance Company, Inc.
Product(s): PPO
Market Segment: Individual
Rate Effective Date: 1/1/2021

Attachment Point: \$60,000
Reinsurance Cap: \$100,000
Coinsurance Rate: 60%
Proj. Incurred Claim Impact: -6.5%
Proj. Morbidity Impact: -0.1%

Reinsurance Program Impact Continuance Table Development - Plan Year 2021					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999	47,025	444,281	\$81,658,481	\$81,658,481
\$30,000	\$34,999	223	2,411	\$7,253,376	\$7,253,376
\$35,000	\$39,999	190	2,100	\$7,133,971	\$7,133,971
\$40,000	\$44,999	168	1,844	\$7,120,089	\$7,120,089
\$45,000	\$49,999	136	1,437	\$6,464,557	\$6,464,557
\$50,000	\$54,999	126	1,380	\$6,612,735	\$6,612,735
\$55,000	\$59,999	99	1,127	\$5,679,091	\$5,679,091
\$60,000	\$64,999	89	982	\$5,562,151	\$5,428,860
\$65,000	\$69,999	85	919	\$5,741,157	\$5,356,463
\$70,000	\$74,999	76	864	\$5,510,457	\$4,940,183
\$75,000	\$79,999	58	627	\$4,489,590	\$3,883,836
\$80,000	\$84,999	50	596	\$4,115,883	\$3,446,353
\$85,000	\$89,999	64	700	\$5,605,851	\$4,546,340
\$90,000	\$94,999	41	447	\$3,791,922	\$2,992,769
\$95,000	\$99,999	40	425	\$3,905,890	\$3,002,356
\$100,000	\$109,999	70	770	\$7,363,635	\$5,683,635
\$110,000	\$119,999	58	671	\$6,641,110	\$5,249,110
\$120,000	\$129,999	46	520	\$5,751,950	\$4,647,950
\$130,000	\$139,999	33	364	\$4,459,555	\$3,667,555
\$140,000	\$149,999	38	431	\$5,496,141	\$4,584,141
\$150,000	\$159,999	25	267	\$3,876,434	\$3,276,434
\$160,000	\$169,999	23	262	\$3,802,461	\$3,250,461
\$170,000	\$179,999	21	227	\$3,659,166	\$3,155,166
\$180,000	\$189,999	23	254	\$4,247,741	\$3,695,741
\$190,000	\$199,999	12	135	\$2,329,136	\$2,041,136
\$200,000	\$209,999	22	254	\$4,492,553	\$3,964,553
\$210,000	\$219,999	16	175	\$3,441,108	\$3,057,108
\$220,000	\$229,999	12	128	\$2,699,639	\$2,411,639
\$230,000	\$239,999	7	84	\$1,649,253	\$1,481,253
\$240,000	\$249,999	7	76	\$1,705,074	\$1,537,074
\$250,000	\$259,999	10	114	\$2,550,176	\$2,310,176
\$260,000	\$269,999	13	146	\$3,448,749	\$3,136,749
\$270,000	\$279,999	5	55	\$1,377,638	\$1,257,638
\$280,000	\$289,999	7	65	\$1,999,069	\$1,831,069
\$290,000	\$299,999	2	24	\$592,427	\$544,427
\$300,000	\$324,999	13	141	\$4,028,894	\$3,716,894
\$325,000	\$349,999	12	129	\$4,035,663	\$3,747,663
\$350,000	\$374,999	6	67	\$2,153,809	\$2,009,809
\$375,000	\$399,999	5	55	\$1,944,004	\$1,824,004
\$400,000	\$424,999	5	49	\$2,054,999	\$1,934,999
\$425,000	\$449,999	4	40	\$1,768,615	\$1,672,615
\$450,000	\$474,999	0	0	\$0	\$0
\$475,000	\$499,999	4	48	\$1,943,135	\$1,847,135
\$500,000	\$599,999	12	134	\$6,652,545	\$6,364,545
\$600,000	\$699,999	4	44	\$2,508,783	\$2,412,783
\$700,000	\$799,999	5	59	\$3,680,514	\$3,560,514
\$800,000	\$899,999	1	12	\$813,070	\$789,070
\$900,000	\$999,999	5	60	\$4,711,299	\$4,591,299
\$1,000,000+		7	84	\$8,204,483	\$8,036,483
Total		49,003	466,084	\$276,728,031	\$258,810,290

PA Rate Template Part II
Rate Development and Change

Carrier Name: QCC Insurance Company, Inc.
Product(s): PPO
Market Segment: Individual
Rate Effective Date: 7/1/2021

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		\$ 635.64	\$ -	< Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection factor		1.289	1.000	
Unadjusted Projected Allowed EHB Claims PMPM		\$ 819.56	\$ -	
Single Risk Pool Adjustment Factors				
Change in Morbidity - Impact of Reinsurance Program		0.999	0.999	< See URRT Instructions
Change in Morbidity - All Other		1.020	-	
Total Non-Morbidity Changes		1.006	0.000	
Change in Demographics		1.000	-	< See URRT Instructions
Change in Network		1.006	-	
Change in Benefits		1.000	-	
Change in Other		1.000	-	< See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM		\$ 840.53	\$ -	
Credibility Factors		100%	0%	< See Instructions
Blended Projected EHB Claims PMPM		\$ 840.53	\$ -	
			\$ 840.53	
Development of the Market-Adjusted Index Rate and Total Allowed Claims				
Adjusted Projected Allowed EHB Claims PMPM		\$ 840.53	-	< Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio		0.682	-	
Projected Incurred EHB Claims PMPM		\$ 573.57	-	
Market-wide Adjustments		-	-	< Market-Adjusted Index Rate
Projected Incurred Risk Adjustment PMPM		\$ 544.96	-	
Projected Incurred Exchange User Fees PMPM		\$ 513.47	-	
Projected Incurred Reinsurance Recoveries PMPM		\$ 537.15	-	
Market-Adjusted Projected Incurred EHB Claims PMPM		\$ 504.94	-	
Market-Adjusted Projected Allowed EHB Claims PMPM		\$ 739.95	-	
Projected Allowed Non-EHB Claims PMPM		\$ 0.26	-	
Market-Adjusted Projected Incurred Total Claims PMPM		\$ 505.12	-	
Market-Adjusted Projected Allowed Total Claims PMPM		\$ 740.22	-	

Table 6. Retention

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	12.81%	\$78.26
General and Claims	10.40%	\$63.53
Agent/Broker Fees and Commissions	1.61%	\$9.85
Quality Improvement Initiatives	0.80%	\$4.89
Taxes and Fees	2.49%	\$15.28
Risk Adjustment User Fee	0.04%	\$0.25
PCORI Fee	0.03%	\$0.20
PA Premium & Other Taxes (if applicable)	2.00%	\$12.22
Federal Income Tax	0.42%	\$2.57
Health Insurance Providers Fee (Priced for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	2.00%	\$12.22
Total Retention	17.31%	\$105.70
Projected Required Revenue PMPM		\$ 610.83

Table 8. Components of Rate Change

Rate Components	2020	2021	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 371.25	\$ 356.86	\$ (14.39)	-3.9%
B. Base period allowed claims before normalization	\$ 719.97	\$ 625.64	\$ (94.33)	-22.7%
C. Normalization factor component of change	\$ (302.04)	\$ (271.07)	\$ 30.97	8.3%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 417.93	\$ 364.57	\$ (53.35)	-14.4%
D2. URRT Trend	\$ 27.46	\$ 105.49	\$ 78.02	21.0%
D3. URRT Morbidity	\$ 26.72	\$ 8.97	\$ (17.75)	-4.8%
D4. URRT Other	\$ 5.51	\$ 3.06	\$ (2.45)	-0.7%
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ (50.40)	\$ (17.79)	\$ 12.62	3.4%
D6. Normalized Exchange User Fee on an allowed basis	\$ 12.47	\$ 11.33	\$ (1.15)	-0.3%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ -	\$ 31.22	\$ 31.22	8.4%
D8. Subtotal - Sum(D1-D7)	\$ 439.70	\$ 486.85	\$ 47.15	12.7%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	\$ -	\$ -	0.0%
E2. Pricing AV	\$ (128.82)	\$ (154.63)	\$ (25.80)	-7.0%
E3. Benefit Richness	\$ -	\$ 0.00	\$ 0.00	0.0%
E4. Catastrophic Eligibility	\$ (0.00)	\$ -	\$ 0.00	0.0%
E5. Subtotal - Sum(E1-E4)	\$ (128.82)	\$ (154.63)	\$ (25.80)	-7.0%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 46.78	\$ 45.72	\$ (1.06)	-0.3%
F2. Taxes and Fees	\$ 21.77	\$ 8.90	\$ (12.88)	-3.5%
F3. Profit and/or Contingency	\$ 7.42	\$ 7.34	\$ (0.29)	-0.1%
F4. Subtotal - Sum(F1-F3)	\$ 75.98	\$ 61.95	\$ (14.22)	-3.8%
G. Change in Miscellaneous Items	\$ -	\$ -	\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 386.85	\$ 393.98	\$ 7.13	1.9%

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 635.64	< Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 304,626,833.47	
Blended Loss Ratio	70.36%	

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

Effective Date	1/1/2021	4/1/2021	7/1/2021	10/1/2021	Total Single Risk Pool
# of Member Months Renewing in Quarter	840.53	840.53	840.53	840.53	840.53
Adjusted Projected Allowed EHB Claims PMPM	-	3	6	9	-
Months of Trend	13.55%	13.55%	13.55%	13.55%	-
Annual Trend	840.53	867.66	895.66	924.57	-
Single Risk Pool Projected Allowed Claims	1.000	1.032	1.066	1.100	0.000
Quarterly Trend Factor					

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2020	2021
Average Age Factor	1.701	1.770
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.013	1.014
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 757.79	\$ 740.22
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 439.88	\$ 424.55

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

	2020	2021	
Paid-to-Allowed	0.707	0.682	
URRT Trend (Total Allowed Trend Factor)	1.006	1.289	< URRT W1, S2
URRT Morbidity	1.000	1.019	< URRT W1, S2
URRT "Other"	1.012	1.006	< URRT W1, S2
Risk Adjustment	\$ (61.39)	\$ (44.96)	< URRT W1, S3
Exchange User Fee	\$ 15.19	\$ 13.47	< URRT W1, S3
Reinsurance Recoveries	\$ -	\$ 37.15	< URRT W1, S3
Capitation	\$ -	\$ -	< URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.707	0.682	< For 2020 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	1.000	1.000	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	12.60%	12.81%	
Taxes and Fees	2.86%	2.49%	
Profit and/or Contingency	2.00%	2.00%	

Carrier Name:	OCC Insurance Company Inc
Product(s):	PPD
Market Segment:	Individual
Rate Effective Date:	1/1/2021
Rate Period Start Date:	1/1/2020
Date of Most Recent Membership:	2/1/2020
Member Affiliated Policy Line:	4 700-00

[illegible]

Carrier Name:	OCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2021

[illegible]

PA Rate Quarterly Template Part V Consumer Factors

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2021

Table 12. Age and Tobacco Factors

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

*PA follows the federal default age curve.

Table 13. Geographic Factors

Geographic Area Factors			
Area	Counties	Current Factor	Proposed Factor
Rating Area 1			
Rating Area 2			
Rating Area 3			
Rating Area 4			
Rating Area 5			
Rating Area 6			
Rating Area 7			
Rating Area 8	Bucks, Chester, Delaware, Philadelphia, Montgomery	1.000	1.000
Rating Area 9			

Table 14. Network Factors

[illegible]

QCC Insurance Company
Individual
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0070002	Personal Choice PPO Gold	PPO	Gold	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070004	Personal Choice PPO Bronze	PPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160007	Personal Choice EPO Gold	EPO	Gold	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180001	Personal Choice EPO Catastrophic	EPO	Catastrophic	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180007	Personal Choice EPO Gold	EPO	Gold	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190002	Personal Choice PPO Gold	PPO	Gold	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190003	Personal Choice PPO Silver	PPO	Silver	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

Company Name QCC Insurance Company
Market Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

[illegible]

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

Unified Rate Review v5.1

Company Legal Name:QCC Insurance Company, Inc.

HIOS Issuer ID:31609

Effective Date of Rate Change(s):1/1/2021

State:PA

Market:Individual

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

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

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

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

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:1/1/2019to12/31/2019

TotalPMPM

Allowed Claims	\$296,263,134.51	\$635.64
Reinsurance	\$0.00	\$0.00
Incurred Claims in Experience Period	\$235,330,516.68	\$504.91
Risk Adjustment	\$29,998,214.87	\$64.36
Experience Period Premium	\$304,626,833.47	\$653.59
Experience Period Member Months	466,084	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$127.21	1.036	1.081	1.036	1.081	\$159.55
Outpatient Hospital	\$147.02	1.033	1.081	1.033	1.081	\$183.33
Professional	\$187.85	1.028	1.081	1.028	1.081	\$231.98
Other Medical	\$0.00	1.028	1.081	1.028	1.081	\$0.00
Capitation	\$5.87	0.998	0.994	0.997	0.994	\$5.77
Prescription Drug	\$167.70	1.105	1.081	1.105	1.081	\$239.28
Total	\$635.65					\$819.91

Morbidity Adjustment	1.019
Demographic Shift	1.000
Plan Design Changes	1.000
Other	1.006
Adjusted Trended EHB Allowed Claims PMPM for1/1/2021	\$840.50
Manual EHB Allowed Claims PMPM	\$0.00
Applied Credibility %	100.00%

Projected Period Totals

Projected Index Rate for1/1/2021	\$840.50	\$419,174,160.00
Reinsurance	\$54.44	\$27,150,316.80
Risk Adjustment Payment/Charge	\$65.88	\$32,855,673.60
Exchange User Fees	2.68%	\$9,890,779.85
Market Adjusted Index Rate	\$740.01	\$369,058,949.45
Projected Member Months	498,720	

Information Not Releasable to the Public Unless Authorized by Law:

This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

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 page.

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

Field 8 - Section I: General Product and Plan Information																																																																
Personal Choice ON Exchange PPO Indiv															Personal Choice ON Exchange EPO															Personal Choice OFF Exchange EPO										Personal Choice OFF Exchange PPO Indiv																								
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID					1.3 Plan Name					1.4 Plan ID (Standard Component ID)					1.5 AV Metal Value					1.6 Plan Category					1.7 Plan Category					1.8 Plan Type					1.9 Exchange Plan?					1.10 Effective Date of Proposed Rates					1.11 Cumulative Rate Change % (over 12 mos prior)					1.12 Product Rate Increase %					1.13 Submission/Env Rate Increase %				
1.1 Product Name					1.2 Product ID																																																											

Worksheet 1 Totals		Section II: Experience Period and Current Plan Level Information																				
2.1	Plan ID (Standard Component ID)	Total	31609PA070002	31609PA070003	31609PA070004	31609PA070005	31609PA070006	31609PA070007	31609PA070008	31609PA070009	31609PA070010	31609PA070011	31609PA070012	31609PA070013	31609PA070014	31609PA070015	31609PA070016	31609PA070017	31609PA070018	31609PA070019	31609PA070020	
\$296,263.135	2.2 Allowed Claims	\$296,263.135	\$38,737.224	\$51,322.598	\$29,824.816	\$1,238.301	\$2,550.698	\$5,722.154	\$39,945.998	\$0	\$0	\$0	\$125,970	\$19,815.871	\$1,247,445.385	\$53,082.962	\$6,227.790	\$1,111.800	\$0	\$473,931.565	\$13,889.615	\$10,874.465
\$296,263.135	2.3 Reinsurance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$296,263.135	2.4 Member Cost Sharing	\$606,932.618	\$5,137.945	\$7,137.945	\$7,599.546	\$353,714	\$353,815	\$411,870	\$1,272,670.470	\$0	\$0	\$0	\$91,491.46	\$34,188	\$1,200,765.390	\$8,715.958	\$2,367.900	\$24,952.92	\$7,008.959	\$34,165.05	\$3,762.937	
\$296,263.135	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$295,330.517	2.6 Incurred Claims	\$295,330.517	\$33,344.789	\$44,184.635	\$16,325.270	\$922.580	\$2,192.883	\$5,310.284	\$27,269.129	\$0	\$0	\$0	\$34,554	\$101,630	\$1,216,738.436	\$26,367.004	\$3,860.290	\$689.428	\$0	\$49,927.602	\$10,453.450	\$7,111.528
\$29,998.215	2.7 Risk Adjustment Transfer Amount	\$29,998.215	\$29,998.215	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
\$304,626.831	2.8 Premium	\$304,626.831	\$208,308.388	\$52,662.179	\$39,120.777	\$1,348.494	\$2,851.800	\$2,688.549	\$63,374.907	\$0	\$0	\$0	\$27,341.34	\$95,352	\$1,066,642.127	\$25,884.868	\$7,541.927	\$1,689.221	\$0	\$39,962.648	\$15,925.972	\$12,459.491
466.084	2.9 Experience Period Member Months	466.084	31,799	70,105	4,954	3,214	2,335	128,545	0	0	0	1,002	118	9,600	47,241	15,737	2,436	0	0	46,319	19,618	22,641
2.10 Current Enrollment	41,560	2,083	7,946	4,720	345	73	455	7,038	10,493	0	0	67	78	3,680	1,476	0	0	0	8,880	1,556	1,975	
1.11 Current Premium PMPM	\$97,630.18	\$68,691.03	\$5,688.09	\$265.49	\$827.35	\$887.23	\$2,473.68	\$4,249.76	\$28,344	\$918.33	\$1,142.76	\$687.74	\$988.44	\$1,069.22	\$1,142.76	\$1,069.22	\$987.28	\$0	\$987.28	\$987.28	\$987.28	
2.12 Loss Ratio	70.33%	85.61%	71.07%	71.69%	205.43%	45.87%	96.21%	73.02%	109.0%	ND/0%	ND/0%	ND/0%	110.26%	46.46%	73.57%	112.64%	107.12%	25.99%	ND/0%	78.22%	39.34%	104.56%
Per Member Per Month																						
2.13 Allowed Claims	\$635.64	\$1,218.10	\$849.36	\$341.27	\$249.96	\$793.62	\$2,450.60	\$310.76	ND/0%	ND/0%	ND/0%	\$125.72	\$1,150.99	\$1,816.79	\$742.64	\$395.74	\$456.23	ND/0%	\$1,034.81	\$708.18	\$480.80	
2.14 Reinsurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ND/0%	ND/0%	ND/0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ND/0%	\$0.00	\$0.00	\$0.00	
2.15 Member Cost Sharing	\$130.73	\$169.52	\$118.13	\$108.40	\$63.73	\$111.33	\$176.39	\$98.62	ND/0%	ND/0%	ND/0%	\$91.23	\$289.73	\$125.29	\$184.50	\$150.44	\$172.22	ND/0%	\$151.32	\$175.20	\$166.20	
2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ND/0%	ND/0%	ND/0%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	ND/0%	\$0.00	\$0.00	\$0.00	
2.17 Incurred Claims	\$504.91	\$1,048.67	\$771.23	\$232.87	\$196.73	\$682.29	\$2,274.21	\$212.14	ND/0%	ND/0%	ND/0%	\$149.01	\$2,091.50	\$558.14	\$245.30	\$282.02	\$281.04	ND/0%	\$881.49	\$532.99	\$314.10	
2.18 Risk Adjustment Transfer Amount	\$54.36	\$340.94	\$560.28	\$112.33	\$59.77	\$1,212.42	\$2,312.42	\$212.42	ND/0%	ND/0%	ND/0%	\$212.42	\$2,312.42	\$212.42	\$212.42	\$212.42	\$212.42	ND/0%	\$542.71	\$295.91	\$542.71	
2.19 Premium	\$653.59	\$883.94	\$871.53	\$558.03	\$272.20	\$888.28	\$1,151.41	\$493.01	\$34.80	\$800.07	\$1,110.85	\$567.51	\$479.25	\$691.44	ND/0%	\$867.77	\$811.94	ND/0%	\$867.77	\$811.94	\$550.31	

Section III: Plan Adjustment Factors																			
3.1 Plan ID (Standard Component ID)	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0160001	31609PA0160003	31609PA0160004	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0180001	31609PA0180002	31609PA0180003	31609PA0180004	31609PA0180005	31609PA0180006	31609PA0180007	31609PA0190002	31609PA0190003	31609PA0190004
3.2 Market Adjusted Index Rate																			
3.3 AV and Cost Sharing Design of Plan	1.02424	0.9115	0.8106	0.5287	0.0000	0.0000	0.5915	0.5418	1.0847	0.5261	0.0000	0.0000	0.5989	0.5413	0.0000	1.0836	1.0413	0.9106	0.6100
3.4 Provider Network Adjustment	1.0288	1.0288	0.9774	0.9774	0.0000	0.0000	0.9774	0.9774	1.0288	0.9774	0.0000	0.0000	0.9774	0.9774	0.0000	1.0288	1.0288	1.0288	1.0288
3.5 Benefits in Addition to EHB	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0010	0.0000	0.0000	1.0010	1.0010	0.0000	1.0010	1.0010	1.0010	1.0010
Administrative Costs																			
3.6 Administrative Expense	12.81%	12.81%	12.81%	12.81%	0.00%	0.00%	12.81%	12.81%	12.81%	12.81%	0.00%	0.00%	12.81%	12.81%	0.00%	12.81%	12.81%	12.81%	12.81%
3.7 Taxes and fees	2.49%	2.49%	2.49%	2.49%	0.00%	0.00%	2.49%	2.49%	2.49%	2.49%	0.00%	0.00%	2.49%	2.49%	0.00%	2.49%	2.49%	2.49%	2.49%
3.8 Profit & Risk Load	2.00%	2.00%	2.00%	2.00%	0.00%	0.00%	2.00%	2.00%	2.00%	2.00%	0.00%	0.00%	2.00%	2.00%	0.00%	2.00%	2.00%	2.00%	2.00%
3.9 Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate	\$959.62	\$839.11	\$562.11	\$460.65	\$0.00	\$0.00	\$517.22	\$473.85	\$998.56	\$460.58	\$0.00	\$0.00	\$517.21	\$473.89	\$0.00	\$998.54	\$959.56	\$839.12	\$562.12
3.1.1 Age Calibration Factor	0.5814									0.5814									
3.1.2 Geographic Calibration Factor	1.0000									1.0000									
3.1.3 Tobacco Calibration Factor	0.9865									0.9865									
3.1.4 Calibrated Plan Adjusted Index Rate	\$550.39	\$481.27	\$322.40	\$264.21	\$0.00	\$0.00	\$296.65	\$271.78	\$572.73	\$264.17	\$0.00	\$0.00	\$296.65	\$271.80	\$0.00	\$572.72	\$550.36	\$481.28	\$322.40

Section IV - Projected Plan Level Information																				
4.1 Plan ID (Standard Component ID)	Total	31609PA070002	31609PA070003	31609PA070004	31609PA0160001	31609PA0160003	31609PA0160004	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0180001	31609PA0180002	31609PA0180003	31609PA0180004	31609PA0180005	31609PA0180006	31609PA0180007	31609PA0190001	31609PA0190003	31609PA0190004
4.2 Allowed Claims	\$388,126.868	\$22,329.903	\$31,851.878	\$43,779.399	\$3,005.952	\$0	\$0	\$63,319.834	\$91,581.176	\$1,687.820	\$584.288	\$0	\$0	\$32,339.242	\$12,715.782	\$0	\$8,182.336	\$41,617.692	\$16,698.175	\$18,313.695
4.3 Reinsurance	\$18,527.250	\$208.591	\$31,430.435	\$2,104.154	\$153.799	\$0	\$0	\$3,208.834	\$67,729.729	\$589.928	\$29.868	\$0	\$0	\$1,640.526	\$650.861	\$0	\$334.792	\$1,725.686	\$278.429	\$880.448
4.4 Member Cost Sharing	\$112,998.010	\$1,566.000	\$4,490.908	\$15,348.396	\$1,275.252	\$0	\$0	\$3,166.937	\$37,563.675	\$28,786	\$246.176	\$0	\$0	\$1,871.188	\$5,237.865	\$0	\$465.692	\$2,940.810	\$2,363.907	\$6,437.368
4.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims	\$256,601.608	\$18,835.312	\$25,972.543	\$26,326.849	\$1,576.927	\$0	\$0	\$36,943.632	\$49,339.768	\$1,535.935	\$306.244	\$0	\$0	\$1,887.548	\$6,865.153	\$0	\$7,441.853	\$36,947.196	\$13,606.648	\$11,016.002
4.7 Risk Adjustment Transfer Amount	\$22,420.668	\$1,123.731	\$1,682.629	\$2,546.332	\$186.120	\$0	\$0	\$3,883.156	\$5,660.733	\$83.619	\$336.145	\$0	\$0	\$1,985.276	\$787.637	\$0	\$405.147	\$2,093.171	\$881.506	\$1,065.467
4.8 Premium	\$310,300.172	\$23,986.578	\$31,406.292	\$31,837.827	\$1,907.078	\$0	\$0	\$44,674.913	\$59,665.690	\$1,857.317	\$30.305	\$0	\$0	\$22,839.837	\$8,302.540	\$0	\$8,998.863	\$44,677.235	\$16,453.504	\$13,322.190
4.9 Projected Member Months	498.720	24.996	37.428	56.640	4.140	0	0	86.376	125.918	1.860	80.4	0	0	44.180	17.520	0	9.012	46.560	19.608	23.780
4.10 Loss Ratio	77.12%	78.95%	78.49%	76.57%	75.34%	#DIV/0!	#DIV/0!	76.08%	75.53%	79.13%	75.35%	#DIV/0!	#DIV/0!	76.08%	75.52%	#DIV/0!	79.13%	79.00%	78.49%	76.57%
Per Member Per Month																				
4.11 Allowed Claims	\$778.25	\$893.34	\$851.07	\$772.94	\$726.08	#DIV/0!	#DIV/0!	\$733.07	\$727.32	\$907.43	\$726.73	#DIV/0!	#DIV/0!	\$733.68	\$727.96	#DIV/0!	\$907.94	\$893.85	\$851.60	\$773.57
4.12 Reinsurance	\$37.15	\$37.15	\$37.15	\$37.15	\$37.15	#DIV/0!	#DIV/0!	\$37.15	\$37.15	\$37.15	\$37.15	#DIV/0!	#DIV/0!	\$37.15	\$37.15	#DIV/0!	\$37.15	\$37.15	\$37.15	\$37.15
4.13 Member Cost Sharing	\$226.52	\$62.65	\$119.99	\$308.03	\$308.03	#DIV/0!	#DIV/0!	\$268.21	\$298.32	\$44.51	\$308.68	#DIV/0!	#DIV/0!	\$268.82	\$298.96	#DIV/0!	\$445.02	\$63.16	\$160.52	\$271.61
4.14 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00
4.15 Incurred Claims	\$514.52	\$793.54	\$693.93	\$464.81	\$380.90	#DIV/0!	#DIV/0!	\$427.71	\$391.85	\$825.77	\$380.90	#DIV/0!	#DIV/0!	\$427.71	\$391.85	#DIV/0!	\$825.77	\$793.54	\$129.93	\$464.81
4.16 Risk Adjustment Transfer Amount	\$44.96	\$44.96	\$44.96	\$44.96	\$44.96	#DIV/0!	#DIV/0!	\$44.96	\$44.96	\$44.96	\$44.96	#DIV/0!	#DIV/0!	\$44.96	\$44.96	#DIV/0!	\$44.96	\$44.96	\$44.96	\$44.96
4.17 Premium	\$622.19	\$959.62	\$839.11	\$562.11	\$460.65	#DIV/0!	#DIV/0!	\$517.21	\$473.85	\$998.56	\$460.58	#DIV/0!	#DIV/0!	\$517.89	\$473.89	#DIV/0!	\$998.54	\$959.56	\$839.12	\$566.12

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.
Select only the Rating Areas you are offering plans within and add a factor for each area.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

Rating Area	Rating Factor
Rating Area 8	1.0000

URRT Part II – Consumer Friendly Justification

Scope and Range of the Rate Increase:

QCC Insurance Company ("QCC") is revising premium rates for the Pennsylvania Consumer ACA compliant products, effective from January 1, 2021. The proposed revisions to each plan are shown on the second page of this exhibit.

About 42,000 members will be affected.

Financial Experience of the Product:

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

Changes in Taxes and Fees:

The Federal government ended the Health Insurance Providers Fee beginning with premiums due in 2021. This lowers 2021 premium rates by about 3.4%.

Changes in Medical Service Costs:

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

We are projecting that claims will increase by 13.5% in 2021. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

We project an additional 1% increase in claims to account for the impact of COVID-19 on overall projected claims.

A reinsurance program administered by the state will be effective beginning January 1, 2021. We project that this will reduce rates by approximately 6.5%.

Changes in Benefits:

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

Administrative Costs:

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

URRT Part II – Consumer Friendly Justification

HIOS ID	Plan Name	2021 % Change
31609PA0070002	Personal Choice PPO Gold	-1.6%
31609PA0070003	Personal Choice PPO Silver	-3.9%
31609PA0070004	Personal Choice PPO Bronze	-3.0%
31609PA0160001	Personal Choice EPO Catastrophic	-3.9%
31609PA0160005	Personal Choice EPO Bronze Reserve	-3.1%
31609PA0160006	Personal Choice EPO Bronze Basic	-3.5%
31609PA0180001	Personal Choice EPO Catastrophic	-3.9%
31609PA0180004	Personal Choice EPO Bronze Reserve	-3.1%
31609PA0180005	Personal Choice EPO Bronze Basic	-3.5%
31609PA0190002	Personal Choice PPO Gold	-1.6%
31609PA0190003	Personal Choice PPO Silver	-3.9%
31609PA0190004	Personal Choice PPO Bronze	-3.0%

GENERAL OVERVIEW

PURPOSES

This Actuarial Memorandum is provided along with the Unified Rate Review Template (URRT) to provide certain information to support the gross premium for the single risk pool for individual market health care insurance underwritten by QCC Insurance Company, Inc. in the Commonwealth of Pennsylvania. It is provided as a component of an application for certification as a Qualified Health Plan and a state rate filing. This submission may not be appropriate for other purposes.

GENERAL INFORMATION

COMPANY IDENTIFYING INFORMATION

Company Legal Name: QCC Insurance Company, Inc. ("QCC")
State: Pennsylvania
HIOS Issuer ID (5-digit): 31609
Market: Individual
Effective Date(s): 1/1/2021

Worksheet 1 of the accompanying URRT contains experience period data and development of the projected Single Risk Pool Gross Premium Average Rate PMPM for the individual market for QCC. Worksheet 2 contains experience period data and projections by product for the single risk pool for the same entities.

COMPANY CONTACT INFORMATION

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

PROPOSED RATE INCREASE

The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2019 to calendar year 2021 were incorporated into the pricing and reflected in the Unified Rate Review Template. The changes are driven by factors including: changes in market-wide population risk morbidity and covered services, increasing unit costs for medical services, increasing utilization of medical services, increasing fees and taxes imposed by the federal government, anticipated costs to administer the plan, and anticipated revenue or payments due to market-wide risk adjustment.

The Federal government ended the Health Insurance Providers Fee beginning with premiums due in 2021. This lowers 2021 premium rates by about 3.4%.

We are projecting that claims will increase by 8.5% in 2021. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

A reinsurance program administered by the state will be effective beginning January 1, 2021. We project that this will reduce rates by approximately 6.5%.

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

The weighted average increase across QCC plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is -3.9%. The minimum increase is -3.9% and the maximum increase is -1.6%.

WORKSHEET 1: MARKET EXPERIENCE

SECTION I: EXPERIENCE PERIOD DATA

SINGLE RISK POOL

The single risk pool reflects all covered lives for every individual non-grandfathered product and plan combination for KHPE in the state of Pennsylvania. It is established according to the Single Risk Pool requirements in 45 CFR § 156.80(d).

PAID THROUGH DATE

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2019 and paid through February 2020. Earned premiums and member months are for January through December 2019. The data are for all direct-written individual business of QCC in the Commonwealth of Pennsylvania.

PREMIUMS IN EXPERIENCE PERIOD

Earned Premiums in the Experience Period are developed by summing the earned premium reported in the company's internal data warehouse.

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

Paid-to-Date and Incurred Claims, and Member Months

Insurer fee-for-service claims expenses and member liabilities for dates of service in January 2019 through December 2019 and paid through February 2020 are sourced from the IBCFOC's internal data warehouse. The claims and member liabilities are completed with incurred but not reported (IBNR)

adjustments to develop ultimate incurred insurer fee-for-service claims expenses and member liabilities for the January through December 2019 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2019 period but they are not adjusted for IBNR.

Allowed Claims

Allowed claims are determined by separately obtaining paid-to-date fee-for-service claims and member cost-sharing amounts, applying claim lag factors to those amounts to estimate ultimate incurred fee-for-service claims and member-sharing amounts and adding them together with capitation amounts.

Allowed claims do not include ineligible claims, payments for services other than medical care provided, recovery payments related to internal large claim pooling mechanisms, or active live reserves.

IBNR Development

Medical fee for service incurred but not reported (IBNR) claims are modeled through the use of standard claim lag methodologies. A range of results is developed, and a provision for adverse deviation is applied. The provision for adverse deviation is dependent on many factors such as stability, size, product mix, etc.

The completion factors are developed annually in the 2Q – 3Q period. We do not believe our IBNR is unusually high or unusually low for incurred 2019 paid through February 2020.

Experience Period Index Rate

The Index Rate of Experience Period is estimated by removing cost and utilization trend from the Index Rate for Projection Period.

SECTION II: PROJECTIONS

BENEFIT CATEGORIES

Experience Period Index Rate PMPM Data is provided in Section II. The data is provided by benefit category using a standardized indicator from the internal data warehouse that assigns each claim line to a category based on the type of provider and the location of the service.

PROJECTION FACTORS

The estimated incurred claims experience on an allowed basis for January 2019 through December 2019 is projected to the future rating period by several factors.

Morbidity Adjustment

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

COVID-19 Impact

Morbidity was increased by an additional 1% to account for the impact of COVID-19 on overall projected claims.

Demographic Shift

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

Plan Design Changes

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

Other Changes

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

Trend Factors**a. Annualized Cost Trend**

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

b. Annualized Utilization Trend

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

CREDIBILITY MANUAL RATE DEVELOPMENT

The experience period claims for the single risk pool are determined to be fully credible; therefore no credibility adjustment is required.

RISK ADJUSTMENT AND REINSURANCE**Projected Risk Adjustment PMPM**

Projected Risk Adjustment is accounted for in Projected Incurred Claims before the state based reinsurance program and Risk Adjustment to reflect anticipated risk adjustment transfer amounts for

the projection period. The amount reflects the projected morbidity for the single risk pool in the projection period.

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2019 risk transfer results.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market Only)

With the expiration of the reinsurance program at the end of the 2016 benefit year, there are no projected reinsurance recoveries or reinsurance premium assumed in the rates.

MARKET ADJUSTED INDEX RATE

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

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

WORKSHEET 2: PRODUCT-PLAN DATA COLLECTION

SECTION I: GENERAL PRODUCT AND PLAN INFORMATION

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

AV METAL VALUES

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

SECTION II: EXPERIENCE PERIOD AND CURRENT PLAN LEVEL INFORMATION

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

SECTION III: PLAN ADJUSTMENT FACTORS

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

PLAN ADJUSTED INDEX RATE

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

NON-BENEFIT EXPENSES AND PROFIT & RISK

Administrative Expense Load

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

Profit & Risk Load/Contribution to Surplus

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

Taxes and Fees

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

CALIBRATION

The plan adjusted index rate is projected for all products using the same anticipated age distribution and the mandated age curve. Therefore the consumer adjusted premium rate is the plan adjusted index rate divided by the average age, geographic and tobacco factors for the expected distribution. The average age of the combined individual risk pool population is 42.

The Average Age factor is the reciprocal of the weighted average age factor based on the projected membership. The Tobacco Factor is calculated as the reciprocal of the projected average factor for tobacco users multiplied by the projected tobacco use prevalence.

There is only one geographic rating area for this filing. The geographic rating area factor for this filing is 1.0.

Small differences result between the Calibrated Plan Adjusted Index rates and the Age 21 non-tobacco rates in the Rate Template due to rounding restrictions required in the URRT Part 1.

When rounded to the nearest dollar, the Calibrated Plan Adjusted Index Rates match the Age 21 non-tobacco rates in the Rate Template as required in the DIT.

MEMBERSHIP PROJECTIONS

Enrollment is projected based on current and anticipated enrollment by plan. Items impacting these projections include changes in the size of the market due to guarantee issue requirements and the individual mandate changes. The enrollment is our February 2020 enrollment.

LOSS RATIO

The loss ratio calculated in Section IV is generated within the template and is not based on the MLR formula. The projected loss ratio for the single risk pool is estimated to exceed 80% reflecting premium adjustments permitted by the federal MLR calculation.

INDEX RATE

The Index Rate is defined as the EHB portion of projected allowed claims divided by all projected single risk pool lives. The Index Rate is the same value for all non-grandfathered plans for QCC Individual Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2020. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

TERMINATED PLANS

The following plans are being terminated in 2021:

31609PA0160003	Personal Choice EPO Silver Reserve
31609PA0160004	Personal Choice EPO Platinum
31609PA0180002	Personal Choice EPO Silver Reserve
31609PA0180003	Personal Choice EPO Platinum

WORKSHEET 3: RATING AREAS

There are nine rating areas in Pennsylvania. These plans are offered only in Rating Area 8, which consists of Bucks, Chester, Delaware, Montgomery, and Philadelphia counties.

ACTUARIAL CERTIFICATION

I, [REDACTED], [REDACTED] [REDACTED] for the Independence Blue Cross Family of Companies. I am a member of the Society of Actuaries and the American Academy of Actuaries in good standing with the education and experience necessary to perform the work necessary and meet the Qualification Standards of the American Academy of Actuaries to render the qualified actuarial opinion contained herein. The developed rates and memorandum have been prepared in conformity with appropriate Actuarial Standards of Practice and the Academy's Code of Professional Conduct.

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

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

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

QUALIFICATION TO ACTUARIAL CERTIFICATION

The trend used to project 2021 Allowed Claims was directed by PID reviewer and is less than the trend we considered adequate for the purpose of calculating these rates in our original submission. It is my opinion that the rates submitted in this filing may not be adequate if our originally submitted trend materializes.

May 19, 2020

Financial Statement Analysis - Q3 2024									
Company Information		Revenue Breakdown			Expense Breakdown			Profitability Metrics	
Item	Category	Revenue	Cost	Profit	Revenue	Cost	Profit	Margin (%)	Volume
Product A	Sub A1	1000	600	400	1000	600	400	40%	1000
	Sub A2	1200	720	480	1200	720	480	40%	1200
	Sub A3	1500	900	600	1500	900	600	40%	1500
	Sub A4	1800	1080	720	1800	1080	720	40%	1800
	Sub A5	2000	1200	800	2000	1200	800	40%	2000
	Sub A6	2200	1320	880	2200	1320	880	40%	2200
	Sub A7	2500	1500	1000	2500	1500	1000	40%	2500
	Sub A8	2800	1680	1120	2800	1680	1120	40%	2800
	Sub A9	3000	1800	1200	3000	1800	1200	40%	3000
	Sub A10	3200	1920	1280	3200	1920	1280	40%	3200
Product B	Sub B1	1100	660	440	1100	660	440	40%	1100
	Sub B2	1300	780	520	1300	780	520	40%	1300
	Sub B3	1600	960	640	1600	960	640	40%	1600
	Sub B4	1900	1140	760	1900	1140	760	40%	1900
	Sub B5	2100	1260	840	2100	1260	840	40%	2100
	Sub B6	2300	1380	920	2300	1380	920	40%	2300
	Sub B7	2600	1560	1040	2600	1560	1040	40%	2600
	Sub B8	2900	1740	1160	2900	1740	1160	40%	2900
	Sub B9	3100	1860	1240	3100	1860	1240	40%	3100
	Sub B10	3300	1980	1320	3300	1980	1320	40%	3300
Product C	Sub C1	1400	840	560	1400	840	560	40%	1400
	Sub C2	1700	1020	680	1700	1020	680	40%	1700
	Sub C3	2000	1200	800	2000	1200	800	40%	2000
	Sub C4	2300	1380	920	2300	1380	920	40%	2300
	Sub C5	2600	1560	1040	2600	1560	1040	40%	2600
	Sub C6	2900	1740	1160	2900	1740	1160	40%	2900
	Sub C7	3200	1920	1280	3200	1920	1280	40%	3200
	Sub C8	3500	2100	1400	3500	2100	1400	40%	3500
	Sub C9	3800	2280	1520	3800	2280	1520	40%	3800
	Sub C10	4100	2460	1640	4100	2460	1640	40%	4100
Product D	Sub D1	1500	900	600	1500	900	600	40%	1500
	Sub D2	1800	1080	720	1800	1080	720	40%	1800
	Sub D3	2100	1260	840	2100	1260	840	40%	2100
	Sub D4	2400	1440	960	2400	1440	960	40%	2400
	Sub D5	2700	1620	1080	2700	1620	1080	40%	2700
	Sub D6	3000	1800	1200	3000	1800	1200	40%	3000
	Sub D7	3300	1980	1320	3300	1980	1320	40%	3300
	Sub D8	3600	2160	1440	3600	2160	1440	40%	3600
	Sub D9	3900	2340	1560	3900	2340	1560	40%	3900
	Sub D10	4200	2520	1680	4200	2520	1680	40%	4200
Product E	Sub E1	1600	960	640	1600	960	640	40%	1600
	Sub E2	1900	1140	760	1900	1140	760	40%	1900
	Sub E3	2200	1320	880	2200	1320	880	40%	2200
	Sub E4	2500	1500	1000	2500	1500	1000	40%	2500
	Sub E5	2800	1680	1120	2800	1680	1120	40%	2800
	Sub E6	3100	1860	1240	3100	1860	1240	40%	3100
	Sub E7	3400	2040	1360	3400	2040	1360	40%	3400
	Sub E8	3700	2220	1480	3700	2220	1480	40%	3700
	Sub E9	4000	2400	1600	4000	2400	1600	40%	4000
	Sub E10	4300	2580	1720	4300	2580	1720	40%	4300
Product F	Sub F1	1700	1020	680	1700	1020	680	40%	1700
	Sub F2	2000	1200	800	2000	1200	800	40%	2000
	Sub F3	2300	1380	920	2300	1380	920	40%	2300
	Sub F4	2600	1560	1040	2600	1560	1040	40%	2600
	Sub F5	2900	1740	1160	2900	1740	1160	40%	2900
	Sub F6	3200	1920	1280	3200	1920	1280	40%	3200
	Sub F7	3500	2100	1400	3500	2100	1400	40%	3500
	Sub F8	3800	2280	1520	3800	2280	1520	40%	3800
	Sub F9	4100	2460	1640	4100	2460	1640	40%	4100
	Sub F10	4400	2640	1760	4400	2640	1760	40%	4400
Product G	Sub G1	1800	1080	720	1800	1080	720	40%	1800
	Sub G2	2100	1260	840	2100	1260	840	40%	2100
	Sub G3	2400	1440	960	2400	1440	960	40%	2400
	Sub G4	2700	1620	1080	2700	1620	1080	40%	2700
	Sub G5	3000	1800	1200	3000	1800	1200	40%	3000
	Sub G6	3300	1980	1320	3300	1980	1320	40%	3300
	Sub G7	3600	2160	1440	3600	2160	1440	40%	3600
	Sub G8	3900	2340	1560	3900	2340	1560	40%	3900
	Sub G9	4200	2520	1680	4200	2520	1680	40%	4200
	Sub G10	4500	2700	1800	4500	2700	1800	40%	4500
Product H	Sub H1	1900	1140	760	1900	1140	760	40%	1900
	Sub H2	2200	1320	880	2200	1320	880	40%	2200
	Sub H3	2500	1500	1000	2500	1500	1000	40%	2500
	Sub H4	2800	1680	1120	2800	1680	1120	40%	2800
	Sub H5	3100	1860	1240	3100	1860	1240	40%	3100
	Sub H6	3400	2040	1360	3400	2040	1360	40%	3400
	Sub H7	3700	2220	1480	3700	2220	1480	40%	3700
	Sub H8	4000	2400	1600	4000	2400	1600	40%	4000
	Sub H9	4300	2580	1720	4300	2580	1720	40%	4300
	Sub H10	4600	2760	1840	4600	2760	1840	40%	4600
Product I	Sub I1	2000	1200	800	2000	1200	800	40%	2000
	Sub I2	2300	1380	920	2300	1380	920	40%	2300
	Sub I3	2600	1560	1040	2600	1560	1040	40%	2600
	Sub I4	2900	1740	1160	2900	1740	1160	40%	2900
	Sub I5	3200	1920	1280	3200	1920	1280	40%	3200
	Sub I6	3500	2100	1400	3500	2100	1400	40%	3500
	Sub I7	3800	2280	1520	3800	2280	1520	40%	3800
	Sub I8	4100	2460	1640	4100	2460	1640	40%	4100
	Sub I9	4400	2640	1760	4400	2640	1760	40%	4400
	Sub I10	4700	2820	1880	4700	2820	1880	40%	4700
Product J	Sub J1	2100	1260	840	2100	1260	840	40%	2100
	Sub J2	2400	1440	960	2400	1440	960	40%	2400
	Sub J3	2700	1620	1080	2700	1620	1080	40%	2700
	Sub J4	3000	1800	1200	3000	1800	1200	40%	3000
	Sub J5	3300	1980	1320	3300	1980	1320	40%	3300
	Sub J6	3600	2160	1440	3600	2160	1440	40%	3600
	Sub J7	3900	2340	1560	3900	2340	1560	40%	3900
	Sub J8	4200	2520	1680	4200	2520	1680	40%	4200
	Sub J9	4500	2700	1800	4500	2700	1800	40%	4500
	Sub J10	4800	2880	1920	4800	2880	1920	40%	4800
Product K	Sub K1	2200	1320	880	2200	1320	880	40%	2200
	Sub K2	2500	1500	1000	2500	1500	1000	40%	2500
	Sub K3	2800	1680	1120	2800	1680	1120	40%	2800
	Sub K4	3100	1860	1240	3100	1860	1240	40%	3100
	Sub K5	3400	2040	1360	3400	2040	1360	40%	3400
	Sub K6	3700	2220	1480	3700	2220	1480	40%	3700
	Sub K7	4000	2400	1600	4000	2400	1600	40%	4000
	Sub K8	4300	2580	1720	4300	2580	1720	40%	4300
	Sub K9	4600	2760	1840	4600	2760	1840	40%	4600
	Sub K10	4900	2940	1960	4900	2940	1960	40%	4900
Product L	Sub L1	2300	1380	920	2300	1380	920	40%	2300
	Sub L2	2600	1560	1040	2600	1560	1040	40%	2600
	Sub L3	2900	1740	1160	2900	1740	1160	40%	2900
	Sub L4	3200	1920	1280	3200	1920	1280	40%	3200
	Sub L5	3500	2100	1400	3500	2100	1400	40%	3500
	Sub L6	3800	2280	1520	3800	2280	1520	40%	3800
	Sub L7	4100	2460	1640	4100	2460	1640	40%	4100
	Sub L8	4400	2640	1760	4400	2640	1760	40%	4400
	Sub L9	4700	2820	1880	4700	2820	1880	40%	4700
	Sub L10	5000	3000	2000	5000	3000	2000	40%	5000
Product M	Sub M1	2400	1440	960	2400	1440	960	40%	2400
	Sub M2	2700	1620	1080	2700	1620	1080	40%	2700
	Sub M3	3000	1800	1200	3000	1800	1200	40%	3000
	Sub M4	3300	1980	1320	3300	1980	1320	40%	3300
	Sub M5	3600	2160	1440	3600	2160	1440	40%	3600
	Sub M6	3900	2340	1560	3900	2340	1560	40%	3900
	Sub M7	4200	2520	1680	4200	2520	1680	40%	4200
	Sub M8	4500	2700	1800	4500	2700	1800	40%	4500
	Sub M9	4800	2880	1920	4800	2880	1920	40%	4800
	Sub M10	5100	3060	2040	5100	3060	2040	40%	5100
Product N	Sub N1	2500	1500	1000	2500	1500	1000	40%	2500
	Sub N2	2800	1680	1120	2800	1680	1120	40%	2800
	Sub N3	3100	1860	1240	3100	1860	1240	40%	3100
	Sub N4	3400	2040		3400	2040			

Financial Statement Analysis - Q3 2024									
Company		Revenue		Profit		Market		Growth	
Entity	Segment	Q3 2024	Q3 2023	Q3 2024	Q3 2023	Value	Index	YoY %	QoQ %
Alpha Corp	Product A	1200000	1150000	250000	230000	1.2	1.1	15%	5%
	Product B	800000	780000	180000	170000	0.8	0.7	12%	3%
	Product C	500000	480000	100000	95000	0.5	0.4	10%	2%
	Product D	300000	290000	60000	58000	0.3	0.2	8%	1%
	Product E	200000	190000	40000	38000	0.2	0.1	7%	0%
	Product F	150000	140000	30000	28000	0.1	0.0	6%	0%
	Product G	100000	95000	20000	19000	0.0	0.0	5%	0%
	Product H	80000	75000	16000	15000	0.0	0.0	4%	0%
	Product I	60000	55000	12000	11000	0.0	0.0	3%	0%
	Product J	40000	35000	8000	7000	0.0	0.0	2%	0%
Beta Inc	Product A	900000	880000	180000	170000	0.9	0.8	10%	4%
	Product B	600000	580000	120000	110000	0.6	0.5	8%	3%
	Product C	400000	380000	80000	75000	0.4	0.3	7%	2%
	Product D	250000	230000	50000	48000	0.2	0.1	6%	1%
	Product E	180000	160000	36000	34000	0.1	0.0	5%	0%
	Product F	120000	110000	24000	22000	0.0	0.0	4%	0%
	Product G	80000	75000	16000	15000	0.0	0.0	3%	0%
	Product H	60000	55000	12000	11000	0.0	0.0	2%	0%
	Product I	40000	35000	8000	7000	0.0	0.0	1%	0%
	Product J	20000	15000	4000	3000	0.0	0.0	0%	0%
Gamma Ltd	Product A	700000	680000	140000	130000	0.7	0.6	9%	3%
	Product B	450000	430000	90000	85000	0.4	0.3	7%	2%
	Product C	300000	280000	60000	55000	0.3	0.2	6%	1%
	Product D	180000	160000	36000	34000	0.1	0.0	5%	0%
	Product E	120000	110000	24000	22000	0.0	0.0	4%	0%
	Product F	80000	75000	16000	15000	0.0	0.0	3%	0%
	Product G	60000	55000	12000	11000	0.0	0.0	2%	0%
	Product H	40000	35000	8000	7000	0.0	0.0	1%	0%
	Product I	20000	15000	4000	3000	0.0	0.0	0%	0%
	Product J	10000	5000	2000	1000	0.0	0.0	0%	0%
Delta Co	Product A	500000	480000	100000	95000	0.5	0.4	8%	2%
	Product B	350000	330000	70000	65000	0.3	0.2	6%	1%
	Product C	200000	180000	40000	38000	0.2	0.1	5%	0%
	Product D	120000	110000	24000	22000	0.1	0.0	4%	0%
	Product E	80000	75000	16000	15000	0.0	0.0	3%	0%
	Product F	60000	55000	12000	11000	0.0	0.0	2%	0%
	Product G	40000	35000	8000	7000	0.0	0.0	1%	0%
	Product H	20000	15000	4000	3000	0.0	0.0	0%	0%
	Product I	10000	5000	2000	1000	0.0	0.0	0%	0%
	Product J	5000	2000	1000	500	0.0	0.0	0%	0%
Epsilon LLC	Product A	300000	280000	60000	55000	0.3	0.2	7%	1%
	Product B	200000	180000	40000	38000	0.2	0.1	6%	0%
	Product C	120000	110000	24000	22000	0.1	0.0	5%	0%
	Product D	80000	75000	16000	15000	0.0	0.0	4%	0%
	Product E	50000	45000	10000	9000	0.0	0.0	3%	0%
	Product F	30000	25000	6000	5000	0.0	0.0	2%	0%
	Product G	20000	15000	4000	3000	0.0	0.0	1%	0%
	Product H	10000	5000	2000	1000	0.0	0.0	0%	0%
	Product I	5000	2000	1000	500	0.0	0.0	0%	0%
	Product J	2000	1000	400	200	0.0	0.0	0%	0%
Zeta Partners	Product A	150000	140000	30000	28000	0.1	0.0	4%	0%
	Product B	100000	95000	20000	19000	0.0	0.0	3%	0%
	Product C	60000	55000	12000	11000	0.0	0.0	2%	0%
	Product D	40000	35000	8000	7000	0.0	0.0	1%	0%
	Product E	20000	15000	4000	3000	0.0	0.0	0%	0%
	Product F	10000	5000	2000	1000	0.0	0.0	0%	0%
	Product G	5000	2000	1000	500	0.0	0.0	0%	0%
	Product H	2000	1000	400	200	0.0	0.0	0%	0%
	Product I	1000	500	200	100	0.0	0.0	0%	0%
	Product J	500	200	100	50	0.0	0.0	0%	0%

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

[illegible]

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

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099
1990	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099

Financial Statement Analysis - Q3 2024									
Company Information		Revenue Breakdown			Expense Breakdown			Profitability Metrics	
Item	Category	Revenue	Cost	Profit	Revenue	Cost	Profit	Margin (%)	Volume
Product A	Electronics	100000	60000	40000	100000	60000	40000	40%	1000
	Software	50000	30000	20000	50000	30000	20000	40%	500
	Services	30000	18000	12000	30000	18000	12000	40%	300
	Hardware	20000	12000	8000	20000	12000	8000	40%	200
	Cloud	15000	9000	6000	15000	9000	6000	40%	150
	Support	10000	6000	4000	10000	6000	4000	40%	100
	Training	5000	3000	2000	5000	3000	2000	40%	50
	Consulting	3000	1800	1200	3000	1800	1200	40%	30
	Marketing	2000	1200	800	2000	1200	800	40%	20
	Legal	1000	600	400	1000	600	400	40%	10
Product B	Electronics	80000	48000	32000	80000	48000	32000	40%	800
	Software	40000	24000	16000	40000	24000	16000	40%	400
	Services	20000	12000	8000	20000	12000	8000	40%	200
	Hardware	15000	9000	6000	15000	9000	6000	40%	150
	Cloud	10000	6000	4000	10000	6000	4000	40%	100
	Support	8000	4800	3200	8000	4800	3200	40%	80
	Training	4000	2400	1600	4000	2400	1600	40%	40
	Consulting	2000	1200	800	2000	1200	800	40%	20
	Marketing	1500	900	600	1500	900	600	40%	15
	Legal	800	480	320	800	480	320	40%	8
Product C	Electronics	60000	36000	24000	60000	36000	24000	40%	600
	Software	30000	18000	12000	30000	18000	12000	40%	300
	Services	15000	9000	6000	15000	9000	6000	40%	150
	Hardware	10000	6000	4000	10000	6000	4000	40%	100
	Cloud	8000	4800	3200	8000	4800	3200	40%	80
	Support	6000	3600	2400	6000	3600	2400	40%	60
	Training	3000	1800	1200	3000	1800	1200	40%	30
	Consulting	1500	900	600	1500	900	600	40%	15
	Marketing	1000	600	400	1000	600	400	40%	10
	Legal	500	300	200	500	300	200	40%	5
Product D	Electronics	40000	24000	16000	40000	24000	16000	40%	400
	Software	20000	12000	8000	20000	12000	8000	40%	200
	Services	10000	6000	4000	10000	6000	4000	40%	100
	Hardware	8000	4800	3200	8000	4800	3200	40%	80
	Cloud	6000	3600	2400	6000	3600	2400	40%	60
	Support	4000	2400	1600	4000	2400	1600	40%	40
	Training	2000	1200	800	2000	1200	800	40%	20
	Consulting	1000	600	400	1000	600	400	40%	10
	Marketing	800	480	320	800	480	320	40%	8
	Legal	400	240	160	400	240	160	40%	4
Product E	Electronics	20000	12000	8000	20000	12000	8000	40%	200
	Software	10000	6000	4000	10000	6000	4000	40%	100
	Services	5000	3000	2000	5000	3000	2000	40%	50
	Hardware	3000	1800	1200	3000	1800	1200	40%	30
	Cloud	2000	1200	800	2000	1200	800	40%	20
	Support	1500	900	600	1500	900	600	40%	15
	Training	800	480	320	800	480	320	40%	8
	Consulting	400	240	160	400	240	160	40%	4
	Marketing	300	180	120	300	180	120	40%	3
	Legal	150	90	60	150	90	60	40%	1
Product F	Electronics	10000	6000	4000	10000	6000	4000	40%	100
	Software	5000	3000	2000	5000	3000	2000	40%	50
	Services	2500	1500	1000	2500	1500	1000	40%	25
	Hardware	1500	900	600	1500	900	600	40%	15
	Cloud	1000	600	400	1000	600	400	40%	10
	Support	800	480	320	800	480	320	40%	8
	Training	400	240	160	400	240	160	40%	4
	Consulting	200	120	80	200	120	80	40%	2
	Marketing	150	90	60	150	90	60	40%	1
	Legal	75	45	30	75	45	30	40%	0.5

[illegible]

Cover Page

HIOS Issuer ID: 31609

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

This single PDF file contains three separate actuarial certifications for the unique plan designs under Issuer ID 31609. Please refer to all of the pages contained herein.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA007, 31609PA019

Applicable HIOS Plan IDs (Standard Component): 31609PA0070002, 31609PA0190002, 31609PA0070003, 31609PA0190003, 31609PA0070004, 31609PA0190004

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2021. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost-sharing of inpatient hospital services for these plans differs by facility and professional claims. Inpatient hospital services account for about 21% of allowed costs in the AV calculation.

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

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

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

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

The cost-sharing for imaging (CT/PET scans, MRIs) varies by site of service. Imaging accounts

for roughly 2% of allowed costs in the AV calculation.

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

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

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

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

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

Description of the standardized plan population data used:

We used our commercial PPO and HMO data incurred between July 2018 and June 2019.

For the freestanding and hospital utilization data for outpatient facility, we used our commercial PPO and HMO data incurred between July 2018 and June 2019.

For the freestanding and hospital utilization data for laboratory services, we used our commercial PPO data incurred between July 2018 and June 2019.

For the physical therapy and radiology site-of-service utilization, we used our commercial PPO data incurred between July 2018 and June 2019.

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

Combination of Copays and Coinsurance for IP Hospital

The copays for inpatient hospital facility claims were combined with the coinsurance on professional claims to calculate equivalent copays for inpatient claims.

First, we took the allowed PMPY inpatient costs and divided that by the utilization by admit PMPY to calculate the average cost per admit. We also took the utilization by day PMPY and divided that by the utilization by admit PMPY to calculate the average length of stay.

The average cost per admit was divided by the average length of stay to calculate the average cost per day. Based on our data, we assumed that 84% of the cost was from facility claims and the remaining 16% was from professional claims.

The professional coinsurance was multiplied by the professional portion of the daily inpatient cost to calculate equivalent daily copay for that piece. Because there is a 5-day maximum on our plans' inpatient copays, an effective copay factor was calculated by dividing the PMPY cost-sharing from a \$100 per day inpatient copay with a 5-day maximum by the PMPY cost-sharing from a \$100 per day inpatient copay without any maximum. The equivalent daily professional copay amount was then divided by this factor in order to determine the final professional copay reflecting a 5-day maximum.

The final professional copay was then added onto the facility copay in order to determine the equivalent overall IP hospital copay amount. The exhibit below details this calculation.

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

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

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

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

Combination of Coinsurance for IP Hospital

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

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

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

Combination of Coinsurance for Laboratory Services

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

Combination of Coinsurance for Outpatient Facility Fee

For the outpatient facility site of service cost-sharing, our recent data indicated that 80% of outpatient facility claims came from the hospital setting. The cost-sharing entered into the AV calculator is a blend of the coinsurance in a hospital setting and the coinsurance in an ambulatory surgery center.

	31609PA0070003, 31609PA0190003
Hospital	50.0%
ASC	70.0%
Blend	54.0%

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

Occupational and Physical Therapy Site-of-service Differential

For the physical therapy site of service cost-sharing, our recent data indicated that 88% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of the copays at each site.

X-rays and Diagnostic Imaging Site-of-service Copay Differential

For the x-ray site of service cost-sharing, our recent data indicated that 45% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

X-rays and Diagnostic Imaging Site-of-service Coinsurance Differential

For the x-ray site of service cost-sharing, our recent data indicated that 20% of claims came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of coinsurance based on claims at each site.

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

For the imaging site of service cost-sharing, our recent data indicated that 45% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

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

For the imaging site of service cost-sharing, our recent data indicated that 25% of claims came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of coinsurance based on claims at each site.

		Cost-sharing		
HIOS ID	Service Type	Preferred Site	Non-preferred Site	AV Input
31609PA0190002, 31609PA0070002	Phys. Ther.	\$65	\$95	\$68.60
	X-rays	\$60	\$90	\$76.50
	Imaging	\$120	\$160	\$142.00
31609PA0190003, 31609PA0070003	Phys. Ther.	\$70	\$100	\$73.60
	X-rays	30%	50%	54%
	Imaging	30%	50%	55%

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

Not applicable.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

The analysis was

(i) conducted by a member of the American Academy of Actuaries; and

(ii) performed in accordance with generally accepted actuarial principles and methodologies.

I am an employee of the issuer, I meet the *Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States* promulgated by the American Academy of Actuaries, and I have the education and experience necessary to perform this work. All AVs herein were determined in accordance with the ASOPs established by the Actuarial Standards Board and comply with applicable laws and regulations; furthermore, all metal levels herein were appropriately assigned based on applicable law.

Actuary signature: _____

Actuary Printed Name: _____

Date: _____ 5/19/2020

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160006, 31609PA0180005

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2021. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

This plan exempts the first three outpatient mental health visits from the deductible. It has an outpatient mental health copay of \$20 for the first three visits without applying the copays to the deductible. Beyond three visits, outpatient mental health is covered 100% after the deductible. Outpatient mental health accounts for about 2% of allowed costs in the AV calculation.

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

Method 156.135(b)(2) was used for the outpatient mental health cost-sharing.

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

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

Description of the standardized plan population data used:

OP Surgery Copay/Coinsurance:

For the outpatient mental health utilization data, we used our commercial PPO data incurred between July 2018 and June 2019.

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

Using the bronze continuance table in the Final 2021 AV Calculator, we calculated the average cost per visit for outpatient mental health before the out-of-pocket maximum. This average cost was used as a point estimate of the allowed cost per visit for services before satisfying the out-of-pocket maximum. An effective member copay is calculated by taking a weighted average of \$20 for the first three visits times the proportion of visits within the first three visits, which according to our experienced period between July 2018 and June 2019 for commercial PPO is 12.48%, and the average cost per service from the AV Calculator times the remaining proportion of visits.

	31609PA0160002
Cost per Visit	\$98.50
Copay for Visits 1-3:	\$20.00
Visits 1-3 Proportion:	12.48%
Eff. Member Copay	\$88.70

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

Not applicable.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

The analysis was

(i) conducted by a member of the American Academy of Actuaries; and

(ii) performed in accordance with generally accepted actuarial principles and methodologies.

I am an employee of the issuer, I meet the *Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States* promulgated by the American Academy of Actuaries, and I have the education and experience necessary to perform this work. All AVs herein were determined in accordance with the ASOPs established by the Actuarial Standards Board and comply with applicable laws and regulations; furthermore, all metal levels herein were appropriately assigned based on applicable law.

Actuary signature: _____

Actuary Printed Name: _____

Date: _____ 5/19/2020

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160007, 31609PA0180007

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2021. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost-sharing of inpatient hospital services for these plans differs by facility and professional claims. Inpatient hospital services account for about 21% of allowed costs in the AV calculation.

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

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

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

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

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

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

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

considered:

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

Description of the standardized plan population data used:

We used our commercial PPO and HMO data incurred between July 2018 and June 2019.

For the freestanding and hospital utilization data for laboratory services, we used our commercial PPO data incurred between July 2018 and June 2019.

For the physical therapy and radiology site-of-service utilization, we used our commercial PPO data incurred between July 2018 and June 2019.

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

Combination of Coinsurance for IP Hospital

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

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

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

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

Occupational and Physical Therapy Site-of-service Differential

For the physical therapy site of service cost-sharing, our recent data indicated that 88% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of the copays at each site.

X-rays and Diagnostic Imaging Site-of-service Copay Differential

For the x-ray site of service cost-sharing, our recent data indicated that 45% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

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

For the imaging site of service cost-sharing, our recent data indicated that 45% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

		Cost-sharing		
HIOS ID	Service Type	Preferred Site	Non-preferred Site	AV Input
31609PA0160007, 31609PA0180007	Phys. Ther.	\$50	\$80	\$53.60
	X-rays	\$60	\$90	\$76.50
	Imaging	\$120	\$160	\$142.00

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

Not applicable.

Certification Language:

The development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for those benefits that deviate substantially from the parameters of the AV Calculator and have a material impact on the AV.

The analysis was

- (i) conducted by a member of the American Academy of Actuaries; and
- (ii) performed in accordance with generally accepted actuarial principles and methodologies.

I am an employee of the issuer, I meet the *Qualification Standards for Actuaries Issuing Statements of Actuarial Opinion in the United States* promulgated by the American Academy of Actuaries, and I have the education and experience necessary to perform this work. All AVs herein were determined in accordance with the ASOPs established by the Actuarial Standards Board and comply with applicable laws and regulations; furthermore, all metal levels herein were appropriately assigned based on applicable law.

Actuary signature: _____

Actuary Printed Name: _____

Date: 5/19/2020

The network factors used in Table 10 are based on the network differentials from the prior filing.

The network factor used for PPO was 1.000.
The network factor used for EPO was 0.950.

The factors used in Table 10 recalibrate the values so that the differentials between the factors remains constant, and the composite factor equals 1.000.

Table 10 factors:	PPO	1.029
	EPO	0.977

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

The change in demographics was calculated considering changes to age, geography, and tobacco use.

The change in the average age was measured by comparing the average age factor calculated in this filing, based on May 2019 enrollments, to the average age factor calculated for the prior annual filing.

	2020	2021	
	Filing	Filing	Change
Age Factor	1.701	1.720	1.011
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.013	1.014	1.001
Total change			1.012

No changes were assumed for this filing.

REDACTION JUSTIFICATION

DOCUMENT

URRT Part III – Federal Actuarial Memorandum

Redacted Name of opining actuary (page 8)

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

PA Actuarial Memorandum

Redacted Name of opining actuary (page 7)

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

Cover Letter

Redacted names and contact information (page 2)

AV Screenshots

Entire File Redacted

Unique AV Justification file

Redacted name of opining actuary (pages 4 and 13)

Redacted AV Screenshots (pages 5-9 and 14-24)

2020 and 2021 Service Area

Issuer: QCC Insurance Company

Market: Individual



Key (*modify as needed*)

 : On-exchange service area

 : Off-exchange only service area

Cover Letter for Responses to June 16 Objection Letter – QCC Consumer INAC-132358777
Response Date June 23, 2020

1. **The cover letter indicates that the average rate change requested is -3.0%, with the range varying from -3.1% to 0.7%. The rate change request summary indicates that the average rate change requested is -3.0%, with the range varying from -3.6% to -0.7%. However, Worksheet II of the URRT shows rate changes by plan varying from 0.0% to 5.8%. Please explain these discrepancies.**

We corrected Worksheet 2 of the URRT to show the proposed increases for this filing.

2. **The following questions are related to the projected risk adjustment transfer amount:**
 - a. **Please explain and provide the quantitative development of the projected risk adjustment transfer amount PMPM.**
 - b. **Please compare the projected 2021 risk adjustment transfer amount PMPM to the anticipated 2019 risk adjustment transfer amount PMPM and identify the specific driver(s) of any differences between the two values.**

[We are working to provide the information in a subsequent response.](#)

3. **The following questions are related to the proposed annual trend rate included in the filing.**
 - a. **A number of the filing documents, including the rate change request summary and Part II Justification indicate that a trend of 8.5% has been assumed in rate development. However, the URRT and rate exhibits show that an overall annual trend of 14.6% has been applied. Please explain this discrepancy.**
 - b. **Please provide the actual observed trends based on historical allowed claims experience for each benefit category for years 2017, 2018, 2019, and 2020 (year to date). We realize 2020 trends will be partially based on estimated claim costs. In providing your response, for each calendar year, provide the total member months, allowed claims, and any normalization adjustments that should be applied to the claims experience.**
 - c. **Please compare the proposed annual trend rate to the actual observed trend rates per your response above. To the extent they are significantly different, please explain and justify why it is reasonable that they should be different.**

[We are working to provide the information in a subsequent response.](#)

4. **Please provide the numerical development of the Exchange User Fee of \$13.47 applied to the Market Adjusted Index Rate shown in Table 5 of the rate filing exhibits.**

The calculation is shown on Tab Q4 of the “QCC Consumer Response to June 16 Obj” excel worksheet.

5. **Please provide a numerical development of the average 2020 and 2021 age and tobacco factors as shown in the file [ACA QCC Individual Supporting 05192020 RV.xlsx].**

We used the February 2020 membership to calculate the 2021 age and tobacco factors. The 2020 factors are those calculated in last year’s annual filing based on February 2019 membership. The calculations are shown on Tab Q5&6 of the “QCC Consumer Response to June 16 Obj” excel worksheet.

6. **Please reconcile the change in the average age factor included in the file [ACA QCC Individual Supporting 05192020 RV.xlsx] with the change in demographic factor included in Table 5 of the rate filing exhibits.**

The change in the average age factor is calculated by comparing the projected 2021 average age factor to the age factor calculated for 2019 as of February 2020. The 2019 factor is based on the entire year's membership instead of just the membership as of February 2019, making it more consistent with the experience period premiums and claims. The calculation is shown on Tab Q5&6 of the "QCC Consumer Response to June 16 Obj" excel worksheet.

- 7. Please provide a numerical development of the 1.006 change in network factor included in Table 5 of the rate filing exhibits.**

The calculation is shown on Tab Q7 of the "QCC Consumer Response to June 16 Obj" excel worksheet.

- 8. Please explain why the pricing AVs are significantly higher than the metal AVs for Gold plans, as shown in Table 10 of the rate filing exhibits.**

Please note that the metal AV is to determine compliance with Actuarial Value and is not a Pricing AV. The metal AV is based on the AV calculator which is calibrated to national average costs. The Philadelphia market is significantly more expensive than the national average from a cost of services standpoint. This means that the same deductible or copay is worth significantly less as a percentage of total allowed cost in the Philadelphia market compared to the national average. This leads to different Pricing AVs for the same metal level.

- 9. Please provide the numerical development of the projected 2021 MLR that shows compliance with the 80% minimum MLR. In addition, please compare the average 2021 pricing AV's by metal level to the actual observed 2019 paid-to-allowed ratios by metal level. To the extent the pricing AV's are significantly different than the actual observed experience for a particular metal level, please explain and justify why the pricing AV's are appropriate.**

The calculation of the MLR is shown on Tab Q9 of the "QCC Consumer Response to June 16 Obj" excel worksheet.

- 10. Please explain and provide support for the 1.001 adjustment factor for benefits in addition to EHB applied to some plans as demonstrated in Table 10 of the rate filing exhibits.**

The adjustment factor was applied to off-exchange plans to reflect the projected cost of non-elective abortion coverage included in these plans.

- 11. The sum of rate increase components shown in Table 8 Line H of the rate filing exhibits does not approximate Line A as indicated by the label. Please explain why this value varies significantly.**

We are working to provide the information in a subsequent response. However, we would like clarification on two components in the Table. Row D7, reinsurance, is increasing the calculation while we would have expected it to reduce the amount. Row E2, Pricing AV, the note directs us to include the CSR factor, but the cell for 2021 does not include that factor.

- 12. Per Table 10 of the PA Rate Template, it appears that the Non-Funding CSR Adjustment of 1.20 was applied to Plans 12 and 17 even though those plans are indicated to be offered off-exchange only. Please explain why it is appropriate that the 1.20 adjustment was applied to this**

plan and/or correct the rate filing as necessary.

Plan 12 is the off-exchange version of Plan 4. Rates must be equal for the on and off-exchange versions of a plan. The CSR factor was applied to both versions to comply with this requirement. Plan 17 is a discontinued plan being mapped to Plan 12 and the values shown are those of the plan it is being mapped to, Plan 12.

- 13. The Risk Adjustment User Fee has been finalized at \$0.25 pmpm; please revise Table 6 accordingly.**

We have made this revision.

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

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

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

Our average allowed cost per visit for PCP is about \$107. Therefore \$50 PCP copay is less than 50% coinsurance.

- 16. Please provide an exhibit showing the financial gains and losses for calendar years 2014 – 2019 for the following categories: Member months, total administrative expenses, total incurred claims, total premium, total actual paid taxes and fees, profit, annual underwriting gain/loss and underwriting gain/loss pmpy.**

[We are working to provide the information in a subsequent response.](#)

- 17. Per the Department's published guidance, the Benefit Richness factors in Table 10 Column L should be developed based upon the following formula: $(\text{Plan Pricing AV in column K} * \text{CSR Defunding Adjustment in column P})^2 - (\text{Plan Pricing AV in column K} * \text{CSR Defunding Adjustment in column P}) + 1.24$. Further, the value developed by the quadratic formula must then be multiplied by a normalization constant such that the value in Cell L15 or L16 balances back to 1.000. Please modify the cells in Column L to explicitly show the quadratic formula and normalizing constant to demonstrate compliance with our guidance.**

The calculation of the MLR is shown on Tab Q17 of the "QCC Consumer Response to June 16 Obj" excel worksheet. This shows that we followed the department's guidance. The normalization requires two levels of calculation that could not simply be demonstrated in the cells in Column L. We calculated factors by plan based on the formula, then divided each result by the weighted average to normalize Cells L15 and L16 to 1.000 while maintain the relativities between each plan's factors. We have copied the resulting formulas into Table 10.

- 18. Section 4.3 of the 2021 URR Instructions requires issuers to discuss the reason for rate increase(s): Issuers must provide the quantitative impact and a narrative description of all significant factors driving the proposed rate increase. As an example, these factors could include:**

- Single risk pool experience which is more adverse than that assumed in the current rates

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

We have added this information to the URRT Part III.

- 19. If the requested rate increase is not the same across all products and plans, provide an explanation as to why the rate changes vary by product or plan given they are based on the same single risk pool of experience for the market. Explain how the impact of morbidity was removed from impacting the variance in rate changes across products or plans.**

For the most part we have held our rate increases constant by plan design across the single risk pool except for differences in changes in cost sharing between plan design and the changes to the induced demand factors that were required by the state. The largest driver of different rate increase by plan design for our plans in 2021 is the required change in induced demand factors that were required by the state. In this way the morbidity impact by plan was removed from the rate increases because if the plans had the same benefit changes, they would have received the same rate increase regardless of what their plan specific experience was.

- 20. In Table 2, please update the risk adjustment amount to reflect the risk adjustment transfer shared by the Department on May 23, 2020 from Jim Lavery.**

[We are working to provide the information in a subsequent response.](#)

- 21. Regarding Trend:**

- a. Was the data in Table 4 utilized in developing the proposed trend?
- b. Is the data in Table 4 raw unadjusted data or has it been normalized or otherwise adjusted? If the data has been adjusted, please provide an exhibit that quantitatively shows the unadjusted allowed monthly data for the 48 months. Also include the following monthly data:
 - i. The average age factor;
 - ii. The average geographic factor;
 - iii. The average tobacco factor; and
 - iv. The average benefit factor;
 - v. The normalized average pmpm (should match the allowed pmpms in column L of Table 4).

[We are working to provide additional information in a subsequent response.](#)

- 22. Cell D16 of Table 5 should contain a formula, specifically the product of the 1.01 factor to reflect the repeal of the individual mandate and any other assumption that produces the amount shown in that cell. Please revise; I note that the formula could be as simple as 1.01 x 1.**

We have entered the formula “1.01*1” in this cell.

- 23. Regarding Table 6:**

- a. Please provide the proposed commission schedules for 2021.
- b. Using the proposed commission schedules, quantitatively show the development of the percent and pmpm amounts in cells C51 and D51.
- c. Using the 2019 SHCE in the Annual Statement, please quantitatively show the development

of the Quality Improvement Initiatives percent and pmpm amount.

d. We have repurposed row 54 to capture RA User Fees. Please provide the RA User Fee percentage and pmpm amount in cells C54 and D54.

[We are working to provide the information in a subsequent response.](#)

- 24. Please provide an exhibit that shows, by HIOS Plan ID, summary benefit and cost sharing changes for 2021 relative to the 2020 design for all plans to be offered in 2021. Include Pricing AV columns for 2020 and 2021. Please show the approved 2020 Pricing AVs for all plans in the 2020 column and the proposed 2021 Pricing AVs in the 2021 column. Also provide a supporting worksheet that shows the quantitative development of the proposed factors.**

[We are working to provide the information in a subsequent response.](#)

- 25. Please provide an exhibit that quantitatively shows a comparison of the actual to projected claim cost pmpms for calendar years 2015 – 2019, as applicable.**

[We are working to provide the information in a subsequent response.](#)

Cover Letter for Responses to June 16 Objection Letter – QCC Consumer INAC-132358777
Response Date June 30, 2020

1. **The cover letter indicates that the average rate change requested is -3.0%, with the range varying from -3.1% to 0.7%. The rate change request summary indicates that the average rate change requested is -3.0%, with the range varying from -3.6% to -0.7%. However, Worksheet II of the URRT shows rate changes by plan varying from 0.0% to 5.8%. Please explain these discrepancies.**

We corrected Worksheet 2 of the URRT to show the proposed increases for this filing.

2. **The following questions are related to the projected risk adjustment transfer amount:**
 - a. **Please explain and provide the quantitative development of the projected risk adjustment transfer amount PMPM.**
 - b. **Please compare the projected 2021 risk adjustment transfer amount PMPM to the anticipated 2019 risk adjustment transfer amount PMPM and identify the specific driver(s) of any differences between the two values.**

Please refer to Tab Q2 of the “KHPE Small Group Response to June 16 Obj” excel worksheet.

3. **The following questions are related to the proposed annual trend rate included in the filing.**
 - a. **A number of the filing documents, including the rate change request summary and Part II Justification indicate that a trend of 8.5% has been assumed in rate development. However, the URRT and rate exhibits show that an overall annual trend of 14.6% has been applied. Please explain this discrepancy.**

The URRT Part II states “We are projecting that claims will increase by 8.5% in 2021” and the Rate Change Request Summary states “The company expects its annual medical costs to increase 8.5%”. These are one-year estimates from 2020 to 2021. The 14.6% trend in the URRT is the annual trend applied to the experience period data over two years to calculate the projected period claims.

b. Please provide the actual observed trends based on historical allowed claims experience for each benefit category for years 2017, 2018, 2019, and 2020 (year to date). We realize 2020 trends will be partially based on estimated claim costs. In providing your response, for each calendar year, provide the total member months, allowed claims, and any normalization adjustments that should be applied to the claims experience.

We have added historical trend information in Tab Q3b of the “QCC Consumer Response to June 16 Obj” excel worksheet.

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

We have added historical trend information in Tab Q3b of the “QCC Consumer Response to June 16 Obj” excel worksheet.

4. **Please provide the numerical development of the Exchange User Fee of \$13.47 applied to the Market Adjusted Index Rate shown in Table 5 of the rate filing exhibits.**

The calculation is shown on Tab Q4 of the “QCC Consumer Response to June 16 Obj” excel worksheet.

- 5. Please provide a numerical development of the average 2020 and 2021 age and tobacco factors as shown in the file [ACA QCC Individual Supporting 05192020 RV.xlsx].**

We used the February 2020 membership to calculate the 2021 age and tobacco factors. The 2020 factors are those calculated in last year's annual filing based on February 2019 membership. The calculations are shown on Tab Q5&6 of the "QCC Consumer Response to June 16 Obj" excel worksheet.

- 6. Please reconcile the change in the average age factor included in the file [ACA QCC Individual Supporting 05192020 RV.xlsx] with the change in demographic factor included in Table 5 of the rate filing exhibits.**

The change in the average age factor is calculated by comparing the projected 2021 average age factor to the age factor calculated for 2019 as of February 2020. The 2019 factor is based on the entire year's membership instead of just the membership as of February 2019, making it more consistent with the experience period premiums and claims. The calculation is shown on Tab Q5&6 of the "QCC Consumer Response to June 16 Obj" excel worksheet.

- 7. Please provide a numerical development of the 1.006 change in network factor included in Table 5 of the rate filing exhibits.**

The calculation is shown on Tab Q7 of the "QCC Consumer Response to June 16 Obj" excel worksheet.

- 8. Please explain why the pricing AVs are significantly higher than the metal AVs for Gold plans, as shown in Table 10 of the rate filing exhibits.**

Please note that the metal AV is to determine compliance with Actuarial Value and is not a Pricing AV. The metal AV is based on the AV calculator which is calibrated to national average costs. The Philadelphia market is significantly more expensive than the national average from a cost of services standpoint. This means that the same deductible or copay is worth significantly less as a percentage of total allowed cost in the Philadelphia market compared to the national average. This leads to different Pricing AVs for the same metal level.

- 9. Please provide the numerical development of the projected 2021 MLR that shows compliance with the 80% minimum MLR. In addition, please compare the average 2021 pricing AV's by metal level to the actual observed 2019 paid-to-allowed ratios by metal level. To the extent the pricing AV's are significantly different than the actual observed experience for a particular metal level, please explain and justify why the pricing AV's are appropriate.**

The calculation of the MLR is shown on Tab Q9 of the "QCC Consumer Response to June 16 Obj" excel worksheet.

- 10. Please explain and provide support for the 1.001 adjustment factor for benefits in addition to EHB applied to some plans as demonstrated in Table 10 of the rate filing exhibits.**

The adjustment factor was applied to off-exchange plans to reflect the projected cost of non-elective abortion coverage included in these plans.

- 11. The sum of rate increase components shown in Table 8 Line H of the rate filing exhibits does not approximate Line A as indicated by the label. Please explain why this value varies**

significantly.

We are working to provide the information in a subsequent response. However, we would like clarification on two components in the Table. Row D7, reinsurance, is increasing the calculation while we would have expected it to reduce the amount. Row E2, Pricing AV, the note directs us to include the CSR factor, but the cell for 2021 does not include that factor.

- 12. Per Table 10 of the PA Rate Template, it appears that the Non-Funding CSR Adjustment of 1.20 was applied to Plans 12 and 17 even though those plans are indicated to be offered off-exchange only. Please explain why it is appropriate that the 1.20 adjustment was applied to this plan and/or correct the rate filing as necessary.**

Plan 12 is the off-exchange version of Plan 4. Rates must be equal for the on and off-exchange versions of a plan. The CSR factor was applied to both versions to comply with this requirement. Plan 17 is a discontinued plan being mapped to Plan 12 and the values shown are those of the plan it is being mapped to, Plan 12.

- 13. The Risk Adjustment User Fee has been finalized at \$0.25 pmpm; please revise Table 6 accordingly.**

We have made this revision.

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

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

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

Our average allowed cost per visit for PCP is about \$107. Therefore \$50 PCP copay is less than 50% coinsurance.

- 16. Please provide an exhibit showing the financial gains and losses for calendar years 2014 – 2019 for the following categories: Member months, total administrative expenses, total incurred claims, total premium, total actual paid taxes and fees, profit, annual underwriting gain/loss and underwriting gain/loss pmpy.**

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

- 17. Per the Department's published guidance, the Benefit Richness factors in Table 10 Column L should be developed based upon the following formula: (Plan Pricing AV in column K * CSR Defunding Adjustment in column P)^2 - (Plan Pricing AV in column K * CSR Defunding Adjustment in column P) + 1.24. Further, the value developed by the quadratic formula must then be multiplied by a normalization constant such that the value in Cell L15 or L16 balances back to 1.000. Please modify the cells in Column L to explicitly show the quadratic formula and normalizing constant to demonstrate compliance with our guidance.**

Cover Letter for Responses to June 16 Objection Letter – QCC Consumer INAC-132358777
Response Date June 30, 2020

The calculation of the MLR is shown on Tab Q17 of the “QCC Consumer Response to June 16 Obj” excel worksheet. This shows that we followed the department’s guidance. The normalization requires two levels of calculation that could not simply be demonstrated in the cells in Column L. We calculated factors by plan based on the formula, then divided each result by the weighted average to normalize Cells L15 and L16 to 1.000 while maintain the relativities between each plan’s factors. We have copied the resulting formulas into Table 10.

18. Section 4.3 of the 2021 URR Instructions requires issuers to discuss the reason for rate increase(s): Issuers must provide the quantitative impact and a narrative description of all significant factors driving the proposed rate increase. As an example, these factors could include:

- Single risk pool experience which is more adverse than that assumed in the current rates
- Medical inflation
- Increased utilization
- Prospective changes to benefits covered by the product or successor products
- New taxes and fees imposed on the issuer
- Anticipated changes in the average morbidity of the covered population that is market-wide, as opposed to issuer specific morbidity that is reflected in risk adjustment

We have added this information to the URRT Part III.

19. If the requested rate increase is not the same across all products and plans, provide an explanation as to why the rate changes vary by product or plan given they are based on the same single risk pool of experience for the market. Explain how the impact of morbidity was removed from impacting the variance in rate changes across products or plans.

For the most part we have held our rate increases constant by plan design across the single risk pool except for differences in changes in cost sharing between plan design and the changes to the induced demand factors that were required by the state. The largest driver of different rate increase by plan design for our plans in 2021 is the required change in induced demand factors that were required by the state. In this way the morbidity impact by plan was removed from the rate increases because if the plans had the same benefit changes, they would have received the same rate increase regardless of what their plan specific experience was.

20. In Table 2, please update the risk adjustment amount to reflect the risk adjustment transfer shared by the Department on May 23, 2020 from Jim Laverty.

Please see our response to question 2 which also addresses this question.

21. Regarding Trend:

- a. Was the data in Table 4 utilized in developing the proposed trend?
- b. Is the data in Table 4 raw unadjusted data or has it been normalized or otherwise adjusted? If the data has been adjusted, please provide an exhibit that quantitatively shows the unadjusted allowed monthly data for the 48 months. Also include the following monthly data:
 - i. The average age factor;
 - ii. The average geographic factor;
 - iii. The average tobacco factor; and
 - iv. The average benefit factor;
 - v. The normalized average pmpm (should match the allowed pmpms in column L of Table 4).

The data in Table 4 was not adjusted.

- 22. Cell D16 of Table 5 should contain a formula, specifically the product of the 1.01 factor to reflect the repeal of the individual mandate and any other assumption that produces the amount shown in that cell. Please revise; I note that the formula could be as simple as 1.01×1 .**

We have entered the formula “1.01*1” in this cell.

- 23. Regarding Table 6:**

- a. Please provide the proposed commission schedules for 2021.**
- b. Using the proposed commission schedules, quantitatively show the development of the percent and pmpm amounts in cells C51 and D51.**
- c. Using the 2019 SHCE in the Annual Statement, please quantitatively show the development of the Quality Improvement Initiatives percent and pmpm amount.**

The 2021 Commissions schedule is still being finalized; we will provide when it is available.

CMS allows a safe harbor in the MLR formula using 0.8% of earned premium for Quality Improvement Initiatives. We are using the 0.8% of our premium in our rating to be consistent with the safe harbor provision in the MLR formula.

- d. We have repurposed row 54 to capture RA User Fees. Please provide the RA User Fee percentage and pmpm amount in cells C54 and D54.**

We entered those values in our submission and updated the cells as noted in our response to Q13.

- 24. Please provide an exhibit that shows, by HIOS Plan ID, summary benefit and cost sharing changes for 2021 relative to the 2020 design for all plans to be offered in 2021. Include Pricing AV columns for 2020 and 2021. Please show the approved 2020 Pricing AVs for all plans in the 2020 column and the proposed 2021 Pricing AVs in the 2021 column. Also provide a supporting worksheet that shows the quantitative development of the proposed factors.**

This is shown on Tab Q24 of the “QCC Consumer Response June 16 Obj” excel worksheet.

- 25. Please provide an exhibit that quantitatively shows a comparison of the actual to projected claim cost pmpms for calendar years 2015 – 2019, as applicable.**

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

Metal	BMMO	PLRS	ARF	GCF	IDF	AV	Product w Risk	Product w/o Risk	PMPM	RF1
Plat	-									
Gold	82,428	3.487	1.648		1.032	1.080	0.800	3.885	1.469	497.98 \$573.66
Silver	57,036	2.263	1.878		1.032	1.030	0.700	2.405	1.397	139.17 \$199.93
Bronze	354,312	1.090	1.711		1.032	1.000	0.600	1.125	1.059	(75.60) (\$108.10)
Total	493,776	1.626	1.720		1.032	1.017	0.645	1.734	1.167	44.96 41.29
Check to AM	TRUE		TRUE							
Est. StateWide Average		1.674 \$ 522.04	1.79		1.00	1.034	0.699	1.732	1.295	

44.96

Entity	Segment	2017	2018	2019	2020
Comml QCC - Consumer	Inpatient	3.4%	2.7%	3.2%	4.2%
	Outpatient	2.3%	1.9%	2.7%	3.1%
	Professional	1.3%	1.7%	1.7%	2.2%
	Total	2.1%	1.9%	2.3%	3.0%

Calculation of 2021 Exchange User Fee

User Fee = 3%

Projected Average Premium (KHPE and QCC Combined) = 620.66

Proportion of business on-exchange = 72.36%

Projected PMPM User Fee = \$ 13.47

Age	Age Factor	Feb-19 Members	2019 Members	Feb-20 Members	Tobacco Factor	Projected Use
0-14	0.765	3,316	3,124	3,189	0	0.00
15	0.833	370	346	345	0	0.00
16	0.859	348	353	373	0	0.00
17	0.885	384	359	356	0	0.00
18	0.913	413	380	375	0	0.00
19	0.941	476	430	468	0	0.00
20	0.970	454	443	513	0	0.00
21	1.000	599	527	510	0.125	0.05
22	1.000	594	554	540	0.125	0.05
23	1.000	495	469	519	0.125	0.05
24	1.000	451	423	436	0.125	0.05
25	1.004	483	388	468	0.125	0.05
26	1.024	965	755	807	0.125	0.05
27	1.048	912	801	859	0.125	0.05
28	1.087	950	787	772	0.125	0.05
29	1.119	862	796	864	0.125	0.05
30	1.135	871	743	766	0.175	0.05
31	1.159	765	719	800	0.175	0.05
32	1.183	710	628	704	0.175	0.05
33	1.198	657	608	687	0.175	0.05
34	1.214	621	560	597	0.175	0.05
35	1.222	608	529	604	0.175	0.05
36	1.230	640	562	638	0.175	0.05
37	1.238	618	574	613	0.175	0.05
38	1.246	566	543	586	0.175	0.05
39	1.262	587	514	564	0.175	0.05
40	1.278	521	511	635	0.225	0.05
41	1.302	574	521	553	0.225	0.05
42	1.325	568	507	565	0.225	0.05
43	1.357	556	506	525	0.225	0.05
44	1.397	594	518	557	0.225	0.05
45	1.444	607	550	618	0.225	0.05
46	1.500	626	562	606	0.225	0.05
47	1.563	724	625	633	0.225	0.05
48	1.635	720	675	742	0.225	0.05
49	1.706	758	685	772	0.225	0.05
50	1.786	780	700	749	0.375	0.05
51	1.865	802	764	813	0.375	0.05
52	1.952	844	747	880	0.375	0.05
53	2.040	839	782	859	0.375	0.05
54	2.135	972	856	883	0.375	0.06
55	2.230	1,005	950	1,028	0.375	0.06
56	2.333	1,014	943	1,062	0.375	0.06
57	2.437	1,107	1,007	1,091	0.375	0.06
58	2.548	1,173	1,113	1,142	0.375	0.06
59	2.603	1,257	1,181	1,251	0.375	0.06
60	2.714	1,266	1,194	1,309	0.375	0.06
61	2.810	1,360	1,290	1,385	0.375	0.06
62	2.873	1,476	1,358	1,508	0.375	0.06
63	2.952	1,576	1,527	1,645	0.375	0.06
64+	3.000	1,726	1,850	1,807	0.375	0.06
Avg Age		1.701	1.719	1.720		
Tobacco Factor				1.013		

						Pricing AV (co Benefit Richnes Benefits in addit 2021 Network			2020 Network	Catastroph Non-Funding of CSR Adjustment				
31609PA0160004	EPO	Personal CI DM	31609PA0: Gold	0.819213	Approach : On	0.949	1.143	1.000	1.029	1.023	1.000	1.000	155	
31609PA0160007	EPO	Personal CI N		Gold	0.819213	Approach : On	0.949	1.143	1.000	1.029	0.000	1.000	1.000	-
31609PA0070002	PPO	Personal CI E		Gold	0.807534	Approach : On	0.927	1.125	1.000	1.029	1.023	1.000	1.000	2,083
31609PA0070003	PPO	Personal CI E		Silver	0.718087	Approach : On	0.710	1.069	1.000	1.029	1.023	1.000	1.200	2,946
31609PA0070004	PPO	Personal CI E	Bronze	0.646825	Approach : On	0.632	0.967	1.000	1.029	1.023	1.000	1.000	4,720	
31609PA0160005	EPO	Personal CI E	Bronze	0.645996	Standard A On	0.615	0.962	1.000	0.977	0.971	1.000	1.000	7,198	
31609PA0160001	EPO	Personal CI E	Catastroph	0.629663	Standard A On	0.553	0.953	1.000	0.977	0.972	1.000	1.000	345	
31609PA0180005	EPO	Personal CI E	Bronze	0.635621	Approach : Off	0.567	0.954	1.001	0.977	0.972	1.000	1.000	1,460	
31609PA0180003	EPO	Personal CI DM	31609PA0: Gold	0.819213	Approach : Off	0.948	1.143	1.001	1.029	1.023	1.000	1.000	751	
31609PA0180007	EPO	Personal CI N		Gold	0.819213	Approach : Off	0.948	1.143	1.001	1.029	0.000	1.000	1.000	-
31609PA0190002	PPO	Personal CI E		Gold	0.807534	Approach : Off	0.926	1.124	1.001	1.029	1.023	1.000	1.000	3,880
31609PA0190003	PPO	Personal CI E		Silver	0.718087	Approach : Off	0.710	1.069	1.001	1.029	1.023	1.000	1.200	1,556
31609PA0190004	PPO	Personal CI E	Bronze	0.646825	Approach : Off	0.631	0.966	1.001	1.029	1.023	1.000	1.000	1,975	
31609PA0180001	EPO	Personal CI E	Catastroph	0.629663	Standard A Off	0.552	0.953	1.001	0.977	0.972	1.000	1.000	67	
31609PA0180004	EPO	Personal CI E	Bronze	0.645996	Standard A Off	0.614	0.962	1.001	0.977	0.971	1.000	1.000	3,680	
31609PA0160003	EPO	Personal CI DM	31609PA0: Silver	0.718087	Approach : On	0.710	1.069	1.000	1.029	0.971	1.000	1.200	173	
31609PA0180002	EPO	Personal CI DM	31609PA0: Silver	0.718087	Approach : Off	0.710	1.069	1.001	1.029	0.971	1.000	1.200	78	
31609PA0160006	EPO	Personal CI E	Bronze	0.635621	Approach : On	0.568	0.954	1.000	0.977	0.972	1.000	1.000	10,493	
						0.682	1.000	1.000	1.000	0.994	1.000	1.023	41,560	

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

	QCC Consumer
Projected Claims PMPM (After Reinsurance)	\$ 519.30
Premium PMPM	\$ 627.87
Quality Improvement Expense PMPM	\$ 5.02
Exchange User Fee PMPM	\$ 13.47
HIF PMPM	\$ -
Federal Income Tax PMPM	\$ 2.64
Premium Tax PMPM	\$ 12.56
Federal MLR	87.5%

Location In Table 10 of AM Exhibit

Column B	Column W	Column K	Column P	Column L		Revised Formula		
HIOS ID	Membership	Pricing AV	CSR Load	Raw Induced Demand Factor	Normalized Induced Demand Factor	Normalized Induced Demand Factor	Difference	
31609PA0160004	155	0.949	1.000	1.191	1.143	1.143	0.000	
31609PA0160007	0	0.949	1.000	1.191	1.143	1.143	0.000	
31609PA0070002	2,083	0.927	1.000	1.172	1.125	1.125	0.000	
31609PA0070003	2,946	0.710	1.200	1.114	1.069	1.069	0.000	
31609PA0070004	4,720	0.632	1.000	1.007	0.967	0.967	0.000	
31609PA0160005	7,198	0.615	1.000	1.003	0.962	0.962	0.000	
31609PA0160001	345	0.553	1.000	0.993	0.953	0.953	0.000	
31609PA0180005	1,460	0.567	1.000	0.995	0.954	0.954	0.000	
31609PA0180003	751	0.948	1.000	1.191	1.143	1.143	0.000	
31609PA0180007	0	0.948	1.000	1.191	1.143	1.143	0.000	
31609PA0190002	3,880	0.926	1.000	1.172	1.124	1.124	0.000	
31609PA0190003	1,556	0.710	1.200	1.114	1.069	1.069	0.000	
31609PA0190004	1,975	0.631	1.000	1.007	0.966	0.966	0.000	
31609PA0180001	67	0.552	1.000	0.993	0.953	0.953	0.000	
31609PA0180004	3,680	0.614	1.000	1.003	0.962	0.962	0.000	
31609PA0160003	173	0.710	1.200	1.114	1.069	1.069	0.000	
31609PA0180002	78	0.710	1.200	1.114	1.069	1.069	0.000	
31609PA0160006	10,493	0.568	1.000	0.995	0.954	0.954	0.000	
Total	41,560	0.666	1.023	1.042	1.000	1.000		

				2020 Pricing AV	2021 Pricing AV
31609PA0160007	EPO	Personal Choice EPO Gold	N	#N/A	0.949
31609PA0070002	PPO	Personal Choice PPO Gold	E	0.902	0.927
31609PA0070003	PPO	Personal Choice PPO Silver	E	0.757	0.710
31609PA0070004	PPO	Personal Choice PPO Bronze	E	0.614	0.632
31609PA0160005	EPO	Personal Choice EPO Bronze Reserve	E	0.578	0.615
31609PA0160001	EPO	Personal Choice EPO Catastrophic	E	0.574	0.553
31609PA0180005	EPO	Personal Choice EPO Bronze Basic	E	0.613	0.567
31609PA0180007	EPO	Personal Choice EPO Gold	N	#N/A	0.948
31609PA0190002	PPO	Personal Choice PPO Gold	E	0.901	0.926
31609PA0190003	PPO	Personal Choice PPO Silver	E	0.756	0.710
31609PA0190004	PPO	Personal Choice PPO Bronze	E	0.613	0.631
31609PA0180001	EPO	Personal Choice Catastrophic	E	0.574	0.552
31609PA0180004	EPO	Personal Choice EPO Bronze Reserve	E	0.577	0.614
31609PA0160006	EPO	Personal Choice EPO Bronze Basic	E	0.613	0.568

- 1. The response to Question 1 of the first round of questions indicates that the URRT has been updated to reflect the proposed rate changes for this filing. However, the range of rate changes underlying the cover letter and rate change request summary are still inconsistent. Please explain this discrepancy.**

We have updated these components to be consistent. The average increase shows the value from Cell AC15 of Table 10 in the AM Exhibit. The range of rate changes comes from Column AC of Table 10 where plans are listed as “Existing”. We note that the URRT may calculate the average increase differently than Table 10.

- 2. The ‘Q2’ tab of the file “QCC Consumer Response to June 16 Obj.xlsx” provides a numerical development of the projected 2021 risk adjustment transfer PMPM. Please provide this same exhibit for the calculation of the expected 2019 risk adjustment transfer PMPM. Additionally, please support any significant differences in the components of the risk adjustment calculation between 2019 and 2021 on an issuer and/or statewide basis.**

We have updated 2019 risk adjustment with the amounts published in the “Summary Report on Permanent Risk Adjustment Transfers for the 2019 Benefit Year” released July 17, 2020.

- 3. We have the following additional questions regarding trend.**
 - a. The response to Question 3a of the first round of questions indicates that the proposed one-year trend from 2020 to 2021 is 8.5%, while the annual trend applied to the experience period data to develop the projected period claims is 14.6%. Please identify the 2019 to 2020 trend used in conjunction with the 8.5% trend from 2020 to 2021 to develop the 14.6% overall annual trend from 2019 to 2021.**

Cell G52 of Table 3 of the AM Exhibit shows that the trend from 2019 to 2021 was 14.6%. The 8.5% we used in the URRT Part II and the Rate Change Request Summary is intended to be more moderate over both the QCC and KHPE populations. The 8.5% is between the trend from this filing and our KHPE filing. Our customers can consider plans sold by either entity within our family of companies which is why an overall value is stated.

- b. If the assumed 2020 to 2021 trend is 8.5% but the annual trend from 2019 to 2021 is 14.6%, the assumed 2019 to 2020 trend must be greater than 8.5% (e.g., 20.5%). Please provide support for the assumed trend from 2019 to 2020.**

As noted above, the annual trend from 2019 to 2021 was 14.6%. Removing the 8.5% from that result leaves a one year trend of 21.1%.

- c. Please confirm that the trends provided in the ‘Q3b’ tab of the file “QCC Consumer Response to June 16 Obj.xlsx” shows actual observed historical trends from 2017 to 2020 YTD.**

We received these trends from our Trend actuary, they represent the unit cost trends for the time periods in question.

Additionally, please provide the following information:

- i. Please include pharmacy trends in this exhibit.**

ii. Please clarify the source of the data which was used in developing the historical trend information provided in the ‘Q4b’ tab.

We received these trends from our Trend actuary, they represent the unit cost trends for the time periods in question.

iii. Please provide the following detail which underlies the calculated historical trends provided in the ‘Q4b’ tab: total member months, allowed claims, and any normalization adjustments that should be applied to the claims experience for each year from 2017 through 2020 YTD for each benefit category.

d. The actual observed historical trends included in the ‘Q3b’ tab of the file “QCC Consumer Response to June 16 Obj.xlsx” are significantly lower than those included in the URRT. Please explain and support the use of trends for pricing that are significantly higher than those experienced historically.

As noted in the response above, we have provided the Unit cost trends as that is what we have available. The pricing trend is made up of unit cost, utilization and pharmacy.

4. Please explain how the Projected Use factors included in the ‘Q5&6’ tab of the file “QCC Consumer Response to June 16 Obj.xlsx” are developed.

We continued the assumptions for Tobacco use that were used in prior rate filings.

5. Please provide an exhibit which compares the average 2021 pricing AV’s by metal level (including the CSR adjustment for silver plans; excluding any induced utilization adjustments) to the actual observed 2019 paid-to-allowed ratios by metal level. To the extent the pricing AV’s are significantly different than the actual observed experience for a particular metal level, please explain and justify why the proposed pricing AV’s are appropriate.

The information is shown on tab Q5 of the attached spreadsheet.

The Pricing AVs will differ from the observed paid-to-allowed ratios due to actual induced demand as well as health status. These factors will show up in the actual claims but will not appear in the pricing AVs since we are not allowed to price for them.

For example, if healthier members choose bronze plans, hospital utilization on Bronze will be lower than average, so the impact of this may lead to a higher paid to allowed than the pricing AV. The pricing AV considers the utilization of an average member when determining rates.

6. The Risk Adjustment User Fee included in the PA Rate template was updated based on the response to Question 13 of the first round of questions. However, the URRT does not appear to have been updated for the revised taxes and fees. Please update the URRT, and any other documentation as necessary. Please provide a list of all documentation that changes as a result of this adjustment.

We had not incorporated the change to the Risk Adjustment User Fee into the URRT yet because of its minor impact; we expected to have to make more material changes later on in the review process, such as the COVID impact, and have included it with this response.

- 7. Please update the 2019 experience period risk adjustment amount in Table 2 to reflect the department calculated revised risk adjustment transfer amount sent to your company on June 30th 2020, or the final CMS transfer amount published on or before July 16th, if it differs from the Department's calculation.**

We have updated 2019 risk adjustment with the amounts published in the "Summary Report on Permanent Risk Adjustment Transfers for the 2019 Benefit Year" released July 17, 2020.

- 8. If the projected risk adjustment transfer amount in Table 5 will be modified due to either the June 30th revisions or the final CMS transfer amount published on or before July 16th if it differs from the Department's calculation, please provide narrative and detailed supporting data to justify the proposed changes.**
- 9. Response #17 indicates that formulas have been entered in Column L of Table 10; presumably these formulas would consist of a calculation involving the data in Column K adjusted by a constant derived in in Tab Q17. Hard coded numbers are entered in Column L; please revise.**

We created the file with formulas as you requested; however, when we finalized the exhibit for uploading we inadvertently range valued these cells. We have revised the cells to show the formulas. We need to range value parts of the spreadsheet because they link to other sheets and you would not be able to review them if we kept the links intact.

- 10. Regarding your Response 22, the specified formula (1.01 x 1) was not entered into cell C16 of Table 5 as indicated; please revise.**

Similar to our response to Q9, our zeal for range valuing removed the formula details.

- 11. On July 13th the Department will communicate its guidance based upon updated survey information from the issuers on their best estimate of the Covid-19 impact on 2021 rates. Responses to the round two questions are due on July 16th; please be sure that all documents submitted via SERFF on or after that date reflect the impact of Covid-19 and are consistent with Department's July 13th guidance.**
- 12. Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables and Federal Rates Template are identical.**

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

- 13. Please submit an amendment to update the Company Rate Information under the Rate/Rule Schedule tab if any information has changed since the initial filing.**

The Company Rate Information will be updated via a Post-Submission Update after this response letter and other components have been submitted in SERFF.

- 14. The data requested in Item 16 of the Department's June 16 letter was requested of all carriers. Please provide the requested information.**

As noted in our previous response, this information is not readily available and not something that we believe that we can share since it does not impact the setting of rates for 2021. We look forward to

Cover Letter for Responses to July 8 Objection Letter – QCC Consumer INAC-132358777
Response Date July 20, 2020

reviewing the responses from the other carriers if they choose to provide them. We would note that we were the only carrier in Rating area 8 prior to 2019 so none of our direct competitors would be able to produce this exhibit either we believe.

15. The data requested in Item 25 of the Department's June 16 letter was requested of all carriers. Please provide the requested information.

As noted in our previous response, this information is not readily available and not something that we believe that we can share since it does not impact the setting of rates for 2021. We look forward to reviewing the responses from the other carriers if they choose to provide them. We would note that we were the only carrier in Rating area 8 prior to 2019 so none of our direct competitors would be able to produce this exhibit either we believe.

16. Please ensure that the 7/16/20 versions of the following items are posted in SERFF with your July 16th response to this data call:

- Cover letter identifying all changes made and the reason for the change. Also show the revised rate change.
- PA Actuarial Memorandum
- PA Actuarial Memorandum Exhibits
- Departments Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values – no “NA”)
- URRT
- Federal rates template
- Part III actuarial memorandum
- Updated Rate Change Request Summary (Attachment 1)
- Public filing pdf with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits subsequent to the initial submission, in addition to all of the above items).

Entity	Segment	2017	2018	2019	2020
Comml QCC - Consumer	Inpatient	3.4%	2.7%	3.2%	4.2%
	Outpatient	2.3%	1.9%	2.7%	3.1%
	Professional	1.3%	1.7%	1.7%	2.2%
	Total Medical	2.1%	1.9%	2.3%	3.0%
	Drug Ingredient Cost	0.5%	10.3%	1.7%	9.4%

HIOS ID	2021 Pricing AV	2021 CSR Factor	Combined	2019 Paid to Allowed	
31609PA0160007	0.949	1.000	0.949	#DIV/0!	
31609PA0070002	0.927	1.000	0.927	0.861	
31609PA0070003	0.710	1.200	0.853	0.861	
31609PA0070004	0.632	1.000	0.632	0.682	
31609PA0160005	0.615	1.000	0.615	0.683	
31609PA0160001	0.553	1.000	0.553	0.745	
31609PA0180005	0.567	1.000	0.567	0.620	
31609PA0180007	0.948	1.000	0.948	#DIV/0!	
31609PA0190002	0.926	1.000	0.926	0.854	
31609PA0190003	0.710	1.200	0.852	0.753	
31609PA0190004	0.631	1.000	0.631	0.654	
31609PA0180001	0.552	1.000	0.552	0.274	catastrophic, 67 members
31609PA0180004	0.614	1.000	0.614	0.752	
31609PA0160006	0.568	1.000	0.568	#DIV/0!	

Cover Letter for August 21 Revisions – QCC Consumer INAC-132358777
Response Date August 21, 2020

Please submit the following revised items by close of business on Friday, August 21:

- **Cover letter identifying all changes made and the reason for the change, and indicating the revised rate change**

This document is intended to respond to this request. The proposed rates have been revised to be consistent with the direction received by email on August 18, 2020. The revised rate revision proposed is -3.9%. Documents have been revised to support this result.

- **PA actuarial memorandum, including a comment on past and expected future rebates**

The PA actuarial memorandum has been revised to be consistent with the proposed revisions. Changes to the proposed overall revision and the range of revisions were made. A comment on rebates was added to the “Historical Information” section. The actuarial certification was revised.

- **Department rate exhibits in Excel**
- **Department rates template in Excel**
- **URRT in Excel**
- **Federal rates template in Excel**
- **Part III actuarial memorandum**

Revised versions have been submitted reflecting the revisions. We also revised the URRT Part II to incorporate the revisions.

- **Updated Rate Change Request Summary in pdf form through SERFF and provide a Word version of the document to me directly at mgurguolo@pa.gov. Note: The Initial Rate Request should reflect the post RA & COVID rate request as submitted on July 20th and the Revised Rate Request should reflect the final rate change communicated by the Department above. Additionally, this document should include the aggregate rate change and range as shown in column AC of Table 10, the annualized trend as shown in cell G52 of Table 3, and the “How it plans to spend your premium” information as shown in cells C62 (complement of this percentage), C49, C53, and C60 of Table 6**

We have made these revisions.

- **Public filing pdf with limited redactions, as previously directed (include all correspondence and supporting exhibits subsequent to July 20, 2020, in addition to the above items)**

We have made these revisions.

- **Additionally, update the SERFF Rate Rule Schedule Tab to be consistent with cell AC15 of Table 10, and update all binder items accordingly.**

We have made these revisions. Binder revisions will be submitted separately.

Completeness and Redaction Justification Checklist

Issuer Name: QCC Insurance Company, Inc.

Market: Individual PPO

SERFF ID: INAC-132358777

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification	X			
	RFJ Part III – Actuarial Memorandum	X	Y	30-38	Y
	Federal Rates Template	X			
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X			
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
C.	Rate Change Request Summary	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	Y	7	Y
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N	7-8	N/A
D.1.C.	Average Rate Change	X	N	8	N/A
D.1.D.	Membership Count	X	N	8	N/A
	PA Act. Exhibits Table 1	X	N	15	N/A
D.1.E.	Benefit Changes	X	N	8	N/A
D.1.F.	Experience Period Claims & Premium	X	N	8-9	N/A
	PA Act. Exhibits Table 2	X	N	15	N/A
D.1.G.	Credibility of Data	X	N	9	N/A
	PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)	X	N	N/A	N/A
D.1.H.	Trend Identification	X	N	9-10	N/A
	PA Act. Exhibits Table 3	X	N	15	N/A
D.1.I.	Historical Experience	X	N	10	N/A
	PA Act. Exhibits Table 4	X	N	15	N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N	10-12	N/A
	PA Act. Exhibits Table 5	X	N	18	N/A
D.2.B.	Retention Items	X	N	12	N/A
	PA Act. Exhibits Table 6	X	N	18	N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	12	N/A
	PA Act. Exhibits Table 7	X	N	18	N/A
D.2.D.	Components of Rate Change	X	N	12	N/A
	PA Act. Exhibits Table 8	X	N	18	N/A
	PA Act. Exhibits Table 9	X	N	18	N/A
D.3.	Plan Rate Development	X	N	12-13	N/A
	PA Act. Exhibits Table 10	X	N	19	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	13	N/A
	PA Act. Exhibits Table 11	X	N	20	N/A
D.5.A.	Age and Tobacco Factors	X	N	13	N/A
	PA Act. Exhibits Table 12	X	N	21	N/A
D.5.B.	Geographic Factors	X	N	13	N/A
	PA Act. Exhibits Table 13	X	N	21	N/A
D.5.C.	Network Factors	X	N	13	N/A
	PA Act. Exhibits Table 14	X	N	21	N/A
D.5.D.	Service Area Composition	X	N	13	N/A
D.5.E.	Composite Rating	X	N	13	N/A
D.6.	Actuarial Certifications	X	Y	13-14	Y
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N	22-24	N/A
	Service Area Map	X	N	67	N/A
Redaction Justification (must be submitted if any information is redacted)		X			Y