Capital Blue Cross
Harrisburg, PA 17177
CapitalBlueCross.com

Capital

May 18, 2022

Ms. Lindsi Swartz, Director
Bureau of Life, Accident and Health Insurance
Office of Insurance Product Regulation and Administration
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: **Keystone Health Plan Central**
Small Group Rates
Filing No 22-68
TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15G.003 Small Group Only
Filing Type: Rate

Dear Ms. Swartz:

By this filing Capital Blue Cross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department Small Group Rates effective January 1, 2023.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2023
- Average Rate Change: 8.4%
- Range of Requested Rate Change: 8.4% to 8.4%
- Total additional annual revenue generated from the proposed rate change: $48,787
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 109/87
- 2023 Number of Plans/Change from 2022: 1/No Changes
- Contract Form #: C23-KHPC-SGP
- Form Filing SERFF #: CABC-133252159
- Binder SERFF #: CABC-PA23-125113436
- HIOS Issuer ID: 53789

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

In support of this filing, I have included an Actuarial Memorandum with supporting exhibits, URRT, Consumer Friendly Justification, Rates Table Template, and PA Plan Design Summary and Rate Tables.

If you have any questions regarding this filing, please call me at [redacted] (or via email at [redacted]) or [redacted] at [redacted] ([redacted]. Thank you for your assistance in this matter.

Sincerely,

[redacted]

[redacted], ASA, MAAA
Director, Actuarial Services
Capital Blue Cross

Enclosures

cc: [redacted], FSA, MAAA, Senior Director, Actuarial Services
[redacted], ASA, MAAA, Vice President and Chief Actuary, Actuarial Services
[redacted], Associate General Counsel

Attachment I

Rate Change Summary

Keystone Health Plan Central (KHPC) – Small Group Plans

Rate request filing ID # CABC-133252133 - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at https://www.insurance.pa.gov/Companies/ProductAndRateRequire/Pages/default.aspx

Overview

Initial requested average rate change:	8.4%[1]
Revised requested average rate change:	N/A[1]
Range of requested rate change:	8.4% - 8.4%
Effective date:	1/1/2023
Mapped Members:	109
Available in:	Rating Area 6, Rating Area 7, and Rating Area 9

Key information

Jan. 2021-Dec. 2021 financial experience

Premiums	$354,179
Claims	$219,914
Administrative expenses	$81,472
Taxes & fees	$6,752
Company made (after taxes)	**$46,041**

How it plans to spend your premium
This is how the insurance company plans to spend the premium it collects in 2023:

Claims:	82.42%
Administrative:	14.96%
Taxes & fees:	0.62%
Profit:	2.00%

The company expects its annual medical costs to increase **6.24%**.

Explanation of requested rate change

The key drivers of the rate change, and approximate impact, are as follows:

- Future cost and utilization: 6.0%
- Higher than average claim cost and utilization in 2021: 6%
- Expected morbidity improvement: -3%
  - COVID-19 becomes endemic
  - Pent-up demand subsides

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

Capital Blue Cross
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July 14, 2022

Ms. Lindsi Swartz, Director
Bureau of Life, Accident and Health Insurance
Office of Insurance Product Regulation and Administration
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
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Sincerely,

[redacted]

[redacted], ASA, MAAA
Director, Actuarial Services
Capital Blue Cross

Enclosures

cc: [redacted], FSA, MAAA, Senior Director, Actuarial Services
[redacted], ASA, MAAA, Vice President and Chief Actuary, Actuarial Services
[redacted], Associate General Counsel

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM
Small Group Rates
Effective January 1, 2023

General Information

Company Information

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Small Group
- Effective Date: 1/1/2023

PID Company Information

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Company Contact Information

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

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital Blue Cross (Capital), submits rates for products to be made available to all small groups effective January 1, 2023. KHPC will offer small group products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Small Group	KHPC	1/1/2019	CABC-131455108	5.0%
Small Group	KHPC	1/1/2020	CABC-131921815	1.2%
Small Group	KHPC	7/1/2020	CABC-132294841	-2.1%
Small Group	KHPC	1/1/2021	CABC-132352804	-8.7%
Small Group	KHPC	10/1/2021	CABC-132750972	-7.3%
Small Group	KHPC	1/1/2022	CABC-132795960	4.6%

Average Rate Change

KHPC is proposing an aggregate annual 8.4% rate change, which varies by plan. The rate change is calculated in PA Rate Exhibits Part III, Table 10, cell AC15.

The key drivers of the rate change, and approximate impact, are as follows:

- Future cost and utilization: 6.0%
- Higher than average claim cost and utilization in 2021: 6%
- Expected morbidity improvement: -3%
    - COVID-19 becomes endemic
    - Pent-up demand subsides

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 40.

Benefit Changes 2022-2023

A summary of proposed 2023 benefits is included in Exhibit A.

There are benefit changes being implemented in 2023. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

Experience Period Premium and Claims

Single Risk Pool: The data used to develop rates and shown in URRT and PA Rate Exhibits abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered, non-transitional product/plan combination for KHPC in the small group market.

Base Experience Period: The base experience period (BEP) includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2021 and December 31, 2021.

Transitional membership is not included in PA Rate Exhibits Table 2 or URRT.

Paid Through Date: Claims in the BEP are paid through February 28, 2022

Premiums (net of MLR Rebate) in BEP: Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments are equal to zero as KHPC does not expect to refund any MLR rebates in the BEP.

Allowed and Incurred Claims in BEP:

- Allowed claims are developed by combining paid claims with member cost-sharing. Allowed claims meet the definition in the URR instructions. They do not include provider quality incentive payments.
- Incurred claims are net of HHS CSR payments (CSR does not apply to Small Group).
- Capital only covers Essential Health benefits (EHBs).
- KHPC includes capitated PCP and mental health services.
- Allowed and Incurred claims are net of pharmacy rebates. BEP rebates are completed based on actual utilization of rebate-eligible drugs and rebate amounts.

Estimated Incurred but Not Paid Claims: Paid claims by date of service come directly from Capital's data warehouse. The method for calculating incurred claims in the BEP is as follows:

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods.

Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.

4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims\ = \sum \frac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

$$BEP\ Allowed\ Claims = \sum \frac{BEP\ Paid\ Claims + BEP\ Member\ Cost\ Share\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

Risk Adjustment in BEP: Risk adjustment amounts in the BEP are equal to the amounts sent by the Department on 6/30/2022.

Loss Ratio in BEP: Loss ratio is 62.09%

<u>Credibility of Data</u>

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from Capital subsidiaries. Combining the experience is actuarially justifiable for several reasons:

1. The demographics of members buying PPO and other products are similar.
2. Cost and utilization between PPO and other products are similar.
3. Medical policy between PPO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO.

The credibility manual is the combination of KHPC, Capital Advantage Assurance Company (CAAC), and Capital Advantage Insurance Company (CAIC) data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2021 and December 31, 2021. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.24%

Trend levels reflect Capital's best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

The following is a description of considerations used to determine trend.

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. Capital uses the following to project future costs:

    a. Vendor Physician Cost Model and Internal Hospital Contracting Model
        i. The medical cost models use best estimates of Capital Blue Cross (Capital)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the Capital book of business level for all commercial business.
    b. Internal Prescription Drug Trend Model
        i. Price Inflation
        ii. Contract Pricing
        iii. Member Cost-Sharing
        iv. Units per Script
        v. Brand/Generic Mix
        vi. Therapeutic Mix
        vii. Cost per Script
        viii. Pipeline (new drugs)

2. Utilization Considerations:
    a. Intensity of medical services rendered
    b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
    c. Further migration from brand prescription drugs to generic prescription drugs
    d. Favorable impacts of value based benefits designs
    e. Medical utilization estimates reviewed by Capital's Chief Medical Officer

3. Leveraging: The trend model is based on allowed cost increases. Paid claims trend at a higher rate than allowed due to leveraging. Leveraging is the impact of static cost-share, such as deductibles and copays, to the paid trend.

4. Intensity: Measure of cost increase due to change in treatment sophistication. An example is migration from x-rays to MRIs at significantly higher cost.

5. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. Capital strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

Historical Experience: Historical experience was not used to the develop trend.

Benefit Categories: Claims in the benefit categories displayed in URRT come directly from Capital's data warehouse. These same categories are used to develop category-level trend. See Exhibit C for a description of benefits by benefit category.

See Exhibit E for KHPC's pricing trend, as well as cost and utilization components of the pricing trend.

Rate Development & Change

Projection Factors

Changes in Morbidity: Found in URRT Worksheet 1, "Morbidity Adjustment", and PA Rate Exhibits, Table 5.

KHPC is applying a factor of 0.645 to reflect the difference is projected Plan Liability Risk Score (PLRS) between KHPC and its subsidiary, CAAC, which underwrites the vast majority of the BEP experience. This factor aligns the rates with similar benefits offered under CAAC.

The above factor is found in Exhibit Q, Morbidity Factor Calculation.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2021 to 2023. Benefit changes are applied in the development of future incurred claims, due to changes in member cost-share. This calculation is shown in Exhibit D, and applied in Exhibit G. The manual cost PMPMs are developed from Capital's internal benefit relativity model, discussed in the Plan Adjusted Index Rate section below. The benefit change is equal to member-month weighted average projected manual PMPM divided by member-month weighted average manual PMPM in the BEP. This process is further discussed in the Paid-to-Allowed section below.

Changes in Demographics: KHPC does not expect changes in demographics in its small group population.

Changes in Network: No Network change is applied.

Other Adjustments: No other adjustment is applied to the BEP.

Benefits, Demographics, Network and Other adjustments are found in URRT, Worksheet 1, and PA Rate Exhibits, Table 5.

Index Rate

The experience period index rate is KHPC's allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index.

Projected Allowed Claims: The KHPC experience period allowed claims, benefit-adjusted, trended to the projection period (See Projection Factors section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits.* This number is reflected in Worksheet 1 of URRT ("Projected Allowed Experience Claims PMPM (w/ applied credibility if applicable)").

To calculate the projected index rate:

1. Start with *Projected Allowed Claims at Current Benefits*
2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January – December.

See Exhibit J for the Index Rate.

Paid to Allowed Ratio

KHPC used the prescribed URRT allowed claim rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, KHPC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

1. Gather claims experience as described in the Data section above.
    a. Base Experience Period (BEP) Paid Claims, Capitation, and Rx Rebates
    b. BEP Member Months

2. Develop BEP *Paid and Incurred Claims*:

$$BEP\ Paid\ and\ Incurred\ Claims = \frac{BEP\ Paid\ Claims}{Completion\ Factor}$$

The development of completion factors is described in Experience Period Premium and Claims above.

3. Develop the *BEP Paid and Incurred Claim PMPM*:

$$BEP\ Paid\ and\ Incurred\ Claim\ PMPM = \frac{BEP\ Paid\ and\ Incurred\ Claims}{BEP\ Member\ Months}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the Projection Factors section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

$$Trended\ Claim\ PMPM = [BEP\ Paid\ and\ Incurred\ Claim\ PMPM] \times (1 + [Trend\%])^{Trend\ Months/12}$$

5. Develop *Projected Paid and Incurred Claim PMPM*:

$$Projected\ Paid\ and\ Incurred\ Claims\ PMPM = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \times [Morbidity\ Adjustment] \times [Other\ Adjustment]$$

The *Benefit Adjustment*, *Morbidity Adjustment*, and *Other Adjustment* are discussed in the Projections Factors section above.

6. Develop *Projected Claims PMPM by Benefit* as follows:

   a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
   b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$Benefit\ Level\ Adjustment = \frac{Average\ Manual\ Cost\ in\ Projection\ Period}{Manual\ Cost\ of\ Base\ Plan}$$

c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

$$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$$

d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$Benefit\ Relativity\ A = \frac{Manual\ Cost\ of\ Benefit\ A}{Manual\ Cost\ of\ Base\ Plan}$$

e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:

   i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a 2000 plan and 1000 plan must be less than $1000.

   ii. Adjustments for plan designs that fall outside of the actuarial cost model.

a. So the *Projected Claims PMPM by Benefit* is:

$$\begin{aligned} &Projected\ Claims\ PMPM\ Benefit\ A \\ &\quad = Projected\ Claims\ PMPM\ Base\ Plan \\ &\quad \times Pricing\ Relativity\ A \end{aligned}$$

b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in the projection period. The *Total Projected Claims PMPM* :

$$\begin{aligned} = &Projected\ Claims\ PMPM\ Benefit\ A\ \times Expected\ Member\ Dist\ of\ Benefit\ A \\ &+ Projected\ Claims\ PMPM\ Benefit\ B \\ &\times Expected\ Member\ Dis\ of\ Benefit\ B + \cdots \end{aligned}$$

7. The Paid-To-Allowed Ratio is then:

$$Paid\ to\ Allowed\ Ratio = \frac{Total\ Projected\ Claims\ PMPM}{Projected\ Allowed\ Claims\ at\ Current\ Benefits}$$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*. And see Exhibit L for the plan-level projected incurred amount development.

Market Adjusted Index Rate

The Market Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR Part 156.80(d)(1). So,

$$\begin{aligned}[Market\ Adjusted\ Index\ Rate] \\ &= ([Index\ Rate]\ x\ [Paid\ to\ Allowed\ Ratio] \\ &- [Projected\ Incurred\ Reinsurace\ Recoveries] \\ &- [Projected\ Incurred\ Risk\ Adjustment\ PMPM] \\ &+ [Exchange\ Fees\ PMPM]) \div [Paid\ to\ Allowed\ Ratio]\end{aligned}$$

Projected Incurred Risk Adjustments PMPM:

Relevant to 2023 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2023. The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. 2020-2021 risk adjustment results
5. Market improvement in coding risk: Capital's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging. Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is believed that Capital is disadvantaged in the market. This will drive Capital's relative risk to the market down over time.

The 2023 projected risk adjustment PMPM is set equal to the 2021 amount sent by the Department on 6/30/22.

Projected Incurred Reinsurance Recoveries:

Reinsurance does not apply to the small group market.

Exchange Fee PMPM:

KHPC only offers off-exchange plans in the small group market, so the exchange fee is $0.

The exchange fee PMPM is calculated as:

$$Exchange\ Fee\ PMPM = [Avg\ 2023\ On - Exchange\ Premium\ PMPM] \times [\%\ Members\ On - Exchange]$$

Where

$$[Avg\ 2023\ On - Exchange\ Premium\ PMPM = [Avg\ 2022\ On - Exchange\ Premium\ PMPM\ \times (1 + [Avg\ Proposed\ Rate\ Change])$$

See Exhibit K for the development of the Market Adjusted Index Rate.

<u>Retention Items</u>

Administrative Expense Load:

1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of $0.22 PMPM. The Risk Adjustment Fee PMPM is included in URRT Worksheet 1, URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
2. Administrative Expense: Calculated using an allocation method from Capital's Finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to Capital small group products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.
    a. Value-Based Benefits (VBB): Standard with each plan, Capital Blue Cross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
        i. Complete biometric screening and receive a gift card.
        ii. Meeting biometric measure or finish online coaching program and receive a gift card reward.
        iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
        iv. Fees are included in overall administrative expense fee discussed above.
        v. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
3. Broker Expense: Calculated based on Capital's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate

Exhibits Table 6. Brokers are paid on new business and renewals the same commission rate for all geographic locations, enrollment dates, and metal levels. Attached please find the proposed 2023 broker agreements – redacted versions. Files are as follows:

   a. Redacted Standard Producer Master Agreement: "SG_22-68_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20220518.pdf"
   b. Redacted Preferred Producer Master Agreement: "SG_22-68_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20220518.pdf"

4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.0%. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

Profit (or Contribution to Surplus) & Risk Margin:

5. Contingency: Contingency is included in URRT Worksheet 2, "Profit & Risk Load" and PA Rate Exhibits Table 6.

Taxes and Fees:

1. Exchange Fee: N/A
2. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, "Taxes and Fees", and PA Rate Exhibits, Table 6.

See Exhibit H as well as PA Rate Exhibits Table 6 for all retention values.

Plan Rate Development

The Plan Adjusted Index Rates are included in Worksheet 2, Section IV of URRT.

The following adjustments were used to derive the Plan Adjusted Index Rate:

1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC's actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
2. Induced Demand: Induced Demand: Induced Demand: Please see Table 8. Induced Demand is calculated as:

$$[Pricing\ AV]^2 - [Pricing\ AV] + 1.24$$

Where *Pricing AV* is adjusted by the Non-Funding of CSR factor: PA Rate Exhibits, Table 10, column K x column P.

3. Provider Network: The Provider network is the same across all HMO plans.
4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
5. Adjustment for distribution and administrative costs: Described in Retention Items section above.
6. Tobacco Adjustment: Not applied to Small Group plans.

The development of the Plan Adjusted Index rate is found in Exhibit L, and summarized in Exhibit M.

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current small group enrollment by age in Capital. Age factors are applied in accordance with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater than three children under the age of 21. Please see file SG_22-68_Initial_KHP_HMO_List-Billed_Supporting_20220518.xlsb for the calculation.

Geographic Factor Calibration: The average geographic rating factor is calculated by taking the Capital member-weighted average by region.

Geographic factors are unchanged from 2022.

Tobacco Factor Calibration: Tobacco factor not applied.

The calibration is:

$$[Calibrated\ Plan\ Adjusted\ Index\ Rate] = [Plan\ Adjusted\ Index\ Rate] \div ([Age\ Curve\ Calibration] \times [Geographic\ Factor\ Calibration]\ x\ [Tobacco\ Factor])$$

Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10.

The calibration factors and development are found on Exhibit N.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$[Member - Level\ Consumer\ Adjusted\ Premium\ Rate] = [Calibrated\ Plan\ Adjusted\ Index\ Rate] \times [Age\ Factor] \times [Geographic\ Factor] \times [Tobacco\ Factor]$$

2. $[Family\ Consumer\ Adjusted\ Premium\ Rate] = \sum[Member - Level\ Consumer\ Adjusted\ Premium\ Rate]$
   With no more than three child dependents under age 21 taken into account

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. Age and Geographic factors are displayed in Exhibits O.

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

AV Metal Values

The AV Metal Values included in URRT Worksheet 2 and PA Rate Exhibits, Table 10 were based on the federally issued AV Calculator.

See AV Screenshots included with the submission:
SG_22-68_Initial_KHP_HMO_AVScreenPrints_Supporting_CONF_20220518

AV Pricing Values

All AV Pricing values were developed using Capital's actuarial cost model and actuarial judgment as described in section Paid to Allowed above. Differences in health status are not included.

Projected Loss Ratio

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

Membership Projection

The membership projections found in Worksheet 2 of URRT were developed by assuming that moderate decline in enrollment and similar distribution to current.

Projected versus Actual MLR

Exhibit R shows a history of projected versus actual MLR and Member Months. Projected comes from the 2018-2020 filings. Actual comes from Table 4.

	MLR		Member Months	
Calendar Year	Actual	Pricing	Actual	Pricing
2018	83.51%	79.65%	3,985	11,580
2019	87.83%	81.67%	1,145	1,514
2020	85.83%	80.33%	888	1,140

Claim Cost Projection

Exhibit S shows a history of claim cost projection versus actual from 2018-2021 filings.

Attachments and Examples

The following is a list of Exhibits and Data to support this filing:

PA Rate Exhibits Part I through Part V

Table B

Exhibit A – Benefit Summary
Exhibit B – Benefit Change Summary
Exhibit C – Benefit Categories
Exhibit D – Benefit Mix
Exhibit E – Trend
Exhibit F – URRT
Exhibit G – Paid-to-Allowed Development
Exhibit H – Retention
Exhibit I – Projected Loss Ratio
Exhibit J – Index Rate
Exhibit K – Market Adjusted Index Rate
Exhibit L – Rate Development by Plan
Exhibit M – Plan Adjusted Index Rates
Exhibit N – Calibration
Exhibit O – Rating Factors
Exhibit P – Quarterly Base Rates
Exhibit Q – Morbidity Factor
Exhibit R – MLR Exhibit
Exhibit S – Claim Cost Projection

Broker Contracts
Actuarial Value Screenshots
List-Billed Data

Actuarial Statement

I, [redacted], ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

I, [redacted], ASA, MAAA, do hereby certify that:

1. This filing has been prepared in accordance with the following:

a. Actuarial Standard of Practice No. 5, “Health and Disability Claims”
b. Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”
c. Actuarial Standard of Practice No. 12, “Risk Classification”
d. Actuarial Standard of Practice No. 23, “Data Quality”
e. Actuarial Standard of Practice No. 25, “Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage”
f. Actuarial Standard of Practice No. 26, “Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans”
g. Actuarial Standard of Practice No. 41, “Actuarial Communications”.

2. The index rate is:
    a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
    b. Developed in compliance with the applicable Actuarial Standards of Practice.
    c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
    d. Neither excessive nor deficient.
    e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.

3. The percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice.

4. 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, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, 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 benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

    a. 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 methods.

5. Geographic area rating factors reflect only differences in the costs of delivery and not differences due to population morbidity.

6. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.

7. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.

8. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2023 Rate Filing Justification.

[redacted]

[redacted], ASA, MAAA
Actuarial Associate
Capital Blue Cross

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Keystone Health Plan Central		
Product(s):	HMO		
Market Segment:	Small Group		
Rate Effective Date:	1/1/2023	to	12/31/2023
Base Period Start Date:	1/1/2021	to	12/31/2021
Date of Most Recent Membership:	2/1/2022		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	**Current Period (as of 02-01-2022)**	**Projected Rating Period**
Average Age	39.6	39.6	39.6
Total	1,183	109	1,236
<18	111	8	91
18-24	102	12	136
25-29	134	13	147
30-34	145	11	125
35-39	64	7	79
40-44	122	14	159
45-49	125	8	91
50-54	110	11	125
55-59	144	13	147
60-63	99	10	113
64+	27	2	23

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
$521,868.89	$227,629.71	$225,287.45	1,183	$115,742.43	$341,029.88	$0.00	($10,553.10)	$5,179.61	$0.00	($167,690.00)	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 283.73**
Loss Ratio											**62.09%**

**Express Prescription Drug Rebates as a negative number*

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	4.65%	-1.00%	0.00%	3.60%	18.38%
Outpatient Hospital	4.95%	0.00%	0.00%	4.95%	37.59%
Professional	7.45%	1.00%	0.00%	8.52%	22.55%
Other Medical	4.95%	-1.00%	0.00%	3.90%	2.46%
Capitation				3.00%	0.00%
Prescription Drugs	7.65%	1.10%	0.00%	8.83%	19.02%
Total Annual Trend				6.24%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.129	

** Express Cost, Utilization, Induced Utilization and Weight as percentages*
*** Should equal URRT Trend*

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-18		$143,587.58	1.0000	$ 143,587.58	443	$ 324.13		($6,415.34)	$182,201.18	$ 411.29
Feb-18		$61,891.62	1.0000	$ 61,891.62	438	$ 141.31		($3,484.56)	$90,797.42	$ 207.30
Mar-18		$99,749.65	1.0000	$ 99,749.65	429	$ 232.52		($6,503.73)	$138,109.12	$ 321.93
Apr-18		$54,902.55	1.0000	$ 54,902.55	392	$ 140.06		($5,718.89)	$66,116.50	$ 168.66
May-18		$120,401.09	1.0000	$ 120,401.09	396	$ 304.04		($2,817.74)	$153,587.28	$ 387.85
Jun-18		$82,411.47	1.0000	$ 82,411.47	372	$ 221.54		($2,818.23)	$104,060.30	$ 279.73
Jul-18		$79,656.24	1.0000	$ 79,656.24	301	$ 264.64		($1,892.41)	$103,382.83	$ 343.46
Aug-18		$61,462.25	1.0000	$ 61,462.25	285	$ 215.66		($1,756.98)	$74,625.67	$ 261.84
Sep-18		$43,037.96	1.0000	$ 43,037.96	274	$ 157.07		($1,304.91)	$55,070.60	$ 200.99
Oct-18		$109,093.85	1.0000	$ 109,093.85	252	$ 432.91		($1,241.37)	$122,418.37	$ 485.79
Nov-18		$183,209.55	1.0000	$ 183,209.55	250	$ 732.84		($2,039.41)	$197,410.58	$ 789.64
Dec-18	$1,853,373.80	$91,405.68	0.9875	$ 92,559.95	153	$ 604.97	$292,470.27	($818.14)	$99,842.47	$ 652.57
Jan-19		$106,013.99	0.9897	$ 107,120.62	118	$ 907.80		($2,549.73)	$107,904.22	$ 914.44
Feb-19		$68,718.27	1.0000	$ 68,718.27	110	$ 624.71		($499.91)	$79,718.81	$ 724.72
Mar-19		$33,813.06	0.9794	$ 34,525.27	104	$ 331.97		($832.03)	$42,639.99	$ 410.00
Apr-19		$17,368.74	1.0000	$ 17,368.74	105	$ 165.42		($1,078.60)	$21,059.87	$ 200.57
May-19		$16,855.71	1.0000	$ 16,855.71	90	$ 187.29		($318.17)	$19,900.22	$ 221.11
Jun-19		$7,360.41	1.0000	$ 7,360.41	87	$ 84.60		($259.88)	$22,502.96	$ 258.65
Jul-19		$24,957.76	1.0000	$ 24,957.76	93	$ 268.36		($754.19)	$36,701.83	$ 394.64
Aug-19		$18,405.38	1.0000	$ 18,405.38	91	$ 202.26		($167.74)	$24,723.50	$ 271.69
Sep-19		$10,358.18	1.0000	$ 10,358.18	92	$ 112.59		($62.06)	$17,050.82	$ 185.34
Oct-19		$12,375.50	0.9999	$ 12,376.27	91	$ 136.00		($328.53)	$16,431.39	$ 180.56
Nov-19		$18,323.58	0.9956	$ 18,403.69	88	$ 209.13		($123.85)	$26,873.35	$ 305.38
Dec-19	$558,086.51	$29,832.55	0.9999	$ 29,834.60	76	$ 392.56	$93,406.70	($312.97)	$36,896.98	$ 485.49
Jan-20		$16,679.77	0.9999	$ 16,680.97	69	$ 241.75		($347.40)	$31,028.32	$ 449.69
Feb-20		$14,738.80	0.9994	$ 14,748.00	69	$ 213.74		($205.75)	$19,253.00	$ 279.03
Mar-20		$8,563.52	1.0000	$ 8,563.93	69	$ 124.11		($27.73)	$12,153.87	$ 176.14
Apr-20		$88,291.16	0.9999	$ 88,299.87	69	$ 1,279.71		($924.48)	$95,026.21	$ 1,377.19
May-20		$3,190.89	0.9841	$ 3,242.57	67	$ 48.40		($219.72)	$11,480.10	$ 171.34
Jun-20		$33,184.75	0.9998	$ 33,192.29	63	$ 526.86		$0.00	$45,512.57	$ 722.42
Jul-20		$1,875.03	0.9999	$ 1,875.15	69	$ 27.18		($580.88)	$11,276.86	$ 163.43
Aug-20		$20,191.62	0.9998	$ 20,195.25	85	$ 237.59		$0.00	$26,218.04	$ 308.45
Sep-20		$63,456.96	0.9997	$ 63,475.01	84	$ 755.65		($190.12)	$70,547.96	$ 839.86
Oct-20		$12,586.38	0.9997	$ 12,589.73	82	$ 153.53		($346.60)	$19,535.46	$ 238.24
Nov-20		$14,737.02	0.9997	$ 14,741.70	80	$ 184.27		($1,136.68)	$26,897.85	$ 336.22
Dec-20	$424,699.05	$23,227.69	0.9997	$ 23,235.68	82	$ 283.36	$108,422.50	$0.00	$36,353.05	$ 443.33
Jan-21		$10,586.26	0.9997	$ 10,589.56	89	$ 118.98		($486.46)	$12,801.25	$ 143.83
Feb-21		$33,283.46	0.9995	$ 33,301.16	90	$ 370.01		($1,339.15)	$39,354.05	$ 437.27
Mar-21		$18,790.37	0.9995	$ 18,799.19	95	$ 197.89		($613.73)	$22,283.56	$ 234.56
Apr-21		$19,124.60	0.9989	$ 19,145.42	98	$ 195.36		$0.00	$32,966.03	$ 336.39
May-21		$33,269.00	0.9976	$ 33,348.41	101	$ 330.18		($1,625.32)	$43,662.24	$ 432.30
Jun-21		$18,238.17	0.9967	$ 18,298.69	94	$ 194.67		($1,450.89)	$31,075.55	$ 330.59
Jul-21		$12,578.32	0.9935	$ 12,660.04	98	$ 129.18		($523.76)	$26,391.57	$ 269.30
Aug-21		$22,210.18	0.9921	$ 22,388.08	103	$ 217.36		($2,217.65)	$36,349.75	$ 352.91
Sep-21		$10,905.63	0.9941	$ 10,970.00	103	$ 106.50		($824.95)	$19,632.43	$ 190.61
Oct-21		$8,711.37	0.9902	$ 8,797.59	106	$ 83.00		$0.00	$13,991.80	$ 132.00
Nov-21		$21,257.54	0.9413	$ 22,584.36	106	$ 213.06		($1,471.19)	$29,640.92	$ 279.63
Dec-21	$521,868.89	$18,674.81	0.9535	$ 19,584.56	100	$ 195.85	$115,742.43	$0.00	$27,507.24	$ 275.07

** Express Completion Factor as a percentage*
***Express Prescription Drug Rebates as a negative number*

Carrier Name:	**Keystone Health Plan Central**
Product(s):	**HMO**
Market Segment:	**Small Group**
Rate Effective Date:	**1/1/2023**

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
$228,260,924.39	$213,268,100.89	$218,489,899.86	351,609	$35,341,180.37	$253,831,080.23		($12,483,317.94)	$5,179.61	$0.00	$6,493,161.00	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 686.42**
Loss Ratio											**87.76%**

**Express Prescription Drug Rebates as a negative number*

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	4.65%	-1.00%	0.00%	3.60%	18.38%
Outpatient Hospital	4.95%	0.00%	0.00%	4.95%	37.59%
Professional	7.45%	1.00%	0.00%	8.52%	22.55%
Other Medical	4.95%	-1.00%	0.00%	3.90%	2.46%
Capitation				3.00%	0.00%
Prescription Drugs	7.65%	1.10%	0.00%	8.83%	19.02%
Total Annual Trend				6.24%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.129	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-18		$33,115,174.70	1.0000	$ 33,115,174.70	72,081	$ 459.42		($1,426,362.82)	$39,515,230.88	$ 548.21
Feb-18		$31,423,854.99	1.0000	$ 31,423,854.99	71,503	$ 439.48		($1,488,922.21)	$36,447,603.85	$ 509.74
Mar-18		$33,865,797.04	1.0000	$ 33,865,797.04	70,480	$ 480.50		($1,618,395.50)	$38,925,609.36	$ 552.29
Apr-18		$32,494,379.99	1.0000	$ 32,494,379.99	69,693	$ 466.25		($1,553,087.50)	$37,150,484.27	$ 533.06
May-18		$33,532,233.85	1.0000	$ 33,532,233.85	68,550	$ 489.16		($1,516,374.01)	$38,180,557.32	$ 556.97
Jun-18		$31,360,011.58	1.0000	$ 31,360,011.58	67,482	$ 464.72		($1,489,031.85)	$35,361,987.48	$ 524.02
Jul-18		$31,632,641.67	1.0000	$ 31,632,641.67	65,757	$ 481.05		($1,496,851.59)	$35,366,874.79	$ 537.84
Aug-18		$33,018,289.85	1.0000	$ 33,018,289.85	64,685	$ 510.45		($1,527,221.31)	$36,873,818.40	$ 570.05
Sep-18		$28,276,066.85	1.0000	$ 28,276,066.85	63,197	$ 447.43		($1,346,323.17)	$31,639,510.15	$ 500.65
Oct-18		$32,594,240.03	1.0000	$ 32,594,240.03	60,889	$ 535.31		($1,459,458.53)	$36,359,517.54	$ 597.14
Nov-18		$29,036,389.54	1.0000	$ 29,036,389.54	59,405	$ 488.79		($1,362,880.50)	$32,140,278.75	$ 541.04
Dec-18	$440,902,829.00	$23,964,652.28	0.9895	$ 24,220,082.65	48,411	$ 500.30	$68,330,216.32	($1,099,048.54)	$27,553,948.74	$ 569.17
Jan-19		$24,307,615.49	0.9908	$ 24,534,238.28	45,072	$ 544.33		($1,159,886.60)	$28,620,752.12	$ 635.00
Feb-19		$22,642,133.33	1.0000	$ 22,642,133.33	44,460	$ 509.27		($1,177,318.39)	$25,732,471.26	$ 578.78
Mar-19		$23,107,398.12	0.9823	$ 23,522,768.65	43,740	$ 537.79		($1,220,957.24)	$26,747,391.73	$ 611.51
Apr-19		$21,978,365.46	1.0000	$ 21,978,365.46	43,129	$ 509.60		($1,347,937.77)	$24,848,725.11	$ 576.15
May-19		$23,290,989.66	1.0000	$ 23,290,989.66	42,846	$ 543.60		($1,403,801.81)	$25,764,591.57	$ 601.33
Jun-19		$19,839,978.41	1.0000	$ 19,839,978.41	42,349	$ 468.49		($1,282,578.29)	$22,053,445.48	$ 520.75
Jul-19		$24,269,134.23	1.0000	$ 24,269,134.23	41,964	$ 578.33		($1,228,751.52)	$26,841,030.54	$ 639.62
Aug-19		$22,479,058.61	1.0000	$ 22,479,058.61	41,466	$ 542.11		($1,154,286.03)	$24,835,650.67	$ 598.94
Sep-19		$20,892,138.43	1.0000	$ 20,892,138.43	41,020	$ 509.32		($1,179,269.12)	$22,979,251.39	$ 560.20
Oct-19		$23,515,695.89	0.9999	$ 23,517,107.83	40,723	$ 577.49		($1,204,661.37)	$26,008,947.33	$ 638.68
Nov-19		$20,588,445.40	0.9964	$ 20,662,499.39	40,359	$ 511.97		($1,175,894.55)	$22,673,980.71	$ 561.81
Dec-19	$315,456,081.40	$20,930,591.57	0.9999	$ 20,931,813.65	39,582	$ 528.82	$46,966,238.77	($1,176,472.68)	$23,708,411.42	$ 598.97
Jan-20		$18,211,662.22	0.9999	$ 18,212,851.79	35,008	$ 520.25		($735,489.85)	$21,366,209.82	$ 610.32
Feb-20		$19,776,953.78	0.9994	$ 19,788,053.93	34,111	$ 580.11		($874,266.73)	$22,407,756.91	$ 656.91
Mar-20		$16,380,016.45	0.9999	$ 16,381,029.11	33,409	$ 490.32		($953,454.95)	$18,119,899.40	$ 542.37
Apr-20		$12,729,568.15	0.9999	$ 12,730,322.19	32,395	$ 392.97		($1,015,807.84)	$13,260,996.50	$ 409.35
May-20		$14,004,599.61	0.9801	$ 14,288,517.93	31,482	$ 453.86		($893,602.16)	$15,561,021.33	$ 494.28
Jun-20		$16,740,532.08	0.9998	$ 16,743,405.51	30,749	$ 544.52		($935,380.28)	$18,321,107.45	$ 595.83
Jul-20		$18,588,970.37	0.9998	$ 18,592,283.92	30,167	$ 616.31		($965,855.66)	$20,317,005.25	$ 673.48
Aug-20		$18,781,400.86	0.9998	$ 18,784,857.43	29,895	$ 628.36		($962,806.53)	$20,546,810.68	$ 687.30
Sep-20		$16,739,269.90	0.9998	$ 16,742,781.20	29,337	$ 570.71		($903,449.51)	$18,355,128.65	$ 625.66
Oct-20		$16,489,860.27	0.9997	$ 16,494,149.51	28,648	$ 575.75		($934,410.93)	$17,991,469.44	$ 628.02
Nov-20		$16,696,915.74	0.9997	$ 16,701,553.72	28,080	$ 594.78		($938,049.66)	$18,059,274.22	$ 643.14
Dec-20	$242,965,352.82	$16,985,592.47	0.9996	$ 16,991,555.32	26,539	$ 640.25	$31,639,588.27	($975,063.61)	$18,696,632.47	$ 704.50
Jan-21		$17,367,023.20	0.9996	$ 17,373,614.47	27,754	$ 625.99		($949,014.88)	$19,527,333.35	$ 703.59
Feb-21		$15,100,832.66	0.9995	$ 15,107,694.81	27,768	$ 544.07		($910,377.24)	$16,819,291.67	$ 605.71
Mar-21		$18,653,476.63	0.9993	$ 18,665,892.25	28,044	$ 665.59		($1,097,920.42)	$20,630,522.57	$ 735.65
Apr-21		$18,263,422.17	0.9991	$ 18,280,060.06	28,255	$ 646.97		($1,079,386.60)	$20,012,076.26	$ 708.27
May-21		$16,072,540.09	0.9979	$ 16,106,087.19	28,332	$ 568.48		($951,731.07)	$17,696,247.66	$ 624.60
Jun-21		$18,844,776.55	0.9969	$ 18,902,988.51	28,543	$ 662.26		($1,023,700.17)	$20,621,628.13	$ 722.48
Jul-21		$17,293,212.19	0.9940	$ 17,398,229.48	28,871	$ 602.62		($1,055,824.61)	$18,982,087.03	$ 657.48
Aug-21		$17,477,653.26	0.9898	$ 17,657,816.94	28,938	$ 610.19		($1,041,530.78)	$19,377,580.26	$ 669.62
Sep-21		$17,501,701.27	0.9845	$ 17,776,678.70	29,230	$ 608.17		($1,041,004.08)	$19,436,936.50	$ 664.97
Oct-21		$18,543,481.07	0.9765	$ 18,990,528.92	29,981	$ 633.42		($1,080,981.24)	$20,736,284.10	$ 691.65
Nov-21		$18,457,701.59	0.9244	$ 19,966,762.58	30,650	$ 651.44		($1,059,846.39)	$22,005,287.73	$ 717.95
Dec-21	$228,260,924.39	$19,692,280.21	0.8843	$ 22,268,725.56	35,243	$ 631.86	$35,341,180.37	($1,192,000.46)	$25,507,666.64	$ 723.77

** Express Completion Factor as a percentage*

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

PA Rate Template Part II
Rate Development and Change

Carrier Name:	**Keystone Health Plan Central**
Product(s):	**HMO**
Market Segment:	**Small Group**
Rate Effective Date:	**1/1/2023**

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	$ 283.73	$ 686.42	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor	1.129	1.129	
Unadjusted Projected Allowed EHB Claims PMPM	$ 320.26	$ 774.80	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other	0.620	0.620	<- See URRT Instructions
Total Non-Morbidity Changes	0.990	0.990	
Change in Demographics	1.000	1.000	<- See URRT Instructions
Change in Network	0.990	0.990	
Change in Benefits	1.000	1.000	<- See URRT Instructions
Change in Other	1.000	1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	$ 196.58	$ 475.57	
Credibility Factors	**0%**	**100%**	<- See Instructions
Blended Projected EHB Claims PMPM		**$ 475.57**	**<- Projected Index Rate**
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	$ 475.57	<- Index Rate for Projection Period on URRT	
Projected Paid to Allowed Ratio	0.519		
Projected Incurred EHB Claims PMPM	$ 246.59		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	-$154.79		
Projected Incurred Exchange User Fees PMPM	$0.00		
Projected Incurred Reinsurance Recoveries PMPM	$0.00		
Market-Adjusted Projected Incurred EHB Claims PMPM	$ 401.38		
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 774.10	<- Market-Adjusted Index Rate	
Projected Allowed Non-EHB Claims PMPM	$0.00		
Market-Adjusted Projected Incurred Total Claims PMPM	$ 401.38		
Market-Adjusted Projected Allowed Total Claims PMPM	$ 774.10		

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	**$ 686.42**	**<- Index Rate of Experience Period on URRT**
Blended Earned Premium	**$ 228,260,924.39**	
Blended Loss Ratio	**87.76%**	

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

Effective Date	1/1/2023	4/1/2023	7/1/2023	10/1/2023	Total Single Risk Pool
# of Member Months Renewing in Quarter	385	125	160	567	1,236
Adjusted Projected Allowed EHB Claims PMPM	$ 475.57	$ 475.57	$ 475.57	$ 475.57	$ 475.57
Months of Trend	-	3	6	9	
Annual Trend	6.24%	6.24%	6.24%	6.24%	
Single Risk Pool Projected Allowed Claims	$ 475.57	$ 482.83	$ 490.19	$ 497.67	$ 488.33
Quarterly Trend Factor	1.000	1.015	1.031	1.046	1.027

Table 6. Retention

Retention Items - *Express in percentages*	**Percentages**	**PMPM Amounts**
Administrative Expenses	14.96%	$72.84
General and Claims	10.51%	$51.17
Agent/Broker Fees and Commissions	4.45%	$21.67
Quality Improvement Initiatives	0.00%	$0.00
Taxes and Fees	0.62%	$3.01
Risk Adjustment User Fee	0.05%	$0.22
PCORI Fee	0.04%	$0.20
PA Premium & Other Taxes (if applicable)	0.00%	$0.00
Federal Income Tax	0.53%	$2.59
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	$0.00
Profit/Contingency (after tax)	2.00%	$9.74
Total Retention	17.58%	$85.59
Projected Required Revenue PMPM	$ 486.97	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	**2022**	**2023**
Average Age Factor	1.560	1.552
Average Geographic Factor	1.028	1.029
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	$684.17	$ 774.10
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	$ 426.63	$ 484.62

Table 8. Components of Rate Change

Rate Components	**2022**	**2023**	**Difference**	**Percent Change**
A. Calibrated Plan Adjusted Index Rate (PMPM)	$ 281.15	$ 304.87	$ 23.72	8.4%
B. Base period allowed claims before normalization	$ 600.61	$ 686.42	$ 85.81	30.5%
C. Normalization factor component of change	$ (226.09)	$ (256.69)	$ (30.60)	-10.9%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	$ 374.52	$ 429.73	$ 55.22	19.6%
D2. URRT Trend	$ 50.56	$ 55.33	$ 4.77	1.7%
D3. URRT Morbidity	$ (97.77)	$ (184.32)	$ (86.56)	-30.8%
D4. URRT Other	$ (3.27)	$ (3.01)	$ 0.27	0.1%
D5. Normalized URRT Risk Adjustment on an allowed basis	$ 102.87	$ 186.89	$ 84.03	29.9%
D6. Normalized Exchange User Fee on an allowed basis	$ -	$ -	$ -	0.0%
D7. Normalized Reinsurance Recoveries on an allowed basis	$ -	$ -	$ -	0.0%
D8. Subtotal - Sum(D1:D7)	$ 426.90	$ 484.62	$ 57.72	20.5%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	$ -	$ -	$ -	0.0%
E2. Pricing AV	$ (197.23)	$ (233.34)	$ (36.11)	-12.8%
E3. Benefit Richness	$ -	$ 0.00	$ 0.00	0.0%
E4. Catastrophic Eligibility	$ -	$ -	$ -	0.0%
E5. Subtotal - Sum(E1:E4)	$ (197.23)	$ (233.34)	$ (36.11)	-12.8%
F. Change in Retention Components				
F1. Administrative Expenses	$ 44.14	$ 45.60	$ 1.46	0.5%
F2. Taxes and Fees	$ 1.77	$ 1.88	$ 0.11	0.0%
F3. Profit and/or Contingency	$ 5.62	$ 6.10	$ 0.47	0.2%
F4. Subtotal - Sum(F1:F3)	$ 51.53	$ 53.58	$ 2.05	0.7%
G. Change in Miscellaneous Items	$0.00		$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	$ 281.21	$ 304.87	$ 23.66	8.4%

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

	2022	**2023**	
Paid-to-Allowed	0.538	0.519	
URRT Trend (Total Applied Trend Factor)	1.135	1.129	<- URRT W1, S2
URRT Morbidity	0.770	0.620	<- URRT W1, S2
URRT "Other"	0.990	0.990	<- URRT W1, S2
Risk Adjustment	$ 88.75	$ 154.79	<- URRT W1, S3
Exchange User Fee	$ -	$ -	<- URRT W1, S3
Reinsurance Recoveries	$ -	$ -	<- URRT W1, S3
Capitation	$ 0.30	$0.30	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.538	0.519	<- For 2022 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	15.70%	14.96%	
Taxes and Fees	0.63%	0.62%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III

Table 10. Plan Rates

Carrier Name:	Keystone Health Plan Central
Product(s):	HMO
Market Segment:	Small Group
Rate Effective Date:	1/1/2023
Base Period Start Date	1/1/2021
Date of Most Recent Membership:	2/1/2022
Market Adjusted Index Rate:	$ 774.10

Calibration	
Age Calibration Factor	1.552
Geographic Calibration Factor	1.029
Tobacco Calibration Factor	1.000
Aggregate Calibration Factor	1.597

Total Covered Lives @ 02-01-2022
109

Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2022 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2023	1/1/2023 HIOS Plan ID (If 1/1/2022 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	45 CFR Part 156.8 (d) (2) Allowable Factors: Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium	Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency	Total Covered Lives Mapped into 2023 Plans @ 02-01-2022	Total Projected Lives	2022 Calibrated Plan Adjusted Index Rate PMPM	2023 Calibrated Plan Adjusted Index Rate PMPM	Proposed Rate Change Compared to Prior 12 months	% of Total Covered Lives	02-01-2022 Number of Covered Lives by Rating Area: 1	2	3	4	5	6	7	8	9	Total	2023 Continued/ Discontinued Plans Indicator
Totals - Current Membership							**0.642**			**0.519**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**$ 401.38**	**15.0%**	**0.6%**	**2.0%**	**109**	**103**	**$ 281.15**	**$ 304.87**	**8.4%**		-	-	-	-	-	51	41	-	17	**109**	
Total - Projected Membership							**0.642**			**0.519**	**1.000**	**1.000**	**1.000**	**1.000**	**1.000**	**$ 401.38**	**15.0%**	**0.6%**	**2.0%**																	
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-		N/A	N/A	N/A	N/A										-	0
Plan 1	53789PA0090004	HMO	Bronze HMO 8000/0/50	E		Bronze	0.64224334	Standard AV	Off	0.519	1.000	1.000	1.000	1.000	1.000	$401.38	15.0%	0.6%	2.0%	109	103	$281.15	$ 304.87	8.4%	100.0%						51	41		17	109	1
Plan 2																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 3																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 4																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 5																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 6																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 7																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 8																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 9																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 10																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 11																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 12																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 13																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 14																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 15																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 16																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 17																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 18																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 19																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 20																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 21																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 22																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 23																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 24																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 25																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 26																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 27																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 28																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 29																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 30																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 31																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 32																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 33																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 34																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 35																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 36																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 37																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 38																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 39																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 40																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 41																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 42																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 43																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 44																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 45																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 46																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 47																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 48																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 49																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 50																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 51																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 52																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 53																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 54																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 55																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 56																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 57																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 58																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 59																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 60																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 61																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 62																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 63																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 64																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 65																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 66																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 67																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 68																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 69																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 70																$0.00				-			$ -	0.0%	0.0%										-	0

PA Rate Template Part IV B - Small Group Annual

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

Carrier Name: Keystone Health Plan Central
Product(s): HMO
Market Segment: Small Group
Rate Effective Date: 1/1/2023

Plan Number	HIOS Plan ID (Standard Component)	1/1/2022 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2023	1/1/2023 HIOS Plan ID (If 1/1/2022 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off
Totals	These cells auto-fill using the data entered in Table 10.					
Plan 1	13789HA0200004	Bronze HMO 8000/0/50	E	0	Bronze	Off
Plan 2	0	0	0	0	0	0
Plan 3	0	0	0	0	0	0
Plan 4	0	0	0	0	0	0
Plan 5	0	0	0	0	0	0
Plan 6	0	0	0	0	0	0
Plan 7	0	0	0	0	0	0
Plan 8	0	0	0	0	0	0
Plan 9	0	0	0	0	0	0
Plan 10	0	0	0	0	0	0
Plan 11	0	0	0	0	0	0
Plan 12	0	0	0	0	0	0
Plan 13	0	0	0	0	0	0
Plan 14	0	0	0	0	0	0
Plan 15	0	0	0	0	0	0
Plan 16	0	0	0	0	0	0
Plan 17	0	0	0	0	0	0
Plan 18	0	0	0	0	0	0
Plan 19	0	0	0	0	0	0
Plan 20	0	0	0	0	0	0
Plan 21	0	0	0	0	0	0
Plan 22	0	0	0	0	0	0
Plan 23	0	0	0	0	0	0
Plan 24	0	0	0	0	0	0
Plan 25	0	0	0	0	0	0
Plan 26	0	0	0	0	0	0
Plan 27	0	0	0	0	0	0
Plan 28	0	0	0	0	0	0
Plan 29	0	0	0	0	0	0
Plan 30	0	0	0	0	0	0
Plan 31	0	0	0	0	0	0
Plan 32	0	0	0	0	0	0
Plan 33	0	0	0	0	0	0
Plan 34	0	0	0	0	0	0
Plan 35	0	0	0	0	0	0
Plan 36	0	0	0	0	0	0
Plan 37	0	0	0	0	0	0
Plan 38	0	0	0	0	0	0
Plan 39	0	0	0	0	0	0
Plan 40	0	0	0	0	0	0
Plan 41	0	0	0	0	0	0
Plan 42	0	0	0	0	0	0
Plan 43	0	0	0	0	0	0
Plan 44	0	0	0	0	0	0
Plan 45	0	0	0	0	0	0
Plan 46	0	0	0	0	0	0
Plan 47	0	0	0	0	0	0
Plan 48	0	0	0	0	0	0
Plan 49	0	0	0	0	0	0
Plan 50	0	0	0	0	0	0
Plan 51	0	0	0	0	0	0
Plan 52	0	0	0	0	0	0
Plan 53	0	0	0	0	0	0
Plan 54	0	0	0	0	0	0
Plan 55	0	0	0	0	0	0
Plan 56	0	0	0	0	0	0
Plan 57	0	0	0	0	0	0
Plan 58	0	0	0	0	0	0
Plan 59	0	0	0	0	0	0
Plan 60	0	0	0	0	0	0
Plan 61	0	0	0	0	0	0
Plan 62	0	0	0	0	0	0
Plan 63	0	0	0	0	0	0
Plan 64	0	0	0	0	0	0
Plan 65	0	0	0	0	0	0
Plan 66	0	0	0	0	0	0
Plan 67	0	0	0	0	0	0
Plan 68	0	0	0	0	0	0
Plan 69	0	0	0	0	0	0
Plan 70	0	0	0	0	0	0

Quarter 1 2022, 21-year-old Non-Tobacco Premium PMPM

Plan Number	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ 281.15	$ 303.64	$ -	$ 286.77	$ 290.49
Plan 1						$281.15	$303.64		$286.77	$ 290.49
Plan 2						$0.00	$0.00		$0.00	$ -
Plan 3						$0.00	$0.00		$0.00	$ -
Plan 4						$0.00	$0.00		$0.00	$ -
Plan 5						$0.00	$0.00		$0.00	$ -
Plan 6						$0.00	$0.00		$0.00	$ -
Plan 7						$0.00	$0.00		$0.00	$ -
Plan 8						$0.00	$0.00		$0.00	$ -
Plan 9						$0.00	$0.00		$0.00	$ -
Plan 10						$0.00	$0.00		$0.00	$ -
Plan 11						$0.00	$0.00		$0.00	$ -
Plan 12						$0.00	$0.00		$0.00	$ -
Plan 13						$0.00	$0.00		$0.00	$ -
Plan 14						$0.00	$0.00		$0.00	$ -
Plan 15						$0.00	$0.00		$0.00	$ -
Plan 16						$0.00	$0.00		$0.00	$ -
Plan 17						$0.00	$0.00		$0.00	$ -
Plan 18						$0.00	$0.00		$0.00	$ -
Plan 19						$0.00	$0.00		$0.00	$ -
Plan 20						$0.00	$0.00		$0.00	$ -
Plan 21						$0.00	$0.00		$0.00	$ -
Plan 22						$0.00	$0.00		$0.00	$ -
Plan 23						$0.00	$0.00		$0.00	$ -
Plan 24						$0.00	$0.00		$0.00	$ -
Plan 25						$0.00	$0.00		$0.00	$ -
Plan 26						$0.00	$0.00		$0.00	$ -
Plan 27						$0.00	$0.00		$0.00	$ -
Plan 28						$0.00	$0.00		$0.00	$ -
Plan 29						$0.00	$0.00		$0.00	$ -
Plan 30						$0.00	$0.00		$0.00	$ -
Plan 31						$0.00	$0.00		$0.00	$ -
Plan 32						$0.00	$0.00		$0.00	$ -
Plan 33						$0.00	$0.00		$0.00	$ -
Plan 34						$0.00	$0.00		$0.00	$ -
Plan 35						$0.00	$0.00		$0.00	$ -
Plan 36						$0.00	$0.00		$0.00	$ -
Plan 37						$0.00	$0.00		$0.00	$ -
Plan 38						$0.00	$0.00		$0.00	$ -
Plan 39						$0.00	$0.00		$0.00	$ -
Plan 40						$0.00	$0.00		$0.00	$ -
Plan 41						$0.00	$0.00		$0.00	$ -
Plan 42						$0.00	$0.00		$0.00	$ -
Plan 43						$0.00	$0.00		$0.00	$ -
Plan 44						$0.00	$0.00		$0.00	$ -
Plan 45						$0.00	$0.00		$0.00	$ -
Plan 46						$0.00	$0.00		$0.00	$ -
Plan 47						$0.00	$0.00		$0.00	$ -
Plan 48										$ -
Plan 49										$ -
Plan 50										$ -
Plan 51										$ -
Plan 52										$ -
Plan 53										$ -
Plan 54										$ -
Plan 55										$ -
Plan 56										$ -
Plan 57										$ -
Plan 58										$ -
Plan 59										$ -
Plan 60										$ -
Plan 61										$ -
Plan 62										$ -
Plan 63										$ -
Plan 64										$ -
Plan 65										$ -
Plan 66										$ -
Plan 67										$ -
Plan 68										$ -
Plan 69										$ -
Plan 70										$ -

Quarter 1 2023, 21-year-old Non-Tobacco Premium PMPM

Plan Number	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ 304.87	$ 329.26	$ -	$ 310.97	$ 314.99
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 31	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 67	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Change in Quarter 1, 21-year-old Non-Tobacco Premium PMPM

Plan Number	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	0.0%	0.0%	0.0%	0.0%	0.0%	8.4%	8.4%	0.0%	8.4%	8.4%
Plan 1						8.4%	8.4%		8.4%	8.4%

Quarter 2 2023, 21-year-old Non-Tobacco Premium PMPM

Plan Number	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ 309.52	$ 334.28	$ -	$ 315.71	$ 319.80
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 31	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 67	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 68	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 70	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Quarter 3 2023, 21-year-old Non-Tobacco Premium PMPM

Plan Number	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ 314.24	$ 339.38	$ -	$ 320.52	$ 324.68
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 21	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 23	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 25	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 31	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 32	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 35	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 36	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 37	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 39	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 40	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 41	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 42	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 43	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 47	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 48	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 49	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 50	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 52	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 57	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 59	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 62	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 64	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 67	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 68	$ -	$ -	$ -	$ -	$ -	$ -

PA Rate Quarterly Template Part V
Consumer Factors

Carrier Name:	**Keystone Health Plan Central**
Product(s):	**HMO**
Market Segment:	**Small Group**
Rate Effective Date:	**1/1/2023**

Table 12. Age and Tobacco Factors

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

*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	Centre, Columbia, Lehigh, Mifflin, Montour, Northampton, Northumberland, Schutlkill, Snyder, Union	1.000	1.000
Rating Area 7	Adams, Berks, Lancaster, York	1.080	1.080
Rating Area 8			
Rating Area 9	Cumberland, Dauphin, Franklin, Fulton, Juniata, Lebanon, Perry	1.020	1.020

Table 14. Network Factors

Projection Period Network Factors				
Network Name	Rating Area	Current Factor	Proposed Factor	Approval Date
HMO	All	1.000	1.000	9/19/2016

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Table B

Plan ID	Plan Name	Metal Level	Projected Member Months	Projected Allowed Claims	Projected Paid Claims	Paid to Allowed Factor	Average Tobacco Factor	AV and Cost Sharing Factor	(8)/(6*7) Induced Utilization	Induced Demand Table 10
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
53789PA0090004	Bronze HMO 8000/0/50	Bronze	1,236	$956,793	$496,114	0.52	1.000	0.52	1.00	1.00
Total			1,236	956,793	496,114	0.519	1.00	0.519	1.00	1.00
PMPM				774.10	401.39					
Rate Dev II				774.10	401.39					

Company Name:	Keystone Health Plan Central (KHPC)
Market:	Small Group
Product:	HMO
Effective Date of Rates:	January 1, 2023

Ending date of Rates: March 31, 2023

HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	**53789PA0090004**		**53789PA0090004**		**53789PA0090004**	
Plan Marketing Name =>	**Bronze HMO 8000/0/50**		**Bronze HMO 8000/0/50**		**Bronze HMO 8000/0/50**	
Form # =>	**C23-KHPC-SGP**		**C23-KHPC-SGP**		**C23-KHPC-SGP**	
Rating Area =>	**6**		**7**		**9**	
Network =>	**HMO**		**HMO**		**HMO**	
Metal =>	**Bronze**		**Bronze**		**Bronze**	
Deductible =>	**$8000 Med/Rx Combined**		**$8000 Med/Rx Combined**		**$8000 Med/Rx Combined**	
Coinsurance =>	**0%**		**0%**		**0%**	
Copays =>	**$50/$85/$0 PCP/SPC/ER**		**$50/$85/$0 PCP/SPC/ER**		**$50/$85/$0 PCP/SPC/ER**	
OOP Maximum =>	**$8550 Med/Rx Combined**		**$8550 Med/Rx Combined**		**$8550 Med/Rx Combined**	
Pediatric Dental (Yes/No) =>	**Yes**		**Yes**		**Yes**	
Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0 - 14	$233.23	$233.23	$251.88	$251.88	$237.89	$237.89
15	$253.96	$253.96	$274.27	$274.27	$259.04	$259.04
16	$261.88	$261.88	$282.83	$282.83	$267.12	$267.12
17	$269.81	$269.81	$291.39	$291.39	$275.21	$275.21
18	$278.35	$278.35	$300.61	$300.61	$283.91	$283.91
19	$286.88	$286.88	$309.83	$309.83	$292.62	$292.62
20	$295.72	$295.72	$319.38	$319.38	$301.64	$301.64
21	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
22	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
23	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
24	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
25	$306.09	$306.09	$330.58	$330.58	$312.21	$312.21
26	$312.19	$312.19	$337.16	$337.16	$318.43	$318.43
27	$319.50	$319.50	$345.06	$345.06	$325.89	$325.89
28	$331.39	$331.39	$357.91	$357.91	$338.02	$338.02
29	$341.15	$341.15	$368.44	$368.44	$347.97	$347.97
30	$346.03	$346.03	$373.71	$373.71	$352.95	$352.95
31	$353.34	$353.34	$381.61	$381.61	$360.41	$360.41
32	$360.66	$360.66	$389.51	$389.51	$367.87	$367.87
33	$365.23	$365.23	$394.45	$394.45	$372.54	$372.54
34	$370.11	$370.11	$399.72	$399.72	$377.51	$377.51
35	$372.55	$372.55	$402.36	$402.36	$380.00	$380.00
36	$374.99	$374.99	$404.99	$404.99	$382.49	$382.49
37	$377.43	$377.43	$407.62	$407.62	$384.98	$384.98
38	$379.87	$379.87	$410.26	$410.26	$387.47	$387.47
39	$384.75	$384.75	$415.53	$415.53	$392.44	$392.44
40	$389.62	$389.62	$420.79	$420.79	$397.42	$397.42
41	$396.94	$396.94	$428.70	$428.70	$404.88	$404.88
42	$403.95	$403.95	$436.27	$436.27	$412.03	$412.03
43	$413.71	$413.71	$446.81	$446.81	$421.98	$421.98
44	$425.90	$425.90	$459.98	$459.98	$434.42	$434.42
45	$440.23	$440.23	$475.45	$475.45	$449.04	$449.04
46	$457.30	$457.30	$493.89	$493.89	$466.45	$466.45
47	$476.51	$476.51	$514.63	$514.63	$486.04	$486.04
48	$498.46	$498.46	$538.34	$538.34	$508.43	$508.43
49	$520.11	$520.11	$561.72	$561.72	$530.51	$530.51
50	$544.50	$544.50	$588.06	$588.06	$555.39	$555.39
51	$568.58	$568.58	$614.07	$614.07	$579.95	$579.95
52	$595.11	$595.11	$642.71	$642.71	$607.01	$607.01
53	$621.93	$621.93	$671.69	$671.69	$634.37	$634.37
54	$650.90	$650.90	$702.97	$702.97	$663.92	$663.92
55	$679.86	$679.86	$734.25	$734.25	$693.46	$693.46
56	$711.26	$711.26	$768.16	$768.16	$725.49	$725.49
57	$742.97	$742.97	$802.41	$802.41	$757.83	$757.83
58	$776.81	$776.81	$838.95	$838.95	$792.34	$792.34
59	$793.58	$793.58	$857.06	$857.06	$809.45	$809.45
60	$827.42	$827.42	$893.61	$893.61	$843.97	$843.97
61	$856.68	$856.68	$925.22	$925.22	$873.82	$873.82
62	$875.89	$875.89	$945.96	$945.96	$893.41	$893.41
63	$899.98	$899.98	$971.97	$971.97	$917.98	$917.98
64+	$914.60	$914.60	$987.77	$987.77	$932.90	$932.90

Company Name:	Keystone Health Plan Central (KHPC)
Market:	Small Group
Product:	HMO
Effective Date of Rates:	April 1, 2023

Ending date of Rates: June 30, 2023

HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	**53789PA0090004**		**53789PA0090004**		**53789PA0090004**	
Plan Marketing Name =>	**Bronze HMO 8000/0/50**		**Bronze HMO 8000/0/50**		**Bronze HMO 8000/0/50**	
Form # =>	**C23-KHPC-SGP**		**C23-KHPC-SGP**		**C23-KHPC-SGP**	
Rating Area =>	**6**		**7**		**9**	
Network =>	**HMO**		**HMO**		**HMO**	
Metal =>	**Bronze**		**Bronze**		**Bronze**	
Deductible =>	**$8000 Med/Rx Combined**		**$8000 Med/Rx Combined**		**$8000 Med/Rx Combined**	
Coinsurance =>	**0%**		**0%**		**0%**	
Copays =>	**$50/$85/$0 PCP/SPC/ER**		**$50/$85/$0 PCP/SPC/ER**		**$50/$85/$0 PCP/SPC/ER**	
OOP Maximum =>	**$8550 Med/Rx Combined**		**$8550 Med/Rx Combined**		**$8550 Med/Rx Combined**	
Pediatric Dental (Yes/No) =>	**Yes**		**Yes**		**Yes**	
Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0 - 14	$233.23	$233.23	$251.88	$251.88	$237.89	$237.89
15	$253.96	$253.96	$274.27	$274.27	$259.04	$259.04
16	$261.88	$261.88	$282.83	$282.83	$267.12	$267.12
17	$269.81	$269.81	$291.39	$291.39	$275.21	$275.21
18	$278.35	$278.35	$300.61	$300.61	$283.91	$283.91
19	$286.88	$286.88	$309.83	$309.83	$292.62	$292.62
20	$295.72	$295.72	$319.38	$319.38	$301.64	$301.64
21	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
22	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
23	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
24	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
25	$306.09	$306.09	$330.58	$330.58	$312.21	$312.21
26	$312.19	$312.19	$337.16	$337.16	$318.43	$318.43
27	$319.50	$319.50	$345.06	$345.06	$325.89	$325.89
28	$331.39	$331.39	$357.91	$357.91	$338.02	$338.02
29	$341.15	$341.15	$368.44	$368.44	$347.97	$347.97
30	$346.03	$346.03	$373.71	$373.71	$352.95	$352.95
31	$353.34	$353.34	$381.61	$381.61	$360.41	$360.41
32	$360.66	$360.66	$389.51	$389.51	$367.87	$367.87
33	$365.23	$365.23	$394.45	$394.45	$372.54	$372.54
34	$370.11	$370.11	$399.72	$399.72	$377.51	$377.51
35	$372.55	$372.55	$402.36	$402.36	$380.00	$380.00
36	$374.99	$374.99	$404.99	$404.99	$382.49	$382.49
37	$377.43	$377.43	$407.62	$407.62	$384.98	$384.98
38	$379.87	$379.87	$410.26	$410.26	$387.47	$387.47
39	$384.75	$384.75	$415.53	$415.53	$392.44	$392.44
40	$389.62	$389.62	$420.79	$420.79	$397.42	$397.42
41	$396.94	$396.94	$428.70	$428.70	$404.88	$404.88
42	$403.95	$403.95	$436.27	$436.27	$412.03	$412.03
43	$413.71	$413.71	$446.81	$446.81	$421.98	$421.98
44	$425.90	$425.90	$459.98	$459.98	$434.42	$434.42
45	$440.23	$440.23	$475.45	$475.45	$449.04	$449.04
46	$457.30	$457.30	$493.89	$493.89	$466.45	$466.45
47	$476.51	$476.51	$514.63	$514.63	$486.04	$486.04
48	$498.46	$498.46	$538.34	$538.34	$508.43	$508.43
49	$520.11	$520.11	$561.72	$561.72	$530.51	$530.51
50	$544.50	$544.50	$588.06	$588.06	$555.39	$555.39
51	$568.58	$568.58	$614.07	$614.07	$579.95	$579.95
52	$595.11	$595.11	$642.71	$642.71	$607.01	$607.01
53	$621.93	$621.93	$671.69	$671.69	$634.37	$634.37
54	$650.90	$650.90	$702.97	$702.97	$663.92	$663.92
55	$679.86	$679.86	$734.25	$734.25	$693.46	$693.46
56	$711.26	$711.26	$768.16	$768.16	$725.49	$725.49
57	$742.97	$742.97	$802.41	$802.41	$757.83	$757.83
58	$776.81	$776.81	$838.95	$838.95	$792.34	$792.34
59	$793.58	$793.58	$857.06	$857.06	$809.45	$809.45
60	$827.42	$827.42	$893.61	$893.61	$843.97	$843.97
61	$856.68	$856.68	$925.22	$925.22	$873.82	$873.82
62	$875.89	$875.89	$945.96	$945.96	$893.41	$893.41
63	$899.98	$899.98	$971.97	$971.97	$917.98	$917.98
64+	$914.60	$914.60	$987.77	$987.77	$932.90	$932.90

Company Name:	Keystone Health Plan Central (KHPC)
Market:	Small Group
Product:	HMO
Effective Date of Rates:	July 1, 2023

Ending date of Rates: September 30, 2023

HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	**53789PA0090004**		**53789PA0090004**		**53789PA0090004**	
Plan Marketing Name =>	**Bronze HMO 8000/0/50**		**Bronze HMO 8000/0/50**		**Bronze HMO 8000/0/50**	
Form # =>	**C23-KHPC-SGP**		**C23-KHPC-SGP**		**C23-KHPC-SGP**	
Rating Area =>	**6**		**7**		**9**	
Network =>	**HMO**		**HMO**		**HMO**	
Metal =>	**Bronze**		**Bronze**		**Bronze**	
Deductible =>	**$8000 Med/Rx Combined**		**$8000 Med/Rx Combined**		**$8000 Med/Rx Combined**	
Coinsurance =>	**0%**		**0%**		**0%**	
Copays =>	**$50/$85/$0 PCP/SPC/ER**		**$50/$85/$0 PCP/SPC/ER**		**$50/$85/$0 PCP/SPC/ER**	
OOP Maximum =>	**$8550 Med/Rx Combined**		**$8550 Med/Rx Combined**		**$8550 Med/Rx Combined**	
Pediatric Dental (Yes/No) =>	**Yes**		**Yes**		**Yes**	
Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0 - 14	$233.23	$233.23	$251.88	$251.88	$237.89	$237.89
15	$253.96	$253.96	$274.27	$274.27	$259.04	$259.04
16	$261.88	$261.88	$282.83	$282.83	$267.12	$267.12
17	$269.81	$269.81	$291.39	$291.39	$275.21	$275.21
18	$278.35	$278.35	$300.61	$300.61	$283.91	$283.91
19	$286.88	$286.88	$309.83	$309.83	$292.62	$292.62
20	$295.72	$295.72	$319.38	$319.38	$301.64	$301.64
21	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
22	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
23	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
24	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
25	$306.09	$306.09	$330.58	$330.58	$312.21	$312.21
26	$312.19	$312.19	$337.16	$337.16	$318.43	$318.43
27	$319.50	$319.50	$345.06	$345.06	$325.89	$325.89
28	$331.39	$331.39	$357.91	$357.91	$338.02	$338.02
29	$341.15	$341.15	$368.44	$368.44	$347.97	$347.97
30	$346.03	$346.03	$373.71	$373.71	$352.95	$352.95
31	$353.34	$353.34	$381.61	$381.61	$360.41	$360.41
32	$360.66	$360.66	$389.51	$389.51	$367.87	$367.87
33	$365.23	$365.23	$394.45	$394.45	$372.54	$372.54
34	$370.11	$370.11	$399.72	$399.72	$377.51	$377.51
35	$372.55	$372.55	$402.36	$402.36	$380.00	$380.00
36	$374.99	$374.99	$404.99	$404.99	$382.49	$382.49
37	$377.43	$377.43	$407.62	$407.62	$384.98	$384.98
38	$379.87	$379.87	$410.26	$410.26	$387.47	$387.47
39	$384.75	$384.75	$415.53	$415.53	$392.44	$392.44
40	$389.62	$389.62	$420.79	$420.79	$397.42	$397.42
41	$396.94	$396.94	$428.70	$428.70	$404.88	$404.88
42	$403.95	$403.95	$436.27	$436.27	$412.03	$412.03
43	$413.71	$413.71	$446.81	$446.81	$421.98	$421.98
44	$425.90	$425.90	$459.98	$459.98	$434.42	$434.42
45	$440.23	$440.23	$475.45	$475.45	$449.04	$449.04
46	$457.30	$457.30	$493.89	$493.89	$466.45	$466.45
47	$476.51	$476.51	$514.63	$514.63	$486.04	$486.04
48	$498.46	$498.46	$538.34	$538.34	$508.43	$508.43
49	$520.11	$520.11	$561.72	$561.72	$530.51	$530.51
50	$544.50	$544.50	$588.06	$588.06	$555.39	$555.39
51	$568.58	$568.58	$614.07	$614.07	$579.95	$579.95
52	$595.11	$595.11	$642.71	$642.71	$607.01	$607.01
53	$621.93	$621.93	$671.69	$671.69	$634.37	$634.37
54	$650.90	$650.90	$702.97	$702.97	$663.92	$663.92
55	$679.86	$679.86	$734.25	$734.25	$693.46	$693.46
56	$711.26	$711.26	$768.16	$768.16	$725.49	$725.49
57	$742.97	$742.97	$802.41	$802.41	$757.83	$757.83
58	$776.81	$776.81	$838.95	$838.95	$792.34	$792.34
59	$793.58	$793.58	$857.06	$857.06	$809.45	$809.45
60	$827.42	$827.42	$893.61	$893.61	$843.97	$843.97
61	$856.68	$856.68	$925.22	$925.22	$873.82	$873.82
62	$875.89	$875.89	$945.96	$945.96	$893.41	$893.41
63	$899.98	$899.98	$971.97	$971.97	$917.98	$917.98
64+	$914.60	$914.60	$987.77	$987.77	$932.90	$932.90

Company Name:	Keystone Health Plan Central (KHPC)
Market:	Small Group
Product:	HMO
Effective Date of Rates:	October 1, 2023

Ending date of Rates: December 31, 2023

HIOS Plan ID (On Exchange)=>						
HIOS Plan ID (Off Exchange)=>	**53789PA0090004**		**53789PA0090004**		**53789PA0090004**	
Plan Marketing Name =>	**Bronze HMO 8000/0/50**		**Bronze HMO 8000/0/50**		**Bronze HMO 8000/0/50**	
Form # =>	**C23-KHPC-SGP**		**C23-KHPC-SGP**		**C23-KHPC-SGP**	
Rating Area =>	**6**		**7**		**9**	
Network =>	**HMO**		**HMO**		**HMO**	
Metal =>	**Bronze**		**Bronze**		**Bronze**	
Deductible =>	**$8000 Med/Rx Combined**		**$8000 Med/Rx Combined**		**$8000 Med/Rx Combined**	
Coinsurance =>	**0%**		**0%**		**0%**	
Copays =>	**$50/$85/$0 PCP/SPC/ER**		**$50/$85/$0 PCP/SPC/ER**		**$50/$85/$0 PCP/SPC/ER**	
OOP Maximum =>	**$8550 Med/Rx Combined**		**$8550 Med/Rx Combined**		**$8550 Med/Rx Combined**	
Pediatric Dental (Yes/No) =>	**Yes**		**Yes**		**Yes**	
Age Band	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**	**Non-Tobacco**	**Tobacco**
0 - 14	$233.23	$233.23	$251.88	$251.88	$237.89	$237.89
15	$253.96	$253.96	$274.27	$274.27	$259.04	$259.04
16	$261.88	$261.88	$282.83	$282.83	$267.12	$267.12
17	$269.81	$269.81	$291.39	$291.39	$275.21	$275.21
18	$278.35	$278.35	$300.61	$300.61	$283.91	$283.91
19	$286.88	$286.88	$309.83	$309.83	$292.62	$292.62
20	$295.72	$295.72	$319.38	$319.38	$301.64	$301.64
21	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
22	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
23	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
24	$304.87	$304.87	$329.26	$329.26	$310.97	$310.97
25	$306.09	$306.09	$330.58	$330.58	$312.21	$312.21
26	$312.19	$312.19	$337.16	$337.16	$318.43	$318.43
27	$319.50	$319.50	$345.06	$345.06	$325.89	$325.89
28	$331.39	$331.39	$357.91	$357.91	$338.02	$338.02
29	$341.15	$341.15	$368.44	$368.44	$347.97	$347.97
30	$346.03	$346.03	$373.71	$373.71	$352.95	$352.95
31	$353.34	$353.34	$381.61	$381.61	$360.41	$360.41
32	$360.66	$360.66	$389.51	$389.51	$367.87	$367.87
33	$365.23	$365.23	$394.45	$394.45	$372.54	$372.54
34	$370.11	$370.11	$399.72	$399.72	$377.51	$377.51
35	$372.55	$372.55	$402.36	$402.36	$380.00	$380.00
36	$374.99	$374.99	$404.99	$404.99	$382.49	$382.49
37	$377.43	$377.43	$407.62	$407.62	$384.98	$384.98
38	$379.87	$379.87	$410.26	$410.26	$387.47	$387.47
39	$384.75	$384.75	$415.53	$415.53	$392.44	$392.44
40	$389.62	$389.62	$420.79	$420.79	$397.42	$397.42
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45	$440.23	$440.23	$475.45	$475.45	$449.04	$449.04
46	$457.30	$457.30	$493.89	$493.89	$466.45	$466.45
47	$476.51	$476.51	$514.63	$514.63	$486.04	$486.04
48	$498.46	$498.46	$538.34	$538.34	$508.43	$508.43
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53	$621.93	$621.93	$671.69	$671.69	$634.37	$634.37
54	$650.90	$650.90	$702.97	$702.97	$663.92	$663.92
55	$679.86	$679.86	$734.25	$734.25	$693.46	$693.46
56	$711.26	$711.26	$768.16	$768.16	$725.49	$725.49
57	$742.97	$742.97	$802.41	$802.41	$757.83	$757.83
58	$776.81	$776.81	$838.95	$838.95	$792.34	$792.34
59	$793.58	$793.58	$857.06	$857.06	$809.45	$809.45
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62	$875.89	$875.89	$945.96	$945.96	$893.41	$893.41
63	$899.98	$899.98	$971.97	$971.97	$917.98	$917.98
64+	$914.60	$914.60	$987.77	$987.77	$932.90	$932.90

Keystone Health Plan Central (KHPC)
Small Group
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
53789PA0090004	Bronze HMO 8000/0/50	HMO	Bronze	Off	HMO	6,7,9	All

Company Name Keystone Health Plan Central (KHPC)
Market Small Group
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

					RATING AREA 6										RATING AREA 7				RATING AREA 9						
	02-01-2022 Number of Covered Lives by Rating County				0	0	29	0	0	12	5	2	3	0	2	18	15	6	1	12	0	0	0	4	0
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
53789PA0090004	Bronze HMO 8000/0/50	HMO	Bronze	Off	$304.87	$304.87	$304.87	$304.87	$304.87	$304.87	$304.87	$304.87	$304.87	$304.87	$329.26	$329.26	$329.26	$329.26	$310.97	$310.97	$310.97	$310.97	$310.97	$310.97	310.97

Unified Rate Review v5.4

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.

Company Legal Name:	Keystone Health Plan Central	State:	PA
HIOS Issuer ID:	53789	Market:	Small Group
Effective Date of Rate Change(s):	1/1/2023		

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2021 to 12/31/2021

	Total	PMPM
Allowed Claims	$335,656.39	$283.73
Reinsurance	$0.00	$0.00
Incurred Claims in Experience Period	$219,913.96	$185.90
Risk Adjustment	-$167,690.00	-$141.75
Experience Period Premium	$521,868.89	$441.14
Experience Period Member Months	1,183	

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	$0.00	1.047	0.990	1.046	0.990	$0.00
Outpatient Hospital	$107.37	1.050	1.000	1.049	1.000	$118.26
Professional	$110.13	1.080	1.010	1.069	1.010	$129.70
Other Medical	$7.26	1.050	0.990	1.049	0.990	$7.84
Capitation	$4.38	1.030	1.000	1.030	1.000	$4.65
Prescription Drug	$54.59	1.073	1.011	1.080	1.011	$64.66
Total	$283.73					**$325.11**

Morbidity Adjustment	0.620
Demographic Shift	1.000
Plan Design Changes	1.000
Other	0.990
Adjusted Trended EHB Allowed Claims PMPM for **1/1/2023**	**$199.55**

Manual EHB Allowed Claims PMPM	$475.57
Applied Credibility %	0.00%

		Projected Period Totals
Projected Index Rate for **1/1/2023**	**$475.57**	$587,804.52
Reinsurance	$0.00	$0.00
Risk Adjustment Payment/Charge	-$298.53	-$368,983.08
Exchange User Fees	0.00%	$0.00
Market Adjusted Index Rate	**$774.10**	**$956,787.60**

Projected Member Months	**1,236**

Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Product-Plan Data Collection

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

Company Legal Name:	**Keystone Health Plan Central**	State:	**PA**
HIOS Issuer ID:	**53789**	Market:	**Small Group**
Effective Date of Rate Change(s):	**1/1/2023**		

Product/Plan Level Calculations

Field #	**Section I: General Product and Plan Information**	
1.1	Product Name	HMO
1.2	Product ID	53789PA009
1.3	Plan Name	Bronze HMO
1.4	Plan ID (Standard Component ID)	53789PA0090004
1.5	Metal	Bronze
1.6	AV Metal Value	0.642
1.7	Plan Category	Renewing
1.8	Plan Type	HMO
1.9	Exchange Plan?	No
1.10	Effective Date of Proposed Rates	1/1/2023
1.11	Cumulative Rate Change % (over 12 mos prior)	8.44%
1.12	Product Rate Increase %	8.44%
1.13	Submission Level Rate Increase %	8.44%

Worksheet 1 Totals		**Section II: Experience Period and Current Plan Level Information**		
	2.1	Plan ID (Standard Component ID)	Total	53789PA0090004
$335,656	2.2	Allowed Claims	$335,656	$335,656
$0	2.3	Reinsurance	$0	$0
	2.4	Member Cost Sharing	$115,742	$115,742
	2.5	Cost Sharing Reduction	$0	$0
$219,914	2.6	Incurred Claims	$219,914	$219,914
-$167,690	2.7	Risk Adjustment Transfer Amount	-$167,690	-$167,690
$521,869	2.8	Premium	$521,869	$521,869
1,183	2.9	Experience Period Member Months	1,183	1,183
	2.10	Current Enrollment	109	109
	2.11	Current Premium PMPM	$472.75	$472.75
	2.12	Loss Ratio	62.09%	62.09%
		Per Member Per Month		
	2.13	Allowed Claims	$283.73	$283.73
	2.14	Reinsurance	$0.00	$0.00
	2.15	Member Cost Sharing	$97.84	$97.84
	2.16	Cost Sharing Reduction	$0.00	$0.00
	2.17	Incurred Claims	$185.90	$185.90
	2.18	Risk Adjustment Transfer Amount	-$141.75	-$141.75
	2.19	Premium	$441.14	$441.14

	Section III: Plan Adjustment Factors	
3.1	Plan ID (Standard Component ID)	53789PA0090004
3.2	Market Adjusted Index Rate	$774.10
3.3	AV and Cost Sharing Design of Plan	0.5185
3.4	Provider Network Adjustment	1.0000
3.5	Benefits in Addition to EHB	1.0000
	Administrative Costs	
3.6	Administrative Expense	14.96%
3.7	Taxes and Fees	0.62%
3.8	Profit & Risk Load	2.00%
3.9	Catastrophic Adjustment	1.0000
3.10	**Plan Adjusted Index Rate**	$486.98

3.11	Age Calibration Factor	0.6445	0.6445
3.12	Geographic Calibration Factor	0.9714	0.9714
3.13	Tobacco Calibration Factor	1.0000	1.0000
3.14	**Calibrated Plan Adjusted Index Rate**		$304.88

	Section IV: Projected Plan Level Information		
4.1	Plan ID (Standard Component ID)	Total	53789PA0090004
4.2	Allowed Claims	$587,807	$587,807
4.3	Reinsurance	$0	$0
4.4	Member Cost Sharing	$283,019	$283,019
4.5	Cost Sharing Reduction	$0	$0
4.6	Incurred Claims	$304,788	$304,788
4.7	Risk Adjustment Transfer Amount	-$191,326	-$191,326
4.8	Premium	$601,904	$601,904
4.9	Projected Member Months	1,236	1,236
4.10	Loss Ratio	74.23%	74.23%
	Per Member Per Month		
4.11	Allowed Claims	$475.57	$475.57
4.12	Reinsurance	$0.00	$0.00
4.13	Member Cost Sharing	$228.98	$228.98
4.14	Cost Sharing Reduction	$0.00	$0.00
4.15	Incurred Claims	$246.59	$246.59
4.16	Risk Adjustment Transfer Amount	-$154.79	-$154.79
4.17	Premium	$486.98	$486.98

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 6	1.0000
Rating Area 7	1.0800
Rating Area 9	1.0200

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM
Small Group Rates
Effective January 1, 2023

General Information

Company Information

- Company Legal Name: Keystone Health Plan Central
- State: PA
- HIOS Issuer ID: 53789
- Market: Small Group
- Effective Date: 1/1/2023

PID Company Information

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2023
- Average Rate Change: 8.4%
- Range of Requested Rate Change: 8.4% to 8.4%
- Total additional annual revenue generated from the proposed rate change: $48,787
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 109/87
- 2023 Number of Plans/Change from 2022: 1/No Changes
- Contract Form #: C23-KHPC-SGP
- Form Filing SERFF #: CABC-133252159
- Binder SERFF #: CABC-PA23-125113436
- HIOS Issuer ID: 53789

Company Contact Information

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

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital Blue Cross (Capital), submits rates for products to be made available to all small groups effective January 1, 2023. KHPC will offer small group products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF #	Annual Increase
Small Group	KHPC	1/1/2019	CABC-131455108	5.0%
Small Group	KHPC	1/1/2020	CABC-131921815	1.2%
Small Group	KHPC	7/1/2020	CABC-132294841	-2.1%
Small Group	KHPC	1/1/2021	CABC-132352804	-8.7%
Small Group	KHPC	10/1/2021	CABC-132750972	-7.3%
Small Group	KHPC	1/1/2022	CABC-132795960	4.6%

Average Rate Change

KHPC is proposing an aggregate annual 8.4% rate change, which varies by plan. The rate change is calculated in PA Rate Exhibits Part III, Table 10, cell AC15.

The key drivers of the rate change, and approximate impact, are as follows:

- Future cost and utilization: 6.0%
- Higher than average claim cost and utilization in 2021: 6%
- Expected morbidity improvement: -3%
    - COVID-19 becomes endemic
    - Pent-up demand subsides

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 40.

Benefit Changes 2022-2023

A summary of proposed 2023 benefits is included in Exhibit A.

There are benefit changes being implemented in 2023. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

Experience Period Premium and Claims

Single Risk Pool: The data used to develop rates and shown in URRT and PA Rate Exhibits abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered, non-transitional product/plan combination for KHPC in the small group market.

Base Experience Period: The base experience period (BEP) includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2021 and December 31, 2021.

Transitional membership is not included in PA Rate Exhibits Table 2 or URRT.

Paid Through Date: Claims in the BEP are paid through February 28, 2022

Premiums (net of MLR Rebate) in BEP: Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments are equal to zero as KHPC does not expect to refund any MLR rebates in the BEP.

Allowed and Incurred Claims in BEP:

- Allowed claims are developed by combining paid claims with member cost-sharing. Allowed claims meet the definition in the URR instructions. They do not include provider quality incentive payments.
- Incurred claims are net of HHS CSR payments (CSR does not apply to Small Group).
- Capital only covers Essential Health benefits (EHBs).
- KHPC includes capitated PCP and mental health services.
- Allowed and Incurred claims are net of pharmacy rebates. BEP rebates are completed based on actual utilization of rebate-eligible drugs and rebate amounts.

Estimated Incurred but Not Paid Claims: Paid claims by date of service come directly from Capital's data warehouse. The method for calculating incurred claims in the BEP is as follows:

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods.

Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.

4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims\ = \sum \frac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

$$BEP\ Allowed\ Claims = \sum \frac{BEP\ Paid\ Claims + BEP\ Member\ Cost\ Share\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

Risk Adjustment in BEP: Risk adjustment amounts in the BEP are equal to the amounts sent by the Department on 6/30/2022.

Loss Ratio in BEP: Loss ratio is 62.09%

<u>Credibility of Data</u>

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from Capital subsidiaries. Combining the experience is actuarially justifiable for several reasons:

1. The demographics of members buying PPO and other products are similar.
2. Cost and utilization between PPO and other products are similar.
3. Medical policy between PPO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO.

The credibility manual is the combination of KHPC, Capital Advantage Assurance Company (CAAC), and Capital Advantage Insurance Company (CAIC) data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2021 and December 31, 2021. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.24%

Trend levels reflect Capital's best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

The following is a description of considerations used to determine trend.

1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. Capital uses the following to project future costs:

    a. Vendor Physician Cost Model and Internal Hospital Contracting Model
        i. The medical cost models use best estimates of Capital Blue Cross (Capital)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the Capital book of business level for all commercial business.
    b. Internal Prescription Drug Trend Model
        i. Price Inflation
        ii. Contract Pricing
        iii. Member Cost-Sharing
        iv. Units per Script
        v. Brand/Generic Mix
        vi. Therapeutic Mix
        vii. Cost per Script
        viii. Pipeline (new drugs)

2. Utilization Considerations:
    a. Intensity of medical services rendered
    b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
    c. Further migration from brand prescription drugs to generic prescription drugs
    d. Favorable impacts of value based benefits designs
    e. Medical utilization estimates reviewed by Capital's Chief Medical Officer

3. Leveraging: The trend model is based on allowed cost increases. Paid claims trend at a higher rate than allowed due to leveraging. Leveraging is the impact of static cost-share, such as deductibles and copays, to the paid trend.

4. Intensity: Measure of cost increase due to change in treatment sophistication. An example is migration from x-rays to MRIs at significantly higher cost.

5. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. Capital strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

Historical Experience: Historical experience was not used to the develop trend.

Benefit Categories: Claims in the benefit categories displayed in URRT come directly from Capital's data warehouse. These same categories are used to develop category-level trend. See Exhibit C for a description of benefits by benefit category.

See Exhibit E for KHPC's pricing trend, as well as cost and utilization components of the pricing trend.

Rate Development & Change

Projection Factors

Changes in Morbidity: Found in URRT Worksheet 1, "Morbidity Adjustment", and PA Rate Exhibits, Table 5.

KHPC is applying a factor of 0.645 to reflect the difference is projected Plan Liability Risk Score (PLRS) between KHPC and its subsidiary, CAAC, which underwrites the vast majority of the BEP experience. This factor aligns the rates with similar benefits offered under CAAC.

The above factor is found in Exhibit Q, Morbidity Factor Calculation.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2021 to 2023. Benefit changes are applied in the development of future incurred claims, due to changes in member cost-share. This calculation is shown in Exhibit D, and applied in Exhibit G. The manual cost PMPMs are developed from Capital's internal benefit relativity model, discussed in the Plan Adjusted Index Rate section below. The benefit change is equal to member-month weighted average projected manual PMPM divided by member-month weighted average manual PMPM in the BEP. This process is further discussed in the Paid-to-Allowed section below.

Changes in Demographics: KHPC does not expect changes in demographics in its small group population.

Changes in Network: No Network change is applied.

Other Adjustments: No other adjustment is applied to the BEP.

Benefits, Demographics, Network and Other adjustments are found in URRT, Worksheet 1, and PA Rate Exhibits, Table 5.

Index Rate

The experience period index rate is KHPC's allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index.

Projected Allowed Claims: The KHPC experience period allowed claims, benefit-adjusted, trended to the projection period (See Projection Factors section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits.* This number is reflected in Worksheet 1 of URRT ("Projected Allowed Experience Claims PMPM (w/ applied credibility if applicable)").

To calculate the projected index rate:

1. Start with *Projected Allowed Claims at Current Benefits*
2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January – December.

See Exhibit J for the Index Rate.

Paid to Allowed Ratio

KHPC used the prescribed URRT allowed claim rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, KHPC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

1. Gather claims experience as described in the Data section above.
    a. Base Experience Period (BEP) Paid Claims, Capitation, and Rx Rebates
    b. BEP Member Months

2. Develop BEP *Paid and Incurred Claims*:

$$BEP\ Paid\ and\ Incurred\ Claims = \frac{BEP\ Paid\ Claims}{Completion\ Factor}$$

The development of completion factors is described in Experience Period Premium and Claims above.

3. Develop the *BEP Paid and Incurred Claim PMPM*:

$$BEP\ Paid\ and\ Incurred\ Claim\ PMPM = \frac{BEP\ Paid\ and\ Incurred\ Claims}{BEP\ Member\ Months}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the Projection Factors section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

$$Trended\ Claim\ PMPM = [BEP\ Paid\ and\ Incurred\ Claim\ PMPM] \times (1 + [Trend\%])^{Trend\ Months/12}$$

5. Develop *Projected Paid and Incurred Claim PMPM*:

$$Projected\ Paid\ and\ Incurred\ Claims\ PMPM = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \times [Morbidity\ Adjustment] \times [Other\ Adjustment]$$

The *Benefit Adjustment*, *Morbidity Adjustment*, and *Other Adjustment* are discussed in the Projections Factors section above.

6. Develop *Projected Claims PMPM by Benefit* as follows:

   a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
   b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$Benefit\ Level\ Adjustment = \frac{Average\ Manual\ Cost\ in\ Projection\ Period}{Manual\ Cost\ of\ Base\ Plan}$$

c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

$$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$$

d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$Benefit\ Relativity\ A = \frac{Manual\ Cost\ of\ Benefit\ A}{Manual\ Cost\ of\ Base\ Plan}$$

e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:

   i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a 2000 plan and 1000 plan must be less than $1000.

   ii. Adjustments for plan designs that fall outside of the actuarial cost model.

a. So the *Projected Claims PMPM by Benefit* is:

$$\begin{aligned} &Projected\ Claims\ PMPM\ Benefit\ A \\ &\quad = Projected\ Claims\ PMPM\ Base\ Plan \\ &\quad \times Pricing\ Relativity\ A \end{aligned}$$

b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in the projection period. The *Total Projected Claims PMPM* :

$$\begin{aligned} = &Projected\ Claims\ PMPM\ Benefit\ A\ \times Expected\ Member\ Dist\ of\ Benefit\ A \\ &+ Projected\ Claims\ PMPM\ Benefit\ B \\ &\times Expected\ Member\ Dis\ of\ Benefit\ B + \cdots \end{aligned}$$

7. The Paid-To-Allowed Ratio is then:

$$Paid\ to\ Allowed\ Ratio = \frac{Total\ Projected\ Claims\ PMPM}{Projected\ Allowed\ Claims\ at\ Current\ Benefits}$$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*. And see Exhibit L for the plan-level projected incurred amount development.

Market Adjusted Index Rate

The Market Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR Part 156.80(d)(1). So,

$$\begin{aligned}[Market\ Adjusted\ Index\ Rate] \\ &= ([Index\ Rate]\ x\ [Paid\ to\ Allowed\ Ratio] \\ &- [Projected\ Incurred\ Reinsurace\ Recoveries] \\ &- [Projected\ Incurred\ Risk\ Adjustment\ PMPM] \\ &+ [Exchange\ Fees\ PMPM]) \div [Paid\ to\ Allowed\ Ratio]\end{aligned}$$

Projected Incurred Risk Adjustments PMPM:

Relevant to 2023 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2023. The following items are those that we deem important in generating a CRA payment transfer adjustment:

1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
2. Statewide average premiums
3. Current market penetration of this company and competitors in the market and in the state
4. 2020-2021 risk adjustment results
5. Market improvement in coding risk: Capital's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging. Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is believed that Capital is disadvantaged in the market. This will drive Capital's relative risk to the market down over time.

The 2023 projected risk adjustment PMPM is set equal to the 2021 amount sent by the Department on 6/30/22.

Projected Incurred Reinsurance Recoveries:

Reinsurance does not apply to the small group market.

Exchange Fee PMPM:

KHPC only offers off-exchange plans in the small group market, so the exchange fee is $0.

The exchange fee PMPM is calculated as:

$$Exchange\ Fee\ PMPM = [Avg\ 2023\ On - Exchange\ Premium\ PMPM] \times [\%\ Members\ On - Exchange]$$

Where

$$[Avg\ 2023\ On - Exchange\ Premium\ PMPM = [Avg\ 2022\ On - Exchange\ Premium\ PMPM\ \times (1 + [Avg\ Proposed\ Rate\ Change])$$

See Exhibit K for the development of the Market Adjusted Index Rate.

<u>Retention Items</u>

Administrative Expense Load:

1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of $0.22 PMPM. The Risk Adjustment Fee PMPM is included in URRT Worksheet 1, URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
2. Administrative Expense: Calculated using an allocation method from Capital's Finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to Capital small group products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.
    a. Value-Based Benefits (VBB): Standard with each plan, Capital Blue Cross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
        i. Complete biometric screening and receive a gift card.
        ii. Meeting biometric measure or finish online coaching program and receive a gift card reward.
        iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
        iv. Fees are included in overall administrative expense fee discussed above.
        v. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
3. Broker Expense: Calculated based on Capital's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate

Exhibits Table 6. Brokers are paid on new business and renewals the same commission rate for all geographic locations, enrollment dates, and metal levels. Attached please find the proposed 2023 broker agreements – redacted versions. Files are as follows:

   a. Redacted Standard Producer Master Agreement: "SG_22-68_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20220518.pdf"
   b. Redacted Preferred Producer Master Agreement: "SG_22-68_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20220518.pdf"

4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.0%. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

Profit (or Contribution to Surplus) & Risk Margin:

5. Contingency: Contingency is included in URRT Worksheet 2, "Profit & Risk Load" and PA Rate Exhibits Table 6.

Taxes and Fees:

1. Exchange Fee: N/A
2. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, "Taxes and Fees", and PA Rate Exhibits, Table 6.

See Exhibit H as well as PA Rate Exhibits Table 6 for all retention values.

Plan Rate Development

The Plan Adjusted Index Rates are included in Worksheet 2, Section IV of URRT.

The following adjustments were used to derive the Plan Adjusted Index Rate:

1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC's actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
2. Induced Demand: Induced Demand: Induced Demand: Please see Table 8. Induced Demand is calculated as:

$$[Pricing\ AV]^2 - [Pricing\ AV] + 1.24$$

Where *Pricing AV* is adjusted by the Non-Funding of CSR factor: PA Rate Exhibits, Table 10, column K x column P.

3. Provider Network: The Provider network is the same across all HMO plans.
4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
5. Adjustment for distribution and administrative costs: Described in Retention Items section above.
6. Tobacco Adjustment: Not applied to Small Group plans.

The development of the Plan Adjusted Index rate is found in Exhibit L, and summarized in Exhibit M.

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current small group enrollment by age in Capital. Age factors are applied in accordance with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater than three children under the age of 21. Please see file SG_22-68_Initial_KHP_HMO_List-Billed_Supporting_20220518.xlsb for the calculation.

Geographic Factor Calibration: The average geographic rating factor is calculated by taking the Capital member-weighted average by region.

Geographic factors are unchanged from 2022.

Tobacco Factor Calibration: Tobacco factor not applied.

The calibration is:

$$[Calibrated\ Plan\ Adjusted\ Index\ Rate] = [Plan\ Adjusted\ Index\ Rate] \div ([Age\ Curve\ Calibration] \times [Geographic\ Factor\ Calibration]\ x\ [Tobacco\ Factor])$$

Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10.

The calibration factors and development are found on Exhibit N.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

$$[Member - Level\ Consumer\ Adjusted\ Premium\ Rate] = [Calibrated\ Plan\ Adjusted\ Index\ Rate] \times [Age\ Factor] \times [Geographic\ Factor] \times [Tobacco\ Factor]$$

2. $[Family\ Consumer\ Adjusted\ Premium\ Rate] = \sum[Member - Level\ Consumer\ Adjusted\ Premium\ Rate]$
   With no more than three child dependents under age 21 taken into account

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. Age and Geographic factors are displayed in Exhibits O.

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

AV Metal Values

The AV Metal Values included in URRT Worksheet 2 and PA Rate Exhibits, Table 10 were based on the federally issued AV Calculator.

See AV Screenshots included with the submission:
SG_22-68_Initial_KHP_HMO_AVScreenPrints_Supporting_CONF_20220518

AV Pricing Values

All AV Pricing values were developed using Capital's actuarial cost model and actuarial judgment as described in section Paid to Allowed above. Differences in health status are not included.

Projected Loss Ratio

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

Membership Projection

The membership projections found in Worksheet 2 of URRT were developed by assuming that moderate decline in enrollment and similar distribution to current.

Projected versus Actual MLR

Exhibit R shows a history of projected versus actual MLR and Member Months. Projected comes from the 2018-2020 filings. Actual comes from Table 4.

	MLR		Member Months	
Calendar Year	Actual	Pricing	Actual	Pricing
2018	83.51%	79.65%	3,985	11,580
2019	87.83%	81.67%	1,145	1,514
2020	85.83%	80.33%	888	1,140

Claim Cost Projection

Exhibit S shows a history of claim cost projection versus actual from 2018-2021 filings.

Attachments and Examples

The following is a list of Exhibits and Data to support this filing:

PA Rate Exhibits Part I through Part V

Table B

Exhibit A – Benefit Summary
Exhibit B – Benefit Change Summary
Exhibit C – Benefit Categories
Exhibit D – Benefit Mix
Exhibit E – Trend
Exhibit F – URRT
Exhibit G – Paid-to-Allowed Development
Exhibit H – Retention
Exhibit I – Projected Loss Ratio
Exhibit J – Index Rate
Exhibit K – Market Adjusted Index Rate
Exhibit L – Rate Development by Plan
Exhibit M – Plan Adjusted Index Rates
Exhibit N – Calibration
Exhibit O – Rating Factors
Exhibit P – Quarterly Base Rates
Exhibit Q – Morbidity Factor
Exhibit R – MLR Exhibit
Exhibit S – Claim Cost Projection

Broker Contracts
Actuarial Value Screenshots
List-Billed Data

Actuarial Statement

I, [redacted] ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

I, [redacted], ASA, MAAA, do hereby certify that:

1. This filing has been prepared in accordance with the following:

a. Actuarial Standard of Practice No. 5, “Health and Disability Claims”
b. Actuarial Standard of Practice No. 8, “Regulatory Filings for Rates and Financial Projections for Health Plans”
c. Actuarial Standard of Practice No. 12, “Risk Classification”
d. Actuarial Standard of Practice No. 23, “Data Quality”
e. Actuarial Standard of Practice No. 25, “Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage”
f. Actuarial Standard of Practice No. 26, “Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans”
g. Actuarial Standard of Practice No. 41, “Actuarial Communications”.

2. The index rate is:
    a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
    b. Developed in compliance with the applicable Actuarial Standards of Practice.
    c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
    d. Neither excessive nor deficient.
    e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.

3. The percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice.

4. 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, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, 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 benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.

    a. 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 methods.

5. Geographic area rating factors reflect only differences in the costs of delivery and not differences due to population morbidity.

6. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.

7. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.

8. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2023 Rate Filing Justification.

[redacted]

[redacted], ASA, MAAA
Actuarial Associate
Capital Blue Cross

2023 Rates Table Template v12.0

All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.

If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.

If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.

If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.

To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.

HIOS Issuer ID*	53789
Rate Effective Date*	1/1/2023
Rate Expiration Date*	3/31/2023
Rating Method*	Age-Based Rates

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	233.23
53789PA0090004	Rating Area 6	No Preference	15	253.96
53789PA0090004	Rating Area 6	No Preference	16	261.88
53789PA0090004	Rating Area 6	No Preference	17	269.81
53789PA0090004	Rating Area 6	No Preference	18	278.35
53789PA0090004	Rating Area 6	No Preference	19	286.88
53789PA0090004	Rating Area 6	No Preference	20	295.72
53789PA0090004	Rating Area 6	No Preference	21	304.87
53789PA0090004	Rating Area 6	No Preference	22	304.87
53789PA0090004	Rating Area 6	No Preference	23	304.87
53789PA0090004	Rating Area 6	No Preference	24	304.87
53789PA0090004	Rating Area 6	No Preference	25	306.09
53789PA0090004	Rating Area 6	No Preference	26	312.19
53789PA0090004	Rating Area 6	No Preference	27	319.50
53789PA0090004	Rating Area 6	No Preference	28	331.39
53789PA0090004	Rating Area 6	No Preference	29	341.15
53789PA0090004	Rating Area 6	No Preference	30	346.03
53789PA0090004	Rating Area 6	No Preference	31	353.34
53789PA0090004	Rating Area 6	No Preference	32	360.66
53789PA0090004	Rating Area 6	No Preference	33	365.23
53789PA0090004	Rating Area 6	No Preference	34	370.11
53789PA0090004	Rating Area 6	No Preference	35	372.55
53789PA0090004	Rating Area 6	No Preference	36	374.99
53789PA0090004	Rating Area 6	No Preference	37	377.43
53789PA0090004	Rating Area 6	No Preference	38	379.87
53789PA0090004	Rating Area 6	No Preference	39	384.75
53789PA0090004	Rating Area 6	No Preference	40	389.62
53789PA0090004	Rating Area 6	No Preference	41	396.94
53789PA0090004	Rating Area 6	No Preference	42	403.95
53789PA0090004	Rating Area 6	No Preference	43	413.71
53789PA0090004	Rating Area 6	No Preference	44	425.90
53789PA0090004	Rating Area 6	No Preference	45	440.23
53789PA0090004	Rating Area 6	No Preference	46	457.30
53789PA0090004	Rating Area 6	No Preference	47	476.51
53789PA0090004	Rating Area 6	No Preference	48	498.46
53789PA0090004	Rating Area 6	No Preference	49	520.11
53789PA0090004	Rating Area 6	No Preference	50	544.50
53789PA0090004	Rating Area 6	No Preference	51	568.58
53789PA0090004	Rating Area 6	No Preference	52	595.11
53789PA0090004	Rating Area 6	No Preference	53	621.93
53789PA0090004	Rating Area 6	No Preference	54	650.90
53789PA0090004	Rating Area 6	No Preference	55	679.86
53789PA0090004	Rating Area 6	No Preference	56	711.26
53789PA0090004	Rating Area 6	No Preference	57	742.97
53789PA0090004	Rating Area 6	No Preference	58	776.81
53789PA0090004	Rating Area 6	No Preference	59	793.58
53789PA0090004	Rating Area 6	No Preference	60	827.42
53789PA0090004	Rating Area 6	No Preference	61	856.68
53789PA0090004	Rating Area 6	No Preference	62	875.89
53789PA0090004	Rating Area 6	No Preference	63	899.98
53789PA0090004	Rating Area 6	No Preference	64 and over	914.60
53789PA0090004	Rating Area 7	No Preference	0-14	251.88
53789PA0090004	Rating Area 7	No Preference	15	274.27
53789PA0090004	Rating Area 7	No Preference	16	282.83
53789PA0090004	Rating Area 7	No Preference	17	291.39
53789PA0090004	Rating Area 7	No Preference	18	300.61
53789PA0090004	Rating Area 7	No Preference	19	309.83
53789PA0090004	Rating Area 7	No Preference	20	319.38
53789PA0090004	Rating Area 7	No Preference	21	329.26
53789PA0090004	Rating Area 7	No Preference	22	329.26
53789PA0090004	Rating Area 7	No Preference	23	329.26
53789PA0090004	Rating Area 7	No Preference	24	329.26
53789PA0090004	Rating Area 7	No Preference	25	330.58
53789PA0090004	Rating Area 7	No Preference	26	337.16
53789PA0090004	Rating Area 7	No Preference	27	345.06
53789PA0090004	Rating Area 7	No Preference	28	357.91
53789PA0090004	Rating Area 7	No Preference	29	368.44
53789PA0090004	Rating Area 7	No Preference	30	373.71
53789PA0090004	Rating Area 7	No Preference	31	381.61
53789PA0090004	Rating Area 7	No Preference	32	389.51
53789PA0090004	Rating Area 7	No Preference	33	394.45
53789PA0090004	Rating Area 7	No Preference	34	399.72
53789PA0090004	Rating Area 7	No Preference	35	402.36
53789PA0090004	Rating Area 7	No Preference	36	404.99
53789PA0090004	Rating Area 7	No Preference	37	407.62
53789PA0090004	Rating Area 7	No Preference	38	410.26
53789PA0090004	Rating Area 7	No Preference	39	415.53
53789PA0090004	Rating Area 7	No Preference	40	420.79
53789PA0090004	Rating Area 7	No Preference	41	428.70
53789PA0090004	Rating Area 7	No Preference	42	436.27
53789PA0090004	Rating Area 7	No Preference	43	446.81
53789PA0090004	Rating Area 7	No Preference	44	459.98
53789PA0090004	Rating Area 7	No Preference	45	475.45
53789PA0090004	Rating Area 7	No Preference	46	493.89
53789PA0090004	Rating Area 7	No Preference	47	514.63
53789PA0090004	Rating Area 7	No Preference	48	538.34
53789PA0090004	Rating Area 7	No Preference	49	561.72
53789PA0090004	Rating Area 7	No Preference	50	588.06
53789PA0090004	Rating Area 7	No Preference	51	614.07
53789PA0090004	Rating Area 7	No Preference	52	642.71
53789PA0090004	Rating Area 7	No Preference	53	671.69
53789PA0090004	Rating Area 7	No Preference	54	702.97
53789PA0090004	Rating Area 7	No Preference	55	734.25

53789PA0090004	Rating Area 7	No Preference	56	768.16
53789PA0090004	Rating Area 7	No Preference	57	802.41
53789PA0090004	Rating Area 7	No Preference	58	838.95
53789PA0090004	Rating Area 7	No Preference	59	857.06
53789PA0090004	Rating Area 7	No Preference	60	893.61
53789PA0090004	Rating Area 7	No Preference	61	925.22
53789PA0090004	Rating Area 7	No Preference	62	945.96
53789PA0090004	Rating Area 7	No Preference	63	971.97
53789PA0090004	Rating Area 7	No Preference	64 and over	987.77
53789PA0090004	Rating Area 9	No Preference	0-14	237.89
53789PA0090004	Rating Area 9	No Preference	15	259.04
53789PA0090004	Rating Area 9	No Preference	16	267.12
53789PA0090004	Rating Area 9	No Preference	17	275.21
53789PA0090004	Rating Area 9	No Preference	18	283.91
53789PA0090004	Rating Area 9	No Preference	19	292.62
53789PA0090004	Rating Area 9	No Preference	20	301.64
53789PA0090004	Rating Area 9	No Preference	21	310.97
53789PA0090004	Rating Area 9	No Preference	22	310.97
53789PA0090004	Rating Area 9	No Preference	23	310.97
53789PA0090004	Rating Area 9	No Preference	24	310.97
53789PA0090004	Rating Area 9	No Preference	25	312.21
53789PA0090004	Rating Area 9	No Preference	26	318.43
53789PA0090004	Rating Area 9	No Preference	27	325.89
53789PA0090004	Rating Area 9	No Preference	28	338.02
53789PA0090004	Rating Area 9	No Preference	29	347.97
53789PA0090004	Rating Area 9	No Preference	30	352.95
53789PA0090004	Rating Area 9	No Preference	31	360.41
53789PA0090004	Rating Area 9	No Preference	32	367.87
53789PA0090004	Rating Area 9	No Preference	33	372.54
53789PA0090004	Rating Area 9	No Preference	34	377.51
53789PA0090004	Rating Area 9	No Preference	35	380.00
53789PA0090004	Rating Area 9	No Preference	36	382.49
53789PA0090004	Rating Area 9	No Preference	37	384.98
53789PA0090004	Rating Area 9	No Preference	38	387.47
53789PA0090004	Rating Area 9	No Preference	39	392.44
53789PA0090004	Rating Area 9	No Preference	40	397.42
53789PA0090004	Rating Area 9	No Preference	41	404.88
53789PA0090004	Rating Area 9	No Preference	42	412.03
53789PA0090004	Rating Area 9	No Preference	43	421.98
53789PA0090004	Rating Area 9	No Preference	44	434.42
53789PA0090004	Rating Area 9	No Preference	45	449.04
53789PA0090004	Rating Area 9	No Preference	46	466.45
53789PA0090004	Rating Area 9	No Preference	47	486.04
53789PA0090004	Rating Area 9	No Preference	48	508.43
53789PA0090004	Rating Area 9	No Preference	49	530.51
53789PA0090004	Rating Area 9	No Preference	50	555.39
53789PA0090004	Rating Area 9	No Preference	51	579.95
53789PA0090004	Rating Area 9	No Preference	52	607.01
53789PA0090004	Rating Area 9	No Preference	53	634.37
53789PA0090004	Rating Area 9	No Preference	54	663.92
53789PA0090004	Rating Area 9	No Preference	55	693.46
53789PA0090004	Rating Area 9	No Preference	56	725.49
53789PA0090004	Rating Area 9	No Preference	57	757.83
53789PA0090004	Rating Area 9	No Preference	58	792.34
53789PA0090004	Rating Area 9	No Preference	59	809.45
53789PA0090004	Rating Area 9	No Preference	60	843.97
53789PA0090004	Rating Area 9	No Preference	61	873.82
53789PA0090004	Rating Area 9	No Preference	62	893.41
53789PA0090004	Rating Area 9	No Preference	63	917.98
53789PA0090004	Rating Area 9	No Preference	64 and over	932.90

2023 Rates Table Template v12.0

All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.
If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.
If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.
If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.
To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.

HIOS Issuer ID*	53789
Rate Effective Date*	4/1/2023
Rate Expiration Date*	6/30/2023
Rating Method*	Age-Based Rates

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	236.78
53789PA0090004	Rating Area 6	No Preference	15	257.83
53789PA0090004	Rating Area 6	No Preference	16	265.88
53789PA0090004	Rating Area 6	No Preference	17	273.93
53789PA0090004	Rating Area 6	No Preference	18	282.59
53789PA0090004	Rating Area 6	No Preference	19	291.26
53789PA0090004	Rating Area 6	No Preference	20	300.23
53789PA0090004	Rating Area 6	No Preference	21	309.52
53789PA0090004	Rating Area 6	No Preference	22	309.52
53789PA0090004	Rating Area 6	No Preference	23	309.52
53789PA0090004	Rating Area 6	No Preference	24	309.52
53789PA0090004	Rating Area 6	No Preference	25	310.76
53789PA0090004	Rating Area 6	No Preference	26	316.95
53789PA0090004	Rating Area 6	No Preference	27	324.38
53789PA0090004	Rating Area 6	No Preference	28	336.45
53789PA0090004	Rating Area 6	No Preference	29	346.35
53789PA0090004	Rating Area 6	No Preference	30	351.31
53789PA0090004	Rating Area 6	No Preference	31	358.73
53789PA0090004	Rating Area 6	No Preference	32	366.16
53789PA0090004	Rating Area 6	No Preference	33	370.80
53789PA0090004	Rating Area 6	No Preference	34	375.76
53789PA0090004	Rating Area 6	No Preference	35	378.23
53789PA0090004	Rating Area 6	No Preference	36	380.71
53789PA0090004	Rating Area 6	No Preference	37	383.19
53789PA0090004	Rating Area 6	No Preference	38	385.66
53789PA0090004	Rating Area 6	No Preference	39	390.61
53789PA0090004	Rating Area 6	No Preference	40	395.57
53789PA0090004	Rating Area 6	No Preference	41	403.00
53789PA0090004	Rating Area 6	No Preference	42	410.11
53789PA0090004	Rating Area 6	No Preference	43	420.02
53789PA0090004	Rating Area 6	No Preference	44	432.40
53789PA0090004	Rating Area 6	No Preference	45	446.95
53789PA0090004	Rating Area 6	No Preference	46	464.28
53789PA0090004	Rating Area 6	No Preference	47	483.78
53789PA0090004	Rating Area 6	No Preference	48	506.07
53789PA0090004	Rating Area 6	No Preference	49	528.04
53789PA0090004	Rating Area 6	No Preference	50	552.80
53789PA0090004	Rating Area 6	No Preference	51	577.25
53789PA0090004	Rating Area 6	No Preference	52	604.18
53789PA0090004	Rating Area 6	No Preference	53	631.42
53789PA0090004	Rating Area 6	No Preference	54	660.83
53789PA0090004	Rating Area 6	No Preference	55	690.23
53789PA0090004	Rating Area 6	No Preference	56	722.11
53789PA0090004	Rating Area 6	No Preference	57	754.30
53789PA0090004	Rating Area 6	No Preference	58	788.66
53789PA0090004	Rating Area 6	No Preference	59	805.68
53789PA0090004	Rating Area 6	No Preference	60	840.04
53789PA0090004	Rating Area 6	No Preference	61	869.75
53789PA0090004	Rating Area 6	No Preference	62	889.25
53789PA0090004	Rating Area 6	No Preference	63	913.70
53789PA0090004	Rating Area 6	No Preference	64 and over	928.55
53789PA0090004	Rating Area 7	No Preference	0-14	255.73
53789PA0090004	Rating Area 7	No Preference	15	278.46
53789PA0090004	Rating Area 7	No Preference	16	287.15
53789PA0090004	Rating Area 7	No Preference	17	295.84
53789PA0090004	Rating Area 7	No Preference	18	305.20
53789PA0090004	Rating Area 7	No Preference	19	314.56
53789PA0090004	Rating Area 7	No Preference	20	324.25
53789PA0090004	Rating Area 7	No Preference	21	334.28
53789PA0090004	Rating Area 7	No Preference	22	334.28
53789PA0090004	Rating Area 7	No Preference	23	334.28
53789PA0090004	Rating Area 7	No Preference	24	334.28
53789PA0090004	Rating Area 7	No Preference	25	335.62
53789PA0090004	Rating Area 7	No Preference	26	342.30
53789PA0090004	Rating Area 7	No Preference	27	350.33
53789PA0090004	Rating Area 7	No Preference	28	363.36
53789PA0090004	Rating Area 7	No Preference	29	374.06
53789PA0090004	Rating Area 7	No Preference	30	379.41
53789PA0090004	Rating Area 7	No Preference	31	387.43
53789PA0090004	Rating Area 7	No Preference	32	395.46
53789PA0090004	Rating Area 7	No Preference	33	400.47
53789PA0090004	Rating Area 7	No Preference	34	405.82
53789PA0090004	Rating Area 7	No Preference	35	408.49
53789PA0090004	Rating Area 7	No Preference	36	411.17
53789PA0090004	Rating Area 7	No Preference	37	413.84
53789PA0090004	Rating Area 7	No Preference	38	416.51
53789PA0090004	Rating Area 7	No Preference	39	421.86
53789PA0090004	Rating Area 7	No Preference	40	427.21
53789PA0090004	Rating Area 7	No Preference	41	435.23
53789PA0090004	Rating Area 7	No Preference	42	442.92
53789PA0090004	Rating Area 7	No Preference	43	453.62
53789PA0090004	Rating Area 7	No Preference	44	466.99
53789PA0090004	Rating Area 7	No Preference	45	482.70
53789PA0090004	Rating Area 7	No Preference	46	501.42
53789PA0090004	Rating Area 7	No Preference	47	522.48
53789PA0090004	Rating Area 7	No Preference	48	546.55
53789PA0090004	Rating Area 7	No Preference	49	570.28
53789PA0090004	Rating Area 7	No Preference	50	597.03
53789PA0090004	Rating Area 7	No Preference	51	623.44
53789PA0090004	Rating Area 7	No Preference	52	652.52
53789PA0090004	Rating Area 7	No Preference	53	681.93
53789PA0090004	Rating Area 7	No Preference	54	713.69
53789PA0090004	Rating Area 7	No Preference	55	745.45

53789PA0090004	Rating Area 7	No Preference	56	779.88
53789PA0090004	Rating Area 7	No Preference	57	814.64
53789PA0090004	Rating Area 7	No Preference	58	851.75
53789PA0090004	Rating Area 7	No Preference	59	870.14
53789PA0090004	Rating Area 7	No Preference	60	907.24
53789PA0090004	Rating Area 7	No Preference	61	939.33
53789PA0090004	Rating Area 7	No Preference	62	960.39
53789PA0090004	Rating Area 7	No Preference	63	986.80
53789PA0090004	Rating Area 7	No Preference	64 and over	1002.83
53789PA0090004	Rating Area 9	No Preference	0-14	241.52
53789PA0090004	Rating Area 9	No Preference	15	262.99
53789PA0090004	Rating Area 9	No Preference	16	271.20
53789PA0090004	Rating Area 9	No Preference	17	279.40
53789PA0090004	Rating Area 9	No Preference	18	288.24
53789PA0090004	Rating Area 9	No Preference	19	297.08
53789PA0090004	Rating Area 9	No Preference	20	306.24
53789PA0090004	Rating Area 9	No Preference	21	315.71
53789PA0090004	Rating Area 9	No Preference	22	315.71
53789PA0090004	Rating Area 9	No Preference	23	315.71
53789PA0090004	Rating Area 9	No Preference	24	315.71
53789PA0090004	Rating Area 9	No Preference	25	316.97
53789PA0090004	Rating Area 9	No Preference	26	323.29
53789PA0090004	Rating Area 9	No Preference	27	330.86
53789PA0090004	Rating Area 9	No Preference	28	343.18
53789PA0090004	Rating Area 9	No Preference	29	353.28
53789PA0090004	Rating Area 9	No Preference	30	358.33
53789PA0090004	Rating Area 9	No Preference	31	365.91
53789PA0090004	Rating Area 9	No Preference	32	373.49
53789PA0090004	Rating Area 9	No Preference	33	378.22
53789PA0090004	Rating Area 9	No Preference	34	383.27
53789PA0090004	Rating Area 9	No Preference	35	385.80
53789PA0090004	Rating Area 9	No Preference	36	388.32
53789PA0090004	Rating Area 9	No Preference	37	390.85
53789PA0090004	Rating Area 9	No Preference	38	393.38
53789PA0090004	Rating Area 9	No Preference	39	398.43
53789PA0090004	Rating Area 9	No Preference	40	403.48
53789PA0090004	Rating Area 9	No Preference	41	411.05
53789PA0090004	Rating Area 9	No Preference	42	418.32
53789PA0090004	Rating Area 9	No Preference	43	428.42
53789PA0090004	Rating Area 9	No Preference	44	441.05
53789PA0090004	Rating Area 9	No Preference	45	455.89
53789PA0090004	Rating Area 9	No Preference	46	473.57
53789PA0090004	Rating Area 9	No Preference	47	493.46
53789PA0090004	Rating Area 9	No Preference	48	516.19
53789PA0090004	Rating Area 9	No Preference	49	538.60
53789PA0090004	Rating Area 9	No Preference	50	563.86
53789PA0090004	Rating Area 9	No Preference	51	588.80
53789PA0090004	Rating Area 9	No Preference	52	616.27
53789PA0090004	Rating Area 9	No Preference	53	644.05
53789PA0090004	Rating Area 9	No Preference	54	674.04
53789PA0090004	Rating Area 9	No Preference	55	704.03
53789PA0090004	Rating Area 9	No Preference	56	736.55
53789PA0090004	Rating Area 9	No Preference	57	769.39
53789PA0090004	Rating Area 9	No Preference	58	804.43
53789PA0090004	Rating Area 9	No Preference	59	821.79
53789PA0090004	Rating Area 9	No Preference	60	856.84
53789PA0090004	Rating Area 9	No Preference	61	887.15
53789PA0090004	Rating Area 9	No Preference	62	907.04
53789PA0090004	Rating Area 9	No Preference	63	931.98
53789PA0090004	Rating Area 9	No Preference	64 and over	947.12

2023 Rates Table Template v12.0

All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.

If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.

If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.

If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.

To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.

HIOS Issuer ID*	53789
Rate Effective Date*	7/1/2023
Rate Expiration Date*	9/30/2023
Rating Method*	Age-Based Rates

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	240.39
53789PA0090004	Rating Area 6	No Preference	15	261.76
53789PA0090004	Rating Area 6	No Preference	16	269.93
53789PA0090004	Rating Area 6	No Preference	17	278.10
53789PA0090004	Rating Area 6	No Preference	18	286.90
53789PA0090004	Rating Area 6	No Preference	19	295.70
53789PA0090004	Rating Area 6	No Preference	20	304.81
53789PA0090004	Rating Area 6	No Preference	21	314.24
53789PA0090004	Rating Area 6	No Preference	22	314.24
53789PA0090004	Rating Area 6	No Preference	23	314.24
53789PA0090004	Rating Area 6	No Preference	24	314.24
53789PA0090004	Rating Area 6	No Preference	25	315.50
53789PA0090004	Rating Area 6	No Preference	26	321.78
53789PA0090004	Rating Area 6	No Preference	27	329.32
53789PA0090004	Rating Area 6	No Preference	28	341.58
53789PA0090004	Rating Area 6	No Preference	29	351.63
53789PA0090004	Rating Area 6	No Preference	30	356.66
53789PA0090004	Rating Area 6	No Preference	31	364.20
53789PA0090004	Rating Area 6	No Preference	32	371.75
53789PA0090004	Rating Area 6	No Preference	33	376.46
53789PA0090004	Rating Area 6	No Preference	34	381.49
53789PA0090004	Rating Area 6	No Preference	35	384.00
53789PA0090004	Rating Area 6	No Preference	36	386.52
53789PA0090004	Rating Area 6	No Preference	37	389.03
53789PA0090004	Rating Area 6	No Preference	38	391.54
53789PA0090004	Rating Area 6	No Preference	39	396.57
53789PA0090004	Rating Area 6	No Preference	40	401.60
53789PA0090004	Rating Area 6	No Preference	41	409.14
53789PA0090004	Rating Area 6	No Preference	42	416.37
53789PA0090004	Rating Area 6	No Preference	43	426.42
53789PA0090004	Rating Area 6	No Preference	44	438.99
53789PA0090004	Rating Area 6	No Preference	45	453.76
53789PA0090004	Rating Area 6	No Preference	46	471.36
53789PA0090004	Rating Area 6	No Preference	47	491.16
53789PA0090004	Rating Area 6	No Preference	48	513.78
53789PA0090004	Rating Area 6	No Preference	49	536.09
53789PA0090004	Rating Area 6	No Preference	50	561.23
53789PA0090004	Rating Area 6	No Preference	51	586.06
53789PA0090004	Rating Area 6	No Preference	52	613.40
53789PA0090004	Rating Area 6	No Preference	53	641.05
53789PA0090004	Rating Area 6	No Preference	54	670.90
53789PA0090004	Rating Area 6	No Preference	55	700.76
53789PA0090004	Rating Area 6	No Preference	56	733.12
53789PA0090004	Rating Area 6	No Preference	57	765.80
53789PA0090004	Rating Area 6	No Preference	58	800.68
53789PA0090004	Rating Area 6	No Preference	59	817.97
53789PA0090004	Rating Area 6	No Preference	60	852.85
53789PA0090004	Rating Area 6	No Preference	61	883.01
53789PA0090004	Rating Area 6	No Preference	62	902.81
53789PA0090004	Rating Area 6	No Preference	63	927.64
53789PA0090004	Rating Area 6	No Preference	64 and over	942.71
53789PA0090004	Rating Area 7	No Preference	0-14	259.63
53789PA0090004	Rating Area 7	No Preference	15	282.70
53789PA0090004	Rating Area 7	No Preference	16	291.53
53789PA0090004	Rating Area 7	No Preference	17	300.35
53789PA0090004	Rating Area 7	No Preference	18	309.85
53789PA0090004	Rating Area 7	No Preference	19	319.36
53789PA0090004	Rating Area 7	No Preference	20	329.20
53789PA0090004	Rating Area 7	No Preference	21	339.38
53789PA0090004	Rating Area 7	No Preference	22	339.38
53789PA0090004	Rating Area 7	No Preference	23	339.38
53789PA0090004	Rating Area 7	No Preference	24	339.38
53789PA0090004	Rating Area 7	No Preference	25	340.74
53789PA0090004	Rating Area 7	No Preference	26	347.52
53789PA0090004	Rating Area 7	No Preference	27	355.67
53789PA0090004	Rating Area 7	No Preference	28	368.91
53789PA0090004	Rating Area 7	No Preference	29	379.77
53789PA0090004	Rating Area 7	No Preference	30	385.20
53789PA0090004	Rating Area 7	No Preference	31	393.34
53789PA0090004	Rating Area 7	No Preference	32	401.49
53789PA0090004	Rating Area 7	No Preference	33	406.58
53789PA0090004	Rating Area 7	No Preference	34	412.01
53789PA0090004	Rating Area 7	No Preference	35	414.72
53789PA0090004	Rating Area 7	No Preference	36	417.44
53789PA0090004	Rating Area 7	No Preference	37	420.15
53789PA0090004	Rating Area 7	No Preference	38	422.87
53789PA0090004	Rating Area 7	No Preference	39	428.30
53789PA0090004	Rating Area 7	No Preference	40	433.73
53789PA0090004	Rating Area 7	No Preference	41	441.87
53789PA0090004	Rating Area 7	No Preference	42	449.68
53789PA0090004	Rating Area 7	No Preference	43	460.54
53789PA0090004	Rating Area 7	No Preference	44	474.11
53789PA0090004	Rating Area 7	No Preference	45	490.06
53789PA0090004	Rating Area 7	No Preference	46	509.07
53789PA0090004	Rating Area 7	No Preference	47	530.45
53789PA0090004	Rating Area 7	No Preference	48	554.88
53789PA0090004	Rating Area 7	No Preference	49	578.98
53789PA0090004	Rating Area 7	No Preference	50	606.13
53789PA0090004	Rating Area 7	No Preference	51	632.94
53789PA0090004	Rating Area 7	No Preference	52	662.47
53789PA0090004	Rating Area 7	No Preference	53	692.33
53789PA0090004	Rating Area 7	No Preference	54	724.57
53789PA0090004	Rating Area 7	No Preference	55	756.82

53789PA0090004	Rating Area 7	No Preference	56	791.77
53789PA0090004	Rating Area 7	No Preference	57	827.07
53789PA0090004	Rating Area 7	No Preference	58	864.74
53789PA0090004	Rating Area 7	No Preference	59	883.40
53789PA0090004	Rating Area 7	No Preference	60	921.08
53789PA0090004	Rating Area 7	No Preference	61	953.66
53789PA0090004	Rating Area 7	No Preference	62	975.04
53789PA0090004	Rating Area 7	No Preference	63	1001.85
53789PA0090004	Rating Area 7	No Preference	64 and over	1018.13
53789PA0090004	Rating Area 9	No Preference	0-14	245.20
53789PA0090004	Rating Area 9	No Preference	15	267.00
53789PA0090004	Rating Area 9	No Preference	16	275.33
53789PA0090004	Rating Area 9	No Preference	17	283.66
53789PA0090004	Rating Area 9	No Preference	18	292.64
53789PA0090004	Rating Area 9	No Preference	19	301.61
53789PA0090004	Rating Area 9	No Preference	20	310.91
53789PA0090004	Rating Area 9	No Preference	21	320.52
53789PA0090004	Rating Area 9	No Preference	22	320.52
53789PA0090004	Rating Area 9	No Preference	23	320.52
53789PA0090004	Rating Area 9	No Preference	24	320.52
53789PA0090004	Rating Area 9	No Preference	25	321.81
53789PA0090004	Rating Area 9	No Preference	26	328.22
53789PA0090004	Rating Area 9	No Preference	27	335.91
53789PA0090004	Rating Area 9	No Preference	28	348.41
53789PA0090004	Rating Area 9	No Preference	29	358.67
53789PA0090004	Rating Area 9	No Preference	30	363.80
53789PA0090004	Rating Area 9	No Preference	31	371.49
53789PA0090004	Rating Area 9	No Preference	32	379.18
53789PA0090004	Rating Area 9	No Preference	33	383.99
53789PA0090004	Rating Area 9	No Preference	34	389.12
53789PA0090004	Rating Area 9	No Preference	35	391.68
53789PA0090004	Rating Area 9	No Preference	36	394.25
53789PA0090004	Rating Area 9	No Preference	37	396.81
53789PA0090004	Rating Area 9	No Preference	38	399.37
53789PA0090004	Rating Area 9	No Preference	39	404.50
53789PA0090004	Rating Area 9	No Preference	40	409.63
53789PA0090004	Rating Area 9	No Preference	41	417.32
53789PA0090004	Rating Area 9	No Preference	42	424.70
53789PA0090004	Rating Area 9	No Preference	43	434.95
53789PA0090004	Rating Area 9	No Preference	44	447.77
53789PA0090004	Rating Area 9	No Preference	45	462.84
53789PA0090004	Rating Area 9	No Preference	46	480.79
53789PA0090004	Rating Area 9	No Preference	47	500.98
53789PA0090004	Rating Area 9	No Preference	48	524.06
53789PA0090004	Rating Area 9	No Preference	49	546.82
53789PA0090004	Rating Area 9	No Preference	50	572.46
53789PA0090004	Rating Area 9	No Preference	51	597.78
53789PA0090004	Rating Area 9	No Preference	52	625.66
53789PA0090004	Rating Area 9	No Preference	53	653.87
53789PA0090004	Rating Area 9	No Preference	54	684.32
53789PA0090004	Rating Area 9	No Preference	55	714.77
53789PA0090004	Rating Area 9	No Preference	56	747.78
53789PA0090004	Rating Area 9	No Preference	57	781.12
53789PA0090004	Rating Area 9	No Preference	58	816.70
53789PA0090004	Rating Area 9	No Preference	59	834.33
53789PA0090004	Rating Area 9	No Preference	60	869.90
53789PA0090004	Rating Area 9	No Preference	61	900.67
53789PA0090004	Rating Area 9	No Preference	62	920.87
53789PA0090004	Rating Area 9	No Preference	63	946.19
53789PA0090004	Rating Area 9	No Preference	64 and over	961.56

2023 Rates Table Template v12.0

All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.

If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.

If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.

If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.

To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.

HIOS Issuer ID*	53789
Rate Effective Date*	10/1/2023
Rate Expiration Date*	12/31/2023
Rating Method*	Age-Based Rates

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	**Required:** Select the Rating Area ID	**Required:** Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	**Required:** Select the age of a subscriber eligible for the rate	**Required:** Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	244.07
53789PA0090004	Rating Area 6	No Preference	15	265.76
53789PA0090004	Rating Area 6	No Preference	16	274.06
53789PA0090004	Rating Area 6	No Preference	17	282.35
53789PA0090004	Rating Area 6	No Preference	18	291.28
53789PA0090004	Rating Area 6	No Preference	19	300.22
53789PA0090004	Rating Area 6	No Preference	20	309.47
53789PA0090004	Rating Area 6	No Preference	21	319.04
53789PA0090004	Rating Area 6	No Preference	22	319.04
53789PA0090004	Rating Area 6	No Preference	23	319.04
53789PA0090004	Rating Area 6	No Preference	24	319.04
53789PA0090004	Rating Area 6	No Preference	25	320.32
53789PA0090004	Rating Area 6	No Preference	26	326.70
53789PA0090004	Rating Area 6	No Preference	27	334.35
53789PA0090004	Rating Area 6	No Preference	28	346.80
53789PA0090004	Rating Area 6	No Preference	29	357.01
53789PA0090004	Rating Area 6	No Preference	30	362.11
53789PA0090004	Rating Area 6	No Preference	31	369.77
53789PA0090004	Rating Area 6	No Preference	32	377.42
53789PA0090004	Rating Area 6	No Preference	33	382.21
53789PA0090004	Rating Area 6	No Preference	34	387.31
53789PA0090004	Rating Area 6	No Preference	35	389.87
53789PA0090004	Rating Area 6	No Preference	36	392.42
53789PA0090004	Rating Area 6	No Preference	37	394.97
53789PA0090004	Rating Area 6	No Preference	38	397.52
53789PA0090004	Rating Area 6	No Preference	39	402.63
53789PA0090004	Rating Area 6	No Preference	40	407.73
53789PA0090004	Rating Area 6	No Preference	41	415.39
53789PA0090004	Rating Area 6	No Preference	42	422.73
53789PA0090004	Rating Area 6	No Preference	43	432.94
53789PA0090004	Rating Area 6	No Preference	44	445.70
53789PA0090004	Rating Area 6	No Preference	45	460.69
53789PA0090004	Rating Area 6	No Preference	46	478.56
53789PA0090004	Rating Area 6	No Preference	47	498.66
53789PA0090004	Rating Area 6	No Preference	48	521.63
53789PA0090004	Rating Area 6	No Preference	49	544.28
53789PA0090004	Rating Area 6	No Preference	50	569.81
53789PA0090004	Rating Area 6	No Preference	51	595.01
53789PA0090004	Rating Area 6	No Preference	52	622.77
53789PA0090004	Rating Area 6	No Preference	53	650.84
53789PA0090004	Rating Area 6	No Preference	54	681.15
53789PA0090004	Rating Area 6	No Preference	55	711.46
53789PA0090004	Rating Area 6	No Preference	56	744.32
53789PA0090004	Rating Area 6	No Preference	57	777.50
53789PA0090004	Rating Area 6	No Preference	58	812.91
53789PA0090004	Rating Area 6	No Preference	59	830.46
53789PA0090004	Rating Area 6	No Preference	60	865.87
53789PA0090004	Rating Area 6	No Preference	61	896.50
53789PA0090004	Rating Area 6	No Preference	62	916.60
53789PA0090004	Rating Area 6	No Preference	63	941.81
53789PA0090004	Rating Area 6	No Preference	64 and over	957.11
53789PA0090004	Rating Area 7	No Preference	0-14	263.59
53789PA0090004	Rating Area 7	No Preference	15	287.02
53789PA0090004	Rating Area 7	No Preference	16	295.98
53789PA0090004	Rating Area 7	No Preference	17	304.94
53789PA0090004	Rating Area 7	No Preference	18	314.59
53789PA0090004	Rating Area 7	No Preference	19	324.23
53789PA0090004	Rating Area 7	No Preference	20	334.23
53789PA0090004	Rating Area 7	No Preference	21	344.56
53789PA0090004	Rating Area 7	No Preference	22	344.56
53789PA0090004	Rating Area 7	No Preference	23	344.56
53789PA0090004	Rating Area 7	No Preference	24	344.56
53789PA0090004	Rating Area 7	No Preference	25	345.94
53789PA0090004	Rating Area 7	No Preference	26	352.83
53789PA0090004	Rating Area 7	No Preference	27	361.10
53789PA0090004	Rating Area 7	No Preference	28	374.54
53789PA0090004	Rating Area 7	No Preference	29	385.57
53789PA0090004	Rating Area 7	No Preference	30	391.08
53789PA0090004	Rating Area 7	No Preference	31	399.35
53789PA0090004	Rating Area 7	No Preference	32	407.62
53789PA0090004	Rating Area 7	No Preference	33	412.79
53789PA0090004	Rating Area 7	No Preference	34	418.30
53789PA0090004	Rating Area 7	No Preference	35	421.06
53789PA0090004	Rating Area 7	No Preference	36	423.81
53789PA0090004	Rating Area 7	No Preference	37	426.57
53789PA0090004	Rating Area 7	No Preference	38	429.33
53789PA0090004	Rating Area 7	No Preference	39	434.84
53789PA0090004	Rating Area 7	No Preference	40	440.35
53789PA0090004	Rating Area 7	No Preference	41	448.62
53789PA0090004	Rating Area 7	No Preference	42	456.55
53789PA0090004	Rating Area 7	No Preference	43	467.57
53789PA0090004	Rating Area 7	No Preference	44	481.35
53789PA0090004	Rating Area 7	No Preference	45	497.55
53789PA0090004	Rating Area 7	No Preference	46	516.84
53789PA0090004	Rating Area 7	No Preference	47	538.55
53789PA0090004	Rating Area 7	No Preference	48	563.36
53789PA0090004	Rating Area 7	No Preference	49	587.82
53789PA0090004	Rating Area 7	No Preference	50	615.39
53789PA0090004	Rating Area 7	No Preference	51	642.61
53789PA0090004	Rating Area 7	No Preference	52	672.59
53789PA0090004	Rating Area 7	No Preference	53	702.91
53789PA0090004	Rating Area 7	No Preference	54	735.64
53789PA0090004	Rating Area 7	No Preference	55	768.38

53789PA0090004	Rating Area 7	No Preference	56	803.87
53789PA0090004	Rating Area 7	No Preference	57	839.70
53789PA0090004	Rating Area 7	No Preference	58	877.95
53789PA0090004	Rating Area 7	No Preference	59	896.90
53789PA0090004	Rating Area 7	No Preference	60	935.14
53789PA0090004	Rating Area 7	No Preference	61	968.22
53789PA0090004	Rating Area 7	No Preference	62	989.93
53789PA0090004	Rating Area 7	No Preference	63	1017.15
53789PA0090004	Rating Area 7	No Preference	64 and over	1033.68
53789PA0090004	Rating Area 9	No Preference	0-14	248.95
53789PA0090004	Rating Area 9	No Preference	15	271.08
53789PA0090004	Rating Area 9	No Preference	16	279.54
53789PA0090004	Rating Area 9	No Preference	17	288.00
53789PA0090004	Rating Area 9	No Preference	18	297.11
53789PA0090004	Rating Area 9	No Preference	19	306.22
53789PA0090004	Rating Area 9	No Preference	20	315.66
53789PA0090004	Rating Area 9	No Preference	21	325.42
53789PA0090004	Rating Area 9	No Preference	22	325.42
53789PA0090004	Rating Area 9	No Preference	23	325.42
53789PA0090004	Rating Area 9	No Preference	24	325.42
53789PA0090004	Rating Area 9	No Preference	25	326.72
53789PA0090004	Rating Area 9	No Preference	26	333.23
53789PA0090004	Rating Area 9	No Preference	27	341.04
53789PA0090004	Rating Area 9	No Preference	28	353.73
53789PA0090004	Rating Area 9	No Preference	29	364.15
53789PA0090004	Rating Area 9	No Preference	30	369.35
53789PA0090004	Rating Area 9	No Preference	31	377.16
53789PA0090004	Rating Area 9	No Preference	32	384.97
53789PA0090004	Rating Area 9	No Preference	33	389.85
53789PA0090004	Rating Area 9	No Preference	34	395.06
53789PA0090004	Rating Area 9	No Preference	35	397.66
53789PA0090004	Rating Area 9	No Preference	36	400.27
53789PA0090004	Rating Area 9	No Preference	37	402.87
53789PA0090004	Rating Area 9	No Preference	38	405.47
53789PA0090004	Rating Area 9	No Preference	39	410.68
53789PA0090004	Rating Area 9	No Preference	40	415.89
53789PA0090004	Rating Area 9	No Preference	41	423.70
53789PA0090004	Rating Area 9	No Preference	42	431.18
53789PA0090004	Rating Area 9	No Preference	43	441.60
53789PA0090004	Rating Area 9	No Preference	44	454.61
53789PA0090004	Rating Area 9	No Preference	45	469.91
53789PA0090004	Rating Area 9	No Preference	46	488.13
53789PA0090004	Rating Area 9	No Preference	47	508.63
53789PA0090004	Rating Area 9	No Preference	48	532.06
53789PA0090004	Rating Area 9	No Preference	49	555.17
53789PA0090004	Rating Area 9	No Preference	50	581.20
53789PA0090004	Rating Area 9	No Preference	51	606.91
53789PA0090004	Rating Area 9	No Preference	52	635.22
53789PA0090004	Rating Area 9	No Preference	53	663.86
53789PA0090004	Rating Area 9	No Preference	54	694.77
53789PA0090004	Rating Area 9	No Preference	55	725.69
53789PA0090004	Rating Area 9	No Preference	56	759.21
53789PA0090004	Rating Area 9	No Preference	57	793.05
53789PA0090004	Rating Area 9	No Preference	58	829.17
53789PA0090004	Rating Area 9	No Preference	59	847.07
53789PA0090004	Rating Area 9	No Preference	60	883.19
53789PA0090004	Rating Area 9	No Preference	61	914.43
53789PA0090004	Rating Area 9	No Preference	62	934.93
53789PA0090004	Rating Area 9	No Preference	63	960.64
53789PA0090004	Rating Area 9	No Preference	64 and over	976.25

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Benefit Summary

SMALL GROUP 1-50 PORTFOLIO

	Changes	Plan Name	HIOS ID		Deductible (2x Family)	Coinsurance	Out-of-Pocket Maximum	PCP	Specialist	Emergency Room	Urgent Care	IP Hospital per day, maximum of 5 days	Hi-Tech Imaging	Lab Ind | Hos	OP Surgery ASC | ACH	Small Group: Rx $0 Individual: Rx	Small Group: Rx $250 (brand only deductible) Individual: N/A
			Small Group: Rx $0 Individual: Rx	Small Group: Rx $250 (brand only deductible) Individual: N/A	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network		
	BRONZE PRODUCTS																
1	Changes	Bronze HMO 8000/0/50	53789PA0090004		$8,000	0%	$8,550	$50	$85	D/0	D/0	N/A	D/0	D/50|D/85	D/0|D/0	Rx Ded: Combined, Rx Gen - Ded Applies? Y, Retail: 0/0/0/0, Mail: 0/0/0/0	

1 Drug copays listed are Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand
2 Speciality drug coverage = 20% up to $250 per fill/20% up to $350 per fill/20% up to $450 per fill
3 Tiered Lab benefits. Independent labs | Hospital based labs
4 D = Deductible D/$ = Deductible applies first then a copay
5 Plan naming convention = Metal level, Plan type, Deductible/Coinsurance/Office Visit Copay - HRA funding

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Benefit Change Summary

						AV		Pricing AV		Metal Level		HRA Amount		Deductible: Tier 1		Deductible: Tier 2		Coinsurance: Tier 1		Coinsurance: Tier 2		MOOP		PCP: Tier 1		PCP: Tier 2		SPC: Tier 1		SPC: Tier 2		ER		UC		IP Hosp Copay Per Day		Hi-Tech Imaging	
Line	On/Off Exchange	New/Existing	HIOS	Med Description	Rx Description	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
1	Off Exchange	Existing	53789PA0090004	Bronze HMO 8000/0/50	Combined	64.3%	64.2%	53.8%	51.9%	Bronze	Bronze	0	0	8,000	8,000	8,000	8,000	0%	0%	0%	0%	8,550	8,550	50	50	50	50	85	85	85	85	D/0	D/0	D/0	D/0	N/A	N/A	D/0	D/0

Low End Imaging		Lab: Tier 1		Lab: Tier 2		OP Surg: Tier 1		OP Surg: Tier 2		Rx Ded		Rx Gen - Ded Applies?		Rx Gen Pref		Rx Gen Non-Pref		Rx Brand Pref		Rx Brand Non-Pref		Rx Specialty Coin Tier 1		Rx Specialty Max Tier 1		Rx Specialty Coin Tier 2		Rx Specialty Max Tier 2		Rx Gen Pref Coins		Rx Gen Non-Pref Coins		Rx Brand Pref Coin		Rx Brand Non-Pref Coins		Rx Gen Pref Mail Copay		Rx Gen Non-Pref Mail Copay		Rx Brand Pref Mail Copay		Rx Brand Non-Pref Mail Copay	
2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
D/0	D/0	D/50	D/50	D/85	D/85	D/0	D/0	D/0	D/0	Combined	Combined	Y	Y	0	0	0	0	0	0	0	0	0%	0%	0	0	0%	0%	0	0	0%	0%	0%	0%	0%	0%	0%	0%	0	0	0	0	0	0	0	0

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Benefit Categories

IP OP Professional	Type of Service
Inpatient	IP - CABG
Inpatient	IP - Cesarean Maternity Delivery
Inpatient	IP - Major Joint Procedures of Lower Extremity
Inpatient	IP - Maternity Non-delivery
Inpatient	IP - Medical
Inpatient	IP - Neonatal
Inpatient	IP - Newborn
Inpatient	IP - Normal maternity delivery
Inpatient	IP - Other Cardiovascular Procedures
Inpatient	IP - Other Surgical
Inpatient	IP - Psychiatric
Inpatient	IP - Substance Abuse
Inpatient	IP - Ungroupable
Outpatient	OP - Blood
Outpatient	OP - Cardiac Rehab
Outpatient	OP - Cardiovascular
Outpatient	OP - Dialysis
Outpatient	OP - Emergency Room
Outpatient	OP - Maternity Non-delivery Care
Outpatient	OP - Observation Room
Outpatient	OP - Other OP Services
Outpatient	OP - PT/OT/ST
Outpatient	OP - Pathology/Lab
Outpatient	OP - Pharmacy
Outpatient	OP - Psychiatric
Outpatient	OP - Radiology - CT/MRI/PET
Outpatient	OP - Radiology - General
Outpatient	OP - Substance Abuse
Outpatient	OP - Surgery
Outpatient	OP - Unmapped
Professional	ADDL Benefits Other
Professional	Hearing Aids
Professional	IP Visits - IP Psychiatric
Professional	IP Visits - IP Substance Abuse
Professional	IP Visits - Medical
Professional	Inpatient Surgery - Primary Surgeon
Professional	Inpatient Surgery - Anesthesia
Professional	Inpatient Surgery - Assistant Surgeon
Professional	Maternity - Cesarean Deliveries
Professional	Maternity - Non Deliveries
Professional	Maternity - Normal Deliveries
Professional	Office Administered Drugs
Professional	Office/Misc - Allergy Immunotherapy
Professional	Office/Misc - Allergy Testing
Professional	Office/Misc - Misc. Medical
Professional	Office/Misc - Office/Home Visits
Professional	Office/Misc - Urgent Care
Professional	Other Physician - Cardiovascular
Professional	Other Physician - Chiropractor
Professional	Other Physician - Consults
Professional	Other Physician - Emergency Room Visits
Professional	Other Physician - Physicial Therapy
Professional	Pathology/Lab - IP
Professional	Preventive care - Hearing/Speech Exams
Professional	Preventive care - Immunization
Professional	Preventive care - Other
Professional	Preventive care - Physical Exams
Professional	Preventive care - Well Baby Exams
Professional	Radiology - IP
Professional	Unmapped
Professional	ADDL Benefits Other
Professional	Hearing Aids
Professional	IP Visits - Medical
Professional	Independent Lab
Professional	Maternity - Cesarean Deliveries
Professional	Maternity - Non Deliveries
Professional	Maternity - Normal Deliveries
Professional	OP Visits - OP Psychiatric
Professional	OP Visits - OP Substance Abuse
Professional	Office Administered Drugs
Professional	Office/Misc - Allergy Immunotherapy
Professional	Office/Misc - Allergy Testing
Professional	Office/Misc - Misc. Medical
Professional	Office/Misc - Office/Home Visits
Professional	Office/Misc - Urgent Care
Professional	Other Physician - Cardiovascular
Professional	Other Physician - Chiropractor
Professional	Other Physician - Consults
Professional	Other Physician - Emergency Room Visits
Professional	Other Physician - Physicial Therapy
Professional	Outpatient Surgery - Anesthesia
Professional	Outpatient Surgery - Office
Professional	Outpatient Surgery - Outpatient Facility
Professional	Pathology/Lab - OP
Professional	Pathology/Lab - Office
Professional	Preventive care - Hearing/Speech Exams
Professional	Preventive care - Immunization
Professional	Preventive care - Other
Professional	Preventive care - Physical Exams
Professional	Preventive care - Well Baby Exams
Professional	Radiology - OP - CT/MRI/PET
Professional	Radiology - OP - General
Professional	Radiology - Office - CT/MRI/PET
Professional	Radiology - Office - General
Professional	Unmapped
Other Medical	Unmapped
Other Medical	OP - Ambulance
Other Medical	OP - DME
Other Medical	OP - Home Health/PDN
Other Medical	OP - Medical Surgical Supplies
Other Medical	Dental
Other Medical	Other - Ambulance
Other Medical	Other - DME
Other Medical	Other - Glasses/Contacts
Other Medical	Other - PDN/Home Health
Other Medical	Other - Prosthetics
Other Medical	Preventive care - Vision Exams
Other Medical	Dental
Other Medical	Other - Ambulance
Other Medical	Other - DME
Other Medical	Other - Glasses/Contacts
Other Medical	Other - PDN/Home Health
Other Medical	Other - Prosthetics
Other Medical	Preventive care - Vision Exams

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Benefit Mix Changes

Benefit Mix Calculation

	Manual Cost PMPM
Average in Experience Period	335.70
Average in Rating Period	218.46
Benefit Mix Adjustment	0.651

BEP Manual Cost Calcul	335.70	351,609
HIOS 14 Digit	Manual Cost PMPM	BEP MM
45127PA0010054	391.48	10,213
45127PA0010055	404.41	21,829
45127PA0010057	382.15	6,366
45127PA0010058	395.23	11,111
45127PA0010084	349.11	10,948
45127PA0010085	362.65	28,237
45127PA0010089	328.39	17,411
45127PA0010090	342.84	55,421
45127PA0010116	362.73	7,893
45127PA0010117	375.89	20,336
45127PA0010161	347.48	4,307
45127PA0010194	319.46	7,311
45127PA0010195	334.15	14,045
45127PA0010196	358.49	1,111
45127PA0010124	312.69	13,238
45127PA0010131	295.51	12,676
45127PA0010132	309.97	21,878
45127PA0010170	290.97	12,469
45127PA0010184	281.44	10,275
45127PA0010185	296.26	10,497
45127PA0010186	276.41	6,068
45127PA0010187	291.37	6,095
45127PA0010199	277.28	1,410
45127PA0010135	243.29	14,935
45127PA0010188	349.66	36
45127PA0010189	354.87	1,322
45127PA0010190	348.53	1,068
45127PA0010191	355.15	824
45127PA0010197	343.74	815
45127PA0010198	350.95	1,686
45127PA0010143	325.31	5,384
45127PA0010144	328.43	10,332
45127PA0010192	322.21	167
45127PA0010193	325.64	54
45127PA0130003	282.34	282
45127PA0130004	297.07	304
45127PA0130001	339.60	167
45127PA0130002	345.64	112
53789PA0090004	215.58	1,183
82795PA0130001	360.06	1,793

Projected 2023 Manual C	218.46	1,236
HIOS 14 Digit	Total	Proj Member Dist
53789PA0090004	218.46	1,236

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Network Mix Changes

Network Change			0.9900
Projected MemberMonths	1,236	100.0%	0.990
	MM	Dist	Network Factor
HMO	1,236	100.0%	0.99
BEP MemberMonths	344,335	100.0%	1.000
PPO	343,570	99.8%	1.00
EPO	765	0.2%	0.90
HMO	-	0.0%	0.99

Data

						344,335	1,236	
							MM	
Market	Issuer	Product	Product ID	HIOS ID	Plan Name	BEP	Projected	Network
SG	45127	EPO	45127PA013	45127PA0130001	Gold Valley Advantage EPO 2000/0/20 Rx 250	145	0	0.9
SG	45127	EPO	45127PA013	45127PA0130002	Gold Valley Advantage EPO 2000/0/20 Rx 0	90	0	0.9
SG	45127	EPO	45127PA013	45127PA0130003	Silver Valley Advantage EPO 5000/0/35 Rx 250	250	0	0.9
SG	45127	EPO	45127PA013	45127PA0130004	Silver Valley Advantage EPO 5000/0/35 Rx 0	280	0	0.9
SG	45127	EPO	45127PA013	45127PA0130005	Gold Capital Advantage EPO 2000/0/20 Rx 250	0	0	0.9
SG	45127	EPO	45127PA013	45127PA0130006	Gold Capital Advantage EPO 2000/0/20 Rx 0	0	0	0.9
SG	45127	EPO	45127PA013	45127PA0130007	Silver Capital Advantage EPO 5000/0/35 Rx 250	0	0	0.9
SG	45127	EPO	45127PA013	45127PA0130008	Silver Capital Advantage EPO 5000/0/35 Rx 0	0	0	0.9
SG	45127	PPO	45127PA001	45127PA0010054	Platinum PPO 0/0/15 Rx 250	10213	0	1
SG	45127	PPO	45127PA001	45127PA0010055	Platinum PPO 0/0/15 Rx 0	21829	0	1
SG	45127	PPO	45127PA001	45127PA0010057	Platinum PPO 250/0/15 Rx 250	6366	0	1
SG	45127	PPO	45127PA001	45127PA0010058	Platinum PPO 250/0/15 Rx 0	11111	0	1
SG	45127	PPO	45127PA001	45127PA0010069	Gold PPO HRA 3500/0/35 - 700 | Rx 250	0	0	1
SG	45127	PPO	45127PA001	45127PA0010070	Gold PPO HRA 3500/0/35 - 700 | Rx 0	0	0	1
SG	45127	PPO	45127PA001	45127PA0010084	Gold PPO 1000/0/25 Rx 250	10948	0	1
SG	45127	PPO	45127PA001	45127PA0010085	Gold PPO 1000/0/25 Rx 0	28237	0	1
SG	45127	PPO	45127PA001	45127PA0010089	Gold PPO 2000/0/15 Rx 250	17411	0	1
SG	45127	PPO	45127PA001	45127PA0010090	Gold PPO 2000/0/15 Rx 0	55421	0	1
SG	45127	PPO	45127PA001	45127PA0010100	Gold PPO 0/0/35 | Rx 250	0	0	1
SG	45127	PPO	45127PA001	45127PA0010101	Gold PPO 0/0/35 | Rx 0	0	0	1
SG	45127	PPO	45127PA001	45127PA0010116	Gold PPO 500/0/25 Rx 250	7893	0	1
SG	45127	PPO	45127PA001	45127PA0010117	Gold PPO 500/0/25 Rx 0	20336	0	1
SG	45127	PPO	45127PA001	45127PA0010124	Silver QHDHP PPO 2750/0/25	13238	0	1
SG	45127	PPO	45127PA001	45127PA0010131	Silver PPO 4000/0/40 Rx 250	12676	0	1
SG	45127	PPO	45127PA001	45127PA0010132	Silver PPO 4000/0/40 Rx 0	21878	0	1
SG	45127	PPO	45127PA001	45127PA0010135	Bronze QHDHP-E PPO 6900/0/0	14935	0	1
SG	45127	PPO	45127PA001	45127PA0010143	Silver PPO 3500/0/45 Rx 250	5384	0	1
SG	45127	PPO	45127PA001	45127PA0010144	Silver PPO 3500/0/45 Rx 0	10332	0	1
SG	45127	PPO	45127PA001	45127PA0010161	Gold QHDHP PPO 1500/0/10	4307	0	1
SG	45127	PPO	45127PA001	45127PA0010170	Silver QHDHP PPO 3500/0/25	12469	0	1
SG	45127	PPO	45127PA001	45127PA0010184	Silver PPO 5000/0/35 Rx 250	10275	0	1
SG	45127	PPO	45127PA001	45127PA0010185	Silver PPO 5000/0/35 Rx 0	10497	0	1
SG	45127	PPO	45127PA001	45127PA0010186	Silver PPO 6000/0/35 Rx 250	6068	0	1
SG	45127	PPO	45127PA001	45127PA0010187	Silver PPO 6000/0/35 Rx 0	6095	0	1
SG	45127	PPO	45127PA001	45127PA0010188	Gold Shared Deductible PPO 3000/0/25 - 500 Rx 250	36	0	1
SG	45127	PPO	45127PA001	45127PA0010189	Gold Shared Deductible PPO 3000/0/25 - 500 Rx 0	1322	0	1
SG	45127	PPO	45127PA001	45127PA0010190	Gold PPO 2000/20/20 Rx 250	1068	0	1
SG	45127	PPO	45127PA001	45127PA0010191	Gold PPO 2000/20/20 Rx 0	824	0	1
SG	45127	PPO	45127PA001	45127PA0010192	Silver PPO 5000/20/35 Rx 250	167	0	1
SG	45127	PPO	45127PA001	45127PA0010193	Silver PPO 5000/20/35 Rx 0	54	0	1
SG	45127	PPO	45127PA001	45127PA0010194	Gold PPO 3000/0/15 Rx 250	6104	0	1
SG	45127	PPO	45127PA001	45127PA0010195	Gold PPO 3000/0/15 Rx 0	12104	0	1
SG	45127	PPO	45127PA001	45127PA0010196	Gold Simple PPO 0/0/40	978	0	1
SG	45127	PPO	45127PA001	45127PA0010197	Gold PPO Choice 3000/0/30 Rx 250	620	0	1
SG	45127	PPO	45127PA001	45127PA0010198	Gold PPO Choice 3000/0/30 Rx 0	1380	0	1
SG	45127	PPO	45127PA001	45127PA0010199	Silver QHDHP-E PPO 4500/0/10	994	0	1
SG	45127	PPO	45127PA001	45127PA0010200	Gold Performance PPO 1000/0/20 Rx 0	0	0	1
SG	45127	PPO	45127PA001	45127PA0010201	Silver QHDHP Performance PPO 2750/0/15	0	0	1
SG	45127	PPO	45127PA001	45127PA0010202	Silver Performance PPO 4500/0/30 Rx 0	0	0	1
SG	45127	PPO	45127PA001	45127PA0010203	Gold PPO Choice 1000/0/20 Rx 0	0	0	1
SG	45127	PPO	45127PA001	45127PA0010204	Gold PPO Choice Select 1000/0/20 Rx 0	0	0	1
SG	45127	PPO	45127PA001	45127PA0010205	Silver QHDHP PPO Choice 2750/0/15	0	0	1
SG	45127	PPO	45127PA001	45127PA0010206	Silver QHDHP PPO Choice Select 2750/0/15	0	0	1
SG	45127	PPO	45127PA001	45127PA0010207	Silver PPO Choice 4500/0/30 Rx 0	0	0	1
SG	45127	PPO	45127PA001	45127PA0010208	Silver PPO Choice Select 4500/0/30 Rx 0	0	0	1
SG	45127	PPO	45127PA001	45127PA0010209	Gold PPO 0/0/20 Rx 500	0	0	1
SG	53789	HMO	53789PA009	53789PA0090004	Bronze HMO 8000/0/50	0	1236	0.99
SG	82795	PPO	82795PA011	82795PA0110007	Silver CareConnect PinnacleHealth 3000/0/35 | CareConnect Rx	0	0	1
SG	82795	PPO	82795PA013	82795PA0130001	Gold PPO 0/0/20 Rx 500	0	0	1

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Trend

Trend by Service Category

Category	Year 1 Cost	Year 1 Util	Year 1 Induced Demand	Year 2 Cost	Year 2 Util	Year 2 Induced Demand	Total Year 1	Total Year 2	Weights	Total Weights
Inpatient Hospital	4.70%	-1.00%	0.00%	4.60%	-1.00%	0.0%	3.7%	3.6%	23%	18%
Outpatient Hospital	5.00%	0.00%	0.00%	4.90%	0.00%	0.0%	5.0%	4.9%	46%	38%
Professional	8.00%	1.00%	0.00%	6.90%	1.00%	0.0%	9.1%	8.0%	28%	23%
Other Medical	5.00%	-1.00%	0.00%	4.90%	-1.00%	0.0%	4.0%	3.9%	3%	2%
Capitation	3.00%	0.00%	0.00%	3.00%	0.00%	0.0%	3.0%	3.0%	0%	0%
Prescription Drug	7.30%	1.10%	0.00%	8.00%	1.10%	0.0%	8.5%	9.2%	100%	19%
Dental & Vision	1.00%	1.00%	0.00%	1.00%	1.00%	0.0%	2.0%	2.0%	100%	100%

Aggregate Pricing Trend Year 1	
Total	6.3%
Medical	5.8%
Drug	8.5%
Agg Med + Rx Trend	6.3%
Dental and Vision	2.0%

Aggregate Pricing Trend Year 2	
Total	6.1%
Medical	5.4%
Drug	9.2%
Agg Med + Rx Trend	6.1%
Dental and Vision	2.0%

Average Pricing Trend	
Total	6.2%
Medical	5.6%
Drug	8.8%
Agg Med + Rx Trend	6.2%
Dental and Vision	2.0%

	Year 1 Raw Trends*				Year 2 Raw Trends*			
URRT Categories	Cost	Utilization	Induced Demand	Composite	Cost	Utilization	Induced Demand	Composite
Inpatient Hospital	4.4%	-1.0%	0.0%	3.4%	4.3%	-1.0%	0.0%	3.3%
Outpatient Hospital	4.7%	0.0%	0.0%	4.7%	4.6%	0.0%	0.0%	4.6%
Professional	7.7%	1.0%	0.0%	8.7%	6.6%	1.0%	0.0%	7.6%
Other Medical	4.7%	-1.0%	0.0%	3.7%	4.6%	-1.0%	0.0%	3.6%
Capitation	3.0%	0.0%	0.0%	3.0%	3.0%	0.0%	0.0%	3.0%
Prescription Drugs	7.0%	1.1%	0.0%	8.1%	7.7%	1.1%	0.0%	8.9%
Dental & Vision	1.0%	1.0%	0.0%	2.0%	1.0%	1.0%	0.0%	2.0%

*From Hospital and Physician Trend Models

Adjustments to Pricing Trend

Medical		Drug	
Intensity	0.0%	Contracting	0.0%
Leveraging	0.3%	Leveraging	0.3%
Demographics	0.0%	Demographics	0.0%
Buy-Downs	0.0%	Buy-Downs	0.0%
Other	0.0%	Pipeline	0.0%
Total	0.30%	Total	0.30%

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Credibility Manual Development for URRT

Experience Period Member Months 351,609

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend Cost	Year 1 Trend Utilization	Year 2 Trend Cost	Year 2 Trend Utilization	Trended EHB Allowed Claims PMPM	Incurred	Allowed	PMPM
Inpatient Hospital	$ 126.18	1.047	0.990	1.046	0.990	135.44	$ 43,054,950	$ 44,364,496	$ 126.18
Outpatient Hospital	$ 258.00	1.050	1.000	1.049	1.000	284.17	$ 75,440,438	$ 90,716,091	$ 258.00
Professional	$ 154.78	1.080	1.010	1.069	1.010	182.29	$ 42,141,563	$ 54,421,256	$ 154.78
Other Medical	$ 16.90	1.050	0.990	1.049	0.990	18.24	$ 4,928,458	$ 5,941,728	$ 16.90
Capitation	$ 0.01	1.030	1.000	1.030	1.000	0.01	$ 5,180	$ 5,180	$ 0.01
Prescription Drug	$ 130.55	1.073	1.011	1.080	1.011	154.63	$ 40,441,173	$ 45,904,192	$ 130.55
Total	$ 686.42					774.79			$ 686.42

* All data experience is from CAAC, and other CBC subsidiaries - Capital Advantage Insurance Company (CAIC), and Keystone Health Plan Central (KHPC)

Morbidity	0.620
Other	
Change in Demographics	1.0000
Change in Network	0.9900
Change in Benefits	1.0000
Change in Other	1.0000
Projected Index Rate	475.56
Network Calc:	
Network BEP	0.9998
Network Projection Period	0.9900

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Paid to Allowed Ratio Development

Medical Rate Development

Base Experience Period:	1/1/2021-12/31/2021
Data as of	2/28/2022
Rating Period:	1/1/2023-12/31/2023
Trend Months:	24
Average 2 Year Trend:	5.6%

1	Medical Paid and Incurred Claims + ACA Payments	159,719,787
2	Completion Factor	0.97
3	BEP Completed Claims (1) / (2)	164,906,036
4	BEP Member Months	351,609
5	BEP Completed Claim PMPM (3) / (4)	469.00
6	Trend Factor	1.12
7	Trended Claim PMPM (5) x (6)	523.08
8	Benefit and Network Change Factor	0.644
9	Morbidity	0.620
10	Capitation	5,180
11	Capitation PMPM	0.01
12	Other Adjustment	1.000
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	208.95

	Expected Claim PMPM in Rating Period
Medical	208.95
Drug	36.43
Pediatric Dental	1.12
Pediatric Vision	0.09
Expected Distribution of Embedded Dental Benefit	100%
Total Expected Incurred in Rating Period	246.59
Total Expected Incurred in Rating Period Net RA	401.39

Projected Allowed	475.57
Paid to Allowed Ratio	0.519

Drug Rate Development

Base Experience Period:	1/1/2021-12/31/2021
Data as of	2/28/2022
Rating Period:	1/1/2023-12/31/2023
Trend Months:	24
Average 2 Year Trend:	8.8%

1	BEP Paid and Incurred Claims	52,924,491
2	Completion Factor	1.000
3	BEP Completed Claims (1) / (2)	52,924,491
4	BEP Member Months	351,609
5	BEP Completed Claim PMPM (3) / (4)	150.52
6	Trend Factor	1.18
7	Trended Claim PMPM (5) x (6)	178.29
8	Benefit and Network Change Factor	0.651
9	Morbidity	0.620
10	Rx Rebates	12,483,318
11	Rx Rebates PMPM	35.50
12	Other Adjustment	1.000
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	36.43

Pediatric Dental Rate Development

Base Experience Period:	1/1/2021-12/31/2021
Data as of	2/28/2022
Rating Period:	1/1/2023-12/31/2023
Trend Months:	24
Average 2 Year Trend:	2.0%

1	BEP Paid and Incurred Claims	572,468
2	Completion Factor	0.934
3	BEP Completed Claims (1) / (2)	612,846
4	BEP Member Months	351,609
5	BEP Completed Claim PMPM (3) / (4)	1.74
6	Trend Factor	1.04
7	Trended Claim PMPM (5) x (6)	1.81
8	Benefit and Network Change Factor	1.00
9	Morbidity	0.620
10		
11		
12	Other Adjustment	1.000
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	1.12

Pediatric Vision Rate Development

Base Experience Period:	1/1/2021-12/31/2021
Data as of	2/28/2022
Rating Period:	1/1/2023-12/31/2023
Trend Months:	24
Average 2 Year Trend:	2.0%

1	BEP Paid and Incurred Claims	46,175
2	Completion Factor	0.992
3	BEP Completed Claims (1) / (2)	46,528
4	BEP Member Months	351,609
5	BEP Completed Claim PMPM (3) / (4)	0.13
6	Trend Factor	1.04
7	Trended Claim PMPM (5) x (6)	0.14
8	Benefit and Network Change Factor	1.00
9	Morbidity	0.620
10		
11		
12	Other Adjustment	1.000
13	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	0.09

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Retention

	Medical + Rx	Dental	Vision	Total	% of Premium
Reinsurance Contribution	$0.00	$0.00	$0.00	$0.00	0.0%
Risk Adjustment Fee	$0.22	$0.00	$0.00	$0.22	0.0%
Admin PMPM	$50.48	$0.60	$0.09	$51.17	10.5%
Broker PMPM	$21.67	$0.00	$0.00	$21.67	4.4%
Placeholder 1	$0.00	$0.00	$0.00	$0.00	0.0%
Placeholder 2	$0.00	$0.00	$0.00	$0.00	0.0%
Placeholder 3	$0.00	$0.00	$0.00	$0.00	0.0%
Quality Improvement	0.0%	0.0%	0.0%	0.0%	0.0%
Contingency	2.0%	2.0%	2.0%	2.0%	2.0%
Patient-Centered Outcomes Research Trust Fund:	$0.20	$0.00	$0.00	$0.20	0.0%
Insurer Tax	0.0%	0.0%	0.0%	0.0%	0.0%
Exchange Fee	$0.00	$0.00	$0.00	$0.00	0.0%
Federal Income Tax	0.5%	0.5%	0.5%	0.5%	0.5%
Premium Tax	0.0%	0.0%	0.0%	0.0%	0.0%

Insurer Tax and Admin Fee Calc

Applied HIF to All Quarters 0.00%

Quarter	% of Enrollees	HIF
1	31%	0.00%
2	10%	0.00%
3	13%	0.00%
4	46%	0.00%

	2022 assessmen	2023 assessment
0	0.00%	0.00%
3	0.00%	0.00%
6	0.00%	0.00%
9	0.00%	0.00%

	Admin	Profit	Taxes
	15.0%	2.0%	0.6%
Claims	10.5%		
Broker	4.4%		
Quality Improvement	0.0%		

HIOS	53789PA0090004
	Bronze HMO
Med Plan	8000/0/50
Rx Plan	Combined
Deductible	8000
Expected Claim Cost	401.39
Expected Premium PMPM *	$486.97
Allowed Adjustments to Premium for MLR	
Reinsurance Contribution	0.00
Patient-Centered Outcomes Research Trust Fund:	0.20
Risk Adjustment Fee	0.22
Premium Tax	0.00
Insurer Tax	0.00
Exchange Fee	0.00
Quality Improvement	0.00
Federal Income Tax**	2.05
MLR Adjusted Claims	$401.39
MLR Adjusted Premium	$484.51
Expected Member Distribution	100.0%

Unadjusted Premium	$486.97
Expected MLR Adjusted Claims	$401.39
Expected MLR Adjusted Premium	$484.51

MLR	**82.8%**

* From Exhibit L
**21% of profit or contingency (assumed to be 2%)

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Projected Index Rate

Projected Index Rate	$475.57

Effective Date	Total Index Rate	Trend	Distribution of Members	Projected Allowed	Market Adjusted Index Rate
January - March (Index 1)	$475.57		31%	$475.57	$774.10
April - June (Index 2)	$482.90	6.3%	10%	$482.83	$781.36
July - September (Index 3)	$490.34	6.3%	13%	$490.19	$788.72
October - December (Index 4)	$497.90	6.3%	46%	$497.67	$796.20
Average for Projection Period	$488.46			$488.33	$786.86

* From URRT and Exhibit B

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Market Adjusted Index Rate

Development of Market Adjusted Index Rate

Q1 Index Rate	475.57
Paid to Allowed	0.52
Q1 Projected Claims	246.59
Net Projected ACA Reinsurace Recoveries	0.00
Net Projected Risk Adjustments PMPM	-154.79
Exchange User Fee Adjustment	0.00
Q1 Market-Adjusted Projected Paid EHB Claims PMPM	401.39
Q1 Market Adjusted Index Rate	774.10

Development of Exchange User Fee

Average SHOP Premium	$0.00
Average Exchange Fee	$0.00
Percentage of Membership on SHOP	0%
Exchange Fee to Add to Market Index Rate	$0.00

Development of Risk Adjustment Projection

Projected 2023 Risk Adjustment Transfer	-$154.79

Projected 2021 Risk Adjustment Transfer	-$167,690
2021 MemberMonths	1,183
Projected 2021 Risk Adjustment Payment PMPM	-$141.75
Change in Statewide Avg Premium 2021 to 2023	9.2%

Show Normalization

Adjustment for Network	1.000
Adjustment for Induced Demand	1.000

Rate Development by Benefit Option Off Exchange

Level of Coverage	**Bronze**
HIOS	**ST999PA0090004**
Med Plan Name:	**Bronze HMO 8000/0/50**
By:	**Combined**
Network:	**HMO**
HSA	N
Q1 Market Adjusted Index Rate	774.10
AV and Cost Sharing Adjustment	0.52
Network	1.000
Induced Demand	1.000
Total Projected Claim PMPM + Market Level Adjustments:	401.39

Retention

Admin PMPM	$51.17
Broker PMPM	$21.67
Risk Adjustment User Fee	$0.22
PCORTF	$0.20
Placeholder1	$0.00
Placeholder2	$0.00
Premium Tax	0.0%
Federal Income Tax	0.5%
Income Tax	2.0%
Surpprtax	2.0%
Quality Improvement	0.0%
Premium Neutrality	1.00
Total Premium Single Rate:	$504.87
Plan Adjusted Index Rates	$486.97
Expected Member Distribution	100.0%
	$72.84
Admin	15.0%
Taxes	0.6%

Benefit Plans

		100%	1,236																			**Annual Trend**	1.000	1.015	1.031	1.046			
#	**Combo Description**	**Projected Membership**	**Proj MM**	**New or Existing**	**Product ID**	**Plan ID**	**On/Off Exchange**	**Metal Level**	**Metal Value**	**Pricing Value**	**Network**	**Induced Demand**	**Product**	**Med Plan Description**	**Deductible**	**Drug Plan**	**Pediatric Dental**	**Pediatric Vision**	**Average Plan Adj Index Rate**	**Q1 Plan Adj Index Rate**	**Q2 Plan Adj Index Rate**	**Q3 Plan Adj Index Rate**	**Q4 Plan Adj Index Rate**	**Medical & Rx**	**Q1 Calibrated Plan Index**	**Q2 Calibrated Plan Index**	**Q3 Calibrated Plan Index**	**Q4 Calibrated Plan Index**	**Calibrated Index from PA Exhibits**	**% Admin**	**% Taxes**
1	Bronze HMO 8000/0/50	100.0%	1,236	Existing	53789PA009	53789PA0090004	Off Exchange	Bronze	64.2%	51.9%	1.00	1.00	HMO	Bronze HMO 8000/0/50	8000	Combined	Embedded	Embedded	$486.98	$486.98	$494.48	$502.10	$509.84	6.31%	$304.87	$309.52	$314.24	$319.04	304.87	15.0%	0.6%

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Calibration

Expected Average Age Factor:	1.562
List-Billed Adjustment for Max 3 Children	1.006
Adjusted Average Age Factor	1.552
Expected Average Region Factor:	1.03
Expected Average Tobacco Factor	1.00
Cumulative Rating Factors (Premium Neutrality):	1.597

Age Factors

Age	Distribution of Poplulation	Age Factor
0-14	12.7%	0.7650
15	1.0%	0.8330
16	1.0%	0.8590
17	1.0%	0.8850
18	1.1%	0.9130
19	1.1%	0.9410
20	1.1%	0.9700
21	1.2%	1.0000
22	1.3%	1.0000
23	1.4%	1.0000
24	1.4%	1.0000
25	1.4%	1.0040
26	1.5%	1.0240
27	1.7%	1.0480
28	1.6%	1.0870
29	1.5%	1.1190
30	1.7%	1.1350
31	2.0%	1.1590
32	1.8%	1.1830
33	1.7%	1.1980
34	1.7%	1.2140
35	1.6%	1.2220
36	1.7%	1.2300
37	1.7%	1.2380
38	1.7%	1.2460
39	1.7%	1.2620
40	1.9%	1.2780
41	1.8%	1.3020
42	1.8%	1.3250
43	1.7%	1.3570
44	1.7%	1.3970
45	1.8%	1.4440
46	1.6%	1.5000
47	1.8%	1.5630
48	1.8%	1.6350
49	1.8%	1.7060
50	1.8%	1.7860
51	2.0%	1.8650
52	2.1%	1.9520
53	2.0%	2.0400
54	2.0%	2.1350
55	2.2%	2.2300
56	2.2%	2.3330
57	2.3%	2.4370
58	2.3%	2.5480
59	2.2%	2.6030
60	2.2%	2.7140
61	2.1%	2.8100
62	2.0%	2.8730
63	2.0%	2.9520
64+	3.7%	3.0000

Region Factors

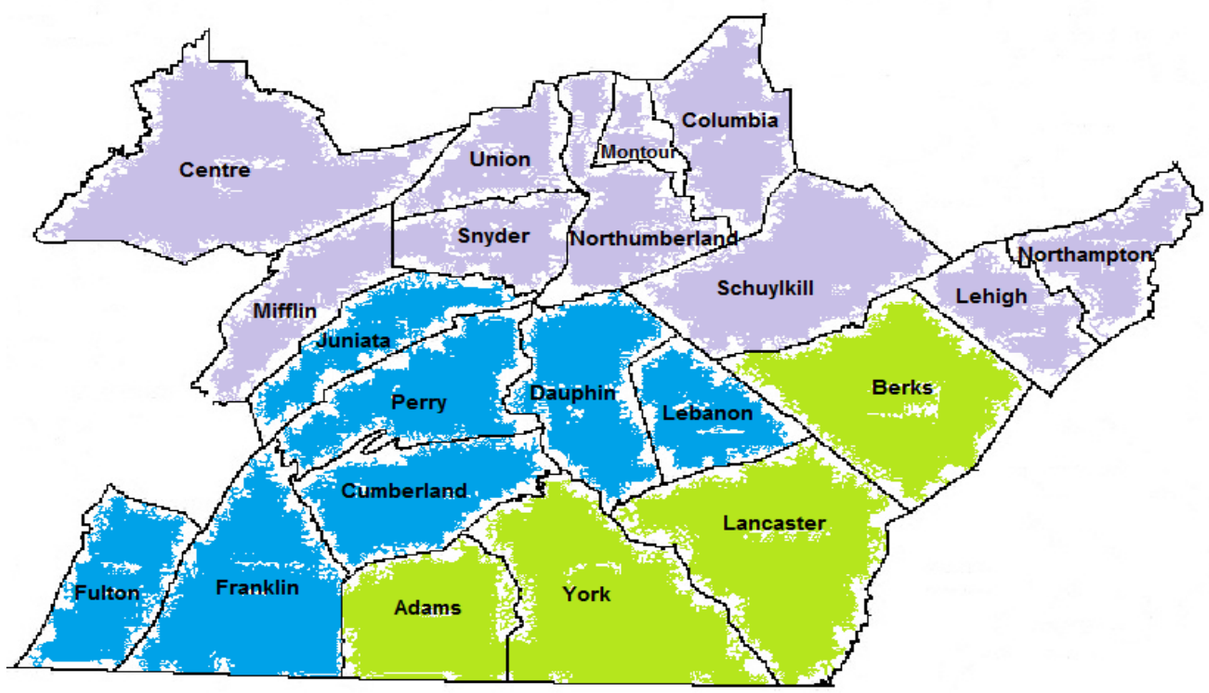
Region	Distribution of Population	Factor
6	46.6%	1.0000
7	31.3%	1.0800
9	22.1%	1.0200

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Rating Factors

Age Factors

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

Region



Region	Factor
6	1.0000
7	1.0800
9	1.0200

Network	Factor
HMO	1.00

Benefit Plans												Base Rates 1/1/2023 - 3/31/2023									Base Rates 4/1/2023 - 6/30/2023									Base Rates 7/1/2023 - 9/30/2023									Base Rates 10/1/2023 - 12/31/2023									Annual Trend	
#	Combo Description	Plan ID	On/Off Exchange	Metal Level	Metal Value	Pricing Value	Induced Demand	Product	Medical Plan Description	Deductible	Drug Plan Desc	Pediatric Dental	Pediatric Vision	Medical + Rx	Medical	Rx	Pediatric Dental	Pedatric Vision	Total	Medical + Rx	Medical	Rx	Pediatric Dental	Pedatric Vision	Total	Medical + Rx	Medical	Rx	Pediatric Dental	Pedatric Vision	Total	Medical + Rx	Medical	Rx	Pediatric Dental	Pedatric Vision	Total	Medical + Rx	Medical	Rx	Pediatric Dental	Pedatric Vision	Total	Medical & Rx	Dental & Vision
1	Bronze HMO 8000/0/50	53789PA0090004	Off Exchange	Bronze	64.2%	51.9%	1.00	HMO	Bronze HMO 8000/0/50	8000	Combined	Embedded	Embedded	$303.66	$242.93	$60.73	$1.10	$0.11	$304.87	$308.29	$246.63	$61.66	$1.12	$0.11	$309.52	$312.99	$250.39	$62.60	$1.14	$0.11	$314.24	$317.77	$254.22	$63.55	$1.16	$0.11	$319.04	6.24%	6.24%

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Morbidity Factor Calculation

Morbidity Factor Applied
0.620

*Applied to KHPC to align rates with CAAC

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
MLR Exhibit

	MLR		Member Months	
Calendar Year	Actual	Pricing	Actual	Pricing
2018	83.51%	79.65%	3,985	11,580
2019	87.83%	81.67%	1,145	1,514
2020	85.83%	80.33%	888	1,140

Keystone Health Plan Central
Small Group Rates
Effective 1/1/2023
Claim Cost Projection

	Paid		Risk Adjustment		Exhange User Fees		Market Adjusted Paid	
Year	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual
2018	$315.56	$274.82	-$42.86	-$135.99	$0.00	$0.00	$358.42	$410.81
2019	$378.14	$313.53	-$10.13	-$130.44	$0.00	$0.00	$388.27	$443.98
2020	$166.72	$334.30	-$222.18	-$88.75	$0.00	$0.00	$388.90	$423.05
2021	$211.31	$185.90	-$138.16	-$141.75	$0.00	$0.00	$349.47	$327.64

Capital Blue Cross
Harrisburg, PA 17177
CapitalBlueCross.com

Capital

June 24, 2022

Ms. Lindsi Swartz, Director
Bureau of Life, Accident and Health Insurance
Office of Insurance Product Regulation and Administration
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: **Keystone Health Plan Central**
Small Group Rates
Filing No 22-68
TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15G.003 Small Group Only
Filing Type: Rate

Dear Ms. Swartz:

KHPC received an objection letter from the Department dated June 15, 2022. KHPC is providing the following in response to the objection letter:

- Q&A written response
- Q&A exhibits
- Trend leveraging calculation workbook
- Revised rate development workbook
- Revised PAAM exhibits
- Revised URRT
- Revised rates (PA and Federal templates)
- Revised memos – Actuarial, Cover Letter

All changes are due to PID requests/questions and have been disclosed in the Q&A written response. Additionally, below is a summary of changes:

- Question 3: Modification to trend, leveraging
- Question 7: Modification to morbidity factor
- Question 8: Correction to network change factor
- Question 10: Modification to projected risk adjustment

If you have any questions regarding this filing, please call me at [redacted] (or via email at [redacted]) or [redacted] at [redacted] ([redacted]). Thank you for your assistance in this matter.

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Sincerely,

[redacted]

[redacted], ASA, MAAA
Director, Actuarial Services
Capital BlueCross

Enclosures

cc: [redacted], FSA, MAAA, Senior Director, Actuarial Services
[redacted], ASA, MAAA, Vice President and Chief Actuary, Actuarial Services
[redacted], Corporate Counsel

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer
Small Group Rates
Effective January 1, 2023

With this response, please find corresponding Q&A Exhibits in SG_22-68_Initial_KHP_HMO_Q&AExhibits1_Supporting_20220624.xlsx

Question 1. The following question pertains to Table 2 vs Table 4 of the PAAM Exhibits:

a. Per Table 2, the Ultimate Incurred Claims are $225,287.45. However, based on Table 4, the Ultimate Incurred Claims for PY21 sum to $230,467.06. Please explain this discrepancy or update as necessary.

Answer 1.

a. The Ultimate Incurred Claims for PY21 include Total EHB Capitation. That is, Table 4 Ultimate Incurred Claims for PY21 less Total EHB Capitation (cell J36) equals the Ultimate Incurred Claims (cell D36) in Table 2.

Question 2. Based on the URRT, the Experience Period Index Rate PMPM is $283.73 and the Trended EHB Allowed Claims PMPM is $323.91 pmpm. This gives a two-year trend of 14.16%. Based on Table 3 of the PAAM Exhibits, the two-year trend is 1.124. Please explain this discrepancy or update as necessary.

Answer 2. For both Table 5 and the URRT, the components of trend (IP, OP, Prof, etc.) match. The aggregate varies because the manual data (CAAC, CAIC, KHPC combined) is used to develop the average trend for rate development. In contrast, the URRT uses company-specific data in Section II: Projections, and then allows for a manual PMPM. The URRT manual PMPM comes directly from Table 5, and therefore uses the aggregrate trend from Table 5.

Question 3. Please provide quantitative support for the 0.1% leveraging adjustment utilized on the 'Exhibit E_Trend' tab.

a. **Answer 3.** Please see SG_22-68_Initial_KHP_HMO_Leveraging_Supporting_20220624.xlsx , tab: LeveragingSGAllData. In order to determine the future impact of leveraging, including the impact of increasing cost sharing due to allowed costs rising, the exhibit shows a claim probability distribution with allowed amounts by range. The data is 2021 CBC ACA single risk pool population. The average AV in the Small Group market is approximately 0.85. From the data, I can infer that a deductible (applying to all services) of $1,417 is equal to 85% AV for this population. Using that deductible amount, I can measure incurred claims and member cost-sharing trend, given an allowed trend of 6.0%. Claims are trended in a database in order to move claims into the correct buckets. You can see that the total allowed amounts are increasing at 6.0% annually (columns P and Z).

Given the deductible and allowed trend, incurred claims trend at 6.6%, member cost-share at 1.3% and leveraging is 6.6%-6.0% = 0.6%. Given this analysis, we are modifying the leveraging factor from 0.1% to 0.3%, still under the 0.6% calculated for market competitive reasons.

Question 4. The following questions pertain to the capitated PCP and Mental Health Services:

a. Please provide an exhibit demonstrating the capitated pmpm amount for PCP and Mental Health Services for PY21 and PY23.
b. If the capitated fee has increased from PY21 to PY23, where in the rates filing is this reflected? Is the only adjustment made to trend?

Answer 4.

a. Total capitation dollars are $5,179.61, or $0.01 PMPM. This is expected to trend at 3%, which is still $0.01 PMPM.
b. Yes, the adjustment is only made in trend.

Question 5. Have claims for services that will be capitated during the projection period been removed from the source data and replaced with the same projected capitation rate that is included in the projected base period experience?

Answer 5. Capitation is in the base period and trended to the projection period.

Question 6. The following questions pertain to commissions:

a. In the PAAM Exhibits, Table 6, the commission is listed as $21.67 PMPM. Please provide the quantitative development for determining the commission PMPM.
b. Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open-Enrollment Enrollee – Renewing, Open Enrollment Enrollee – New, Special Enrollment Period Enrollee – New, Special Enrollment Enrollee – Renewing. If the commission PMPM is not consistent between the four options above, please explain in detail the reason for the difference. Note that federal law prohibits different compensation to agents and brokers for coverage in the same benefit year based on whether the enrollment is during an SEP or during OEP.

Answer 6.

a. The broker commission PMPM comes directly from Capital's financial reporting as of March 2022. The broker commission amount paid per contact is unchanged from 2022 to 2023 and we expect the percentage of brokered groups to remain the same into 2023.
b. These situations do not apply to Small Group, but will be addressed in the Individual filing responses.

Question 7. The following questions pertain to the Morbidity Adjustment factor:

a. Per ExhibitQ_Morbidity, the morbidity adjustment is 0.645. Please narrative and quantitative support for the following:
    i. COVID and Pent-up demand subsiding – 3% adjustment
    ii. Remaining morbidity adjustment factor applied to the manual data

Answer 7.

a. Historically, Capital backs into a morbidity factor for KHPC in order to align rates with CAAC. This is because CAAC and KHPC plans are offered to the same population. Our goal is to differ the rates between the two subsidiaries based on benefits and network. Any COVID-specific morbidity would result in a higher "rate alignment" morbidity factor, but the end result in rates would be the same. Please note that due to changes in risk adjustment, trend and network (resulting from Department questions), the morbidity factor is also being modified with this submission. In order to continue to align rates with CAAC, the morbidity factor is changing from 0.645 to 0.62.

Question 8. The following question pertains to the Change in Network factor:

a. Given that the manual consists mainly of CAAC, a PPO/EPO company, please explain why no change is necessary to reflect KHPC, an HMO.
b. Please provide a quantitative exhibit demonstrating that the Change in Network factor is 1.0.

Answer 8.

a. With this submission, the network factor has been corrected. The calculation and resulting factor are found in the revised rate development workbook, Exhibit D1, Network Mix Change
b. The updated network factor and justification are found on Exhibit D1, Network Mix Change.

Question 9. The following question pertains to the Change in Demographics factor:

a. Please provide an exhibit demonstrating that the demographics between the manual data and KHPC actual data is similar.

Answer 9.

a. We utilize the assumption that small group membership will change annually in non-credible companies such as KHPC. But for rating purposes, we use combined data to project demographics. Small Group members do not see a difference between a CBC plan offered by CAAC or KHPC. They are able to choose the plan that best fits their needs and that could change from year to year. In addition, it can be seen that the average age of KHPC data is 39.6 and the average age of manual data is 38.7, further supporting the argument that the demographics between KHPC and manual data is similar.

Question 10. The following questions pertain to the development of the 2023 risk adjustment estimate:

a. Please provide support for applying no changes to the 2021 risk adjustment PMPM results in projecting the 2023 information, which includes the assumption of no change in the relative risk for the Company relative to statewide.
b. Please provide support for assuming no changes to the statewide average premium would occur between 2021 and 2023.

Answer 10.

a. Rate development is being performed on an experience-net-risk-adjustment basis. That means that we are neither making an issuer-specific morbidity adjustment to the base experience period claims or to risk adjustment. This approach assumes that experience net risk adjustment is the best predictor of future experience.
b. Please see Q&A Exhibit 1 for a history of change in statewide average premiums. Given recent history, we are assuming Small Group 2023 average premiums will rise 4.5% over 2022, for a total change over 2021 of 9.2%. The 2023 projected risk adjustment amount is being modified to reflect this change. The new calculation is found in Exhibit K, Market Adjusted Index Rate.

Question 11. The following questions pertain to COVID:

a. What impact, if any, is COVID having on the Plan Year 2023 rates. If the rates are impacted, please provide a qualitative explanation and quantitative exhibit demonstrating the effect of COVID. Have you adjusted your trend? Have you adjusted the base experience?

Answer 11.

a. KHPC rates are aligned with CAAC rates, so COVID-19 has the same impact to KHPC as described in the CAAC response. Given that COVID accounts for 6.2% of BEP claims, a morbidity adjustment between -6.2% and 0% seems reasonable. We expect COVID to continue to have an impact both on medical inflation (i.e. nursing shortages, hospitals asking to renegotiate contracts), and costs directly attributable to treatment and testing of the virus. We expect those costs to be less than the base year, 2021. Beyond those assumptions, our knowledge of the future is limited. We estimate 3% as a midpoint of the reasonable possibilities. 2023 rates are only impacted by the BEP COVID claims (reduced as described above). Trends and the BEP have not been adjusted.

Question 12. The following questions pertain to the Pricing and Metallic AV levels:

a. Per the Actuarial Memorandum, Pricing AVs are determined using Capital's actuarial cost model and actuarial judgement. For CAAC (Ind. and SG) and KHPC (Ind.), the Pricing AV across all metal levels is higher than the metallic AV. For KHPC SG., the metallic AV is significantly greater than the pricing AV. Please provide an explanation showing the reason for the difference in relationship between Pricing AVs vs. Metallic AVs.
b. Is Capital using the same actuarial cost model for all companies? If so, please explain the actuarial judgement assumptions which were used for KHPC SG Bronze plan.

Answer 12.

a. Capital uses Milliman, Inc. Health Cost Guidelines Commercial Rating Structures (for active employees) to develop benefit relativities, which translate into pricing AVs. Below, I am pulling from Milliman's methodology description. Anything in quotations is directly from Milliman, Inc.
"Milliman utilizes an enrollment and utilization database of full medical and prescription drug claims experience for over 78 million lives, of which approximately 41 million lives were selected and used as the primary source in developing the [model]. Other sources

include a database of inpatient admission representing a large percentage of all admissions nationwide, retail pharmacy information, and other reference data sources." CBC adjusts nationwide data to CBC's average costs and contracting in our service area.

Capital uses the actuarial cost model noted above to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a $0 office visit copayment and a $25 ER copayment. Given a particular benefit design (for example, $20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.

The reference to actuarial judgment in the memorandum is a general statement to show that the model is evaluated regularly to ensure pricing relativities are reasonable. For this filing, all pricing AVs are developed in the Milliman model.

As for why SG and IND pricing AVs vary, it is due to the calculated paid-to-allowed ratio in each. The pricing AV is calculated relative to the paid-to-allowed ratio. So as an example, if a bronze plan has a pricing AV of 0.79 and the paid-to-allowed ratio is 0.788, the benefits are .79/.788 -1 = 0.25% richer than the average plan in the projection period. The Small Group paid-to-allowed ratio is much lower than the Individual paid-to-allowed ratio. It is important to note that the average pricing AV in Table 10 matches the pricing AV calculated in Exhibit G, so rates are not inflated. Relativities are developed from Capital's manual cost model.

b. Please see the explanation in a. above.

Question 13. On the "PMPMs" tab, the starting paid to allowed ratios by plan were grossed up by approximately 10% uniformly (i.e., 0.521 / 0.47 - 1), which also increases the induced demand. This is causing some plans to have pricing AVs, which should reflect the percentage of allowed costs covered by the plan, to be over 1.0. Please provide support as to why this adjustment is necessary and appropriate to apply a uniform manner across all plans.

Answer 13. The pricing AV is calculated relative to the paid-to-allowed ratio. So as an example, if a bronze plan has a pricing AV of 0.52 and the paid-to-allowed ratio is 0.472, the benefits are .52/.472 -1 = 10% richer than the average plan in the projection period. It is important to note that the average pricing AV in Table 10 matches the pricing AV calculated in Exhibit G, so rates are not inflated. Relativities are developed from Capital's manual cost model.

Question 14. Please explain why the Age and Geographic calibration factors are based on the current enrollment and not the projected enrollment.

Answer 14. The Age and Geographic calibration factors are based on the current enrollment because Capital assumes projected enrollment distribution will follow current enrollment distribution patterns.

Question 15. The following questions pertain to the public health emergency:

a. With the Public Health Emergency scheduled to end prior to the start of PY23, how has the rate development been affected? Please provide support for any adjustments.

Answer 15. No adjustments have been made.

Question 16. Please provide an exhibit which demonstrates that the criteria for the expanded bronze plan(s) have been met

Answer 16. Please see Q&A Exhibits 2 and 2a for a comprehensive list of all CBC Individual and Small Group expanded bronze plans, and supporting analysis. For the PCP copay analysis, 2021 CBC ACA PCP data is used, trended at 7.25% for 2 years to 2023. The analysis shows that a $50 PCP is less than 50% of the average 2023 PCP visit cost.

Question 17. How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?

Answer 17. Drug rebates are projected to trend at the same rate as overall drug cost and utilization trends. So projection period drug rebates are equal to base experience drug rebates trended to the projection period.

Question 18. Please explain how a change in member behavior to use service types such as telehealth more frequently than in the past and how a reversion back to more traditional service types is considered in your trend development.

Answer 18. Capital pays providers the same contracted rate for both in person and telehealth visits, so no adjustment has been applied for telehealth. Our trend does reflect increases in professional utilization (+1%) and decreases in hospital IP utilization (-1%).

Question 19. Please confirm that you have tested to ensure that the rates in Table 11 of the PAAM Exhibits, PA Plan Design Summary and Rate Table, Federal Rates Template, and binder are identical.

Answer 19. I confirm that the exhibits above have been tested to ensure that rates are identical.

Keystone Health Plan Central
Small Group Rates
Q&A Exhibit 1
Statewide Avg Premium History

Year	Market	Avg Prem	Annual Change
2014	Individual	$343.40	
2015	Individual	$347.47	1.2%
2016	Individual	$379.91	9.3%
2017	Individual	$518.61	36.5%
2018	Individual	$657.75	26.8%
2019	Individual	$625.81	-4.9%
2020	Individual	$617.66	-1.3%
2021*	Individual	$598.55	-3.1%
2022*	Individual	$599.74	0.2%
2023**	Individual	$600.94	0.2%
2023 over 2021	**Individual**		**0.4%**
2014	Small Group	$443.99	
2015	Small Group	$452.19	1.8%
2016	Small Group	$471.10	4.2%
2017	Small Group	$486.43	3.3%
2018	Small Group	$514.82	5.8%
2019	Small Group	$517.24	0.5%
2020	Small Group	$518.07	0.2%
2021*	Small Group	$544.56	5.1%
2022*	Small Group	$569.06	4.5%
2023**	Small Group	$594.67	4.5%
2023 over 2021	**Small Group**		**9.2%**

*Based on PID Estimate
**Projected based on recent history

Keystone Health Plan Central
Q&A Exhibit 2
Expanded Bronze Plans
Individual and Small Group Market
2023 Plan Offerings

Market Segment	HIOS Plan ID	Plan Name	Meets the requirements to be a high deductible health plan within the meaning of 26 U.S.C. 223(c)(2)	1 Major Service Paid Before Deductible at Cost-sharing <= 50% Coinsurance Equivalent	Meet Expanded Bronze	Notes
Small Group	53789PA0090004	Bronze HMO 8000/0/50	N	Y	Y	$50 PCP Copay
Small Group	45127PA0010135	Bronze QHDHP-E PPO 6900/0/0	Y	N	Y	High Deductible Health Plan
Individual	45127PA0020031	Bronze QHDHP PPO 6300/0/50	Y	N	Y	High Deductible Health Plan
Individual	45127PA0020020	Bronze PPO 7450/0/50	N	Y	Y	$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	45127PA0020033	Bronze QHDHP PPO Choice 6300/0/50	Y	N	Y	High Deductible Health Plan
Individual	45127PA0020025	Bronze PPO Choice 7100/0/50	N	Y	Y	$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	45127PA0140005	Bronze Valley Advantage EPO 7450/0/50	N	Y	Y	$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	45127PA0140010	Bronze Capital Advantage EPO 7450/0/50	N	Y	Y	$50 PCP Copay and 50% Coins on Specialty Drugs
Individual	53789PA0100008	Bronze HMO 7450/0/50	N	Y	Y	$50 PCP Copay and 50% Coins on Specialty Drugs

Keystone Health Plan Central
Small Group Rates
Q&A Exhibit 2a
Small Group and Individual
2021 Data Trended to 2023

From: CostSharingTool_2023

Expanded Bronze Plan Review

This review checks that each plan with an Expanded Bronze metal level meets the
1. Meet the requirements to be a high deductible health plan within the meaning of 26 U.S.C. 223(c)(2).

OR

2. Pay for at least one major service before the deductible with reasonable cost sharing.
-*Major services* are defined as the below list of benefits.
-*Reasonable cost sharing* is defined as a coinsurance less than or equal to 50% or a copay less than or equal to a benefit-specific copay limit defined by the state. The values are set to default to $0 and states may update the values below.

	Copay	Coins
Primary Care Visits	$50	50%
Specialist Visit	$0	50%
Emergency Room Services	$0	50%
Inpatient Hospital Services (e.g.,	$0	50%
Generic Drugs	$0	50%
Preferred Brand Drugs	$0	50%
Specialty Drugs	$0	50%

Allowed	Visits	Cost per Visit	Trend	2023 Cost Per Visit	Max Copay	Copay Applied
$17,649,144	$199,061	$88.66	7.25%	$101.98	$50.99	$50

Capital Blue Cross
Harrisburg, PA 17177
CapitalBlueCross.com

Capital

July 14, 2022

Ms. Lindsi Swartz, Director
Bureau of Life, Accident and Health Insurance
Office of Insurance Product Regulation and Administration
Commonwealth of Pennsylvania Insurance Department
1311 Strawberry Square
Harrisburg, PA 17120

Re: **Keystone Health Plan Central**
Small Group Rates
Filing No 22-68
TOI Code: H15G Group Health – Hospital/Surgical/Medical Expense
Sub-TOI Code: H15G.003 Small Group Only
Filing Type: Rate

Dear Ms. Swartz:

KHPC received an objection letter from the Department dated July 6, 2022. KHPC is providing the following in response to the objection letter:

- Q&A written response
- Revised rate development workbook
- Revised PAAM exhibits
- Revised URRT
- Revised memos – Actuarial, Cover Letter
- Initial Rate Change Summary
- Public filing PDF

All changes are due to PID requests/questions and have been disclosed in the Q&A written response. Additionally, below is a summary of changes:

- Question 10: Update to 2021 risk adjustment due to the final CMS transfer amount published on June 30th. This amount changed by less than one dollar due to the Department's original estimate rounded to the nearest dollar. This change did not impact the projected RA transfer amount or rates.

If you have any questions regarding this filing, please call me at [redacted] (or via email at [redacted]) or [redacted] at [redacted] ([redacted]). Thank you for your assistance in this matter.

Healthcare benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the Blue Cross Blue Shield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.

Sincerely,

[redacted]

[redacted], ASA, MAAA
Director, Actuarial Services
Capital BlueCross

Enclosures

cc: [redacted]r, FSA, MAAA, Senior Director, Actuarial Services
[redacted], ASA, MAAA, Vice President and Chief Actuary, Actuarial Services
[redacted], Corporate Counsel

KEYSTONE HEALTH PLAN CENTRAL, INC.

Question and Answer
Small Group Rates
Effective January 1, 2023

Question 1. The following questions pertain to the response received in Q7:

a. The adjustment of rates for competitive purposes, even if that competition is within the same parent company, is not an allowable rating factor. Please provide a detailed quantitative exhibit that supports changing the morbidity factor from 0.645 to 0.62.
b. Please provide a detailed quantitative exhibit that supports the original 0.645 morbidity factor.

Answer 1.

a. The adjustment for rate alignment is attempting to show that projected claims net risk adjustment across both carriers should be the same, since KHPC plans are offered to the same members buying CAAC plans. If CAAC is not considered, and KHPC plans are rated too highly in 2023, KHPC members will move to a CAAC bronze plan, priced at a much lower rate, leaving no enrollment in KHPC.

   In this rate development, we are using CAAC and KHPC combined claim experience for credibility purposes (and because these plans are offered to the same members). But KHPC and CAAC have very different historical risk adjustment transfer amounts. 2021 actuals show KHPC with a transfer payable, while CAAC receives risk adjustment dollars. This is due to a difference in KHPC and CAAC morbidity. Applying KHPC specific risk adjustment transfer to the combined claim experience without a morbidity factor would produce too high rates. KHPC inevitably has much lower risk scores than CAAC, so their expected claims will also be lower. The best way to project KHPC's claim experience net risk adjustment is to lean heavily on CAAC claim experience net risk adjustment. The updated morbidity factor continues to lean on CAAC's credible experience (claims net risk adjustment), so that the KHPC plan price reflects the differences in benefits and network only from similar CAAC plans.
b. Please refer to the explanation in a. above. The morbidity factor produces a rate that is 1% lower than CAAC's closest bronze plan. This difference is explainable due to benefits and network. The development is consistent with Capital's philosophy to measure everything on claim net risk adjustment basis – in this case, leaning heavily on CAAC's credible experience to produce the final rate.

Question 2. The following questions pertain to the response received in Q12:

a. Please provide a detailed quantitative exhibit that walks from the 2022 pricing AV to the 2023 pricing AV. Please provide the impact for each of the following changes in this exact order: updated experience, benefit changes, any other changes.
b. If there are any other changes please provide a description of what the changes represent.

Answer 2.

a. The detailed exhibit is Exhibit G – Paid to Allowed Calculation. Because KHPC only offers 1 plan, the paid-to-allowed calculation must equal the 1 plan's pricing AV.
b. No other changes are being made.

Question 3. The following questions pertain to the response received in Q13:

a. Please provide additional quantitative support for the following values represented on the "PMPMs" tab in the "…RateDev_Supporting..." excel spreadsheet:
    i. Column I – please explain what time period the paid claims PMPM in cell I5 is based off of. If it is based on CY21 please explain how that same PMPM can be derived from Table 2. If it is based on CY23 please provide how it can be derived from Table 5.
b. Please provide a detailed quantitative exhibit on how the plan's specific Paid claims PMPM was developed.
c. Cell J1 please provide the support for this allowed claims PMPM value and what time period it represents. If this total allowed claims PMPM is based on CY21 please explain how the same PMPM can be derived from Table 2. If it is based on CY23 please provide how it can be derived from Table 5.

Answer 3.

a. The values on the PMPMs are not from a certain time period, but instead are only meant to value benefit relativities between plans. Capital's manual cost model is a benefit relativity model. Although it does not explicitly calculate pricing AV (i.e. the percentage of allowed costs covered by the plan), it does accurately calculate the benefit relativities between plans (i.e. gold and silver plan are roughly 10% different in paid claim costs). The relativities are only grossed so that the average pricing AV is equal to the calculated paid-to-allowed ratio. This way, plans are not over or underpriced – they are all relative to the average.
b. KHPC only offers 1 plan, so the final paid-to-allowed percentage is calculated in Exhibit G.
c. The value in cell J1 is only there as a starting point to value relativities between plans. The final KHPC plan pricing AV must be equal to the paid-to-allowed ratio.

Question 4. The following questions pertain to the response received in Q17:

a. Please provide what the Rx trend would have been without considering Rx rebates.

Answer 4.

a. Because Rx rebates are projected to trend at the same rate as Rx costs, the Rx trend is unchanged by rebates.

Question 5. The following questions pertain to Exhibit S:

a. Please explain how the actual cost in 2020 is more than double the projected cost in a year in which the pandemic was rampant.
b. Please provide what the actual Paid PMPM in 2020 would have been if the pandemic did not occur.

c. With 2020 as an outlier, please explain what is causing the projected Paid PMPM to be substantially higher than the actual.

Answer 5.

a. KHPC is a small issuer with only an average of 90 members per year over the last 3 years. With small membership comes volatility, especially when looking at claim experience and risk adjustment independently. You will see that claim experience and risk adjustment change significantly each year, but the market adjusted index rate (MAIR – which is claims net risk adjustment) stays relatively stable. Capital's projected MAIR is between 8% and 13% under actual 2018-2020 and 7% over actual in 2021. Specifically for 2020 the projected morbidity was understated, which can be seen by the high projected RA payable amount and low projected claims. The 2020 MAIR is 5% below 2019, which given 6% annual claims trend, is 11% lower than normal in a stable population.
b. Given the small membership in KHPC, it is difficult to say what the Paid PMPM would have been for these members. But given the explanation in a., we could reasonably say the claims could be 11% higher without the pandemic lockdown.
c. Similar to a. above, with the small membership comes volatility when looking at claim experience and risk adjustment independently. Change in morbidity is the biggest driver of the differences. If you refer to the plan adjusted market index rate, the projected versus actual results are much closer.

Question 6. Please provide some color around the future fate of this SG legal entity, which is one bronze plan with roughly 100 members. Is Capital considering a plan of withdrawal for this legal entity at some point in the future? Please provide a brief narrative outlining the pros and cons of continuing this legal entity with such little membership.

Answer 6. Capital has no plans to withdraw KHPC.

Question 7. The following comment pertains to Table 5a of the PAAME:

a. Considering Capital's trend approach that provides a Year 1 and Year 2 trend, utilizing the average of the two trends is only appropriate for 1Q23 renewals. For future filing years, please consider revising this logic in Table 5a.

Answer 7.

a. We have noted this request and will review for 2024 filings.

Question 8. On tab "Table B" please either correct the heading in column D or enter membership instead of member months.

Answer 8. Column D of Table B has been updated to say "Projected Member Months."

Question 9. Please consider Table 2 and Table 2b and the paid-to-allowed ratio that can be generated with the data that has been provided for CY21.

a. Please explain how the roughly 20 percentage point difference between the derived paid-to-allowed ratios fits in with the reasons provided on page 4 of the memorandum to justify combining the experience.

b. Considering the base experience has been combined with other legal entities, please explain why it is not necessary to normalize the experience period claims to reflect the average benefit level in the projection period. That is, please explain why it is reasonable to assume in Table 5 that the change in benefits should just be 1.0.

Answer 9.

a. While CAAC offers a variety of plans, compared to KHPC's one bronze plan. We expect that KHPC claims net risk adjustment should follow CAAC's more credible experience with only adjustments for benefits and network. As the Department noted, the paid-to-allowed ratio is very different as KHPC only offers a bronze plan, while CAAC offers all metal levels. But the products are offered to the same members, making CAAC's credible experience vital to projecting KHPC.
b. A benefit factor is not applied to Table 5 because that adjustment is to intended to show the change in allowed claims due to benefits. While allowed claims could decrease due to changes in metal level, the more important adjustment is to paid claims due to the increases in member cost sharing. That adjustment is made on Exhibit G, cell C21, and calculated in Exhibit D. If an adjustment was made to allowed claims, the paid-to-allowed ratio would increase, netting the same end result.

Question 10. Please update the 2021 experience period risk adjustment amount, in Table 2, to reflect the final CMS risk adjustment amount released on June 30th.

Answer 10. The risk adjustment amount has been updated to reflect the amount released by CMS on June 30th.

Question 11. If the projected risk adjustment transfer amount in Table 5 will be modified, due to the final CMS transfer amount published on June 30th, please provide narrative and detailed supporting data to justify the proposed changes.

Answer 11. The risk adjustment amount in Table 5 was not adjusted.

Question 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 Rate Templates are identical.

Answer 12. I confirm that the exhibits above have been tested to ensure that rates are identical.

Question 13. Please ensure that the 7/14/22 versions of the following items are posted in SERFF with your July 14th response to this data call.

a. Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.
b. PA Actuarial Memorandum
c. PA Actuarial Memorandum Exhibits
d. Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values – no "NA")
e. URRT
f. Federal Rate Template

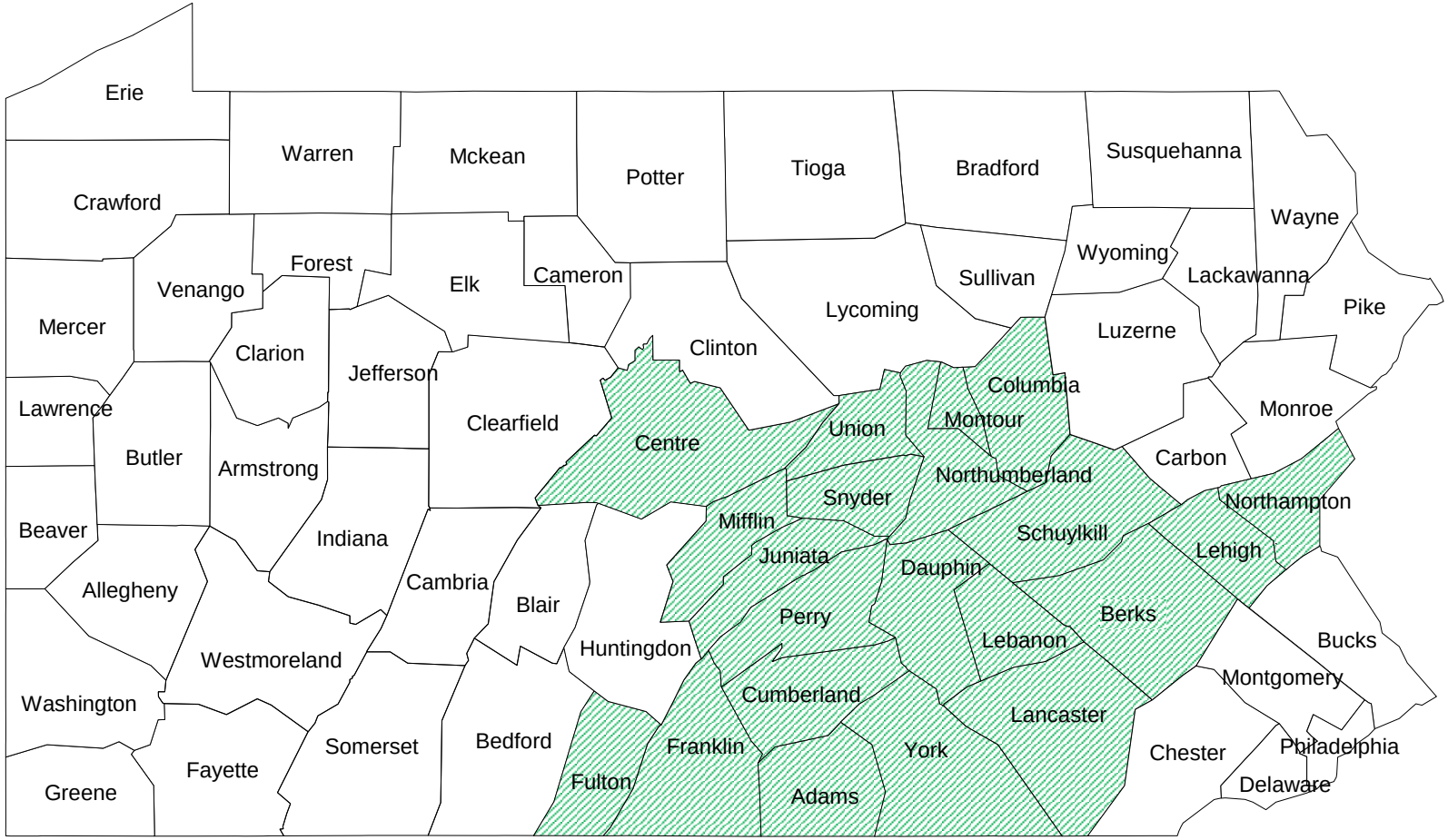
g. Part III: Actuarial Memorandum
h. Updated Rate Change Request Summary (Attachment I)
i. Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).

Answer 13. I confirm the requested information has been submitted.

2022 Service Area

Issuer: 53789

Market: Small Group



Key *(modify as needed)*

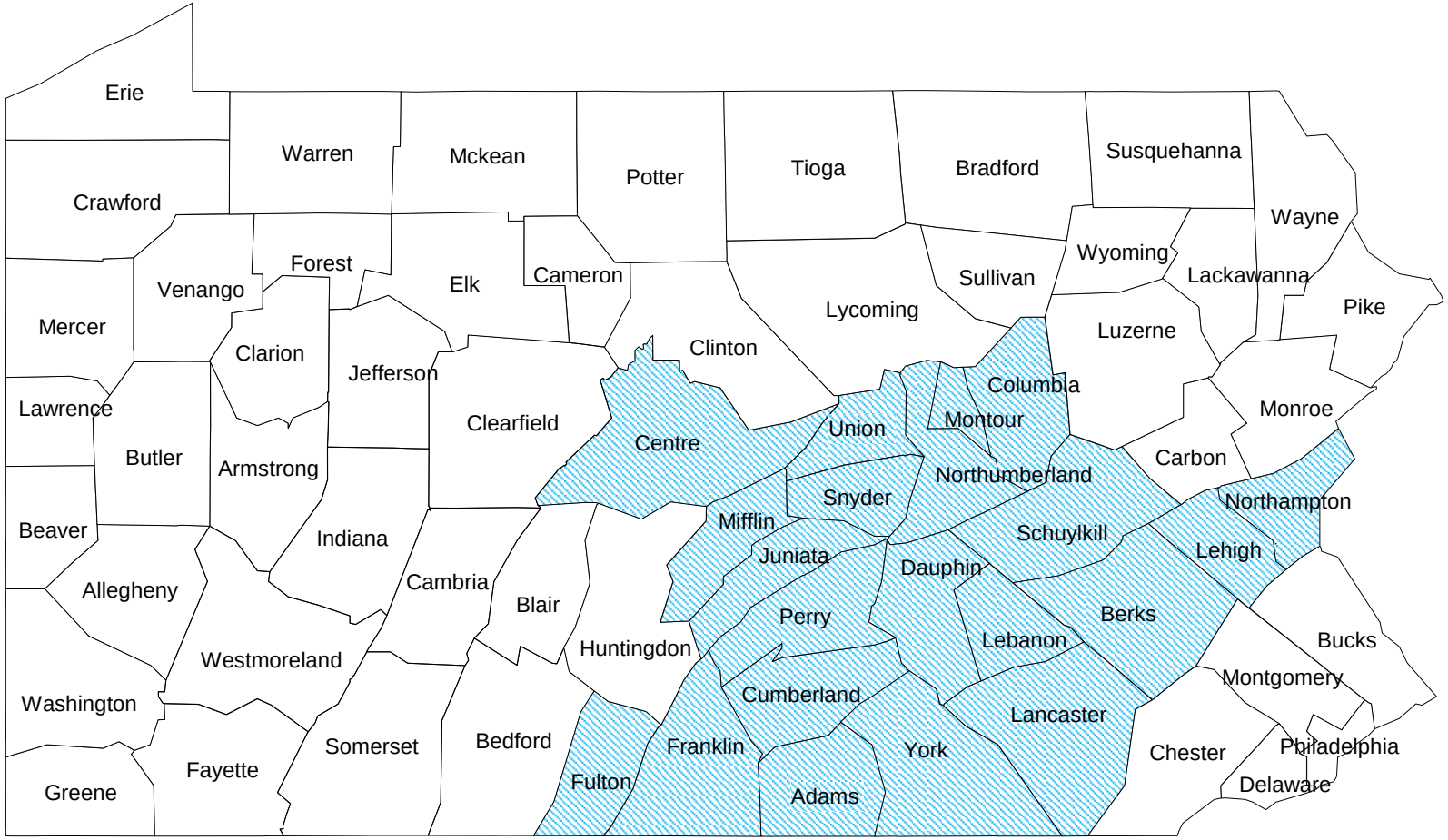
: 2022 on-exchange service area

: 2022 off-exchange only service area

2023 Service Area

Issuer: 53789

Market: Small Group



Key *(modify as needed)*

: 2023 on-exchange service area

: 2023 off-exchange only service area