1901 Market Street
Philadelphia, PA 19103-1480

Independence

May 23, 2022 – Revised August 26, 2022

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

SUBMITTED VIA SERFF

RE: **QCC Insurance Company, Inc.**
Individual PPO Rate Filing effective 1/1/2023
INAC-133254407

Dear Ms. Swartz:

This filing reflects the updates to the reinsurance for Individual ACA plans specified on August 23, 2022.

Attached is the 2023 annual rate filing for PPO plans of QCC Insurance Company, Inc. (QCC) in the Individual (non-group) marketplace in the Commonwealth of Pennsylvania. Rates for new and renewing plans are being filed and satisfy market reform requirements of the Affordable Care Act (ACA).

This rate filing includes rates for these plans and specifies compliance with rating requirements of the ACA. The enclosed is for rating periods effective from January 1, 2023 through December 31, 2023.

Per the guidance provided in the 2023 ACA-Compliant Health Insurance Rate Filing Guidance provided by the Pennsylvania Insurance Department, we applied a factor of 1.00 to all individual plans. We also applied a factor of 1.22 to Silver plans for the impact of non-payment of CSR costs per the guidance. This submission incorporates the change to the reinsurance program.

The proposed rates represent a 2.1% increase over the previously approved 2022 rates.

Information for the Pennsylvania Bulletin:

1.	Company Name and NAIC Number:	QCC Insurance Company, Inc. 93688
2.	Market	Individual
3.	On or Off Exchange	On and Off

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4.	Effective Date of Coverage	January 1, 2023
5.	Average Rate Change Requested	0.9%
6.	Range of Rate Changes Requested	-0.2% to 1.57%
7.	Total Annual Revenue Generated from the Proposed Rate Change	$2,569,240
8.	Products	PPO
9.	Rating Areas and Change from 2022	Rating Area 8; No Change
10.	Metal Levels and Catastrophic Plans	Gold, Silver, Bronze
11.	Current covered lives and policyholders as of February 1, 2022	39,082 lives
12.	Number of plans offered in 2023 and change from 2022	14 plans in 2023; 13 plans in 2022
13.	Corresponding contract form number, SERFF, and binder numbers	INLG-133251038, INLG-133251041, INLG-133251053 See appendix for form numbers
14.	HIOS Issuer ID # and submission tracking Number	HIOS Issuer ID # 31609; Tracking # N/A

Please contact [redacted] with any questions regarding this filing.

Sincerely,

[redacted]

cc: [redacted]

Independence

APPENDIX

Form Numbers

08535.ON Rev. 1.23
08535-OC.ON Rev. 1.23
08535.OFF Rev. 1.23
08535-OC.OFF Rev. 1.23
08537.ON.PDEN Rev. 1.23
08537-OC.ON.PDEN Rev. 1.23
08537.OFF Rev. 1.23
08537-OC.OFF Rev. 1.23
08537.ON.PDEN.HSA Rev. 1.23
08537-OC.ON.PDEN.HSA Rev. 1.23
08537.OFF.PDEN.HSA Rev. 1.23
08537-OC.OFF.PDEN.HSA Rev. 1.23
PREV/SCH-II Rev. 1.23

Attachment I

Rate Change Summary

QCC Insurance Company, Inc. – Individual Plans

Rate request filing ID # INAC-133254407 - 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:	2.2%[1]
Revised requested average rate change:	0.9%[1]
Range of requested rate change:	-0.2% to 4.5%
Effective date:	January 1, 2023
Mapped Members:	39,082
Available in:	Area 8

Key information

Jan. 2021-Dec. 2021 financial experience

Premiums	$329,613,586
Claims	$241,837,848
Administrative expenses	$22,627,034
Taxes & fees	$27,699,513
Company made (after taxes)	**$37,449,190**

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

Claims:	85%
Administrative:	8%
Taxes & fees:	5%
Profit:	2%

The company expects its annual medical costs to increase **9.6%**.

Explanation of requested rate change

QCC Insurance Company ("QCC") is revising premium rates for the Pennsylvania Consumer ACA compliant products, effective from January 1, 2023.

About 39,000 members will be affected.

Changes in Taxes and Fees:

The Federal government ended the Health Insurance Providers Fee beginning with premiums due in 2021.

[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.

Changes in Medical Service Costs:

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

Financial Experience of the Product:

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

Changes in Benefits:

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

Administrative Costs:

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

PENNSYLVANIA ACTUARIAL MEMORANDUM

PURPOSES

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

1. BASIC INFORMATION AND DATA

A. COMPANY INFORMATION

Company Legal Name:	QCC Insurance Co., Inc. ("QCC")
State:	Pennsylvania
NAIC #:	93688
Market:	Individual
Marketplace:	On and Off Exchange
Effective Date(s):	1/1/2023 – 12/31/2023
Average Rate Change:	0.9%
Range of Rate Changes:	-0.2% to 1.6%
Products:	PPO
Rating Areas:	Rating Area 8
Metal Levels:	Gold, Silver, Bronze, Catastrophic
Current Members:	39,082
Number of 2023 Plans:	13
HIOS Issuer ID (5-digit):	31609

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

COMPANY CONTACT INFORMATION

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

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

January 1, 2015	14.90%	INAC- 129626643
January 1, 2016	4.53%	INAC- 129938930
January 1, 2017	28.38%	INAC- 130539917
January 1, 2018	28.80%	INAC- 131146005
January 1, 2019	-6.44%	INAC- 131478475
January 1, 2020	5.10%	INAC- 131927222
January 1, 2021	-3.90%	INAC- 132358777
January 1, 2022	-0.80%	INAC- 132818429

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

Proposed rate changes may vary by metallic tier and plan based on plan benefit changes, and the revision to the CSR Defunding Adjustment factor.

C. AVERAGE RATE CHANGE

The average proposed rate change shown in Cell AC15 of Table 10 is 0.9%. The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2021 to calendar year 2023 are incorporated into the pricing and reflected in the Unified Rate Review Template.

The change in 21-year-old Non-Tobacco Premium PMPM calculated in Table 11, Cell AN13 is 0.8%.

D. MEMBERSHIP COUNT

Table 1 illustrates the Experience Period member-months, Current Period members as of February 1, 2022, and Projected Rating Period Member-months by ages.

E. BENEFIT CHANGES

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

F. EXPERIENCE PERIOD CLAIMS AND PREMIUMS

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

We combined the experience period data for QCC with the experience period data for Keystone Health Plan East ("KHPE"). This should provide a more stable basis for projecting the Index Rate. The combined data is shown in Tab Ib. The Change in Network Factor is intended to result in QCC rates that are reasonable in relation to KHPE rates.

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2021 and paid through February 2022. Earned premiums and member months are for January through December 2021. The data are for all direct-written individual business of QCC in the Commonwealth of Pennsylvania, including out-of-network claims written by QCC but paid by QCC for POS plans. No private reinsurance was applicable.

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

Projected Risk Adjustment PMPM

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

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2021 risk transfer results.

In the URRT v5.4, it is necessary to divide Risk Adjustment by the Paid to Allowed factor when it is used in calculations based on Allowed Claims to produce calculations that are consistent with the Actuarial Memo Rate Exhibit.

G. CREDIBILITY OF DATA

The experience period data is considered 100% credible.

H. TREND IDENTIFICATION

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

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

I. HISTORICAL EXPERIENCE

Table 4 illustrates historical experience from 2017 through 2021 for the product line.

a. Annualized Cost Trend

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

b. Annualized Utilization Trend

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

c. Rebates

Rebate payments will be made as appropriate for 2021 for QCC in Consumer. Rebate payments will be made if applicable for the 2022 policy period. We do not anticipate 2023 rebates for QCC Consumer.

d. Benefit Changes

Historical medical costs are normalized for the impact of benefit and mix factors to isolate the effect that changes in plan design or member movements amongst plans has on historical trend. By isolating this impact we avoid projecting cost trends into the future that are due to non-repeatable historical member movements or benefit changes.

1. Benefit changes are calculated to value the cost-to-health-plan impact of year-over-year changes in plan designs. The methodology used to calculate the benefit changes is consistent with the one used in the calculation of Pricing AV.
2. Mix impact is calculated using the historical average costs by member at the metallic level, separately for HMO and PPO products.

e. MLR Exhibit

The table below summarizes the most recent three years of MLR information.

	MLR		Member Months	
Calendar Year	**Actual**	**Pricing**	**Actual**	**Pricing**
2018	69.8%	89.4%	461,347	638,460
2019	74.1%	85.8%	466,084	492,072
2020	72.2%	83.2%	468,369	505,932

J. TERMINATED PLANS

The following plans are being terminated during 2023:

31609PA0160007 Personal Choice EPO Gold
Membership is mapped to 31609PA0070002 Personal Choice PPO Gold

31609PA0180007 Personal Choice EPO Gold
Membership is mapped to 31609PA0190002 Personal Choice PPO Gold

2. RATE DEVELOPMENT AND CHANGE

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

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

Changes in Population Risk Morbidity

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

COVID-19 Impact

[redacted]

Development of Reinsurance Tables

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information was populated using 2021 QCC Individual claims data by individual member. 2021 claims paid through February 2022 were completed and complied into the Annual Incurred Claims Ranges shown on Tab II.a. of the Actuarial Memorandum Exhibit.

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information was populated by trending the data from the Experience Period table to 2023 using a 7% trend assumption on the incurred claims. The resulting impact is shown in Cell E7 of Tab II.b. of the Actuarial Memorandum Exhibit.

Changes in Other Factors

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

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

CSR payments are funded through premiums in this filing. The additional cost to provide the CSRs is recognized in Column P of Table 10 of the Actuarial Memorandum Rate Exhibit. In URRT Part I, the cost

is reflected in the Paid to Allowed factor. The Paid to Allowed factor in the URRT Part 1 is equal to the Paid to Allowed factor in Table 5 multiplied by the value in cell P15 of Table 10 of the Actuarial Memorandum Rate Exhibit.

B. RETENTION ITEMS

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

Administrative Expenses		13.01%
General and Claims	10.40%	
Agent/Broker Fees and Commissions	1.81%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		2.60%
RA User Fee	0.04%	
PCORI Fee	0.04%	
PA Premium Tax	2.00%	
Federal Income Tax	0.53%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		2.00%
Total Retention		17.62%

C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Table 7 compares the normalization factors used in this filing to those used in the 2022 filing. The changes in the factors reflect small differences from the projected populations in 2022 and 2023.

D. COMPONENTS OF RATE CHANGE

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

Data in Table 9 is consistent with the 2022 and 2023 URRT with the exception of Risk Adjustment which was revised to project company-specific values.

E. MLR DEMONSTRATION

Projected Claims PMPM (After Reinsurance) [redacted]

Premium PMPM	[redacted]
Quality Improvement Expense PMPM	[redacted]
Exchange User Fee PMPM	[redacted]
HIF PMPM	[redacted]
Federal Income Tax PMPM	[redacted]
Premium Tax PMPM	[redacted]
Federal MLR	[redacted]

3. PLAN RATE DEVELOPMENT

Table 10 is populated with plan information consistent with entries in the 2023 URRT. Plan mappings, where applicable, are illustrated in Column F of Table 10.

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

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

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

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

5. PLAN FACTORS

Tables 12, 13, and 14 illustrate the factors used in pricing for age, tobacco, geographic rating area, and network. The tobacco factors match the previously approved tobacco factors from the 2022 filing.

6. ACTUARIAL CERTIFICATION

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

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

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

- The projected index rate is:
  - —In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.08(d)(1) and 147.106);
  - —Developed in compliance with applicable Actuarial Standards of Practice;
  - —Reasonable in relation to the benefits provided and the population anticipated to be covered; and
  - —Neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values illustrated in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. If an alternate methodology was used to calculate the AV Metal Value for at least one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.
- All factor, benefit, and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2023 Rate Filing Justification.

[redacted]

May 23, 2022

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	QCC Insurance Company, Inc.		
Product(s):	PPO		
Market Seement:	Individual		
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 Experience Period	Members Current Period (as of 02-01-2022)	Member-months Projected Rating Period
Average Age	41.9	41.9	41.9
Total	497,020	39,082	468,996
<18	47,949	3,925	47,100
18-24	40,073	3,175	38,100
25-29	45,522	3,502	42,024
30-34	44,335	3,357	40,284
35-39	37,199	2,884	34,608
40-44	34,753	2,789	33,468
45-49	36,915	2,799	33,600
50-54	50,380	3,907	46,884
55-59	60,602	4,993	59,916
60-63	70,456	5,673	68,076
64+	25,836	2,078	24,936

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
$ 307,125,622.77	$ 258,557,868.91	$ 261,090,537.50	497,020	$ 68,930,997.35	$ 330,021,534.85	$ -	$ (22,424,795.39)	$ 3,061,917.04	$ 110,189.15	$ 26,352,305.55	$ 15,794,385.00
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 625.04**
Loss Ratio											**67.78%**

**Express Prescription Drug Rebates as a negative number*

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	3.15%	7.30%	0.00%	10.68%	19.83%
Outpatient Hospital	3.12%	7.30%	0.00%	10.65%	20.20%
Professional	2.43%	7.30%	0.00%	9.91%	24.94%
Other Medical	2.43%	7.30%	0.00%	9.91%	0.00%
Capitation				2.05%	13.83%
Prescription Drugs	-1.24%	7.30%	0.00%	5.97%	21.20%
Total Annual Trend				8.33%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.174	

** 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		$ 23,201,123.56	1.0000	$ 23,201,123.56	41,421	$ 560.13		$ (492,081.47)	$ 32,138,104.92	$ 775.89
Feb-18		$ 20,285,165.17	1.0000	$ 20,285,165.17	40,642	$ 499.12		$ (467,968.49)	$ 26,499,924.97	$ 652.03
Mar-18		$ 22,125,756.29	1.0000	$ 22,125,756.29	39,969	$ 553.57		$ (511,959.75)	$ 27,538,418.83	$ 688.99
Apr-18		$ 22,324,735.61	1.0000	$ 22,324,735.61	39,491	$ 565.31		$ (522,139.31)	$ 27,346,986.77	$ 692.49
May-18		$ 25,260,102.30	1.0000	$ 25,260,102.30	38,908	$ 649.23		$ (539,381.03)	$ 30,222,853.80	$ 776.78
Jun-18		$ 22,303,415.98	1.0000	$ 22,303,415.98	38,420	$ 580.52		$ (512,644.59)	$ 26,570,643.38	$ 691.58
Jul-18		$ 22,668,311.38	1.0000	$ 22,668,311.38	38,033	$ 596.02		$ (539,271.49)	$ 26,500,949.31	$ 696.79
Aug-18		$ 25,491,626.63	1.0000	$ 25,491,626.63	37,703	$ 676.12		$ (581,228.87)	$ 29,285,592.48	$ 776.74
Sep-18		$ 23,837,750.06	1.0000	$ 23,837,750.06	37,328	$ 638.60		$ (539,305.07)	$ 27,149,704.58	$ 727.33
Oct-18		$ 26,575,057.81	1.0000	$ 26,575,057.81	36,938	$ 719.45		$ (599,651.49)	$ 30,149,784.23	$ 816.23
Nov-18		$ 22,752,278.32	1.0000	$ 22,752,278.32	36,511	$ 623.16		$ (574,049.62)	$ 25,818,312.90	$ 707.14
Dec-18	$ 345,713,051.75	$ 22,493,533.87	1.0000	$ 22,493,533.87	35,983	$ 625.12	$ 61,696,428.60	$ (610,191.59)	$ 25,304,134.64	$ 703.22
Jan-19		$ 18,051,259.87	1.0000	$ 18,051,259.87	42,000	$ 429.79		$ (492,291.09)	$ 26,719,003.99	$ 636.17
Feb-19		$ 17,757,623.26	1.0000	$ 17,757,623.26	41,254	$ 430.45		$ (448,797.59)	$ 23,646,973.78	$ 573.20
Mar-19		$ 20,097,530.80	1.0000	$ 20,097,530.80	40,467	$ 496.64		$ (492,899.97)	$ 25,704,687.40	$ 635.20
Apr-19		$ 21,363,236.17	1.0000	$ 21,363,236.17	39,991	$ 534.20		$ (522,688.96)	$ 26,577,913.64	$ 664.60
May-19		$ 21,292,942.55	1.0000	$ 21,292,942.55	39,398	$ 540.46		$ (530,540.85)	$ 26,108,279.98	$ 662.68
Jun-19		$ 18,968,106.13	1.0000	$ 18,968,106.13	38,925	$ 487.30		$ (498,859.07)	$ 22,890,077.30	$ 588.06
Jul-19		$ 21,065,054.35	1.0000	$ 21,065,054.35	38,397	$ 548.61		$ (543,604.99)	$ 25,120,826.42	$ 654.24
Aug-19		$ 19,823,589.29	1.0000	$ 19,823,589.29	37,984	$ 521.80		$ (527,801.06)	$ 23,504,536.49	$ 621.17
Sep-19		$ 18,789,229.31	1.0000	$ 18,789,229.31	37,566	$ 500.17		$ (514,777.60)	$ 22,173,279.96	$ 590.25
Oct-19		$ 21,050,632.47	1.0000	$ 21,050,632.47	37,195	$ 565.95		$ (574,250.76)	$ 24,637,132.01	$ 662.38
Nov-19		$ 18,913,443.67	1.0000	$ 18,913,443.67	36,757	$ 514.55		$ (544,966.97)	$ 22,033,859.28	$ 599.45
Dec-19	$ 304,626,833.47	$ 20,684,025.67	1.0000	$ 20,684,025.67	36,150	$ 572.17	$ 61,241,780.13	$ (581,994.57)	$ 23,618,309.98	$ 653.34
Jan-20		$ 17,873,443.87	1.0000	$ 17,873,443.87	40,990	$ 436.04		$ (1,446,354.33)	$ 25,074,892.80	$ 611.73
Feb-20		$ 18,739,034.44	1.0000	$ 18,739,034.44	40,211	$ 466.02		$ (1,418,835.90)	$ 24,391,037.63	$ 606.58
Mar-20		$ 17,713,962.82	1.0000	$ 17,713,962.82	39,657	$ 446.68		$ (1,399,104.13)	$ 21,690,890.38	$ 546.96
Apr-20		$ 16,357,323.06	1.0000	$ 16,357,323.06	39,462	$ 414.51		$ (1,511,941.50)	$ 18,016,958.89	$ 456.56
May-20		$ 16,699,447.43	1.0000	$ 16,699,447.43	39,339	$ 424.50		$ (1,507,070.70)	$ 18,833,919.74	$ 478.76
Jun-20		$ 19,113,214.55	1.0000	$ 19,113,214.55	39,094	$ 488.90		$ (1,497,760.66)	$ 21,973,378.06	$ 562.07
Jul-20		$ 19,872,416.54	1.0000	$ 19,872,416.54	38,887	$ 511.03		$ (1,520,688.68)	$ 22,713,977.58	$ 584.10
Aug-20		$ 19,304,319.98	1.0000	$ 19,304,319.98	38,849	$ 496.91		$ (1,569,112.45)	$ 21,983,604.59	$ 565.87
Sep-20		$ 20,994,772.30	1.0000	$ 20,994,772.30	38,663	$ 543.02		$ (1,561,829.73)	$ 23,849,267.68	$ 616.85
Oct-20		$ 22,036,797.44	1.0000	$ 22,036,797.44	38,287	$ 575.57		$ (1,706,233.26)	$ 24,701,934.64	$ 645.18
Nov-20		$ 21,556,883.96	1.0000	$ 21,556,883.96	37,770	$ 570.74		$ (1,683,179.66)	$ 23,690,596.15	$ 627.23
Dec-20	$ 302,517,236.44	$ 22,670,309.14	1.0000	$ 22,670,309.14	37,160	$ 610.07	$ 57,284,681.86	$ (1,656,171.34)	$ 24,787,866.93	$ 666.91
Jan-21		$ 16,913,810.33	1.0000	$ 16,913,810.33	40,561	$ 417.00		$ (1,721,468.61)	$ 23,189,816.60	$ 571.73
Feb-21		$ 16,788,996.15	0.9996	$ 16,794,978.95	41,675	$ 403.00		$ (1,768,672.00)	$ 21,849,933.39	$ 524.29
Mar-21		$ 22,102,028.63	0.9995	$ 22,112,085.65	41,417	$ 533.63		$ (1,758,535.19)	$ 27,637,897.83	$ 666.99
Apr-21		$ 21,646,072.47	0.9993	$ 21,660,982.40	41,593	$ 520.78		$ (1,861,824.70)	$ 26,132,051.26	$ 628.28
May-21		$ 22,689,976.17	0.9988	$ 22,717,875.06	41,678	$ 545.08		$ (1,865,498.60)	$ 26,518,036.73	$ 636.26
Jun-21		$ 23,486,230.12	0.9982	$ 23,529,640.02	41,466	$ 567.44		$ (1,856,026.62)	$ 27,318,304.91	$ 658.81
Jul-21		$ 20,985,907.26	0.9974	$ 21,040,914.71	41,316	$ 509.27		$ (1,876,387.39)	$ 24,358,943.26	$ 589.58
Aug-21		$ 23,128,787.75	0.9954	$ 23,234,589.31	41,346	$ 561.95		$ (1,877,614.39)	$ 26,569,228.18	$ 642.61
Sep-21		$ 23,003,946.89	0.9930	$ 23,166,995.27	41,733	$ 555.12		$ (1,895,220.03)	$ 25,993,453.01	$ 622.85
Oct-21		$ 24,372,027.78	0.9888	$ 24,648,340.95	41,538	$ 593.39		$ (1,987,021.20)	$ 27,135,263.02	$ 653.26
Nov-21		$ 24,481,437.46	0.9814	$ 24,946,141.22	41,432	$ 602.10		$ (1,982,147.06)	$ 27,139,862.17	$ 655.05
Dec-21	$ 307,125,622.77	$ 24,663,422.69	0.9678	$ 25,484,312.95	41,245	$ 617.88	$ 68,930,997.35	$ (1,974,379.60)	$ 26,926,055.30	$ 652.81

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

Carrier Name:	**QCC Insurance Company, Inc.**
Product(s):	**PPO**
Market Segment:	**Individual**
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
$ 1,109,353,658.71	$ 817,562,821.76	$ 824,538,334.36	1,846,676	$ 157,043,868.54	$ 981,582,202.90	$ -	$ (73,969,560.55)	$ 144,284,978.33	$ 306,148.57	$ 19,053,769.83	$ 45,222,127.00
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 569.62**
Loss Ratio											**75.32%**

**Express Prescription Drug Rebates as a negative number*

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	3.15%	7.30%	0.00%	10.68%	19.83%
Outpatient Hospital	3.12%	7.30%	0.00%	10.65%	20.20%
Professional	2.43%	7.30%	0.00%	9.91%	24.94%
Other Medical	2.43%	7.30%	0.00%	9.91%	0.00%
Capitation				2.05%	13.83%
Prescription Drugs	-1.24%	7.30%	0.00%	5.97%	21.20%
Total Annual Trend				8.33%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.174	

** 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		$ 70,277,373.36	1.0000	$ 70,277,373.36	197,695	$ 355.48		$ (1,707,680.35)	$ 89,044,562.18	$ 450.41
Feb-18		$ 61,592,506.86	1.0000	$ 61,592,506.86	194,446	$ 316.76		$ (1,578,439.59)	$ 75,802,508.02	$ 389.84
Mar-18		$ 68,763,828.95	1.0000	$ 68,763,828.95	192,626	$ 356.98		$ (1,718,361.20)	$ 81,871,798.44	$ 425.03
Apr-18		$ 67,830,526.05	1.0000	$ 67,830,526.05	191,822	$ 353.61		$ (1,788,080.72)	$ 80,531,275.01	$ 419.82
May-18		$ 74,343,513.83	1.0000	$ 74,343,513.83	190,002	$ 391.28		$ (1,812,826.71)	$ 87,066,618.38	$ 458.24
Jun-18		$ 68,641,930.70	1.0000	$ 68,641,930.70	187,826	$ 365.45		$ (1,744,290.37)	$ 79,836,888.26	$ 425.06
Jul-18		$ 68,062,961.49	1.0000	$ 68,062,961.49	186,976	$ 364.02		$ (1,865,507.76)	$ 78,809,169.11	$ 421.49
Aug-18		$ 77,224,009.63	1.0000	$ 77,224,009.63	185,943	$ 415.31		$ (1,949,171.72)	$ 88,230,062.90	$ 474.50
Sep-18		$ 68,903,056.70	1.0000	$ 68,903,056.70	185,386	$ 371.67		$ (1,818,957.13)	$ 78,283,815.37	$ 422.27
Oct-18		$ 83,576,670.64	1.0000	$ 83,576,670.64	184,215	$ 453.69		$ (2,042,040.54)	$ 93,811,284.91	$ 509.25
Nov-18		$ 74,649,128.43	1.0000	$ 74,649,128.43	182,922	$ 408.09		$ (1,966,569.62)	$ 83,712,446.31	$ 457.64
Dec-18	$ 1,425,444,705.56	$ 71,281,833.40	1.0000	$ 71,281,833.40	180,911	$ 394.02	$ 163,483,601.18	$ (2,033,726.67)	$ 79,604,859.95	$ 440.02
Jan-19		$ 65,389,230.08	1.0000	$ 65,389,230.08	185,284	$ 352.91		$ (1,815,551.91)	$ 83,897,970.44	$ 452.81
Feb-19		$ 60,245,055.88	1.0000	$ 60,245,055.88	174,902	$ 344.45		$ (1,654,114.16)	$ 73,835,407.08	$ 422.15
Mar-19		$ 63,441,764.65	1.0000	$ 63,441,764.65	172,399	$ 367.99		$ (1,795,653.13)	$ 76,790,620.62	$ 445.42
Apr-19		$ 68,059,818.77	1.0000	$ 68,059,818.77	170,556	$ 399.05		$ (1,882,730.80)	$ 80,801,591.23	$ 473.75
May-19		$ 65,794,913.58	1.0000	$ 65,794,913.58	168,379	$ 390.75		$ (1,897,526.06)	$ 77,858,658.63	$ 462.40
Jun-19		$ 63,914,521.07	1.0000	$ 63,914,521.07	166,481	$ 383.93		$ (1,773,681.00)	$ 74,254,087.00	$ 446.02
Jul-19		$ 66,675,216.67	1.0000	$ 66,675,216.67	163,990	$ 406.58		$ (1,932,853.38)	$ 76,829,498.83	$ 468.50
Aug-19		$ 64,623,605.92	1.0000	$ 64,623,605.92	161,867	$ 399.24		$ (1,689,091.01)	$ 74,304,149.20	$ 459.04
Sep-19		$ 60,888,728.83	1.0000	$ 60,888,728.83	159,965	$ 380.64		$ (1,830,172.42)	$ 69,647,574.74	$ 435.39
Oct-19		$ 70,569,555.56	1.0000	$ 70,569,555.56	158,161	$ 446.19		$ (2,053,899.53)	$ 80,117,716.47	$ 506.56
Nov-19		$ 62,434,859.97	1.0000	$ 62,434,859.97	156,554	$ 398.81		$ (1,926,821.45)	$ 70,794,966.40	$ 452.21
Dec-19	$ 1,205,683,829.83	$ 64,254,361.38	1.0000	$ 64,254,361.38	153,816	$ 417.74	$ 157,653,337.06	$ (2,047,680.65)	$ 72,308,949.28	$ 470.10
Jan-20		$ 61,577,299.90	1.0000	$ 61,577,299.90	157,551	$ 390.84		$ (4,719,110.48)	$ 76,373,842.39	$ 484.76
Feb-20		$ 56,129,918.94	1.0000	$ 56,129,918.94	152,254	$ 368.66		$ (4,564,295.08)	$ 67,373,751.10	$ 442.51
Mar-20		$ 52,382,927.18	1.0000	$ 52,382,927.18	150,593	$ 347.84		$ (4,513,914.25)	$ 60,761,233.65	$ 403.48
Apr-20		$ 47,998,694.64	1.0000	$ 47,998,694.64	149,729	$ 320.57		$ (4,923,972.89)	$ 51,333,492.86	$ 342.84
May-20		$ 49,683,997.30	1.0000	$ 49,683,997.30	149,621	$ 332.07		$ (4,919,170.91)	$ 54,036,580.08	$ 361.16
Jun-20		$ 57,600,159.37	1.0000	$ 57,600,159.37	148,292	$ 388.42		$ (4,876,303.41)	$ 63,655,962.53	$ 429.26
Jul-20		$ 61,195,049.25	1.0000	$ 61,195,049.25	147,512	$ 414.85		$ (5,228,424.90)	$ 67,129,329.09	$ 455.08
Aug-20		$ 61,087,674.79	1.0000	$ 61,087,674.79	146,747	$ 416.28		$ (5,202,283.72)	$ 66,586,274.19	$ 453.75
Sep-20		$ 63,337,076.72	1.0000	$ 63,337,076.72	145,817	$ 434.36		$ (5,149,717.00)	$ 69,153,421.85	$ 474.25
Oct-20		$ 66,397,404.60	1.0000	$ 66,397,404.60	144,459	$ 459.63		$ (5,547,714.56)	$ 71,937,717.49	$ 497.98
Nov-20		$ 65,025,717.57	1.0000	$ 65,025,717.57	142,273	$ 457.05		$ (5,464,339.93)	$ 69,578,179.74	$ 489.05
Dec-20	$ 1,100,254,427.83	$ 67,873,105.23	1.0000	$ 67,873,105.23	139,776	$ 485.58	$ 140,519,098.65	$ (5,269,022.64)	$ 72,390,069.40	$ 517.90
Jan-21		$ 67,236,030.18	1.0000	$ 67,236,030.18	149,540	$ 449.62		$ (5,694,468.90)	$ 78,847,648.71	$ 527.27
Feb-21		$ 66,583,819.05	0.9996	$ 66,607,546.37	152,680	$ 436.26		$ (5,814,615.34)	$ 75,658,913.15	$ 495.54
Mar-21		$ 83,478,490.27	0.9995	$ 83,516,513.03	151,689	$ 550.58		$ (5,776,627.54)	$ 94,018,063.57	$ 619.81
Apr-21		$ 80,229,664.71	0.9993	$ 80,284,927.32	151,931	$ 528.43		$ (6,087,763.71)	$ 88,655,962.44	$ 583.53
May-21		$ 77,035,347.87	0.9988	$ 77,130,068.16	152,725	$ 505.03		$ (6,118,497.12)	$ 83,922,592.52	$ 549.50
Jun-21		$ 82,077,536.28	0.9982	$ 82,229,241.25	153,662	$ 535.13		$ (6,153,294.85)	$ 89,332,369.32	$ 581.36
Jul-21		$ 79,712,235.10	0.9974	$ 79,921,173.75	154,912	$ 515.91		$ (6,242,404.89)	$ 85,743,841.39	$ 553.50
Aug-21		$ 85,998,129.17	0.9954	$ 86,391,523.59	156,221	$ 553.01		$ (6,293,191.39)	$ 91,850,801.21	$ 587.95
Sep-21		$ 84,476,208.46	0.9930	$ 85,074,962.65	157,288	$ 540.89		$ (6,337,150.04)	$ 89,514,887.20	$ 569.11
Oct-21		$ 87,787,504.19	0.9888	$ 88,782,778.28	156,586	$ 566.99		$ (6,532,920.59)	$ 92,520,427.99	$ 590.86
Nov-21		$ 87,424,015.75	0.9814	$ 89,083,488.32	155,470	$ 572.99		$ (6,488,357.62)	$ 91,785,229.44	$ 590.37
Dec-21	$ 1,109,353,658.71	$ 87,090,480.22	0.9678	$ 89,989,174.69	153,972	$ 584.45	$ 157,043,868.54	$ (6,430,268.54)	$ 90,351,012.31	$ 586.81

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

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

Carrier Name:	**QCC Insurance Company, Inc.**	**Attachment Point:**	**$60,000**
Product(s):	**PPO**	**Reinsurance Cap:**	**$100,000**
Market Segment:	**Individual**	**Coinsurance Rate:**	**53%**
Rate Effective Date:	**1/1/2023**		
Incurred Dates:	**1/1/2021 to 12/31/2021**	**Proj. Incurred Claim Impact:**	**-4.2%**

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2021 to 12/31/2021					
Annual Incurred Claims Range		**Unique Members**	**Member Months**	**Total Incurred Claims**	**Total Incurred Claims with Reinsurance**
$0	$29,999	184,141	1,784,034	$471,759,201	$471,759,201
$30,000	$34,999	807	8,857	$26,178,608	$26,178,608
$35,000	$39,999	627	6,838	$23,394,866	$23,394,866
$40,000	$44,999	506	5,596	$21,512,101	$21,512,101
$45,000	$49,999	389	4,305	$18,450,204	$18,450,204
$50,000	$54,999	352	3,842	$18,473,961	$18,473,961
$55,000	$59,999	250	2,750	$14,372,724	$14,372,724
$60,000	$64,999	246	2,702	$15,365,715	$15,044,686
$65,000	$69,999	267	2,944	$18,048,363	$16,973,331
$70,000	$74,999	226	2,576	$16,367,687	$14,879,613
$75,000	$79,999	194	2,159	$15,070,320	$13,252,250
$80,000	$84,999	168	1,849	$13,849,193	$11,851,521
$85,000	$89,999	116	1,318	$10,113,124	$8,441,968
$90,000	$94,999	129	1,405	$11,912,596	$9,701,120
$95,000	$99,999	87	982	$8,493,852	$6,758,710
$100,000	$109,999	173	1,890	$18,070,559	$14,402,959
$110,000	$119,999	147	1,586	$16,874,711	$13,758,311
$120,000	$129,999	101	1,107	$12,660,028	$10,518,828
$130,000	$139,999	106	1,172	$14,288,293	$12,041,093
$140,000	$149,999	101	1,048	$14,645,267	$12,504,067
$150,000	$159,999	84	938	$13,030,658	$11,249,858
$160,000	$169,999	55	603	$9,084,716	$7,918,716
$170,000	$179,999	63	710	$11,019,123	$9,683,523
$180,000	$189,999	49	536	$9,039,595	$8,000,795
$190,000	$199,999	47	528	$9,131,070	$8,134,670
$200,000	$209,999	35	373	$7,179,155	$6,437,155
$210,000	$219,999	36	405	$7,732,337	$6,969,137
$220,000	$229,999	27	298	$6,080,710	$5,508,310
$230,000	$239,999	22	253	$5,162,183	$4,695,783
$240,000	$249,999	24	270	$5,877,950	$5,369,150
$250,000	$259,999	14	155	$3,573,272	$3,276,472
$260,000	$269,999	20	215	$5,280,044	$4,856,044
$270,000	$279,999	17	190	$4,667,896	$4,307,496
$280,000	$289,999	16	171	$4,550,804	$4,211,604
$290,000	$299,999	10	114	$2,941,941	$2,729,941
$300,000	$324,999	36	415	$11,206,940	$10,443,740
$325,000	$349,999	20	226	$6,723,697	$6,299,697
$350,000	$374,999	19	224	$6,856,990	$6,454,190
$375,000	$399,999	16	182	$6,136,431	$5,797,231
$400,000	$424,999	14	162	$5,781,054	$5,484,254
$425,000	$449,999	9	87	$3,941,733	$3,750,933
$450,000	$474,999	6	66	$2,787,828	$2,660,628
$475,000	$499,999	5	60	$2,440,616	$2,334,616
$500,000	$599,999	12	133	$6,553,663	$6,299,263
$600,000	$699,999	8	96	$5,208,271	$5,038,671
$700,000	$799,999	8	95	$5,923,294	$5,753,694
$800,000	$899,999	4	42	$3,409,333	$3,324,533
$900,000	$999,999	6	70	$5,630,904	$5,503,704
$1,000,000+		9	99	$11,969,731	$11,778,931
Total		**189,824**	**1,846,676**	**$968,823,313**	**$928,542,862**

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

Carrier Name:	**QCC Insurance Company, Inc.**	**Attachment Point:**	**$60,000**
Product(s):	**PPO**	**Reinsurance Cap:**	**$100,000**
Market Segment:	**Individual**	**Coinsurance Rate:**	**53%**
Rate Effective Date:	**1/1/2023**		
		Proj. Incurred Claim Impact:	**-4.4%**
		Proj. Morbidity Impact:	**0.0%**

Reinsurance Program Impact Continuance Table Development - Plan Year 2023					
Annual Incurred Claims Range		**Unique Members**	**Member Months**	**Total Incurred Claims**	**Total Incurred Claims with Reinsurance**
$0	$29,999	183,338	1,775,417	$514,365,871	$514,365,871
$30,000	$34,999	917	9,857	$29,704,458	$29,704,458
$35,000	$39,999	689	7,577	$25,858,520	$25,858,520
$40,000	$44,999	560	6,099	$23,724,523	$23,724,523
$45,000	$49,999	440	4,858	$20,891,685	$20,891,685
$50,000	$54,999	394	4,329	$20,669,603	$20,669,603
$55,000	$59,999	298	3,292	$17,139,731	$17,139,731
$60,000	$64,999	277	3,017	$17,246,839	$16,914,614
$65,000	$69,999	213	2,366	$14,376,129	$13,530,181
$70,000	$74,999	222	2,462	$16,087,624	$14,620,783
$75,000	$79,999	224	2,446	$17,382,816	$15,293,124
$80,000	$84,999	204	2,309	$16,792,775	$14,379,804
$85,000	$89,999	162	1,846	$14,152,936	$11,803,480
$90,000	$94,999	166	1,820	$15,307,471	$12,473,311
$95,000	$99,999	136	1,511	$13,240,591	$10,547,878
$100,000	$109,999	189	2,096	$19,816,583	$15,809,783
$110,000	$119,999	177	1,961	$20,335,587	$16,583,187
$120,000	$129,999	130	1,390	$16,302,012	$13,546,012
$130,000	$139,999	106	1,163	$14,251,694	$12,004,494
$140,000	$149,999	94	1,014	$13,628,930	$11,636,130
$150,000	$159,999	94	1,058	$14,545,157	$12,552,357
$160,000	$169,999	85	889	$14,016,055	$12,214,055
$170,000	$179,999	84	918	$14,714,377	$12,933,577
$180,000	$189,999	51	563	$9,447,832	$8,366,632
$190,000	$199,999	55	618	$10,745,411	$9,579,411
$200,000	$209,999	52	581	$10,680,633	$9,578,233
$210,000	$219,999	37	401	$7,953,684	$7,169,284
$220,000	$229,999	43	483	$9,646,491	$8,734,891
$230,000	$239,999	27	283	$6,361,354	$5,788,954
$240,000	$249,999	32	357	$7,827,194	$7,148,794
$250,000	$259,999	24	269	$6,110,785	$5,601,985
$260,000	$269,999	23	262	$6,090,500	$5,602,900
$270,000	$279,999	18	206	$4,951,347	$4,569,747
$280,000	$289,999	19	216	$5,391,478	$4,988,678
$290,000	$299,999	13	135	$3,851,101	$3,575,501
$300,000	$324,999	40	440	$12,455,358	$11,607,358
$325,000	$349,999	28	314	$9,435,312	$8,841,712
$350,000	$374,999	29	335	$10,458,124	$9,843,324
$375,000	$399,999	16	182	$6,150,258	$5,811,058
$400,000	$424,999	20	232	$8,226,445	$7,802,445
$425,000	$449,999	14	160	$6,086,451	$5,789,651
$450,000	$474,999	12	139	$5,570,662	$5,316,262
$475,000	$499,999	9	91	$4,387,644	$4,196,844
$500,000	$599,999	20	222	$10,867,432	$10,443,432
$600,000	$699,999	9	102	$5,856,594	$5,665,794
$700,000	$799,999	7	84	$5,265,861	$5,117,461
$800,000	$899,999	8	95	$6,781,579	$6,611,979
$900,000	$999,999	3	30	$2,883,066	$2,819,466
$1,000,000+		16	181	$21,171,247	$20,832,047
Total		**189,824**	**1,846,676**	**$1,109,205,811**	**$1,060,601,005**

PA Rate Template Part II
Rate Development and Change

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
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	$ 625.04	$ 569.62	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor	1.174	1.174	
Unadjusted Projected Allowed EHB Claims PMPM	$ 733.57	$ 668.52	
Single Risk Pool Adjustment Factors:			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other	1.000	1.000	<- See URRT Instructions
Total Non-Morbidity Changes	1.003	1.323	
Change in Demographics	1.000	0.994	<- See URRT Instructions
Change in Network	1.003	1.330	
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	$ 735.88	$ 884.14	
Credibility Factors	8%	100%	<- See Instructions
Blended Projected EHB Claims PMPM		$ 884.14	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	$ 884.14		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.678		
Projected Incurred EHB Claims PMPM	$ 599.53		
Market-wide Adjustments:			
Projected Incurred Risk Adjustment PMPM	$70.77		
Projected Incurred Exchange User Fees PMPM	$12.85		
Projected Incurred Reinsurance Recoveries PMPM	$26.28		
Market-Adjusted Projected Incurred EHB Claims PMPM	$ 515.33		
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 759.97		<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	$ 0.25		
Market-Adjusted Projected Incurred Total Claims PMPM	$ 515.50		
Market-Adjusted Projected Allowed Total Claims PMPM	$ 760.22		

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	$ 569.62	<- Index Rate of Experience Period on URRT
Blended Earned Premium	$ 1,109,353,658.71	
Blended Loss Ratio	75.32%	

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					-
Adjusted Projected Allowed EHB Claims PMPM	$ 884.14	$ 884.14	$ 884.14	$ 884.14	$ 884.14
Months of Trend	-	3	6	9	
Annual Trend	8.33%	8.33%	8.33%	8.33%	
Single Risk Pool Projected Allowed Claims	$ 884.14	$ 902.01	$ 920.25	$ 938.85	$ -
Quarterly Trend Factor	1.000	1.020	1.041	1.062	0.000

Table 6. Retention

Retention Items - *Express in percentages*	Percentages	PMPM Amounts
Administrative Expenses	13.01%	$81.44
General and Claims	10.40%	$65.08
Agent/Broker Fees and Commissions	1.81%	$11.36
Quality Improvement Initiatives	0.80%	$5.01
Taxes and Fees	2.60%	$16.29
Risk Adjustment User Fee	0.04%	$0.22
PCORI Fee	0.04%	$0.23
PA Premium & Other Taxes (if applicable)	2.00%	$12.51
Federal Income Tax	0.53%	$3.32
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	$0.00
Profit/Contingency (after tax)	2.00%	$12.51
Total Retention	17.62%	$110.24
Projected Required Revenue PMPM	$ 625.74	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2022	2023
Average Age Factor	1.721	1.730
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.004	1.004
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	$ 744.46	$ 760.22
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	$ 430.78	$ 437.60

Table 8. Components of Rate Change

Rate Components	2022	2023	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	$ 364.00	$ 367.15	$ 3.15	0.9%
B. Base period allowed claims before normalization	$ 519.97	$ 569.62	$ 49.65	13.6%
C. Normalization factor component of change	$ (219.09)	$ (241.73)	$ (22.64)	-6.2%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	$ 300.88	$ 327.89	$ 27.01	7.4%
D2. URRT Trend	$ 55.55	$ 56.93	$ 1.38	0.4%
D3. URRT Morbidity	$ 21.50	$ -	$ (21.50)	-6.0%
D4. URRT Other	$ 128.51	$ 124.12	$ (4.39)	-1.2%
D5. Normalized URRT Risk Adjustment on an allowed basis	$ (54.43)	$ (60.08)	$ (5.65)	-1.6%
D6. Normalized Exchange User Fee on an allowed basis	$ 14.34	$ 10.91	$ (3.43)	-0.9%
D7. Normalized Reinsurance Recoveries on an allowed basis	$ (36.11)	$ (22.31)	$ 13.80	3.8%
D8. Subtotal - Sum(D1:D7)	$ 430.63	$ 437.46	$ 6.82	1.9%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	$ -	$ 0.00	$ 0.00	0.0%
E2. Pricing AV	$ (146.79)	$ (140.82)	$ 5.97	1.6%
E3. Benefit Richness	$ 0.01	$ 0.00	$ (0.01)	0.0%
E4. Catastrophic Eligibility	$ -	$ -	$ -	0.0%
E5. Subtotal - Sum(E1:E4)	$ (146.78)	$ (140.82)	$ 5.96	1.6%
F. Change in Retention Components				
F1. Administrative Expenses	$ 47.57	$ 47.78	$ 0.21	0.1%
F2. Taxes and Fees	$ 9.42	$ 9.56	$ 0.14	0.0%
F3. Profit and/or Contingency	$ 6.96	$ 7.34	$ 0.38	0.1%
F4. Subtotal - Sum(F1:F3)	$ 63.95	$ 64.68	$ 0.73	0.2%
G. Change in Miscellaneous Items	$ -	$ -	$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	$ 347.80	$ 361.32	$ 13.52	3.7%

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

	2022	2023	
Paid-to-Allowed	0.650	0.678	
URRT Trend (Total Applied Trend Factor)	1.185	1.174	<- URRT W1, S2
URRT Morbidity	1.061	1.000	<- URRT W1, S2
URRT "Other"	1.340	1.323	<- URRT W1, S2
Risk Adjustment	$ (62.00)	$ (70.77)	<- URRT W1, S3
Exchange User Fee	$ 16.33	$ 12.85	<- URRT W1, S3
Reinsurance Recoveries	$ 41.13	$ 26.28	<- URRT W1, S3
Capitation	$ -	$ -	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.859	0.878	<- 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	13.07%	13.01%	
Taxes and Fees	2.50%	2.60%	
Profit and/or Contingency	1.95%	2.00%	

PA Rate Template Part III

Table 10. Plan Rates

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
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:	$ 759.97

Calibration	
Age Calibration Factor	1.730
Geographic Calibration Factor	1.000
Tobacco Calibration Factor	1.004
Aggregate Calibration Factor	1.737

Total Covered Lives @ 02-01-2022
39,082

										45 CFR Part 156.8 (d) (2) Allowable Factors																02-01-2022 Number of Covered Lives by Rating Area										
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	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	1	2	3	4	5	6	7	8	9	Total	2023 Continued/ Discontinued Plans Indicator
Totals - Current Membership							0.678			0.678	1.000	1.000	1.000	1.000	1.028	$ 525.46	13.0%	2.6%	2.0%	39,082	39,083	$ 364.00	$ 367.15	0.9%		-	-	-	-	-	-	-	39,082	-	39,082	
Total - Projected Membership							0.678			0.678	1.000	1.000	1.000	1.000	1.028	$ 525.46	13.0%	2.6%	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	31609PA0070002	PPO	Personal Choice PPO Gold	E		Gold	0.7976437	Approach 1	On	0.918	1.117	1.000	1.026	1.000	1.000	$799.03	13.0%	2.6%	2.0%	2,882	3,042	$ 549.86	$ 558.30	1.5%	7.4%								2,882		2,882	1
Plan 2	31609PA0070003	PPO	Personal Choice PPO Silver	E		Silver	0.7181269	Approach 1	On	0.679	1.053	1.000	1.026	1.000	1.220	$679.39	13.0%	2.6%	2.0%	3,466	3,466	$ 475.83	$ 474.71	-0.2%	8.9%								3,466		3,466	1
Plan 3	31609PA0070004	PPO	Personal Choice PPO Bronze	E		Bronze	0.6441502	Approach 1	On	0.619	0.963	1.000	1.026	1.000	1.000	$465.02	13.0%	2.6%	2.0%	4,612	4,612	$ 321.60	$ 324.92	1.0%	11.8%								4,612		4,612	1
Plan 4	31609PA0070011	PPO	Personal Choice PPO Gold Classic	N		Gold	0.7832	Approach 1	On	0.819	1.047	1.000	1.026	1.000	1.000	$668.84	13.0%	2.6%	2.0%	-	1	$ -	$ 467.33	0.0%	0.0%								-		-	1
Plan 5	31609PA0160001	EPO	Personal Choice EPO Catastrophic	E		Catastrophic	0.6171761	Approach 1	On	0.538	0.951	1.000	0.975	1.000	1.000	$379.02	13.0%	2.6%	2.0%	109	109	$ 260.73	$ 264.83	1.6%	0.3%								109		109	1
Plan 6	31609PA0160005	EPO	Personal Choice EPO Bronze Reserve	E		Bronze	0.6316781	Approach 1	On	0.598	0.959	1.000	0.975	1.000	1.000	$424.88	13.0%	2.6%	2.0%	4,789	4,789	$ 295.81	$ 296.87	0.4%	12.3%								4,789		4,789	1
Plan 7	31609PA0160006	EPO	Personal Choice EPO Bronze Basic	E		Bronze	0.6337543	Approach 1	On	0.549	0.953	1.000	0.975	1.000	1.000	$386.80	13.0%	2.6%	2.0%	10,148	10,148	$ 268.33	$ 270.27	0.7%	26.0%								10,148		10,148	1
Plan 8	31609PA0160007	EPO	Personal Choice EPO Gold	DM		Gold	0.7967256	Approach 1	On	0.918	1.117	1.000	1.026	1.000	1.000	$799.03	13.0%	2.6%	2.0%	160	-	$ 534.20	$ 558.30	4.5%	0.4%								160		160	1
Plan 9	31609PA0180001	EPO	Personal Choice Catastrophic	E		Catastrophic	0.6171761	Approach 1	Off	0.538	0.951	1.001	0.975	1.000	1.000	$379.02	13.0%	2.6%	2.0%	57	57	$ 260.73	$ 264.83	1.6%	0.1%								57		57	1
Plan 10	31609PA0180004	EPO	Personal Choice EPO Bronze Reserve	E		Bronze	0.6316781	Approach 1	Off	0.598	0.959	1.001	0.975	1.000	1.000	$424.88	13.0%	2.6%	2.0%	3,037	3,037	$ 295.81	$ 296.87	0.4%	7.8%								3,037		3,037	1
Plan 11	31609PA0180005	EPO	Personal Choice EPO Bronze Basic	E		Bronze	0.6337543	Approach 1	Off	0.548	0.952	1.001	0.975	1.000	1.000	$386.80	13.0%	2.6%	2.0%	1,517	1,517	$ 268.33	$ 270.27	0.7%	3.9%								1,517		1,517	1
Plan 12	31609PA0180007	EPO	Personal Choice EPO Gold	DM		Gold	0.7967256	Approach 1	Off	0.917	1.116	1.001	1.026	1.000	1.000	$799.03	13.0%	2.6%	2.0%	542	-	$ 534.20	$ 558.30	4.5%	1.4%								542		542	1
Plan 13	31609PA0190002	PPO	Personal Choice PPO Gold	E		Gold	0.7976437	Approach 1	Off	0.917	1.116	1.001	1.026	1.000	1.000	$799.03	13.0%	2.6%	2.0%	3,962	4,504	$ 549.86	$ 558.30	1.5%	10.1%								3,962		3,962	1
Plan 14	31609PA0190003	PPO	Personal Choice PPO Silver	E		Silver	0.7181269	Approach 1	Off	0.678	1.052	1.001	1.026	1.000	1.220	$679.39	13.0%	2.6%	2.0%	1,584	1,584	$ 475.83	$ 474.71	-0.2%	4.1%								1,584		1,584	1
Plan 15	31609PA0190004	PPO	Personal Choice PPO Bronze	E		Bronze	0.6441502	Approach 1	Off	0.619	0.963	1.001	1.026	1.000	1.000	$465.02	13.0%	2.6%	2.0%	2,217	2,217	$ 321.60	$ 324.92	1.0%	5.7%								2,217		2,217	1
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
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Plan 294																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 295																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 296																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 297																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 298																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 299																$0.00				-			$ -	0.0%	0.0%										-	0
Plan 300																$0.00				-			$ -	0.0%	0.0%										-	0

PA Rate Template Part IV A - Individual

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

Carrier Name: QCC Insurance Company, Inc.
Product(s): PPO
Market Segment: Individual
Rate Effective Date: 1/1/2023

							2022 21-year-old, Non-Tobacco Premium PMPM										2023 21-year-old, Non-Tobacco Premium PMPM										Change in 21-year-old Non-Tobacco Premium PMPM									
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 Plan HIOS Plan ID (If 1/1/2022 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	These cells auto-fill using the data entered in Table 10.						$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 364.00	$ -	$ 364.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 367.15	$ -	$ 367.15	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.8%	0.0%	0.8%
Plan 1	31609PA0070002	'ersonal Choice PPO Gol	E	0	Gold	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 549.86	$ -	$ 549.86	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.30	$ -	$ 558.30								1.5%		1.5%
Plan 2	31609PA0070003	ersonal Choice PPO Silv	E	0	Silver	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 475.83	$ -	$ 475.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 474.71	$ -	$ 474.71								-0.2%		-0.2%
Plan 3	31609PA0070004	ersonal Choice PPO Bron	E	0	Bronze	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 321.60	$ -	$ 321.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 324.92	$ -	$ 324.92								1.0%		1.0%
Plan 4	31609PA0070011	nal Choice PPO Gold Ch	N	0	Gold	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 467.33	$ -	$ -										
Plan 5	31609PA0160001	nal Choice EPO Catastro	E	0	Catastrophic	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 260.73	$ -	$ 260.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 264.83	$ -	$ 264.83								1.6%		1.6%
Plan 6	31609PA0160005	nal Choice EPO Bronze R	E	0	Bronze	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 295.81	$ -	$ 295.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 296.87	$ -	$ 296.87								0.4%		0.4%
Plan 7	31609PA0160006	nal Choice EPO Bronze I	E	0	Bronze	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 268.33	$ -	$ 268.33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 270.27	$ -	$ 270.27								0.7%		0.7%
Plan 8	31609PA0160007	'ersonal Choice EPO Gol	DM	0	Gold	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 534.20	$ -	$ 534.20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.30	$ -	$ 558.30								4.5%		4.5%
Plan 9	31609PA0180001	rsonal Choice Catastroph	E	0	Catastrophic	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 260.73	$ -	$ 260.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 264.83	$ -	$ 264.83								1.6%		1.6%
Plan 10	31609PA0180004	nal Choice EPO Bronze R	E	0	Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 295.81	$ -	$ 295.81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 296.87	$ -	$ 296.87								0.4%		0.4%
Plan 11	31609PA0180005	nal Choice EPO Bronze I	E	0	Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 268.33	$ -	$ 268.33	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 270.27	$ -	$ 270.27								0.7%		0.7%
Plan 12	31609PA0180007	'ersonal Choice EPO Gol	DM	0	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 534.20	$ -	$ 534.20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.30	$ -	$ 558.30								4.5%		4.5%
Plan 13	31609PA0190002	'ersonal Choice PPO Gol	E	0	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 549.86	$ -	$ 549.86	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 558.30	$ -	$ 558.30								1.5%		1.5%
Plan 14	31609PA0190003	ersonal Choice PPO Silv	E	0	Silver	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 475.83	$ -	$ 475.83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 474.71	$ -	$ 474.71								-0.2%		-0.2%
Plan 15	31609PA0190004	rsonal Choice PPO Bron	E	0	Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 321.60	$ -	$ 321.60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 324.92	$ -	$ 324.92								1.0%		1.0%
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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 71	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 72	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 73	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 74	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 75	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 76	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 77	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 78	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 79	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 80	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 81	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 82	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 83	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 84	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 85	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 86	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 87	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 88	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 89	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 90	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 91	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 92	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 93	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 94	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 95	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 96	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 97	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 98	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 99	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 100	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 101	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 102	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 103	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 104	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 105	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 106	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 107	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 108	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 109	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 110	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 111	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 112	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 113	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 114	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 115	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 116	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 117	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 118	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 119	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 120	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 121	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 122	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 123	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 124	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 125	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 126	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 127	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 128	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 129	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 130	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 131	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 132	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 133	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 134	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 135	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 136	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 137	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 138	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 139	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 140	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 141	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 142	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 143	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 144	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 145	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 146	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 147	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 148	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 149	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 150	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 151	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 152	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 153	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 154	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 155	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 156	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 157	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 158	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 159	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 160	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 161	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 162	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 163	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 164	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 165	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 166	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 167	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 168	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 169	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 170	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 171	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 172	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 173	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 174	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 175	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 176	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 177	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 178	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 179	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 180	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 181	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 182	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 183	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 184	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 185	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 186	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 187	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 188	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 189	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 190	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 191	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 192	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 193	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 194	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 195	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 196	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 197	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 198	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 199	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 200	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 201	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 202	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 203	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 204	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 205	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 206	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 207	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 208	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 209	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 210	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 211	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 212	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 213	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 214	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 215	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 216	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 217	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 218	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 219	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 220	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 221	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 222	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 223	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 224	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 225	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 226	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 227	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 228	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 229	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 230	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 231	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 232	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 233	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 234	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 235	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 236	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 237	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 238	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 239	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 240	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 241	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 242	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 243	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 244	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 245	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 246	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 247	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 248	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 249	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 250	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 251	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 252	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 253	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 254	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 255	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 256	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 257	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 258	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 259	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 260	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 261	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 262	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 263	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 264	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 265	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 266	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 267	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 268	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 269	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 270	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 271	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 272	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 273	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 274	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 275	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 276	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 277	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 278	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 279	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 280	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 281	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 282	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 283	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 284	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 285	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 286	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 287	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 288	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 289	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 290	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 291	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 292	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 293	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 294	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 295	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 296	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 297	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 298	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 299	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 300	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										

PA Rate Quarterly Template Part V
Consumer Factors

Carrier Name:	**QCC Insurance Company, Inc.**
Product(s):	**PPO**
Market Segment:	**Individual**
Rate Effective Date:	**1/1/2023**

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

*PA follows the federal default age curve.

Table 13. Geographic Factors

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

Table 14. Network Factors

Projection Period Network Factors				
Network Name	**Rating Area**	**Current Factor**	**Proposed Factor**	**Approval Date**
PPO	Rating Area 8	1.000	1.000	5/6/1997
EPO	Rating Area 8	0.950	0.950	5/6/1997

Company Name: QCC Insurance Company
Market: Individual
Product: PPO
Effective Date of Rates: January 1, 2023 **Ending date of Rates:** December 31, 2023

HIOS Plan ID (On Exchange)=>	31609PA0070002		31609PA0070003		31609PA0070004		31609PA0070011		31609PA0160001		31609PA0160005		31609PA0160006		31609PA0180001		31609PA0180004		31609PA0180005		31609PA0190002		31609PA0190003		31609PA0190004	
HIOS Plan ID (Off Exchange)=>																										
Plan Marketing Name =>	Personal Choice PPO Gold		Personal Choice PPO Silver		Personal Choice PPO Bronze		Personal Choice PPO Gold Class		Personal Choice EPO Catastrop		Personal Choice EPO Bronze Res		Personal Choice EPO Bronze Bas		Personal Choice EPO Catastrop		Personal Choice EPO Bronze Res		Personal Choice EPO Bronze Bas		Personal Choice PPO Gold		Personal Choice PPO Silver		Personal Choice PPO Bronze	
Form # =>	08535.ON Rev. 1.23		08535.ON Rev. 1.23		08535.ON Rev. 1.23		08535.ON Rev. 1.23		08537.ON.PDEN Rev. 1.23		08537.ON.PDEN.HSA Rev. 1.23		08537.ON.PDEN Rev. 1.23		08537.OFF Rev. 1.23		08537.OFF.PDEN.HSA Rev. 1.2		08537.OFF Rev. 1.23		08535.OFF Rev. 1.23		08535.OFF Rev. 1.23		08535.OFF Rev. 1.23	
Rating Area =>	8		8		8		8		8		8		8		8		8		8		8		8		8	
Network =>	Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network	
Metal =>	Gold		Silver		Bronze		Gold		Catastrophic		Bronze		Bronze		Catastrophic		Bronze		Bronze		Gold		Silver		Bronze	
Deductible =>	$0		$3,500		$6,000		$1,250		$9,100		$7,050		$9,100		$9,100		$7,450		$9,100		$0		$3,500		$6,000	
Coinsurance =>	20%		30%		50%		20%		0%		0%		0%		0%		0%		20%		20%		30%		50%	
Copays =>	$30/$65		$30/$75 no ded		$50 no ded/50% after ded		$50 no ded/20% after ded		1-3 no ded (0% after ded)/0%		0% after ded/0% after ded		1-3 no ded (0% after ded)/0%		1-3 no ded (0% after ded)/0%		0% after ded/0% after ded		1-3 no ded (0% after ded)/0%		$30/$65		$30/$75 no ded		$50 no ded/50% after ded	
OOP Maximum =>	$8,000		$8,500		$9,100		$9,100		$9,100		$7,450		$9,100		$9,100		$7,450		$9,100		$8,000		$8,500		$9,100	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	$427.10	$427.10	$363.15	$363.15	$248.56	$248.56	$357.51	$357.51	$202.59	$202.59	$227.11	$227.11	$206.76	$206.76	$202.59	$202.59	$227.11	$227.11	$206.76	$206.76	$427.10	$427.10	$363.15	$363.15	$248.56	$248.56
15	$465.06	$465.06	$395.43	$395.43	$270.66	$270.66	$389.29	$389.29	$220.60	$220.60	$247.29	$247.29	$225.13	$225.13	$220.60	$220.60	$247.29	$247.29	$225.13	$225.13	$465.06	$465.06	$395.43	$395.43	$270.66	$270.66
16	$479.58	$479.58	$407.78	$407.78	$279.11	$279.11	$401.44	$401.44	$227.49	$227.49	$255.01	$255.01	$232.16	$232.16	$227.49	$227.49	$255.01	$255.01	$232.16	$232.16	$479.58	$479.58	$407.78	$407.78	$279.11	$279.11
17	$494.10	$494.10	$420.12	$420.12	$287.55	$287.55	$413.59	$413.59	$234.37	$234.37	$262.73	$262.73	$239.19	$239.19	$234.37	$234.37	$262.73	$262.73	$239.19	$239.19	$494.10	$494.10	$420.12	$420.12	$287.55	$287.55
18	$509.73	$509.73	$433.41	$433.41	$296.65	$296.65	$426.67	$426.67	$241.79	$241.79	$271.04	$271.04	$246.76	$246.76	$241.79	$241.79	$271.04	$271.04	$246.76	$246.76	$509.73	$509.73	$433.41	$433.41	$296.65	$296.65
19	$525.36	$525.36	$446.70	$446.70	$305.75	$305.75	$439.76	$439.76	$249.21	$249.21	$279.35	$279.35	$254.32	$254.32	$249.21	$249.21	$279.35	$279.35	$254.32	$254.32	$525.36	$525.36	$446.70	$446.70	$305.75	$305.75
20	$541.55	$541.55	$460.47	$460.47	$315.17	$315.17	$453.31	$453.31	$256.89	$256.89	$287.96	$287.96	$262.16	$262.16	$256.89	$256.89	$287.96	$287.96	$262.16	$262.16	$541.55	$541.55	$460.47	$460.47	$315.17	$315.17
21	$558.30	$628.09	$474.71	$534.05	$324.92	$365.54	$467.33	$525.75	$264.83	$297.93	$296.87	$333.98	$270.27	$304.05	$264.83	$297.93	$296.87	$333.98	$270.27	$304.05	$558.30	$628.09	$474.71	$534.05	$324.92	$365.54
22	$558.30	$628.09	$474.71	$534.05	$324.92	$365.54	$467.33	$525.75	$264.83	$297.93	$296.87	$333.98	$270.27	$304.05	$264.83	$297.93	$296.87	$333.98	$270.27	$304.05	$558.30	$628.09	$474.71	$534.05	$324.92	$365.54
23	$558.30	$628.09	$474.71	$534.05	$324.92	$365.54	$467.33	$525.75	$264.83	$297.93	$296.87	$333.98	$270.27	$304.05	$264.83	$297.93	$296.87	$333.98	$270.27	$304.05	$558.30	$628.09	$474.71	$534.05	$324.92	$365.54
24	$558.30	$628.09	$474.71	$534.05	$324.92	$365.54	$467.33	$525.75	$264.83	$297.93	$296.87	$333.98	$270.27	$304.05	$264.83	$297.93	$296.87	$333.98	$270.27	$304.05	$558.30	$628.09	$474.71	$534.05	$324.92	$365.54
25	$560.53	$630.60	$476.61	$536.18	$326.22	$367.00	$469.20	$527.85	$265.89	$299.13	$298.06	$335.31	$271.35	$305.27	$265.89	$299.13	$298.06	$335.31	$271.35	$305.27	$560.53	$630.60	$476.61	$536.18	$326.22	$367.00
26	$571.70	$643.16	$486.10	$546.87	$332.72	$374.31	$478.55	$538.36	$271.19	$305.08	$303.99	$341.99	$276.76	$311.35	$271.19	$305.08	$303.99	$341.99	$276.76	$311.35	$571.70	$643.16	$486.10	$546.87	$332.72	$374.31
27	$585.10	$658.24	$497.50	$559.68	$340.52	$383.08	$489.76	$550.98	$277.54	$312.23	$311.12	$350.01	$283.24	$318.65	$277.54	$312.23	$311.12	$350.01	$283.24	$318.65	$585.10	$658.24	$497.50	$559.68	$340.52	$383.08
28	$606.87	$682.73	$516.01	$580.51	$353.19	$397.34	$507.99	$571.49	$287.87	$323.85	$322.70	$363.03	$293.78	$330.51	$287.87	$323.85	$322.70	$363.03	$293.78	$330.51	$606.87	$682.73	$516.01	$580.51	$353.19	$397.34
29	$624.74	$702.83	$531.20	$597.60	$363.59	$409.03	$522.94	$588.31	$296.34	$333.39	$332.20	$373.72	$302.43	$340.24	$296.34	$333.39	$332.20	$373.72	$302.43	$340.24	$624.74	$702.83	$531.20	$597.60	$363.59	$409.03
30	$633.67	$744.56	$538.80	$633.09	$368.78	$433.32	$530.42	$623.24	$300.58	$353.18	$336.95	$395.91	$306.76	$360.44	$300.58	$353.18	$336.95	$395.91	$306.76	$360.44	$633.67	$744.56	$538.80	$633.09	$368.78	$433.32
31	$647.07	$760.31	$550.19	$646.47	$376.58	$442.48	$541.64	$636.42	$306.94	$360.65	$344.07	$404.28	$313.24	$368.06	$306.94	$360.65	$344.07	$404.28	$313.24	$368.06	$647.07	$760.31	$550.19	$646.47	$376.58	$442.48
32	$660.47	$776.05	$561.58	$659.86	$384.38	$451.65	$552.85	$649.60	$313.29	$368.12	$351.20	$412.66	$319.73	$375.68	$313.29	$368.12	$351.20	$412.66	$319.73	$375.68	$660.47	$776.05	$561.58	$659.86	$384.38	$451.65
33	$668.84	$785.89	$568.70	$668.23	$389.25	$457.37	$559.86	$657.84	$317.27	$372.79	$355.65	$417.89	$323.78	$380.45	$317.27	$372.79	$355.65	$417.89	$323.78	$380.45	$668.84	$785.89	$568.70	$668.23	$389.25	$457.37
34	$677.78	$796.39	$576.30	$677.15	$394.45	$463.48	$567.34	$666.62	$321.50	$377.77	$360.40	$423.47	$328.11	$385.53	$321.50	$377.77	$360.40	$423.47	$328.11	$385.53	$677.78	$796.39	$576.30	$677.15	$394.45	$463.48
35	$682.24	$801.64	$580.10	$681.61	$397.05	$466.54	$571.08	$671.02	$323.62	$380.26	$362.78	$426.26	$330.27	$388.07	$323.62	$380.26	$362.78	$426.26	$330.27	$388.07	$682.24	$801.64	$580.10	$681.61	$397.05	$466.54
36	$686.71	$806.88	$583.89	$686.07	$399.65	$469.59	$574.82	$675.41	$325.74	$382.75	$365.15	$429.05	$332.43	$390.61	$325.74	$382.75	$365.15	$429.05	$332.43	$390.61	$686.71	$806.88	$583.89	$686.07	$399.65	$469.59
37	$691.18	$812.13	$587.69	$690.54	$402.25	$472.64	$578.55	$679.80	$327.86	$385.23	$367.53	$431.84	$334.59	$393.15	$327.86	$385.23	$367.53	$431.84	$334.59	$393.15	$691.18	$812.13	$587.69	$690.54	$402.25	$472.64
38	$695.64	$817.38	$591.49	$695.00	$404.85	$475.70	$582.29	$684.19	$329.98	$387.72	$369.90	$434.63	$336.76	$395.69	$329.98	$387.72	$369.90	$434.63	$336.76	$395.69	$695.64	$817.38	$591.49	$695.00	$404.85	$475.70
39	$704.57	$827.88	$599.08	$703.92	$410.05	$481.81	$589.77	$692.98	$334.22	$392.70	$374.65	$440.21	$341.08	$400.77	$334.22	$392.70	$374.65	$440.21	$341.08	$400.77	$704.57	$827.88	$599.08	$703.92	$410.05	$481.81
40	$713.51	$874.05	$606.68	$743.18	$415.25	$508.68	$597.25	$731.63	$338.45	$414.60	$379.40	$464.76	$345.41	$423.12	$338.45	$414.60	$379.40	$464.76	$345.41	$423.12	$713.51	$874.05	$606.68	$743.18	$415.25	$508.68
41	$726.91	$890.46	$618.07	$757.14	$423.05	$518.23	$608.46	$745.37	$344.81	$422.39	$386.52	$473.49	$351.89	$431.07	$344.81	$422.39	$386.52	$473.49	$351.89	$431.07	$726.91	$890.46	$618.07	$757.14	$423.05	$518.23
42	$739.75	$906.19	$628.99	$770.51	$430.52	$527.39	$619.21	$758.54	$350.90	$429.85	$393.35	$481.86	$358.11	$438.68	$350.90	$429.85	$393.35	$481.86	$358.11	$438.68	$739.75	$906.19	$628.99	$770.51	$430.52	$527.39
43	$757.61	$928.08	$644.18	$789.12	$440.92	$540.12	$634.17	$776.85	$359.37	$440.23	$402.85	$493.49	$366.76	$449.28	$359.37	$440.23	$402.85	$493.49	$366.76	$449.28	$757.61	$928.08	$644.18	$789.12	$440.92	$540.12
44	$779.95	$955.43	$663.17	$812.38	$453.91	$556.04	$652.86	$799.75	$369.97	$453.21	$414.73	$508.04	$377.57	$462.52	$369.97	$453.21	$414.73	$508.04	$377.57	$462.52	$779.95	$955.43	$663.17	$812.38	$453.91	$556.04
45	$806.19	$987.58	$685.48	$839.71	$469.18	$574.75	$674.82	$826.66	$382.41	$468.46	$428.68	$525.13	$390.27	$478.08	$382.41	$468.46	$428.68	$525.13	$390.27	$478.08	$806.19	$987.58	$685.48	$839.71	$469.18	$574.75
46	$837.45	$1,025.88	$712.07	$872.28	$487.38	$597.04	$701.00	$858.72	$397.25	$486.63	$445.31	$545.50	$405.41	$496.62	$397.25	$486.63	$445.31	$545.50	$405.41	$496.62	$837.45	$1,025.88	$712.07	$872.28	$487.38	$597.04
47	$872.62	$1,068.96	$741.97	$908.92	$507.85	$622.12	$730.44	$894.79	$413.93	$507.06	$464.01	$568.41	$422.43	$517.48	$413.93	$507.06	$464.01	$568.41	$422.43	$517.48	$872.62	$1,068.96	$741.97	$908.92	$507.85	$622.12
48	$912.82	$1,118.21	$776.15	$950.78	$531.24	$650.77	$764.08	$936.00	$433.00	$530.42	$485.38	$594.59	$441.89	$541.32	$433.00	$530.42	$485.38	$594.59	$441.89	$541.32	$912.82	$1,118.21	$776.15	$950.78	$531.24	$650.77
49	$952.46	$1,166.76	$809.86	$992.07	$554.31	$679.03	$797.26	$976.65	$451.80	$553.45	$506.46	$620.41	$461.08	$564.82	$451.80	$553.45	$506.46	$620.41	$461.08	$564.82	$952.46	$1,166.76	$809.86	$992.07	$554.31	$679.03
50	$997.12	$1,371.05	$847.83	$1,165.77	$580.31	$797.92	$834.65	$1,147.65	$472.99	$650.36	$530.21	$729.04	$482.70	$663.72	$472.99	$650.36	$530.21	$729.04	$482.70	$663.72	$997.12	$1,371.05	$847.83	$1,165.77	$580.31	$797.92
51	$1,041.23	$1,431.69	$885.33	$1,217.33	$605.98	$833.22	$871.57	$1,198.41	$493.91	$679.12	$553.66	$761.29	$504.05	$693.07	$493.91	$679.12	$553.66	$761.29	$504.05	$693.07	$1,041.23	$1,431.69	$885.33	$1,217.33	$605.98	$833.22
52	$1,089.80	$1,498.48	$926.63	$1,274.12	$634.24	$872.09	$912.23	$1,254.31	$516.95	$710.80	$579.49	$796.80	$527.57	$725.40	$516.95	$710.80	$579.49	$796.80	$527.57	$725.40	$1,089.80	$1,498.48	$926.63	$1,274.12	$634.24	$872.09
53	$1,138.93	$1,566.03	$968.41	$1,331.56	$662.84	$911.40	$953.35	$1,310.86	$540.25	$742.85	$605.61	$832.72	$551.35	$758.11	$540.25	$742.85	$605.61	$832.72	$551.35	$758.11	$1,138.93	$1,566.03	$968.41	$1,331.56	$662.84	$911.40
54	$1,191.97	$1,638.96	$1,013.51	$1,393.57	$693.70	$953.84	$997.75	$1,371.91	$565.41	$777.44	$633.82	$871.50	$577.03	$793.41	$565.41	$777.44	$633.82	$871.50	$577.03	$793.41	$1,191.97	$1,638.96	$1,013.51	$1,393.57	$693.70	$953.84
55	$1,245.01	$1,711.89	$1,058.60	$1,455.58	$724.57	$996.29	$1,042.15	$1,432.95	$590.57	$812.03	$662.02	$910.28	$602.70	$828.72	$590.57	$812.03	$662.02	$910.28	$602.70	$828.72	$1,245.01	$1,711.89	$1,058.60	$1,455.58	$724.57	$996.29
56	$1,302.51	$1,790.96	$1,107.50	$1,522.81	$758.04	$1,042.30	$1,090.28	$1,499.14	$617.85	$849.54	$692.60	$952.32	$630.54	$866.99	$617.85	$849.54	$692.60	$952.32	$630.54	$866.99	$1,302.51	$1,790.96	$1,107.50	$1,522.81	$758.04	$1,042.30
57	$1,360.58	$1,870.79	$1,156.87	$1,590.69	$791.83	$1,088.77	$1,138.88	$1,565.96	$645.39	$887.41	$723.47	$994.77	$658.65	$905.64	$645.39	$887.41	$723.47	$994.77	$658.65	$905.64	$1,360.58	$1,870.79	$1,156.87	$1,590.69	$791.83	$1,088.77
58	$1,422.55	$1,956.00	$1,209.56	$1,663.15	$827.90	$1,138.36	$1,190.76	$1,637.29	$674.79	$927.83	$756.42	$1,040.08	$688.65	$946.89	$674.79	$927.83	$756.42	$1,040.08	$688.65	$946.89	$1,422.55	$1,956.00	$1,209.56	$1,663.15	$827.90	$1,138.36
59	$1,453.25	$1,998.23	$1,235.67	$1,699.05	$845.77	$1,162.93	$1,216.46	$1,672.63	$689.35	$947.86	$772.75	$1,062.53	$703.51	$967.33	$689.35	$947.86	$772.75	$1,062.53	$703.51	$967.33	$1,453.25	$1,998.23	$1,235.67	$1,699.05	$845.77	$1,162.93
60	$1,515.23	$2,083.44	$1,288.36	$1,771.50	$881.83	$1,212.52	$1,268.33	$1,743.96	$718.75	$988.28	$805.71	$1,107.84	$733.51	$1,008.58	$718.75	$988.28	$805.71	$1,107.84	$733.51	$1,008.58	$1,515.23	$2,083.44	$1,288.36	$1,771.50	$881.83	$1,212.52
61	$1,568.82	$2,157.13	$1,333.94	$1,834.16	$913.03	$1,255.41	$1,313.20	$1,805.65	$744.17	$1,023.24	$834.20	$1,147.03	$759.46	$1,044.26	$744.17	$1,023.24	$834.20	$1,147.03	$759.46	$1,044.26	$1,568.82	$2,157.13	$1,333.94	$1,834.16	$913.03	$1,255.41
62	$1,604.00	$2,205.49	$1,363.84	$1,875.28	$933.50	$1,283.56	$1,342.64	$1,846.13	$760.86	$1,046.18	$852.91	$1,172.75	$776.49	$1,067.67	$760.86	$1,046.18	$852.91	$1,172.75	$776.49	$1,067.67	$1,604.00	$2,205.49	$1,363.84	$1,875.28	$933.50	$1,283.56
63	$1,648.10	$2,266.14	$1,401.34	$1,926.85	$959.16	$1,318.85	$1,379.56	$1,896.89	$781.78	$1,074.94	$876.36	$1,205.00	$797.84	$1,097.03	$781.78	$1,074.94	$876.36	$1,205.00	$797.84	$1,097.03	$1,648.10	$2,266.14	$1,401.34	$1,926.85	$959.16	$1,318.85
64+	$1,674.90	$2,302.99	$1,424.13	$1,958.18	$974.76	$1,340.30	$1,401.99	$1,927.74	$794.49	$1,092.42	$890.61	$1,224.59	$810.81	$1,114.86	$794.49	$1,092.42	$890.61	$1,224.59	$810.81	$1,114.86	$1,674.90	$2,302.99	$1,424.13	$1,958.18	$974.76	$1,340.30

QCC Insurance Company
Individual
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0070002	Personal Choice PPO Gold	PPO	Gold	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070004	Personal Choice PPO Bronze	PPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070011	Personal Choice PPO Gold Classic	PPO	Gold	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180001	Personal Choice Catastrophic	EPO	Catastrophic	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190002	Personal Choice PPO Gold	PPO	Gold	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190003	Personal Choice PPO Silver	PPO	Silver	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

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

02-01-2022 Number of Covered Lives by Rating County

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange
31609PA0070002	Personal Choice PPO Gold	PPO	Gold	On
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On
31609PA0070004	Personal Choice PPO Bronze	PPO	Bronze	On
31609PA0070011	Personal Choice PPO Gold Classic	PPO	Gold	On
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On
31609PA0180001	Personal Choice Catastrophic	EPO	Catastrophic	Off
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Bronze	Off
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	Off
31609PA0190002	Personal Choice PPO Gold	PPO	Gold	Off
31609PA0190003	Personal Choice PPO Silver	PPO	Silver	Off
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	Off

RATING AREA 1

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

RATING AREA 2

Elk	Cameron	Potter
0	0	0

RATING AREA 3

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

RATING AREA 4

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

RATING AREA 5

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

RATING AREA 6

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

RATING AREA 7

Adams	Berks	Lancaster	York
0	0	0	0

RATING AREA 8

HIOS Plan ID	Bucks	Chester	Delaware	Montgomery	Philadelphia
	6,771	7,575	5,957	9,735	8,968
31609PA0070002	$558.30	$558.30	$558.30	$558.30	$558.30
31609PA0070003	$474.71	$474.71	$474.71	$474.71	$474.71
31609PA0070004	$324.92	$324.92	$324.92	$324.92	$324.92
31609PA0070011	$467.33	$467.33	$467.33	$467.33	$467.33
31609PA0160001	$264.83	$264.83	$264.83	$264.83	$264.83
31609PA0160005	$296.87	$296.87	$296.87	$296.87	$296.87
31609PA0160006	$270.27	$270.27	$270.27	$270.27	$270.27
31609PA0180001	$264.83	$264.83	$264.83	$264.83	$264.83
31609PA0180004	$296.87	$296.87	$296.87	$296.87	$296.87
31609PA0180005	$270.27	$270.27	$270.27	$270.27	$270.27
31609PA0190002	$558.30	$558.30	$558.30	$558.30	$558.30
31609PA0190003	$474.71	$474.71	$474.71	$474.71	$474.71
31609PA0190004	$324.92	$324.92	$324.92	$324.92	$324.92

RATING AREA 9

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

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.

Company Legal Name: **QCC Insurance Company, Inc.** State: **PA**

HIOS Issuer ID: **31609** Market: **Individual**

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

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

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	$310,768,845.64	$625.26
Reinsurance	$15,794,385.00	$31.78
Incurred Claims in Experience Period	$226,043,463.30	$454.80
Risk Adjustment	$26,352,305.55	$53.02
Experience Period Premium	$307,125,622.77	$617.93
Experience Period Member Months	497,020	

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	$123.95	1.032	1.073	1.032	1.073	$151.99
Outpatient Hospital	$126.28	1.031	1.073	1.031	1.073	$154.54
Professional	$155.88	1.024	1.073	1.024	1.073	$188.19
Other Medical	$0.00	1.024	1.073	1.024	1.073	$0.00
Capitation	$86.42	1.000	1.021	1.000	1.021	$90.09
Prescription Drug	$132.51	0.988	1.073	0.988	1.073	$148.92
Total	$625.04					**$733.73**

Morbidity Adjustment	1.000
Demographic Shift	1.000
Plan Design Changes	1.000
Other	1.003
Adjusted Trended EHB Allowed Claims PMPM for **1/1/2023**	**$735.93**

Manual EHB Allowed Claims PMPM	$884.14
Applied Credibility %	0.00%

		Projected Period Totals
Projected Index Rate for **1/1/2023**	**$884.14**	$414,658,123.44
Reinsurance	$38.75	$18,173,595.00
Risk Adjustment Payment/Charge	$104.37	$48,949,112.52
Exchange User Fees	2.49%	$8,874,609.64
Market Adjusted Index Rate	**$759.94**	**$356,410,025.56**

Projected Member Months	**468,996**

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: **QCC Insurance Company, Inc.**
HIOS Issuer ID: **31609**
Effective Date of Rate Change(s): **1/1/2023**
State: **PA**
Market: **Individual**

Product/Plan Level Calculations

Field #	Section I: General Product and Plan Information																
1.1	Product Name		Personal Choice ON Exchange PPO Indiv				Personal Choice ON Exchange EPO				Personal Choice OFF Exchange EPO				Personal Choice OFF Exchange PPO Indiv		
1.2	Product ID		31609PA007				31609PA016				31609PA018				31609PA019		
1.3	Plan Name		PPO Gold	PPO Silver	PPO Bronze	PPO Gold Classic	EPO Catastrophic	EPO Bronze	EPO Bronze Basic	EPO Gold	Catastrophic	EPO Bronze	EPO Bronze Basic	EPO Gold	PPO Gold	PPO Silver	PPO Bronze
1.4	Plan ID (Standard Component ID)		31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0190002	31609PA0190003	31609PA0190004
1.5	Metal		Gold	Silver	Bronze	Gold	Catastrophic	Bronze	Bronze	Gold	Catastrophic	Bronze	Bronze	Gold	Gold	Silver	Bronze
1.6	AV Metal Value		0.798	0.718	0.644	0.783	0.617	0.632	0.634	0.797	0.617	0.632	0.634	0.797	0.798	0.718	0.644
1.7	Plan Category		Renewing	Renewing	Renewing	New	Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	Renewing
1.8	Plan Type		PPO	PPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO
1.9	Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No
1.10	Effective Date of Proposed Rates		1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023	1/1/2023
1.11	Cumulative Rate Change % (over 12 mos prior)		1.53%	-0.24%	1.03%	0.00%	1.57%	0.36%	0.72%	0.00%	1.57%	0.36%	0.72%	0.00%	1.53%	-0.24%	0.00%
1.12	Product Rate Increase %		0.73%				0.59%				0.47%				0.85%		
1.13	Submission Level Rate Increase %		0.69%														

Worksheet 1 Totals		Section II: Experience Period and Current Plan Level Information																
	2.1	Plan ID (Standard Component ID)	Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0190002	31609PA0190003	31609PA0190004
$310,768,846	2.2	Allowed Claims	$310,768,846	$42,051,094	$41,476,505	$24,913,470	$0	$770,415	$32,311,309	$37,307,744	$3,119,631	$43,823	$29,474,449	$7,213,723	$11,902,563	$55,126,092	$13,176,136	$11,881,891
$15,794,385	2.3	Reinsurance	$15,794,385	$2,054,728	$2,322,360	$1,048,481	$0	$23,840	$1,772,300	$1,671,499	$211,452	$0	$1,454,424	$301,486	$647,757	$3,052,798	$660,114	$573,146
	2.4	Member Cost Sharing	$68,930,997	$5,194,835	$5,335,299	$8,073,505	$0	$325,558	$9,214,066	$14,694,829	$325,699	$43,288	$7,338,971	$2,483,859	$1,099,997	$7,164,655	$3,487,872	$4,148,564
	2.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$226,043,463	2.6	Incurred Claims	$226,043,463	$34,801,530	$33,818,846	$15,791,484	$0	$421,017	$21,324,943	$20,941,416	$2,582,480	$535	$20,681,054	$4,428,378	$10,154,809	$44,908,640	$9,028,150	$7,160,181
$26,352,306	2.7	Risk Adjustment Transfer Amount	$26,352,306	$13,899,281	$12,189,857	-$3,223,106	$0	$9,863	-$1,942,839	-$21,837,405	$1,378,084	$16,728	$3,742,232	-$3,615,052	$5,180,504	$18,842,315	$2,646,265	-$934,423
$307,125,623	2.8	Premium	$307,125,624	$26,336,440	$33,658,502	$33,326,537	$0	$742,347	$36,890,088	$67,636,325	$1,568,414	$197,947	$21,767,417	$8,437,206	$6,098,253	$41,338,513	$15,045,169	$14,082,466
497,020	2.9	Experience Period Member Months	497,020	29,152	39,408	55,217	0	2,670	67,645	146,855	1,721	717	39,108	17,244	6,893	46,446	18,752	25,192
	2.10	Current Enrollment	39,082	2,882	3,466	4,612	0	109	4,789	10,148	160	57	3,037	1,517	542	3,962	1,584	2,217
	2.11	Current Premium PMPM	$627.46	$888.30	$840.34	$585.63	$0.00	$274.82	$547.81	$467.54	$848.88	$366.97	$549.39	$463.13	$839.00	$887.72	$785.93	$544.03
	2.12	Loss Ratio	67.78%	86.49%	73.76%	52.46%	#DIV/0!	55.97%	61.02%	45.72%	87.65%	0.25%	81.07%	91.83%	90.03%	74.62%	51.03%	54.46%
		Per Member Per Month																
	2.13	Allowed Claims	$625.26	$1,442.48	$1,052.49	$451.19	#DIV/0!	$288.55	$477.66	$254.04	$1,812.69	$61.12	$753.67	$418.33	$1,726.76	$1,186.89	$702.65	$471.65
	2.14	Reinsurance	$31.78	$70.48	$58.93	$18.99	#DIV/0!	$8.93	$26.20	$11.38	$122.87	$0.00	$37.19	$17.48	$93.97	$65.73	$35.20	$22.75
	2.15	Member Cost Sharing	$138.69	$178.20	$135.39	$146.21	#DIV/0!	$121.93	$136.21	$100.06	$189.25	$60.37	$187.66	$144.04	$159.58	$154.26	$186.00	$164.68
	2.16	Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	2.17	Incurred Claims	$454.80	$1,193.80	$858.17	$285.99	#DIV/0!	$157.68	$315.25	$142.60	$1,500.57	$0.75	$528.82	$256.81	$1,473.21	$966.90	$481.45	$284.22
	2.18	Risk Adjustment Transfer Amount	$53.02	$476.79	$309.32	-$58.37	#DIV/0!	$3.69	-$28.72	-$148.70	$800.75	$23.33	$95.69	-$209.64	$751.56	$405.68	$141.12	-$37.09
	2.19	Premium	$617.93	$903.42	$854.10	$603.56	#DIV/0!	$278.03	$545.35	$460.57	$911.34	$276.08	$556.60	$489.28	$884.70	$890.03	$802.32	$559.01

	Section III: Plan Adjustment Factors																
3.1	Plan ID (Standard Component ID)		31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0190002	31609PA0190003	31609PA0190004
3.2	Market Adjusted Index Rate		$759.94														
3.3	AV and Cost Sharing Design of Plan		1.0250	0.8715	0.5965	0.8580	0.5118	0.5737	0.5223	0.0000	0.5113	0.5731	0.5218	0.0000	1.0239	0.8706	0.5959
3.4	Provider Network Adjustment		1.0258	1.0258	1.0258	1.0258	0.9745	0.9745	0.9745	0.0000	0.9745	0.9745	0.9745	0.0000	1.0258	1.0258	1.0258
3.5	Benefits in Addition to EHB		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	1.0010	1.0010	1.0010	0.0000	1.0010	1.0010	1.0010
	Administrative Costs																
3.6	Administrative Expense		13.01%	13.01%	13.01%	13.01%	13.01%	13.01%	13.01%	0.00%	13.01%	13.01%	13.01%	0.00%	13.01%	13.01%	13.01%
3.7	Taxes and Fees		2.60%	2.60%	2.60%	2.60%	2.60%	2.60%	2.60%	0.00%	2.60%	2.60%	2.60%	0.00%	2.60%	2.60%	2.60%
3.8	Profit & Risk Load		2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%	2.00%	2.00%	2.00%	0.00%	2.00%	2.00%	2.00%
3.9	Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000
3.10	**Plan Adjusted Index Rate**		$969.82	$824.59	$564.39	$811.81	$460.03	$515.67	$469.47	$0.00	$460.04	$515.65	$469.49	$0.00	$969.75	$824.56	$564.39
3.11	Age Calibration Factor	0.5781	0.5781														
3.12	Geographic Calibration Factor	1.0000	1.0000														
3.13	Tobacco Calibration Factor	0.9957	0.9957														
3.14	**Calibrated Plan Adjusted Index Rate**		$558.24	$474.64	$324.87	$467.29	$264.80	$296.83	$270.23	$0.00	$264.81	$296.81	$270.25	$0.00	$558.20	$474.63	$324.87

	Section IV: Projected Plan Level Information																
4.1	Plan ID (Standard Component ID)	Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0190002	31609PA0190003	31609PA0190004
4.2	Allowed Claims	$415,287,132	$36,976,211	$39,707,569	$48,345,442	$11,398	$1,071,657	$47,474,142	$99,864,411	$0	$560,946	$30,133,248	$14,942,719	$0	$54,780,308	$18,158,999	$23,260,082
4.3	Reinsurance	$12,324,555	$959,274	$1,092,979	$1,454,362	$315	$34,372	$1,510,178	$3,200,102	$0	$17,975	$957,697	$478,376	$0	$1,420,305	$499,503	$699,116
4.4	Member Cost Sharing	$110,522,858	$2,615,469	$5,873,666	$15,819,813	$1,771	$425,391	$16,390,045	$38,736,265	$0	$222,916	$10,417,123	$5,802,839	$0	$3,900,769	$2,694,803	$7,621,987
4.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.6	Incurred Claims	$292,439,718	$33,401,468	$32,740,924	$31,071,267	$9,311	$611,893	$29,573,919	$57,928,044	$0	$320,056	$18,758,427	$8,661,504	$0	$49,459,234	$14,964,692	$14,938,979
4.7	Risk Adjustment Transfer Amount	$33,190,847	$2,583,388	$2,943,466	$3,916,695	$849	$92,567	$4,067,010	$8,618,088	$0	$48,407	$2,579,142	$1,288,297	$0	$3,824,977	$1,345,196	$1,882,765
4.8	Premium	$299,098,450	$35,401,631	$34,295,422	$31,234,887	$9,742	$601,708	$29,633,915	$57,168,899	$0	$314,662	$18,791,810	$8,546,397	$0	$52,411,936	$15,672,855	$15,014,586
4.9	Projected Member Months	468,996	36,504	41,592	55,344	12	1,308	57,468	121,776	0	684	36,444	18,204	0	54,048	19,008	26,604
4.10	Loss Ratio	88.01%	87.93%	87.92%	88.39%	87.92%	88.13%	87.75%	88.05%	#DIV/0!	88.15%	87.78%	88.07%	#DIV/0!	87.95%	87.93%	88.41%
	Per Member Per Month																
4.11	Allowed Claims	$885.48	$1,012.94	$954.69	$873.54	$949.81	$819.31	$826.10	$820.07	#DIV/0!	$820.10	$826.84	$820.85	#DIV/0!	$1,013.55	$955.33	$874.31
4.12	Reinsurance	$26.28	$26.28	$26.28	$26.28	$26.28	$26.28	$26.28	$26.28	#DIV/0!	$26.28	$26.28	$26.28	#DIV/0!	$26.28	$26.28	$26.28
4.13	Member Cost Sharing	$235.66	$71.65	$141.22	$285.85	$147.58	$325.22	$285.20	$318.09	#DIV/0!	$325.90	$285.84	$318.77	#DIV/0!	$72.17	$141.77	$286.50
4.14	Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00
4.15	Incurred Claims	$623.54	$915.01	$787.19	$561.42	$775.96	$467.81	$514.62	$475.69	#DIV/0!	$467.92	$514.72	$475.80	#DIV/0!	$915.10	$787.28	$561.53
4.16	Risk Adjustment Transfer Amount	$70.77	$70.77	$70.77	$70.77	$70.77	$70.77	$70.77	$70.77	#DIV/0!	$70.77	$70.77	$70.77	#DIV/0!	$70.77	$70.77	$70.77
4.17	Premium	$637.74	$969.80	$824.57	$564.38	$811.83	$460.02	$515.66	$469.46	#DIV/0!	$460.03	$515.64	$469.48	#DIV/0!	$969.73	$824.54	$564.37

Rating Area Data Collection

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

Rating Area	Rating Factor
Rating Area 8	1.0000

GENERAL OVERVIEW

PURPOSES

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

GENERAL INFORMATION

COMPANY IDENTIFYING INFORMATION

Company Legal Name: QCC Insurance Company, Inc. ("QCC")
State: Pennsylvania
HIOS Issuer ID (5-digit): 31609
Market: Individual
Effective Date(s): 1/1/2023

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

COMPANY CONTACT INFORMATION

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

PROPOSED RATE INCREASE

The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2021 to calendar year 2023 were incorporated into the pricing and reflected in the Unified Rate Review Template. The changes are driven by factors including: changes in market-wide population risk morbidity and covered services, increasing unit costs for medical services, increasing utilization of medical services, increasing fees and taxes imposed by the federal government, anticipated costs to administer the plan, and anticipated revenue or payments due to market-wide risk adjustment.

The Federal government ended the Health Insurance Providers Fee beginning with premiums due in 2021.

We are projecting that claims will increase by 9.6% in 2023. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

A reinsurance program administered by the state became effective January 1, 2021. We project that this will reduce rates by approximately 3% in the 2023 time period.

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

The weighted average increase across QCC plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is 0.9%. The minimum increase is -0.2% and the maximum increase is 1.6%.

WORKSHEET 1: MARKET EXPERIENCE

SECTION I: EXPERIENCE PERIOD DATA

SINGLE RISK POOL

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

PAID THROUGH DATE

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2021 and paid through February 2022. Earned premiums and member months are for January through December 2021. The data are for all direct-written individual business of QCC in the Commonwealth of Pennsylvania.

PREMIUMS IN EXPERIENCE PERIOD

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

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

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

Insurer fee-for-service claims expenses and member liabilities for dates of service in January 2021 through December 2021 and paid through February 2022 are sourced from the IBCFOC's internal data warehouse. The claims and member liabilities are completed with incurred but not reported (IBNR) adjustments to develop ultimate incurred insurer fee-for-service claims expenses and member liabilities for the January through December 2021 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2021 period but they are not adjusted for IBNR.

Allowed Claims

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

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

IBNR Development

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

The completion factors are developed annually in the 2Q – 3Q period. We do not believe our IBNR is unusually high or unusually low for incurred 2021 paid through February 2022.

Experience Period Index Rate

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

SECTION II: PROJECTIONS

BENEFIT CATEGORIES

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

PROJECTION FACTORS

The estimated incurred claims experience on an allowed basis for January 2021 through December 2021 is projected to the future rating period by several factors.

Morbidity Adjustment

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

COVID-19 Impact

[redacted]

Demographic Shift

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

Plan Design Changes

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

Other Changes

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

Trend Factors

a. Annualized Cost Trend

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

b. Annualized Utilization Trend

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

CREDIBILITY MANUAL RATE DEVELOPMENT

We combined the experience period data for QCC with the experience period data for Keystone Health Plan East ("KHPE"). This should provide a more stable basis for projecting the Index Rate. The combined data is shown in Tab Ib. The Change in Network Factor is intended to result in QCC rates that are reasonable in relation to KHPE rates. The combined claims are determined to be 100% credible as reflected in Table 5.

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustment PMPM

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

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2021 risk transfer results.

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

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

MARKET ADJUSTED INDEX RATE

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

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

WORKSHEET 2: PRODUCT-PLAN DATA COLLECTION

SECTION I: GENERAL PRODUCT AND PLAN INFORMATION

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

AV METAL VALUES

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

SECTION II: EXPERIENCE PERIOD AND CURRENT PLAN LEVEL INFORMATION

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

SECTION III: PLAN ADJUSTMENT FACTORS

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

PLAN ADJUSTED INDEX RATE

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

NON-BENEFIT EXPENSES AND PROFIT & RISK

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

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

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

CALIBRATION

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

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

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

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

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

MEMBERSHIP PROJECTIONS

Enrollment is projected based on current and anticipated enrollment by plan. Items impacting these projections include changes in the size of the market due to guarantee issue requirements and the individual mandate changes. The enrollment is our February 2022 enrollment.

LOSS RATIO

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

INDEX RATE

The Index Rate is defined as the EHB portion of projected allowed claims divided by all projected single risk pool lives. The Index Rate is the same value for all non-grandfathered plans for QCC Individual Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2022. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

TERMINATED PLANS

The following plans are being terminated during 2023:

31609PA0160007 Personal Choice EPO Gold

Membership is mapped to 31609PA0070002 Personal Choice PPO Gold

31609PA0180007 Personal Choice EPO Gold
Membership is mapped to 31609PA0190002 Personal Choice PPO Gold

WORKSHEET 3: RATING AREAS

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

ACTUARIAL CERTIFICATION

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

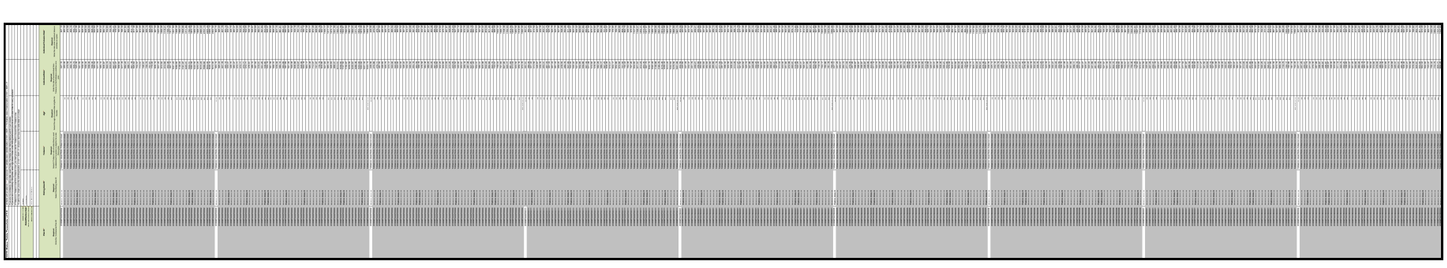
The Part I Unified Rate Review Template does not demonstrate the process used by the issuer to develop the premium rates and allowable rating factors. Rather, it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified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

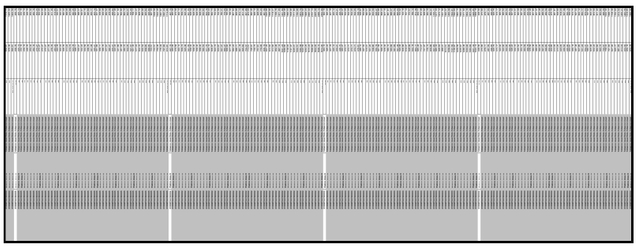
I hereby certify that, to the best of my knowledge and judgment, the following:

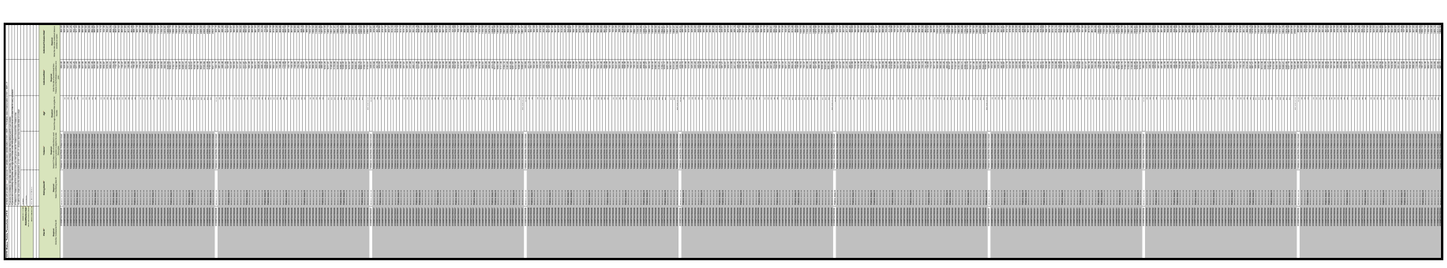
- The projected index rate is:
  - —In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
  - —Developed in compliance with applicable Actuarial Standards of Practice;
  - —Reasonable in relation to the benefits provided and the population anticipated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

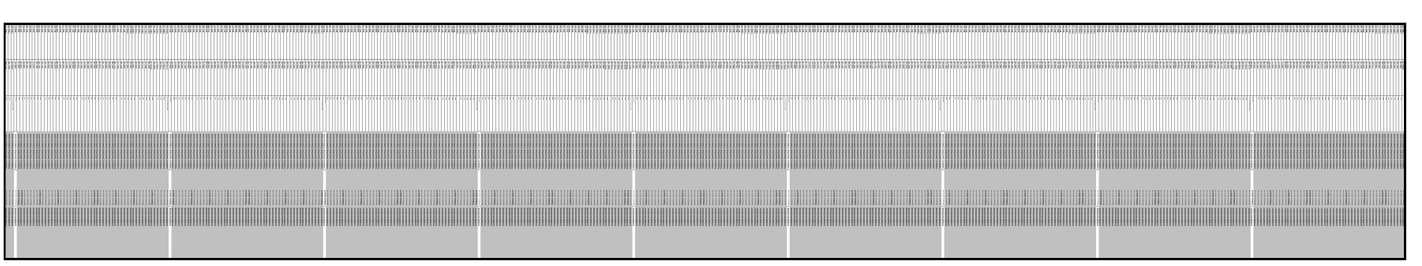
[redacted]

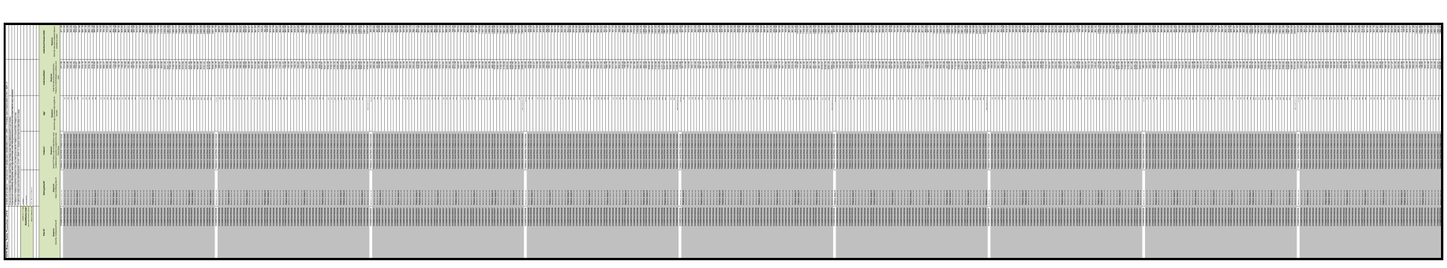
May 23, 2022

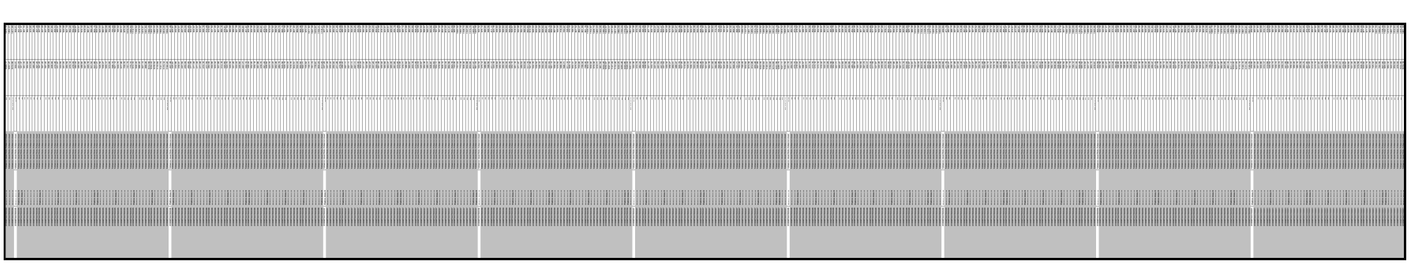


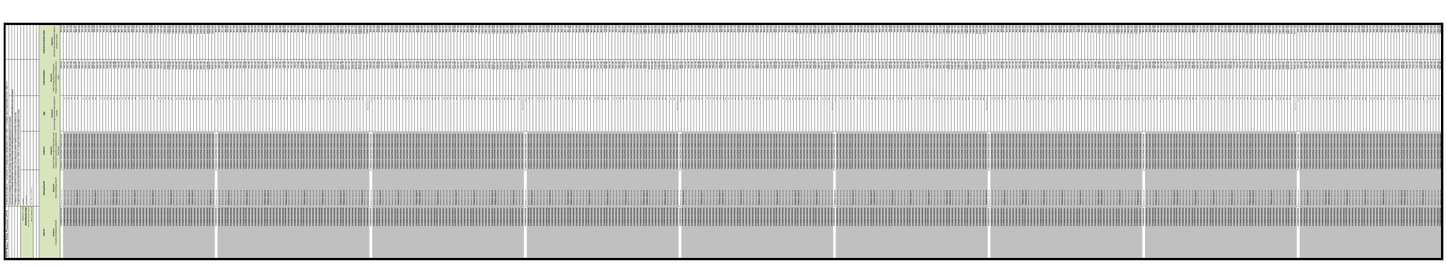


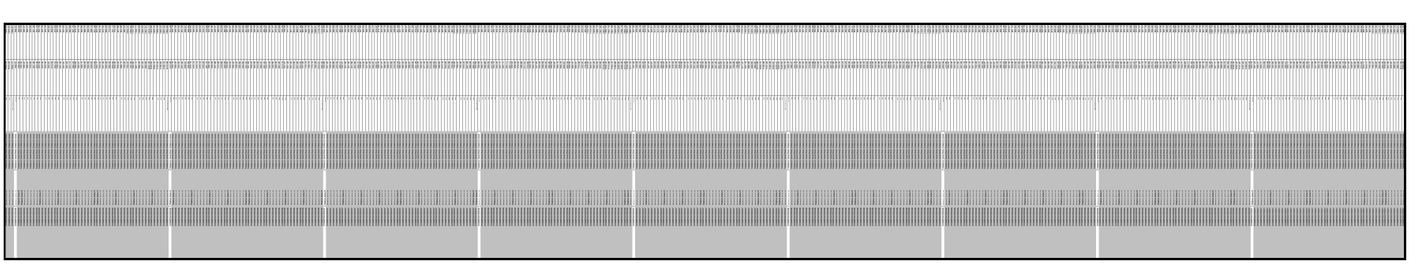


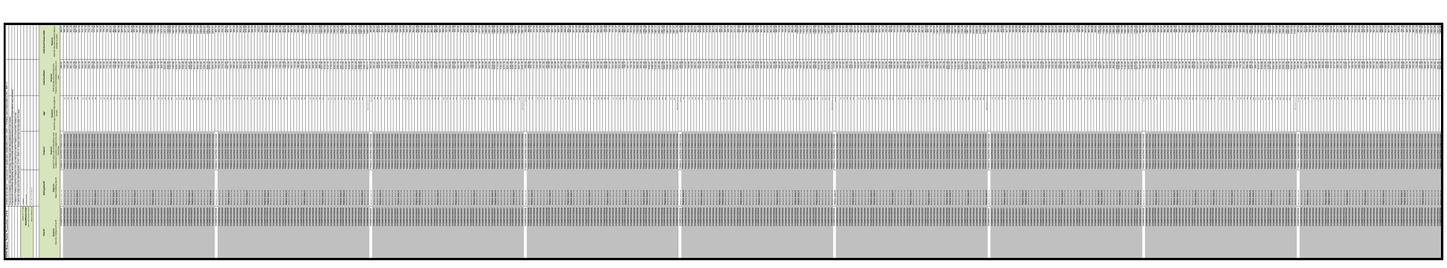


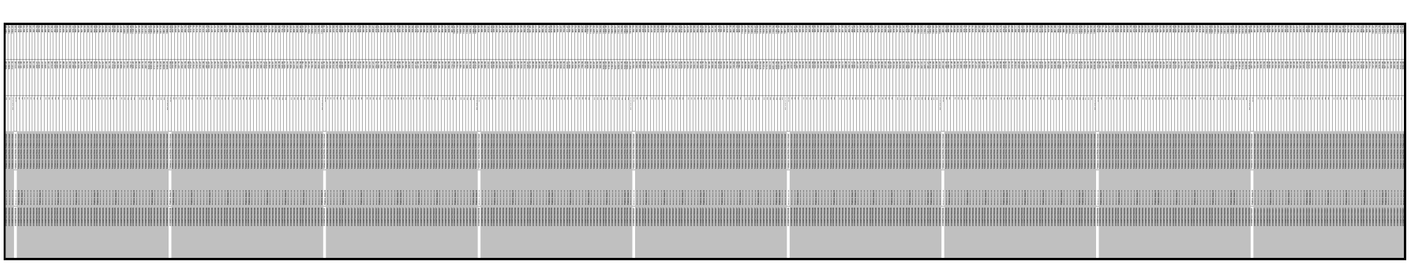












Cover Page

HIOS Issuer ID: 31609

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

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

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA007, 31609PA019

Applicable HIOS Plan IDs (Standard Component): 31609PA0070002, 31609PA0190002, 31609PA0070003, 31609PA0190003, 31609PA0070004, 31609PA0190004, 31609PA0070011

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2023. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data,the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

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

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

The outpatient facility fee cost-sharing for a subset of these plans varies by site of service. Services have different copays or coinsurances for a free-standing facility setting and a hospital setting. Outpatient facility fee accounts for about 14% of allowed costs in the AV calculation.

The cost-sharing for primary care for these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 4% of allowed costs in the AV calculation.

The cost-sharing for specialist care for a subset of these plans is a combination of copays for office visits in person and virtual care. Specialist services account for about 4% of allowed costs in the AV calculation.

The cost-sharing for occupational and physical therapy for a subset of these plans varies by site

of service. Occupational and physical therapy accounts for about 2% of allowed costs in the AV calculation.

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

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

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Outpatient Mental Health and Substance Abuse accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for these plans varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 5% of allowed costs in the AV calculation.

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

Method 156.135(b)(2) was used for inpatient hospital, laboratory site of service, outpatient facility, primary care, specialist care, occupational and physical therapy, x-rays, imaging, outpatient mental health and substance abuse, and generic drugs cost-sharing.

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

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

Description of the standardized plan population data used:

Due to COVID-19's disruption of utilization patterns, we have decided to use assumptions consistent with last year's filing for a number of service types.

For the inpatient hospital utilization, we considered our commercial PPO and HMO data incurred between July 2019 and June 2020. As mentioned above, we have decided to use assumptions consistent with last year's filing for this service type.

For the freestanding and hospital utilization data for outpatient facility, we considered our commercial PPO and HMO data incurred between July 2019 and June 2020. As mentioned above, we have decided to use assumptions consistent with last year's filing for this service type.

For the freestanding and hospital utilization data for laboratory services, we considered our commercial PPO data incurred between July 2019 and June 2020. As mentioned above, we have decided to use assumptions consistent with last year's filing for this service type.

For the physical therapy and radiology site-of-service utilization, we considered our commercial PPO data incurred between July 2019 and June 2020. As mentioned above, we have decided to use assumptions consistent with last year's filing for this service type.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2020 and December 2020. As mentioned above, we have decided to use assumptions consistent with last year's filing for this service type.

For the outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2021 and December 2021. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2021 and December 2021.

For the generic drugs utilization, we used our commercial PPO and HMO data incurred between January 2021 and December 2021.

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

Primary Care Copay Differential

For primary care, our recent data indicated that 85% of utilization came from office visits in person and 15% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost - sharing		
HIOS_ID	**PCP**	**Virtual PCP**	**AV Input**
31609PA0070002, 31609PA0190002	$30	$20	$ 28.50
31609PA0070003, 31609PA0190003	$30	$20	$ 28.50
31609PA0070003-04	$30	$20	$ 28.50
31609PA0070003-05	$25	$20	$ 24.25
31609PA0070003-06	$5	$0	$ 4.25
31609PA0070004, 31609PA0190004	$50	$35	$ 47.75
31609PA0070011	$50	$35	$ 47.75

Specialist Copay Differential

For specialist visits, our recent data indicated that 90% of utilization came from office visits in person and 10% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost - sharing		
HIOS_ID	**SP**	**Virtual SP**	**AV Input**
31609PA0070002, 31609PA0190002	$65	$45	$ 63.00
31609PA0070003, 31609PA0190003	$75	$50	$ 72.50
31609PA0070003-04	$75	$50	$ 72.50
31609PA0070003-05	$50	$35	$ 48.50
31609PA0070003-06	$10	$5	$ 9.50

Combination of Copays and Coinsurance for IP Hospital

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

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

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

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

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

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

AVC Continuance Table	Gold	
PMPY for IP		$1,511
Admit PMPY		0.06
Claim per Admit		$23,804
Average LOS (days)		4.7
Effective Copay Factor for 5-days		0.46

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

Calculations	
Professional Claim per Admit	$3,809
Professional Claim per Day	$803
Equiv. Copay per Day no max	$161
Equiv. Copay per Day, 5-day max	$347
Total Copay per Day, 5-day max	**$1,097**

Combination of Coinsurance for IP Hospital

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

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

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the facility and professional inpatient coinsurances. In fact, the actual benefit coinsurance amounts were entered directly into the AV calculator.

Combination of Coinsurance for Laboratory Services

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

Combination of Coinsurance for Outpatient Facility Fee

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

	31609PA0070003, 31609PA0190003	31609PA0070011
Hospital	50.0%	60.0%
ASC	70.0%	80.0%
Blend	**54.0%**	**64.0%**

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the hospital and ambulatory surgery center coinsurances. In fact, the actual benefit coinsurance amounts were entered directly into the AV calculator.

Combination of Copays for Outpatient Facility Fee

For the outpatient facility site of service cost-sharing, our recent data indicated that 60% of outpatient facility utilization came from the hospital setting. The cost-sharing entered into the AV calculator is a blend of the copay in a hospital setting and the copay in an ambulatory surgery center.

	31609PA0070002, 31609PA0190002
Hospital	$300
ASC	$700
Blend	**$540.00**

Occupational and Physical Therapy Site-of-service Differential

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

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

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

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

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

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

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

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

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

		Cost-sharing		
HIOS ID	Service Type	Preferred Site	Non-preferred Site	AV Input
31609PA0070002, 31609PA0190002	Phys. Ther.	$65	$95	$68.60
	X-rays	$60	$90	$76.50
	Imaging	$120	$160	$142.00
31609PA0070003, 31609PA0190003	Phys. Ther.	$75	$105	$78.60
	X-rays	30%	50%	54%
	Imaging	30%	50%	55%

Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 78% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services. For plans where this cost-sharing is a combination of copay and coinsurance, a separate exhibit has been included to show the development of the effective copay that was used in the AV calculator.

	Cost - sharing		
HIOS_ID	**MH/SA Office**	**MH/SA Other**	**AV Input**
31609PA0070002, 31609PA0190002	$65	$65	$65.00
31609PA0070004, 31609PA0190004	50%	50%	50%
31609PA0070011	20%	20%	80%

For plans 31609PA0070003 and 31609PA0190003 and the silver variations of plan 31609PA0070003, the cost-sharing for outpatient mental health was input in the AV calculator as an effective copay to capture the blending of a copay for outpatient mental health visits and coinsurance for all other outpatient mental health services. For plans 31609PA0070003 and 31609PA0070003-04, the coinsurance for all other outpatient mental health services was effective after the deductible. Accordingly, the effective copays for these plans were developed to recognize separate costs for when the member was in the deductible. We determined a utilization split for services in the deductible using the plan's deductible value and our CPD model.

	31609PA0070003, 31609PA0190003	31609PA0070003-04
OP Visit Cost-sharing	$75	$75
OP Visit Weight	78%	78%
Avg Cost/Unit OP Other	$250.83	$250.83
OP Other Cost-sharing in Deductible	100%	100%
OP Other Weight in Deductible	14%	14%
OP Other Cost-sharing after Deductible	30%	20%
OP Other Weight after Deductible	8%	8%
Effective Copay (AV Input)	**$99.48**	**$97.36**

	31609PA0070003-05	31609PA0070003-06
OP Visit Cost-sharing	$50	$10
OP Visit Weight	78%	78%
Avg Cost/Unit OP Other	$250.83	$250.83
OP Other Cost-sharing in Deductible	N/A	N/A
OP Other Weight in Deductible	N/A	N/A
OP Other Cost-sharing after Deductible	10%	10%
OP Other Weight after Deductible	22%	22%
Effective Copay (AV Input)	**$44.42**	**$13.38**

Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization for low-cost generic drugs and normal generic drugs.

	Cost - sharing		
HIOS_ID	Low-Cost Generic	Generic	AV Input
31609PA0070002, 31609PA0190002	$3	$15	$ 10.20
31609PA0070003, 31609PA0190003	$3	$20	$ 13.20
31609PA0070004, 31609PA0190004	$3	$25	$ 16.20
31609PA0070003-04	$3	$20	$ 13.20
31609PA0070003-05	$3	$10	$ 7.20
31609PA0070003-06	$3	$4	$ 3.60
31609PA0070011	$3	$15	$ 10.20

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

Not applicable.

Certification Language:

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

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: 7/11/2022

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160006, 31609PA0180005, 31609PA0180001, 31609PA0160001

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2023. As prescribed by law, the AV calculationwas based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost-sharing for primary care for these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 4% of allowed costs in the AV calculation.

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Additionally, the cost-sharing for the first 3 outpatient mental health office visits for these plans is exempt from the deductible. Outpatient Mental Health and Substance Abuse accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for plans 31609PA0160006 and 31609PA0180005 varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 5% of allowed costs in the AV calculation.

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

Method 156.135(b)(2) was used for the primary care, outpatient mental health and substance abuse, and generic drugs cost-sharing.

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

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

Description of the standardized plan population data used:

Due to COVID-19's disruption of utilization patterns, we have decided to use assumptions consistent with last year's filing for a number of service types.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2020 and December 2020. As mentioned above, we have decided to use assumptions consistent with last year's filing for this service type.

For the outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2021 and December 2021. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2021 and December 2021.

For the generic drugs utilization, we used our commercial PPO and HMO data incurred between January 2021 and December 2021.

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

Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 78% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services.

For these plans, the cost-sharing for outpatient mental health was input in the AV calculator as an effective copay to capture the fact that the first 3 outpatient mental health visits are exempt from the deductible. The effective copays for these plans were developed to recognize separate costs for when the member was in the deductible. We determined a utilization split for services in the deductible using the plan's deductible value and our CPD model.

Using the bronze continuance table in the Final 2023 AV Calculator, we calculated the average cost per visit for outpatient mental health before the out-of-pocket maximum. This average cost was used as a point estimate of the allowed cost per visit for services before satisfying the out-of-pocket maximum. An effective member copay is calculated by taking a weighted average of $0 for the first three visits times the proportion of visits within the first three visits, which according to our experience period between July 2019 and June 2020 for commercial PPO is 12.48%, and the average cost per service from the AV Calculator times the remaining proportion of visits. This proportion of visits assumption has been kept consistent with last year's filing. This effective copay was then used as the cost-sharing for outpatient mental health office visits in our blended outpatient mental health calculation below.

	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001
Cost per Visit	$103.87	$103.87
Copay for Visits 1-3:	$0.00	$0.00
Visits 1-3 Proportion:	12.48%	12.48%
Eff. Member Copay	**$90.91**	**$90.91**

	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001
OP Visit Cost-sharing	$90.91	$90.91
OP Visit Weight	78%	78%
Avg Cost/Unit OP Other	$250.83	$250.83
OP Other Cost-sharing in Deductible	100%	100%
OP Other Weight in Deductible	22%	22%
OP Other Cost-sharing after Deductible	N/A	N/A
OP Other Weight after Deductible	N/A	N/A
Effective Copay (AV Input)	**$126.70**	**$126.70**

Primary Care Copay Differential

For primary care, our recent data indicated that 85% of utilization came from office visits in person and 15% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost - sharing		
HIOS _ID	**PCP**	**Virtual PCP**	**AV Input**
31609PA0160006, 31609PA0180005	$20	$15	$ 19.25
31609PA0160001, 31609PA0180001	$50	$35	$ 47.75

Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization for low-cost generic drugs and normal generic drugs.

	Cost - sharing		
HIOS_ID	**Low-Cost Generic**	**Generic**	**AV Input**
31609PA0070002, 31609PA0190002	$3	$25	$ 16.20

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

Not applicable.

Certification Language:

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

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: 7/11/2022

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160007, 31609PA0180007, 31609PA0160005, 31609PA0180004

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2023. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

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

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

The outpatient facility fee cost-sharing for a subset of these plans varies by site of service. Services have different copays for a free-standing facility setting and a hospital setting. Outpatient facility fee accounts for about 14% of allowed costs in the AV calculation.

The cost-sharing for primary care for a subset of these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 4% of allowed costs in the AV calculation.

The cost-sharing for specialist care for a subset of these plans is a combination of copays for office visits in person and virtual care. Specialist services account for about 4% of allowed costs in the AV calculation.

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

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

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

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Outpatient Mental Health and Substance Abuse accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for a subset of these plans varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 5% of allowed costs in the AV calculation.

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

Method 156.135(b)(2) was used for inpatient hospital, laboratory site of service, outpatient facility, primary care, specialist care, occupational and physical therapy, x-rays, imaging, outpatient mental health and substance abuse, and generic drugs cost-sharing.

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

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

Description of the standardized plan population data used:

Due to COVID-19's disruption of utilization patterns, we have decided to use assumptions consistent with last year's filing for a number of service types.

For the inpatient hospital utilization, we considered our commercial PPO and HMO data incurred between July 2019 and June 2020. As mentioned above, we have decided to use assumptions consistent with last year's filing for this service type.

For the freestanding and hospital utilization data for outpatient facility, we considered our commercial PPO and HMO data incurred between July 2019 and June 2020. As mentioned above, we have decided to use assumptions consistent with last year's filing for this service type.

For the freestanding and hospital utilization data for laboratory services, we considered our commercial PPO data incurred between July 2019 and June 2020. As mentioned above, we have decided to use assumptions consistent with last year's filing for this service type.

For the physical therapy and radiology site-of-service utilization, we considered our commercial PPO data incurred between July 2019 and June 2020. As mentioned above, we have decided to use assumptions consistent with last year's filing for this service type.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2020 and December 2020. As mentioned above, we have decided to use assumptions consistent with last year's filing for this service type.

For the outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2021 and December 2021. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2021 and December 2021.

For the generic drugs utilization, we used our commercial PPO and HMO data incurred between January 2021 and December 2021.

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

Primary Care Copay Differential

For primary care, our recent data indicated that 85% of utilization came from office visits in person and 15% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost - sharing		
HIOS_ID	**PCP**	**Virtual PCP**	**AV Input**
31609PA0160007, 31609PA0180007	$35	$25	$ 33.50

Specialist Copay Differential

For specialist visits, our recent data indicated that 90% of utilization came from office visits in person and 10% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost - sharing		
HIOS_ID	**SP**	**Virtual SP**	**AV Input**
31609PA0160007, 31609PA0180007	$65	$45	$ 63.00

Combination of Copays and Coinsurance for IP Hospital

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

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

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

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

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

HIOS IDs	31609PA0160007, 31609PA0180007
IP Cost Sharing	
Facility	$750
Professional	20%

AVC Continuance Table	Gold	
PMPY for IP		$1,511
Admit PMPY		0.06
Claim per Admit		$23,804
Average LOS (days)		4.7
Effective Copay Factor for 5-days		0.46

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

Calculations	
Professional Claim per Admit	$3,809
Professional Claim per Day	$803
Equiv. Copay per Day no max	$161
Equiv. Copay per Day, 5-day max	$347
Total Copay per Day, 5-day max	**$1,097**

Combination of Coinsurance for Laboratory Services

For the lab site of service cost-sharing, our recent data suggested that 20% of units are at a hospital setting with an average unit cost of $53.60, while 80% of units are at a freestanding setting with an average unit cost of $20.16. Taking a weighted average of a 50% issuer coinsurance applied to $53.60 and a 100% issuer coinsurance applied to $20.16 produced an average issuer paid amount of $21.21 out of an average cost of $25.44, giving an effective issuer coinsurance of 83.37% which was entered into the AV calculator. This applies to plans 31609PA0160007 and 31609PA0180007 only.

Combination of Copays for Outpatient Facility Fee

For the outpatient facility site of service cost-sharing, our recent data indicated that 60% of outpatient facility utilization came from the hospital setting. The cost-sharing entered into the AV calculator is a blend of the copay in a hospital setting and the copay in an ambulatory surgery center.

	31609PA0160007, 31609PA0180007
Hospital	$300
ASC	$700
Blend	**$540.00**

Occupational and Physical Therapy Site-of-service Differential

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

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

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

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

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

		Cost-sharing		
HIOS ID	Service Type	Preferred Site	Non-preferred Site	AV Input
31609PA0160007, 31609PA0180007	Phys. Ther.	$65	$95	$68.60
	X-rays	$60	$90	$76.50
	Imaging	$120	$160	$142.00

Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 78% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services.

	Cost - sharing		
HIOS_ID	**MH/SA Office**	**MH/SA Other**	**AV Input**
31609PA0160007, 31609PA0180007	$65	$65	$ 65.00
31609PA0160005, 31609PA0180004	0%	0%	100%

Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization for low-cost generic drugs and normal generic drugs.

	Cost - sharing		
HIOS_ID	**Low-Cost Generic**	**Generic**	**AV Input**
31609PA0160007, 31609PA0180007	$3	$15	$ 10.20

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

Not applicable.

Certification Language:

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

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: 7/11/2022

AV screenshots redacted.

A Reinsurance Morbidity Adjustment of 1.000 was used as requested in the guidance.
An Individual Morbidity Adjustment of 1.00 was used as requested in the guidance.
Projected costs were decreased by XXX to adjust for the impact of COVID in the Experience Period that we do not expect to recur in the Projection Period.

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

The change in the average age was measured by comparing the average age factor calculated in this filing, based on February 2021 enrollments, to the average age factor calculated for the prior annual filing.

	2022 Filing	2023 Filing	Change
Age Factor	1.721	1.730	1.005
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.004	1.004	1.000
Total change			1.005

No changes were assumed for this filing.

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

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

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

Table 10 factors:	PPO	1.026
	EPO	0.975

REDACTION JUSTIFICATION

DOCUMENT

URRT Part III – Federal Actuarial Memorandum

Redacted Name of opining actuary (page 8)
Redacted COVID-19 Impact (page 4) – confidential and proprietary information
Redacted Company Contact Information (page 1) – name, telephone number, email address

PA Actuarial Memorandum

Redacted Name of opining actuary (pages 7 and 8)
Redacted COVID-19 Impact (page 5) – confidential and proprietary information
Redacted Company Contact Information (page 1) – name, telephone number, email address

PA Actuarial Memo Rate Exhibits

Column C through E in Tabs "II.a. Reins Table – Exp" and "II.b. Reins Table – Proj" – confidential and proprietary information

Cover Letter

Redacted names and contact information (page 2)

AV Screenshots

Entire File Redacted

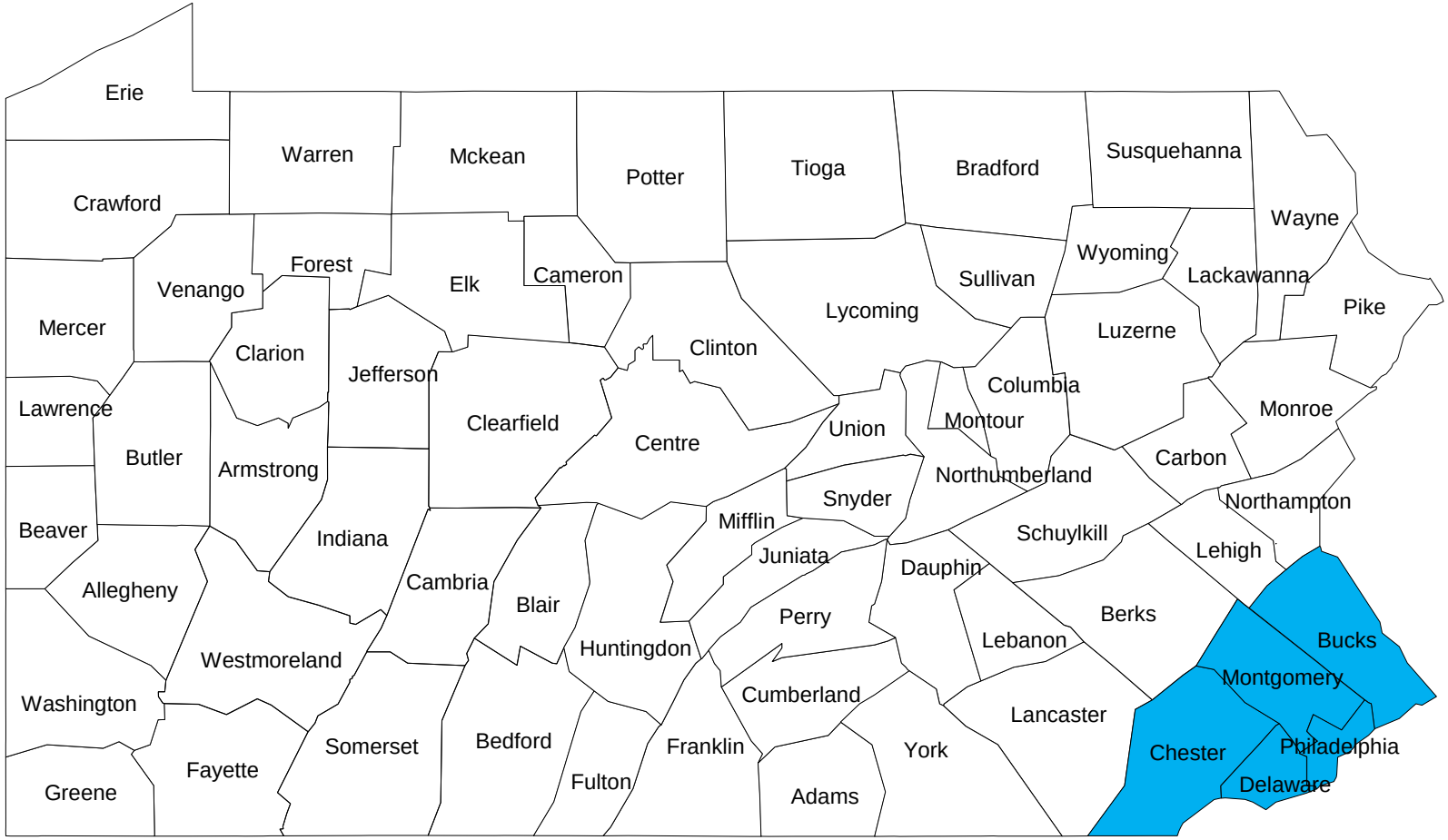
Unique AV Justification file

Redacted name of opining actuary (pages 11, 24, and 39)
Redacted AV Screenshots (pages 12-20, 25-29 and 36-39)

2022 and 2023 Service Area

Issuer: QCC Insurance Company

Market: Individual



Key *(modify as needed)*

: On-exchange service area

: Off-exchange only service area

Cover Letter for Responses to June 15 Objection Letter – QCC Consumer INAC- 133254407
Response Date June 24, 2022

1. **The following questions are related to the projected risk adjustment transfer amount:**

a. **Pl ease explain and provide the quantitative development of the projected risk adjustment transfer amount PMPM equal to $70.77.**

We request that this response be deferred until the updated 2021 risk adjustment is released.

b. **Please compare the projected 2023 risk adjustment transfer amount PMPM to the anticipated 2021 risk adjustment transfer amount PMPM, identifying the specific driver(s) of any differences between the two values and providing detailed support for those differences.**

We request that this response be deferred until the updated 2021 risk adjustment is released.

2. **The following questions are related to the proposed annual trend rate included in the filing:**

a. **Please clarify the trend assumption utilized in the development of this filing. The 'I Data' and 'I. b. Manual Data' tabs of the PA Rate Template appear to indicate an 8.4% annual trend rate, but the Rate Change Summary and Actuarial Memorandum indicate a trend rate of 9.6%.**

The Rate Change Summary includes the statement "The company expects its annual medical costs to increase 9.6%." This is an estimate of how much claims will increase from 2022 to 2023. The 8.4% is our annualized trend estimate from 2021 to 2023. In addition, trend is a component of the claim increase, but not the entire source. We used the language from the Rate Change Request Summary in the URRT Part III.

b. **Please provide the actual observed trends based on historical allowed claims experience for each benefit category as well as in aggregate for years 2019, 2020, 2021, and 2022 (year to date). We realize 2022 trends will be partially based on estimated claim costs. In providing your response, for each calendar year, provide the total member months, allowed claims, and any normalization adjustments that should be applied to the claims experience. Please provide both raw and COVID-19 adjusted values for 2020 and 2021, as applicable.**

We have added historical trend information in Tab Q2 of the "QCC Consumer Response to June 15 Obj" excel worksheet.

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

Please refer to Tab Q2 of the "QCC Consumer Response to June 15 Obj" excel worksheet.

3. **The filing documents indicate that projected costs were decreased by 1.3% to adjust for the impact of COVID in the experience period that is not expected to recur in the projection period. Please provide both qualitative and quantitative support for this adjustment. Additionally, please explain where this reduction is incorporated in the development of the rates.**

We project that decreases to the costs from COVID will be lower than they were in the Experience Period and we have reduced our projected costs by 1.3% as a result. Please refer to Tab Q3 of the "KHPE Consumer Response to June 15 Obj" excel worksheet. This illustrates the impact compared to normal claim levels related to the pandemic.

4. **Please provide support for and demonstrate the numerical development of the change in network factor as reported on the 'II Rate Development & Change' tab of the PA Rate Template.**

   To be more consistent with our pricing methodology we have created Manual Data by pooling the experience of QCC with KHPE, as our companies are offering coverage to exactly the same populations geographically and customers may choose to enroll in plans from either entity. The pooling results in less difference and volatility in the claim trend rates between QCC and KHPE when kept separate. The network factor includes an adjustment that results in the appropriate rate differential between QCC and KHPE plans.

   It is unlikely that this factor will remain constant over time, due to the impact of Risk Adjustment, as well as the mixes of the different provider networks offered by the two entities. A summary of the factors is shown on Tab Q4 of the "QCC Consumer Response to June 15 Obj" excel worksheet.

5. **Please provide the numerical development of the projected 2023 MLR that shows compliance with the 80% minimum MLR.**

   The calculation of the MLR is shown on Tab Q5 of the "QCC Consumer Response to June 15 Obj" excel worksheet.

6. **The Actuarial Memorandum demonstrates the actual vs. pricing MLRs for 2018 through 2020. This exhibit shows that the actual MLR has consistently been lower than the pricing MLR historically. Please explain the cause of this relationship and whether this relationship was considered in the development of this rate filing.**

   Please refer to Tab Q6 of the "QCC Consumer Response to June 15 Obj" excel worksheet.

7. **Please provide a numerical development of the Exchange User Fees included in the rate development.**

   Please refer to Tab Q7 of the "KHPE Consumer Response to June 15 Obj" excel worksheet.

8. **The 'III Plan Rates' tab of the PA Rate Template indicates that the 1.22 CSR load is applied to plan 31609PA0190003, which is an off-exchange Silver plan. The CSR load should be applied to on-exchange Silver plans only. Please explain why the CSR load is applicable to this plan.**

   Plan 31609PA0190003 is the off-exchange version of Plan 31609PA0070003 and is rated consistently. The benefits in the on and off-exchange versions are identical with the exception of an elective abortion benefit contained in the off-exchange version. We followed guidance from CMS in filing them with separate HIOS ID numbers.

9. **Please explain why the catastrophic plans do not include a catastrophic eligibility factor as demonstrated in the 'III Plan Rates' tab of the PA Rate Template.**

   We do not project a difference between the Catastrophic plan and the entire single risk pool. Currently there are only 57 members enrolled in the Catastrophic plan, whose results would not merit a separate factor. Therefore, we use a factor of 1.000.

10. Please state what assumptions, if any, were considered in the development of the 2023 rates related to the impact of the expanded premium tax credits made available under ARPA ending after 2022. Please provide support for these assumptions, including support for making no adjustment to the 2021 data if applicable,

We reviewed our estimates for the CSR adjustment under both scenarios and both resulted in values less than 1.22. Therefore, we used the same CSR factor for both scenarios. The revisions section of the 2023 rate filing guidance directs carriers to adjust the CSR factor for the impact of ARPA ending.

11. We have the following requests related to the pricing AVs.

a. Please describe the process used to develop the pricing AVs for the plans.
b. Please describe the data underlying the model used to develop pricing AVs.
c. Please explain how the model used to develop pricing AVs is calibrated and the calibration value.
d. Please explain any changes that are applied to the model used to develop pricing AVs for varying metal tiers.
e. Please provide a numerical example of the pricing AVs that are developed for the following plans: 31609PA0180005, 31609PA0070003, and 31609PA0160007.

Please see tab Q11 of the "QCC Consumer Response to June 15 Obj Part 2" excel worksheet.

12. Please justify the differences between the pricing AVs and the metal AVs for each plan included in the 'III Plan Rates' tab of the PA Rate Template.

Please see tab Q12 of the "QCC Consumer Response to June 15 Obj Part 2" excel worksheet.

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

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

14. Per HHS Final Notice of Benefit and Payment Parameters, the federal medical rebate loss ratio is prohibited from including indirect quality improvement activity (QIA) expenses. Please confirm that in the calculation of the rebate MLR that indirect quality improvement activity (QIA) expenses have been excluded.

In calculating the MLR we did not incorporate indirect quality improvement activity.

15. Please provide the quantitative development for determining the commission PMPM as shown in Table 6 of the PAAM Exhibits.

We have included this information with this response. Note that this information is considered Confidential.

16. Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open-Enrollment Enrollee – New, Open Enrollment Enrollee – Renewing, 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 differences in compensation to agents

and brokers for coverage in the same benefit year based on whether the enrollment is during an SEP or during OEP.

We have included this information with this response. Note that this information is considered Confidential.

17. **Please provide a current copy of the broker contract agreements for plan year 2023.**

    We have included this information with this response. Note that this information is considered Confidential.

18. **Currently, the expanded subsidies from the American Rescue Plan are expected to be discontinued for plan year 2023. Please confirm that the current rate filing assumptions are reflective of the expanded subsidies being removed for plan year 2023 and please provide a brief narrative on how rates were impacted.**

    We confirm that the current rate filing assumptions are based on the expectation that the expanded subsidies will be discontinued. As noted earlier, this did not result in a change to the CSR factor used in the rate calculations. Per the rate filing instructions, this was the only factor we were directed to revise.

19. **With the assumption of the expanded subsidies not being extended into plan year 2023, have any adjustments been made to the assumptions for on-exchange membership and for morbidity for plan year 2023 to reflect this?**

    We did not assume any additional impact to on-exchange membership or morbidity for 2023. The revisions section of the 2023 rate filing guidance directs carriers to adjust the CSR factor for the impact of ARPA ending.

20. **With the Public Health Emergency scheduled to end on July 15th, how has the rate development been affected? Please provide support for any adjustments, or support for making no adjustments if applicable.**

    We did not make any adjustments to the rate development related to the potential end to the Public Health Emergency. The revisions section of the 2023 rate filing guidance directs carriers to adjust the CSR factor for the impact of ARPA ending.

21. **Furthermore, with the Public Health Emergency scheduled to end on July 15th, has any adjustment been made specifically to the assumption of on-exchange membership for Plan Year 2023? Has any adjustment been made to morbidity?**

    We did not make any adjustments to the rate development related to the potential end to the Public Health Emergency. Per the rate filing guidance, we used February 2022 membership in our projections. The revisions section of the 2023 rate filing guidance directs carriers to adjust the CSR factor for the impact of ARPA ending.

22. **Please provide a qualitative explanation and quantitative exhibit demonstrating the effect of COVID, including the rationale, magnitude, and implementation of adjustments to base experience, trend, and/or rate development factors.**

Please refer to the response for Question 3.

23. Please provide an exhibit which demonstrates that the criteria for the expanded bronze plans has been met.

Please see tab Q23 of the "QCC Consumer Response to June 15 Obj" excel worksheet.

24. Per HHS Final Notice of Benefit and Payment Parameters, the 2023 risk adjustment user fee is $0.22 per member per month. Please update the percentage value in cell C54 of Table 6 to the specified figure.

We can make this adjustment. Please see our response to Question 27.

25. Per HHS Final Notice of Benefit and Payment Parameters, the out-of-pocket maximum limit is $9,100 for self-only and $18,200 for family. Please verify that the family out-of-pocket maximum does not exceed $18,200 for any plan.

We verify that the family out-of-pocket maximum does not exceed $18,200 for any plan.

26. Per the Pennsylvania Final Rate Filing Guidance, a second CSR Defunding Adjustment factor was included in the Pennsylvania Actuarial Memorandum; this second factor falls within the Department's prescribed range of 1.22-1.26 and is reflective of the assumption that the enhanced subsidies are extended through plan year 2023. Please provide the rationale for the assumption that the factor would decrease if the enhanced subsidies are extended.

The actuarial memo reads "For the scenario where ARPA subsidies are not continued in 2023, we used a CSR factor of 1.22, which is the minimum factor allowed. If the ARPA subsidies are continued in 2023, we would continue to use the 1.22 factor as our estimate would be below the minimum allowed." This does not mean that the factor would decrease; the resulting factor would be below 1.22 as is the factor if the subsides end.

If the subsidies continue, then as a percentage of the total, CSR members should have a smaller impact on the overall price since the average morbidity of a CSR member would be better because healthier members are more likely to remain covered in the single risk pool rather than dropping coverage. More of them will drop coverage if the subsidies end.

27. Please revise the Projected Morbidity Impact of Reinsurance to 0% in cell E8 of Table II.b., as indicated in the Highlights section of the guidance.

Increasing the Morbidity Impact of Reinsurance to 0% increases the proposed rates by 0.1%. While that change can be made, we would like to keep our rates at the proposed levels rather than increasing them. We propose reducing another pricing factor to offset this increase (and the $0.01 increase from the Risk Adjustment User Fee in Question 23 & the update to PCORI) so that the rates do not have to be increased further. We have reflected this in the updated AM exhibits we have submitted in this filing.

28. Please verify that all plans fall within the updated metallic tier AV ranges prescribed by the HHS Final Notice of Benefit and Payment Parameters.

We have verified that all plans fall within the updated metallic tier AV ranges prescribed by the HHS Final Notice of Benefit and Payment Parameters.

29. **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?**

    Changes to drug rebates are included as reductions to our prescription drug trends. We anticipate improvements in drug rebates which should reduce future cost increases.

30. **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.**

    We continue to anticipate movement to telehealth services and have reflected this in our pricing. We encourage the use of telehealth services in our plan designs with lower copays than might be incurred through in-person office visits.

31. **Please provide an explanation of and support for the General & Claims Administrative Expenses shown in Table 6, as well as the reasons for any changes in the level of these expenses from the 2022 filing.**

    Administrative expense allocations are revised regularly by our FP&A department. The administrative allocation is different in this filing that in the previous filing. Our accounting area may reallocate expenses again in future. Please refer to Tab Q30 of the "QCC Consumer Response to June 15 Obj" excel worksheet for additional details.

32. **It is noted that there is not a single Gold plan that has a lower 2023 calibrated PAIR PMPM than any Silver plan.**
    a. **Please confirm that this is the case.**
    b. **Please explain the rationale behind not providing a Gold plan that has a lower 2023 calibrated PAIR PMPM than any silver plan.**

    This is correct. However, in our KHPE portfolio members can purchase a Gold plan that costs less than a Silver plan being offered.

33. **It is noted that gold plan pricing AVs are higher than metallic tier AVs, while silver and bronze plan pricing AVs are generally lower than metallic tier AVs. Please walk through the calculation of the company's pricing AVs, indicating the impact of specific benefit components or variables, such as out of pocket maximums, deductibles, coinsurance percentage, copayments, and other factors or components that contribute to the variation between metallic tier AVs and pricing AVs.**
    a. **If there are specific benefit design differences on gold plans that cause this dynamic please specify which benefit designs/cost structures they are.**
    b. **Please provide a detailed quantitative exhibit that walks from the pricing AV of Plan 31609PA0160006 to Plan 31609PA0160004 that provides what the new pricing AV would be after each of the following changes are made to Plan 31609PA0160006, in this exact order: MOOP, Deductible, Coins, Copay, any other benefit changes, any other changes outside of benefit design.**
    c. **Please complete the same exercise as above on the metallic AV via the Actuarial Value Calculator.**

Please see tabs Q33 and Q33B of the "QCC Consumer Response to June 15 Obj Part 2" excel worksheet.

34. The following questions pertain to the benefit relativity model utilized for pricing:

a. Please describe how the data underlying the benefit relativity model used to develop pricing AVs differs from between the individual and small group markets.

b. Please explain why the slope of individual pricing AVs is much steeper than that of the small group pricing AVs.

Please see tab Q33 of the "QCC Consumer Response to June 15 Obj Part 2" excel worksheet.

35. Please provide exhibits showing the development of the age, geographic, tobacco, and network factors for 2023.

Please see tabs Q35 and Q35N of the "QCC Consumer Response to June 15 Obj" excel worksheet. We are only in Rating Area 8; therefore the geographic factor is 1.000.

36. Per Table 2 of the PAAM Exhibits, Allowed Claims (cell G36) + Total Prescription Drug Rebates (cell I36) + Total EHB Capitation (cell J36) + Total Non-EHB Capitation (cell K36) is equal to $310,768,845.64. However, in Table 4 of the PAAM Exhibits, the Allowed Claims (Net of Prescription Drug Rebates) for 2021 (column K) sum to $307,596,739.46. Please update so that these numbers are consistent or provide an explanation explaining the difference.

The difference is equal to the Total Capitation shown in Cells J36 and K36 of Table 2. We are adding the amounts to Table 4. We will be adjusting our completion factors since there is not completion applied to capitation payments.

		Net of Covid				With COVID Adjustments		
Entity - trends (2b)	**Segment**	**2019**	**2020**	**2021**	**2022**	**2019**	**2020**	**2021**
Comml QCC - Consumer								
	Inpatient	-20.9%	2.2%	0.6%	-3.0%	-20.9%	1.3%	-5.9%
	Outpatient	-16.7%	-12.9%	14.1%	10.6%	-16.7%	0.8%	4.2%
	Professional	-11.1%	-8.4%	6.6%	11.7%	-11.1%	-1.1%	-5.9%
	Rx	-8.3%	4.3%	6.9%	18.3%	-8.3%	4.1%	7.2%
	Capitation	-24.1%	-27.8%	8.3%	8.9%	-24.1%	-27.8%	8.3%
	Total	-14.1%	-3.4%	6.7%	10.1%	-14.1%	1.2%	0.2%

QCC Consumer - Actual (2c)

	Member Months	PMPM Incurred Claims	Incurred Claims Trend
2019	465,707	$ 521.18	
2020	468,337	$ 503.35	-3.4%
2021	497,244	$ 537.06	6.7%
2022	458,541	$ 591.48	10.1%

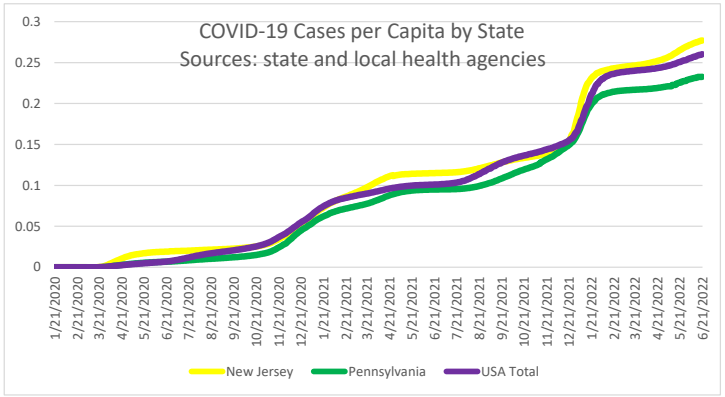
2022
5.5%
8.3%
10.3%
18.3%
8.9%
11.3%

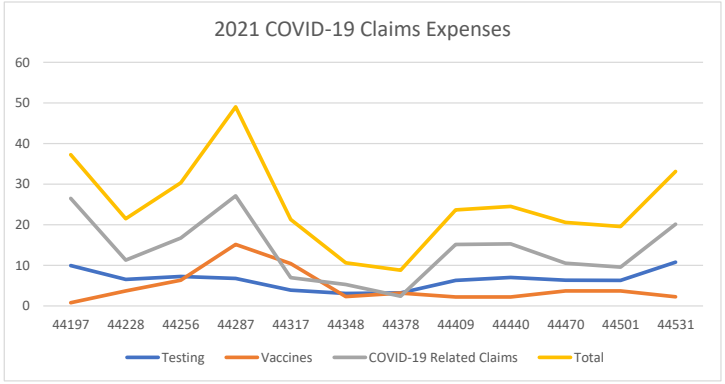
2021 Experience (Impact of COVID by month)

COVID Adjustment by Month

1/1/2021	-0.8%
2/1/2021	-6.5%
3/1/2021	0.8%
4/1/2021	4.9%
5/1/2021	0.7%
6/1/2021	3.3%
7/1/2021	-1.0%
8/1/2021	2.6%
9/1/2021	3.7%
10/1/2021	-0.3%
11/1/2021	2.8%
12/1/2021	4.7%
	1.24%

Please note that this is an unweighted average, provided for the purpose of supporting the criteria used in pricing.





Data from Tables 5 and 10 of the Actuarial Memo Rate Exhibits

Consumer

	Projected Lives	Age 21 rate	Premium	Network factor	Calibration factor
QCC	39,082	$ 371.61	$645.57	1.330	1.737
KHPE	120,345	$ 334.78	$577.53	0.921	1.725
		Composite Factor		1.0299	

Federal MLR = (Projected Claims, after Risk Adjustment + Quality Improveme
(Premium, before Risk Adjustment - HCR Taxes & Fees - Fe

Projected Claims PMPM (After Reinsurance)
Premium PMPM
Quality Improvement Expense PMPM
Exchange User Fee PMPM
HIF PMPM
Federal Income Tax PMPM
Premium Tax PMPM

Federal MLR

ent Expense - Risk Adj Prog User Fee)
deral Income Tax - Premium Tax)

	QCC Consumer
$	531.84
$	645.57
$	5.07
$	13.31
$	-
$	3.37
$	12.67
	87.1%

	MLR		Member Months		
Calendar Year	**Actual**	**Pricing**	**Actual**	**Pricing**	
2018	69.8%	89.4%	461,347	638,460	<- Membership growth in certain plans lowered MLR by more than expected
2019	74.1%	85.8%	466,084	492,072	<- Membership losses in certain plans raised MLR by less than expected
2020	72.2%	83.2%	468,369	505,932	<-- COVID signficantly depressed claims relative to what was expected at Pricing

QCC Consumer

Calculation of 2023 Exchange User Fee

User Fee = 3%

Projected Average Premium (KHPE and QCC Combined) =	$ 594.21	$ 577.53	120,345	KHPE
		$ 645.57	39,082	QCC

Proportion of business on-exchange = 72.90%

Projected PMPM User Fee =	$ 13.00
	$ 13.31

These plans satisfy the requirements either by providing first dollar coverage (before deductible) or offer HSAs as follows:

	HIOS IDs	Plan Marketing Name	FDC Generic Rx	HSA Plan
QCC	31609PA0190004, 31609PA0070004	Personal Choice PPO Bronze	X	
	31609PA0180005, 31609PA0160006	Personal Choice EPO Bronze Basic	X	
	31609PA0180004, 31609PA0160005	Personal Choice EPO Bronze Reserve		X

	General & Claims Admin Expenses
Corporate Services (Finance, Legal, etc.)	1.57%
Sales & Marketing	5.45%
Operations	2.68%
Clinical & Contracting	1.42%
Corporate Overhead	1.89%
Total	13.01%

February 2022 Membership

Age	Members	Age Factor		Tobacco Factor	Tobacco Use %
0-14	2,951	0.765		0.000	0%
15	313	0.833		0.000	0%
16	323	0.859		0.000	0%
17	372	0.885		0.000	0%
18	378	0.913		0.000	0%
19	398	0.941		0.000	0%
20	459	0.970		0.000	0%
21	529	1.000		0.125	1.40%
22	478	1.000		0.125	1.40%
23	467	1.000		0.125	1.40%
24	469	1.000		0.125	1.40%
25	484	1.004		0.125	1.40%
26	856	1.024		0.125	1.40%
27	769	1.048		0.125	1.40%
28	700	1.087		0.125	1.40%
29	735	1.119		0.125	1.40%
30	704	1.135		0.175	1.40%
31	718	1.159		0.175	1.40%
32	636	1.183		0.175	1.40%
33	671	1.198		0.175	1.40%
34	610	1.214		0.175	1.40%
35	600	1.222		0.175	1.40%
36	549	1.230		0.175	1.40%
37	572	1.238		0.175	1.40%
38	582	1.246		0.175	1.40%
39	569	1.262		0.175	1.40%
40	585	1.278		0.225	1.90%
41	517	1.302		0.225	1.90%
42	576	1.325		0.225	1.90%
43	543	1.357		0.225	1.90%
44	558	1.397		0.225	1.90%
45	520	1.444		0.225	1.90%
46	518	1.500		0.225	1.90%
47	575	1.563		0.225	1.90%
48	577	1.635		0.225	1.90%
49	612	1.706		0.225	1.90%
50	734	1.786		0.375	1.90%
51	762	1.865		0.375	1.90%
52	788	1.952		0.375	1.90%
53	783	2.040		0.375	1.90%
54	863	2.135		0.375	1.90%
55	834	2.230		0.375	1.90%
56	915	2.333		0.375	1.90%
57	1,055	2.437		0.375	1.90%
58	1,117	2.548		0.375	1.90%
59	1,127	2.603		0.375	1.90%
60	1,238	2.714		0.375	1.90%
61	1,378	2.810		0.375	1.90%
62	1,528	2.873		0.375	1.90%
63	1,559	2.952		0.375	1.90%
64+	1,893	3.000		0.375	1.90%
Total	39,047	1.730		0.004	
			Factor	1.004	

CY 2021 Membership

Age	Members	Age Factor		Tobacco Factor	Tobacco Use %
0-14	35,645	0.765		0.000	0%
15	3,679	0.833		0.000	0%
16	4,184	0.859		0.000	0%
17	4,436	0.885		0.000	0%
18	4,586	0.913		0.000	0%
19	5,014	0.941		0.000	0%
20	5,896	0.970		0.000	0%
21	6,464	1.000		0.125	1.40%
22	6,136	1.000		0.125	1.40%
23	6,199	1.000		0.125	1.40%
24	5,776	1.000		0.125	1.40%
25	5,459	1.004		0.125	1.40%
26	10,729	1.024		0.125	1.40%
27	9,661	1.048		0.125	1.40%
28	9,757	1.087		0.125	1.40%
29	9,909	1.119		0.125	1.40%
30	9,400	1.135		0.175	1.40%
31	9,223	1.159		0.175	1.40%
32	8,867	1.183		0.175	1.40%
33	8,556	1.198		0.175	1.40%
34	8,286	1.214		0.175	1.40%
35	7,600	1.222		0.175	1.40%
36	7,233	1.230		0.175	1.40%
37	7,371	1.238		0.175	1.40%
38	7,510	1.246		0.175	1.40%
39	7,483	1.262		0.175	1.40%
40	6,971	1.278		0.225	1.90%
41	7,125	1.302		0.225	1.90%
42	7,042	1.325		0.225	1.90%
43	6,999	1.357		0.225	1.90%
44	6,614	1.397		0.225	1.90%
45	6,589	1.444		0.225	1.90%
46	7,106	1.500		0.225	1.90%
47	7,141	1.563		0.225	1.90%
48	7,666	1.635		0.225	1.90%
49	8,411	1.706		0.225	1.90%
50	9,619	1.786		0.375	1.90%
51	9,773	1.865		0.375	1.90%
52	10,023	1.952		0.375	1.90%
53	10,633	2.040		0.375	1.90%
54	10,332	2.135		0.375	1.90%
55	10,662	2.230		0.375	1.90%
56	12,320	2.333		0.375	1.90%
57	13,440	2.437		0.375	1.90%
58	13,221	2.548		0.375	1.90%
59	13,958	2.603		0.375	1.90%
60	15,472	2.714		0.375	1.90%
61	17,118	2.810		0.375	1.90%
62	18,079	2.873		0.375	1.90%
63	19,768	2.952		0.375	1.90%
64+	25,831	3.000		0.375	1.90%
Total	496,972	1.730		0.004	
			Factor	1.004	

HIOS ID	Feb 2022 Membership	2022 Network Factors	2023 Normalized Network Factors
All Plans	39,082	1.003	1.000
31609PA0160007	160	1.029	1.026
31609PA0070002	2,882	1.029	1.026
31609PA0070003	3,466	1.029	1.026
31609PA0070004	4,612	1.029	1.026
31609PA0160005	4,789	0.978	0.975
31609PA0160001	109	0.978	0.975
31609PA0180005	1,517	0.978	0.975
31609PA0180007	542	1.029	1.026
31609PA0190002	3,962	1.029	1.026
31609PA0190003	1,584	1.029	1.026
31609PA0190004	2,217	1.029	1.026
31609PA0180001	57	0.978	0.975
31609PA0180004	3,037	0.978	0.975
31609PA0160006	10,148	0.978	0.975

REDACTED

(QCC Consumer Response to June 15 Obj Part 2)

REDACTED

(Q16 IBX 2020 Consumer Broker Commissions Flyer)

REDACTED

(Q17 PA Producing Agent Agreement)

REDACTED

(QCC Q33)

REDACTED

(PA Consumer SMRT sent 06 23 2022)

Cover Letter for Responses to July 6 Objection Letter – QCC Consumer INAC- 133254407
Response Date July 14, 2022

1. **The following questions are related to the projected risk adjustment transfer amount:**

a. **Please explain and provide the quantitative development of the projected risk adjustment transfer amount PMPM equal to $70.77.**

Please refer to Tab Q1 of the "QCC Consumer Response to July 6 Obj" excel worksheet.

b. **Please compare the projected 2023 risk adjustment transfer amount PMPM to the anticipated 2021 risk adjustment transfer amount PMPM, identifying the specific driver(s) of any differences between the two values and providing detailed support for those differences.**

We will include this information with our next response.

2. **The following questions are related to the proposed annual trend rate included in the filing:**

   a. **The 'Q2' tab of the file "QCC Consumer Response to June 15 Obj.xlsx" provides historical trend information. However, it is unclear how the pricing trends utilized in this filing are consistent with the historical trend information included in this exhibit. Please provide additional support demonstrating how the pricing trends utilized in this filing are consistent with the historical trend information included in the 'Q2' tab. If they are not consistent, please explain and justify why it is reasonable that they are not.**

   The historical trends included in Q2 represent the change in medical cost due to both utilization and unit cost patterns. These trends are used as the basis for setting 2023 trend assumptions and further adjusted for expected future impacts (e.g. unit cost changes due to provider contracts, pharmacy pipeline, etc.). Historical trends were provided both inclusive and exclusive of estimated COVID-19 impacts. We set the trend for 2023 in light of COVID-19 historical impacts that are not expected to recur.

   b. **In addition to the information provided in the 'Q2' tab of the file "QCC Consumer Response to June 15 Obj.xlsx" please provide the total member months, allowed claims, and any normalization adjustments that should be applied to the claims experience for each calendar year. Please provide both raw and COVID-19 adjusted values for 2020 and 2021, as applicable.**

   Please refer to Tab Q2 of the "QCC Consumer Response to July 6 Obj" excel worksheet.

3. **The following questions are related to the proposed COVID adjustment included in the filing.**

   a. **The 'Q3' tab of the file "QCC Consumer Response to June 15 Obj.xlsx" provides a summary of the COVID adjustment by month in 2021. Please explain how these adjustments by month were developed.**

   Please refer to Tab Q3 of the "QCC Consumer Response to July 6 Obj" excel worksheet.

   b. **The 'Q3' tab of the file "QCC Consumer Response to June 15 Obj.xlsx" includes a note that this is an unweighted average provided for the purpose of supporting criteria used in pricing. Please support the use of an unweighted average for the overall adjustment factor.**

   Our response stated "Please note that this is an unweighted average, provided for the purpose

of supporting the criteria used in pricing." We did not state that the value used in our projections was an unweighted average.

c. Within the exhibit referenced above, please explain how COVID related claims were defined.

Please refer to Tab Q3 of the "QCC Consumer Response to July 6 Obj" excel worksheet.

d. Please confirm that the COVID adjustment was developed across all KHPE and QCC Individual and Small Group business. Please support this methodology.

We will include this information with our next response.

e. Please explain where the COVID reduction adjustment is applied in the rate development.

The adjustment for COVID was reflected in our projected trend.

4. The following questions are related to the proposed network factor included in the filing.

a. The 'Q4' tab of the file "QCC Consumer Response to June 15 Obj.xlsx" provides the network factors for QCC and KHPE but does not provide specific support for these factors. Please provide a numerical development of the 1.330 network factor for QCC and the 0.921 network factor for KHPE. In providing your response, please also include a detailed description outlining how the estimated network factors were developed.

The factors were developed by determining values that resulted in the QCC and KHPE rates maintaining appropriate relationships between them. Not adjusting the combined experience for these relationships would otherwise have resulted in rates that were not appropriate, particularly in comparison to each other.

b. Please explain why the composite factor in the file referenced above does not aggregate to 1.000.

The composite factor does not aggregate to 1.000 because it is applied before other Market Factors, including reinsurance and risk adjustment, which are separately calculated as PMPM amounts.

5. The 'Q7' tab of the file "QCC Consumer Response to June 15 Obj.xlsx" includes a numerical development of the exchange user fees. Please explain why the final PMPM user fee chosen for rate development is $13.31 when the calculation suggests the fee should be $13.00.

We will include this information with our next response.

6. The response to first round questions indicates that the requested changes to the risk adjustment user fee and projected morbidity impact of reinsurance have been applied, as well as an update to the PCORI fee. The response also indicates that in order to maintain the proposed rates, an offsetting reduction to another pricing factor has been applied. Please indicate where the offsetting reduction was applied.

We adjusted the trend to offset these revisions instead of increasing the rates, primarily from the removal of the factor from reinsurance. The revised trend was applied to the combined experience. For QCC, the Network Factor was increased by 0.00009 to maintain the rates at the proposed levels.

7. **The responses to Question 11, Parts c-e are not sufficient as they do not provide specific support for the pricing AV development for the specified plans. Please provide the requested explanations and additional support for the pricing AV development, including an illustrative example demonstrating the development of the Pricing AV for the specified plans, and complete the attached pricing AV development worksheet.**

   We are unable to complete this by July 14 but will follow-up in our subsequent response.

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

   We have entered the final risk transfer amounts in Table 2.

9. **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.**

   We are not proposing to revise the projected 2023 risk transfer amounts.

10. **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.**

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

11. **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).**

    We continue to work on the development of a new Gold plan which affects several of the components listed above, including the AM Exhibits, PDS Table, Federal Rate Template, and Public PDF. Our subsequent submission will include these components.

12. **Your Round 1 response indicated that an exhibit was provided that demonstrates the PMPM commissions as shown in Table 6 of the PAAM Exhibits. We do not find this exhibit in the response; please provide this exhibit or direct me to it if it has already been provided. The exhibit should incorporate the actual commission rates/percentages provided in response to a separate question.**

    Our prior response included the commission information and agreements. For pricing we rely on a comparison of estimated total commissions from our sales area with expected revenues. As a percentage of the total premiums projected for 2023, this made up 1.81% which is the value shown in Table 6 – Retention.

13. **Please verify that there is no difference in commissions between new issues and renewals, nor between open enrollment issues and special enrollment period issues. Note that federal law prohibits differences in compensation to agents and brokers for coverage in the same benefit year based on whether the enrollment is during an SEP or during the OEP.**

    There is no difference in the commissions between new issues and renewals, nor between open enrollments issues and special enrollment period issues.

14. **Please provide an exhibit showing the impact of changes to drug rebates on prescription drug trends, both compared to there being no prescription drug rebates and compared to prescription drug rebates being at prior levels.**

    We will include this information with our next response.

15. **Please verify that as the impact and uncertainty surrounding Covid-19 continues to diminish, the company anticipates continued movement towards telehealth services. Please clarify how this is reflected in your pricing; are pricing AVs lower due to lower costs (despite lower co-pays) that are incurred through telehealth services, or are other considerations impacting the pricing AVs, or are telehealth considerations impacting the rates in ways other the pricing AVs?**

    We anticipate that the movement towards utilizing telehealth services will continue beyond the Covid-19 pandemic. The anticipated utilization/cost of telehealth services is considered in the development of the pricing AVs.

16. **The SMRT files that were provided do not provide sufficient detail as they are locked and many columns of data are hidden. As requested above, please complete the attached Excel table provided in support of the pricing AV factors and relativities.**

    Please see our response to Question 7.

17. **The Platform Factors in the SMRT methodology do not appear to conform to the expected factor relationships, as the EPO factor is lower than the HMO factor. In addition, it is not clear why platform factors are necessary, since network factors are applied to the pricing AVs in a subsequent step in Table 10. Please discuss the company's handling of varying networks/platforms in determining its pricing AVs and rates, and provide an exhibit supporting the platform adjustments applied in this process.**

Network factor accounts for differences in the allowed costs between the legal entities due to items such as contracting and delivery system (I.e. Capitation and referral requirements on the HMO vs not having capitation or referral on the PPO). Platform adjustment adjusts for the Cost sharing portion of these factors. (I.e.. Member cost sharing % will be different for the same copay because of these factors).

18. **The Department's position is that a silver loading factor of 1.22 should ensure that at least one gold plan will be less expensive than on-exchange silver plan for each issuer. Please add a gold plan to ensure that this is the case for QCC.**

    We are working on completing the development of a Gold plan that satisfies this request.

19. **The response indicates that the CSR defunding adjustment factor should be below the Department's prescribed range of 1.22-1.26, whether the ARPA subsidies are continued in 2023 or not. Please provide an exhibit showing the derivation of the CSR Factors that the company considers to be appropriate, both in the case that the ARPA subsides are continued or that the subsidies are not extended in 2023.**

    We will include this information with our next response.

20. **Understanding that metallic AV calculator is not used for pricing and that Area 8 is a relatively high-cost area, please provide an explanation as to why the gold (and platinum) pricing AVs are substantially higher than the corresponding metallic AVs, while the silver and bronze pricing AVs are lower than the corresponding metallic AVs.**

    Please see our responses to questions 7 and 16.

21. **Regarding question 34b, please clarify how underwriting guidelines impact the slope of the small group pricing AVs relative to the slope of the individual pricing AVs.**

    In Consumer (I.e., Individual) a member has the option to purchase any plan design they want. They can shop for a Gold plan alongside a Bronze plan for example. In Small Group, our underwriting guidelines restrict the number of options a customer can offer (specifically a customer may only offer 4 plan designs at most). Many of our customers choose to offer less than 4 plans for their employees to choose between and very few of our groups offer bronze options. As a result, the pricing AV slope for small group is flatter than it is for Consumer. (Since many groups only offer gold plans or platinum plans to all their members).

22. **Please clarify why the Table 10 Provider Network factor (column N) for Plans 7 and 11 is 1.026, rather than the 0.975 factor assigned to other EPO plans.**

    We will include this information with our next response.

23. **Please consider the situation where a member in a QCC PPO plan is interested in the new gold plan that is cheaper than silver on KHPE. However, due to more restrictive network requirements they would have to switch providers that they are accustomed to using. Please explain why this is a reasonable request from IBC, and why IBC can't offer a cheaper gold plan on the QCC platform to accommodate these members.**

    We are working on completing the development of a Gold plan that satisfies this request.

24. Per Table 2 of the PAAM Exhibits, the Paid Claims (cell C36) are $258,557,868.91. However, in Table 4 of the PAAM Exhibits, the Incurred Claims for 2021 (column D) sum to $264,262,643.69. Please update so that these numbers are consistent or provide an explanation explaining the difference.

Table 2 Paid Claims and Incurred Claims do not include Capitation – that is separately considered in other cells in Table 2. The claims in Table 4 include Capitation, which were added per the prior objection letter.

25. Per Table 2 of the PAAM Exhibits, the Ultimate Incurred Claims (cell D36) are $261,090,537.50. However, in Table 4 of the PAAM Exhibits, the Ultimate Incurred Claims for 2021 (column F) sum to $266,250,676.88. Please update so that these numbers are consistent or provide an explanation explaining the difference.

Please refer to the response to Question 24.

QCC Consumer

Metal	BMMO	PLRS		ARF	GCF	IDF	AV	Product w Risk	Product w/o Risk
Plat	-	-		-	-	-	-	-	-
Gold	90,552	2.400		1.604	1.045	1.080	0.800	2.709	1.449
Silver	60,600	1.962		1.721	1.045	1.030	0.700	2.112	1.297
Bronze	315,840	1.009		1.768	1.045	1.000	0.600	1.054	1.108
Total	466,992	1.402		1.730	1.045	1.019	0.652	1.512	1.199
Est. StateWide Average		1.373	$ 527.62	1.812	1.00	1.037	0.704	1.423	1.322
								70.77	

Please provide the actual observed trends based on historical allowed claims experience for each benefit category as well as in aggregate for years 2019, 2020, 2021, and 2022 (year to date). We realize 2022 trends will be partially based on estimated claim costs. In providing your response, for each calendar year, provide the t

		Net of COVID				With COVID Adjustments				Allowed					COVID Adjustment				
Entity - Cost trends (2a)	**Segment**	**2019**	**2020**	**2021**	**2022**	**2019**	**2020**	**2021**	**2022**	**2018**	**2019**	**2020**	**2021**	**2022**	**2018**	**2019**	**2020**	**2021**	**2022**
Comml QCC - Consumer																			
	Inpatient	-20.9%	2.2%	0.6%	-3.0%	-20.9%	1.3%	-5.9%	5.5%	163.50	131.30	133.74	135.14	124.48	0.00	0.00	1.08	9.00	-0.93
	Outpatient	-16.7%	-12.9%	14.1%	10.6%	-16.7%	0.8%	4.2%	8.3%	168.49	147.33	129.92	151.63	155.86	0.00	0.00	-15.37	-6.41	-4.42
	Professional	-11.1%	-8.4%	6.6%	11.7%	-11.1%	-1.1%	-5.9%	10.3%	207.70	190.35	171.95	187.98	178.97	0.00	0.00	-9.97	6.21	8.64
	Rx	-8.3%	4.3%	6.9%	18.3%	-8.3%	4.1%	7.2%	18.3%	194.97	181.25	188.35	199.59	224.68	0.00	0.00	0.32	0.00	0.00
	Capitation	-24.1%	-27.8%	8.3%	8.9%	-24.1%	-27.8%	8.3%	8.9%										
	Total	-14.1%	-3.4%	6.7%	10.1%	-14.1%	1.2%	0.2%	11.3%	734.66	650.24	623.95	674.34	684.00	0.00	0.00	-23.93	8.80	3.28

$ - $ -

QCC Consumer - Actual (2b)

	Member Months	PMPM Incurred Claims	Incurred Claims Trend
2019	465,707	$ 521.18	
2020	468,337	$ 503.35	-3.4%
2021	497,244	$ 537.06	6.7%
2022	458,541	$ 591.48	10.1%

3. The following questions are related to the proposed COVID adjustment included in the filing.

a. The 'Q3' tab of the file "QCC Consumer Response to June 15 Obj.xlsx" provides a summary of the COVID adjustment by month in 2021. Please explain how these adjustments by month were developed.

The graph provided in our response to Objection 1, Q3 illustrates the magnitude of the various components of COVID claims cost in 2021. We quantify components of trend due to COVID-19 including, COVID-related claims expenses (testing, vaccine, and incurred claims with a COVID diagnosis), as well as deviation of non-COVID claims from normative expected levels. We do not expect any of these components to recur in the same magnitude in 2023.

c. Within the exhibit referenced above, please explain how COVID related claims were defined.

We quantify components of trend due to COVID-19 including, COVID-related claims expenses (testing, vaccine, and incurred claims with a COVID diagnosis), as well as deviation of non-COVID claims from normative expected levels.

- Testing -as measured by submitted diagnostic and antibody COVID-19 test costs
- Vaccine- as measured by submitted vaccination administrative fees
- COVID related claims- as measured by claims with a diagnosis of COVID-19 or related condition. From Incurred March 2020 – May 2020, the Dx codes B97.29 and B34.2 were used as there was no specific Dx code for COVID-19 at that point, and from March 2020 – current the Dx code U07.1 is used (effective 4/1/2020 as per CMS). These Dx codes are indicative of a COVID claim when used in the first 4 positions or certain types of claims (claims with IP and ER place of service, excluding any maternity related) for members with a COVID-positive diagnosis with 2 months of that diagnosis. We also include any claims with procedure code J0248 (Remdesivir), although one would expect them to have a COVID Dx already. If a member had only an Urgent Care or PCP visit with COVID Dx, but the resulting associated lab test was negative, we do not include the associated UC/PCP visit.
- Deviation of non-COVID claims from normative expected levels- When determining the impact of avoided/deferred care in 2020 and 2021, the year 2019 is used as a baseline, which is the most recent full calendar year unaffected by COVID-19. Each month is trended one or two years to include both appropriate expected seasonality in addition to nominal trend levels expected with additional years. For example, January 2019 is used and trended to determine the baseline for future years:
  - January 2020 baseline = January 2019 x (1 + 2019 CY Trend)
  - January 2021 baseline = January 2019 x (1 + 2019 CY Trend) x (1 + avg nominal CY trend in absence of COVID)

These resulting baseline PMPMs by month are then compared to actual claims development excluding COVID-19 claims, testing, and vaccine cost to determine the differential between "normal" expected care levels and the care levels impacted by avoided/deferred care.

Cover Letter for Responses to July 6 Objection Letter – QCC Consumer INAC- 133254407
Response Date July 20, 2022

1. **The following questions are related to the projected risk adjustment transfer amount:**

   b. compare the projected 2023 risk adjustment transfer amount PMPM to the anticipated 2021 risk adjustment transfer amount PMPM, identifying the specific driver(s) of any differences between the two values and providing detailed support for those differences.

   The details shown in the columns in Tab Q1 in the attached "QCC Consumer Response to July 6 Part 2" show the assumed values used to calculate the 2023 risk adjustment.

3. **The following questions are related to the proposed COVID adjustment included in the filing.**

   d. Please confirm that the COVID adjustment was developed across all KHPE and QCC Individual and Small Group business. Please support this methodology.

   The graph provided in our response to Objection 1, Q5 illustrates the magnitude of the various components of COVID claims cost in 2021. We quantify components of trend due to COVID-19 including, COVID-related claims expenses (testing, vaccine, and incurred claims with a COVID diagnosis), as well as deviation of non-COVID claims from normative expected levels. We do not expect any of these components to recur in the same magnitude in 2023.

5. **The 'Q7' tab of the file "QCC Consumer Response to June 15 Obj.xlsx" includes a numerical development of the exchange user fees. Please explain why the final PMPM user fee chosen for rate development is $13.31 when the calculation suggests the fee should be $13.00.**

   Please refer to Tab Q5 in the attached "QCC Consumer Response to July 6 Part 2". Column B shows the values used in our initial submission. Column C updates each of the values, including the reinsurance adjustment to morbidity to show the overall impact of these changes. Column D is our proposed revision to avoid the otherwise indicated rate increase. As discussed in the prior response, we prefer to not raise the premium rates.

7. **The responses to Question 11, Parts c-e are not sufficient as they do not provide specific support for the pricing AV development for the specified plans. Please provide the requested explanations and additional support for the pricing AV development, including an illustrative example demonstrating the development of the Pricing AV for the specified plans, and complete the attached pricing AV development worksheet.**

   Please refer to Tab Q7 in the attached "QCC Consumer Response to July 6 Part 2".

11. **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).

Components uploaded to SERFF are current; we have also included an updated Public PDF file.

14. Please provide an exhibit showing the impact of changes to drug rebates on prescription drug trends, both compared to there being no prescription drug rebates and compared to prescription drug rebates being at prior levels.

Please refer to Tab Q14 in the attached "QCC Consumer Response to July 6 Part 2".

16. The SMRT files that were provided do not provide sufficient detail as they are locked and many columns of data are hidden. As requested above, please complete the attached Excel table provided in support of the pricing AV factors and relativities.

Please see our response to Question 7.

18. The Department's position is that a silver loading factor of 1.22 should ensure that at least one gold plan will be less expensive than on-exchange silver plan for each issuer. Please add a gold plan to ensure that this is the case for QCC.

Plan 31609PA0070011, Personal Choice EPO Gold Classic has been added to the filing and is listed as Plan 4 in Table 10 of the Actuarial Memo Rate Exhibits and to the URRT. Rates have been added to the QCC Federal Template and the PDS template. This price of the new gold plan is lower than the price of the silver plan.

19. The response indicates that the CSR defunding adjustment factor should be below the Department's prescribed range of 1.22-1.26, whether the ARPA subsidies are continued in 2023 or not. Please provide an exhibit showing the derivation of the CSR Factors that the company considers to be appropriate, both in the case that the ARPA subsides are continued or that the subsidies are not extended in 2023.

In 2017 our CSR PMPM was approximately $22 PMPM. Our incurred claims for CSR eligible plans was approximately $382 PMPM for the same time period. This translates to a CSR adjustment of approximately 8% which is lower than the 1.22.

20. Understanding that metallic AV calculator is not used for pricing and that Area 8 is a relatively high-cost area, please provide an explanation as to why the gold (and platinum) pricing AVs are substantially higher than the corresponding metallic AVs, while the silver and bronze pricing AVs are lower than the corresponding metallic AVs.

Please see our responses to questions 7 and 16.

22. Please clarify why the Table 10 Provider Network factor (column N) for Plans 7 and 11 is 1.026, rather than the 0.975 factor assigned to other EPO plans.

These two plans were priced as if they were PPO plans.

23. Please consider the situation where a member in a QCC PPO plan is interested in the new gold plan that is cheaper than silver on KHPE. However, due to more restrictive network requirements they would have to switch providers that they are accustomed to using. Please explain why this is a reasonable request from IBC, and why IBC can't offer a cheaper gold plan on the QCC platform to accommodate these members.

We have created a new gold plan to satisfy this request. Please refer to our response to Question 18.

QCC Consumer

Metal	BMMO	PLRS		ARF	GCF	IDF	AV	Product w Risk	Product w/o Risk
Plat	-	-		-	-	-	-	-	-
Gold	90,552	2.400		1.604	1.045	1.080	0.800	2.709	1.449
Silver	60,600	1.962		1.721	1.045	1.030	0.700	2.112	1.297
Bronze	315,840	1.009		1.768	1.045	1.000	0.600	1.054	1.108
Total	466,992	1.402		1.730	1.045	1.019	0.652	1.512	1.199
Est. StateWide Average		1.373	$ 527.62	1.812	1.00	1.037	0.704	1.423	1.322
								70.77	

QCC Consumer	Initial Filing	Rein Morbidity Imp / Retention / Exchange User Fee	Proposed Revision	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	$ 569.62	$ 569.62	$ 569.62	
Two year trend projection Factor	1.174	1.174	1.174	
Unadjusted Projected Allowed EHB Claims PMPM	$ 668.76	$ 668.76	$ 668.52	
Single Risk Pool Adjustment Factors				
Change in Morbidity - Impact of Reinsurance Program	0.999	1.000	1.000	
Change in Morbidity - All Other	1.000	1.000	1.000	
Total Non-Morbidity Changes	1.323	1.323	1.323	
Total Adjusted Projected Allowed EHB Claims PMPM	$ 883.64	$ 884.53	$ 884.14	
Projected Paid to Allowed Ratio	0.678	0.678	0.678	
Projected Incurred EHB Claims PMPM	$ 598.92	$ 599.52	$ 599.26	
Market-wide Adjustments				
Projected Incurred Risk Adjustment PMPM	$ 70.77	$ 70.77	$ 70.77	
Projected Incurred Exchange User Fees PMPM	$ 13.31	$ 13.00	$ 13.00	
Projected Incurred Reinsurance Recoveries PMPM	$ 19.81	$ 19.83	$ 19.82	
Market-Adjusted Projected Incurred EHB Claims PMPM	$ 521.65	$ 521.91	$ 521.66	
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 769.64	$ 770.03	$ 769.66	
Projected Allowed Non-EHB Claims PMPM	$ 0.25	$ 0.25	$ 0.25	
Market-Adjusted Projected Incurred Total Claims PMPM	$ 521.82	$ 522.08	$ 521.83	
Administrative Expenses	13.01%	13.01%	13.01%	
Taxes and Fees	2.605%	2.603%	2.603%	
Profit/Contingency (after tax)	2.00%	2.00%	2.00%	
Total Retention	17.62%	17.62%	17.62%	
Projected Required Revenue PMPM	$ 633.42	$ 633.73	$ 633.42	1.000001

Pricing AV Examples

Company: QCC Insurance Company, Inc.

Market: Individual

	example								
Plan Name:	Plan ABC	Personal Choice EPO Bronze Reserve	Personal Choice PPO Gold	Personal Choice EPO Gold	Personal Choice PPO Silver	Personal Choice PPO Bronze	Personal Choice EPO Bronze Basic	Personal Choice EPO Catastrophic	Personal Choice PPO Gold Classic
HIOS ID:	123456789	31609PA0160005, 31609PA0180004	31609PA0070002, 31609PA0190002	31609PA0160007, 31609PA0180007	31609PA0070003, 31609PA0190003	31609PA0070004, 31609PA0190004	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001	31609PA0070011
Metallic Level:	Gold	Bronze	Gold	Gold	Silver	Bronze	Bronze	Bronze	Gold
Network/Platform:	PPO	EPO	PPO	EPO	PPO	PPO	EPO	EPO	PPO
Pricing AV Table 10:	76.7%	59.8%	91.8%	90.1%	67.9%	61.9%	54.9%	53.8%	81.9%
Benefit Component	**Member Cost Sharing Value**	**Member Cost Sharing Value**	**Member Cost Sharing Value**	**Member Cost Sharing Value**	**Member Cost Sharing Value**	**Member Cost Sharing Value**	**Member Cost Sharing Value**	**Member Cost Sharing Value**	**Member Cost Sharing Value**
PCP	0.4%	0.2%	0.4%	0.6%	0.5%	0.3%	0.1%	0.2%	0.4%
SPC	0.9%	1.4%	2.8%	4.6%	3.5%	1.9%	0.9%	1.1%	3.1%
ER	0.8%	0.2%	0.4%	0.7%	0.5%	0.3%	0.1%	0.2%	0.5%
IP (inc MH)	0.0%	1.2%	2.5%	4.1%	3.1%	1.8%	0.8%	1.0%	2.8%
OP Surgery	0.0%	0.8%	1.7%	2.8%	2.1%	1.2%	0.6%	0.7%	1.9%
MRI/CAT/PET	0.0%	0.4%	0.8%	1.3%	1.0%	0.5%	0.3%	0.3%	0.8%
Lab	0.0%	0.2%	0.5%	0.8%	0.6%	0.3%	0.2%	0.2%	0.5%
Pharmacy Generic Copay	2.2%	0.6%	1.1%	1.9%	1.4%	0.8%	0.4%	0.5%	1.3%
Pharmacy Brand Preferred Copay	0.7%	2.4%	5.0%	8.3%	6.2%	3.5%	1.7%	2.0%	5.4%
Deductible	11.2%	32.8%	0.0%	0.0%	15.4%	26.4%	40.0%	40.0%	5.5%
MOOP	-1.1%	0.0%	-15.2%	-15.2%	-8.5%	-4.6%	0.0%	0.0%	-11.5%
Out-of-Network	2.7%	0.0%	8.3%	0.0%	6.2%	5.6%	0.0%	0.0%	7.4%
Total Member Cost Share	23.3%	40.2%	8.2%	9.9%	32.1%	38.1%	45.1%	46.2%	18.1%
Pricing AV	76.7%	59.8%	91.8%	90.1%	67.9%	61.9%	54.9%	53.8%	81.9%

Note: row 9 and 33 should match

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		$ 23,201,123.56	1.0000	$ 23,201,123.56	41,421	$ 560.13		$ (492,081.47)	$ 32,138,104.92	$ 775.89
Feb-18		$ 20,285,165.17	1.0000	$ 20,285,165.17	40,642	$ 499.12		$ (467,968.49)	$ 26,499,924.97	$ 652.03
Mar-18		$ 22,125,756.29	1.0000	$ 22,125,756.29	39,969	$ 553.57		$ (511,959.75)	$ 27,538,418.83	$ 688.99
Apr-18		$ 22,324,735.61	1.0000	$ 22,324,735.61	39,491	$ 565.31		$ (522,139.31)	$ 27,346,986.77	$ 692.49
May-18		$ 25,260,102.30	1.0000	$ 25,260,102.30	38,908	$ 649.23		$ (539,381.03)	$ 30,222,853.80	$ 776.78
Jun-18		$ 22,303,415.98	1.0000	$ 22,303,415.98	38,420	$ 580.52		$ (512,644.59)	$ 26,570,643.38	$ 691.58
Jul-18		$ 22,668,311.38	1.0000	$ 22,668,311.38	38,033	$ 596.02		$ (539,273.49)	$ 26,500,949.31	$ 696.79
Aug-18		$ 25,491,626.63	1.0000	$ 25,491,626.63	37,703	$ 676.12		$ (581,228.87)	$ 29,285,592.48	$ 776.74
Sep-18		$ 23,837,750.06	1.0000	$ 23,837,750.06	37,328	$ 638.60		$ (539,305.07)	$ 27,149,704.58	$ 727.33
Oct-18		$ 26,575,057.81	1.0000	$ 26,575,057.81	36,938	$ 719.45		$ (599,651.49)	$ 30,149,784.23	$ 816.23
Nov-18		$ 22,752,278.32	1.0000	$ 22,752,278.32	36,511	$ 623.16		$ (574,049.62)	$ 25,818,312.90	$ 707.14
Dec-18	$ 345,713,051.75	$ 22,493,533.87	1.0000	$ 22,493,533.87	35,983	$ 625.12	$ 61,696,428.60	$ (610,191.59)	$ 25,304,134.64	$ 703.22
Jan-19		$ 18,051,259.87	1.0000	$ 18,051,259.87	42,000	$ 429.79		$ (492,291.09)	$ 26,719,003.95	$ 636.17
Feb-19		$ 17,757,623.26	1.0000	$ 17,757,623.26	41,254	$ 430.45		$ (448,797.59)	$ 23,646,973.78	$ 573.20
Mar-19		$ 20,097,530.80	1.0000	$ 20,097,530.80	40,467	$ 496.64		$ (492,899.97)	$ 25,704,687.40	$ 635.20
Apr-19		$ 21,363,236.17	1.0000	$ 21,363,236.17	39,991	$ 534.20		$ (522,688.96)	$ 26,577,913.64	$ 664.60
May-19		$ 21,292,942.55	1.0000	$ 21,292,942.55	39,398	$ 540.46		$ (530,540.85)	$ 26,108,279.98	$ 662.68
Jun-19		$ 18,968,106.13	1.0000	$ 18,968,106.13	38,925	$ 487.30		$ (498,859.07)	$ 22,890,077.30	$ 588.06
Jul-19		$ 21,065,054.35	1.0000	$ 21,065,054.35	38,397	$ 548.61		$ (543,604.99)	$ 25,120,826.42	$ 654.24
Aug-19		$ 19,823,589.29	1.0000	$ 19,823,589.29	37,984	$ 521.89		$ (527,901.06)	$ 23,594,536.49	$ 621.17
Sep-19		$ 18,789,229.31	1.0000	$ 18,789,229.31	37,566	$ 500.17		$ (514,777.60)	$ 22,173,279.96	$ 590.25
Oct-19		$ 21,050,632.47	1.0000	$ 21,050,632.47	37,195	$ 565.95		$ (574,250.76)	$ 24,637,132.01	$ 662.38
Nov-19		$ 18,913,443.67	1.0000	$ 18,913,443.67	36,757	$ 514.55		$ (544,966.97)	$ 22,033,859.28	$ 599.45
Dec-19	$ 304,626,833.47	$ 20,684,025.67	1.0000	$ 20,684,025.67	36,150	$ 572.17	$ 61,241,780.13	$ (581,994.57)	$ 23,618,309.98	$ 653.34
Jan-20		$ 17,873,443.87	1.0000	$ 17,873,443.87	40,990	$ 436.04		$ (1,446,354.33)	$ 25,074,892.80	$ 611.73
Feb-20		$ 18,739,034.44	1.0000	$ 18,739,034.44	40,211	$ 466.02		$ (1,418,835.90)	$ 24,391,037.63	$ 606.58
Mar-20		$ 17,713,962.82	1.0000	$ 17,713,962.82	39,657	$ 446.68		$ (1,389,304.13)	$ 21,690,890.38	$ 546.96
Apr-20		$ 16,357,323.06	1.0000	$ 16,357,323.06	39,462	$ 414.51		$ (1,511,941.50)	$ 18,016,958.89	$ 456.56
May-20		$ 16,699,447.43	1.0000	$ 16,699,447.43	39,339	$ 424.50		$ (1,507,070.70)	$ 18,833,919.74	$ 478.76
Jun-20		$ 19,113,214.55	1.0000	$ 19,113,214.55	39,094	$ 488.90		$ (1,497,760.66)	$ 21,973,378.06	$ 562.07
Jul-20		$ 19,872,416.54	1.0000	$ 19,872,416.54	38,887	$ 511.03		$ (1,570,688.68)	$ 22,713,977.58	$ 584.10
Aug-20		$ 19,304,319.98	1.0000	$ 19,304,319.98	38,849	$ 496.91		$ (1,569,112.45)	$ 21,983,604.59	$ 565.87
Sep-20		$ 20,994,772.30	1.0000	$ 20,994,772.30	38,663	$ 543.02		$ (1,561,829.73)	$ 23,849,267.68	$ 616.85
Oct-20		$ 22,036,797.44	1.0000	$ 22,036,797.44	38,287	$ 575.57		$ (1,706,233.26)	$ 24,701,934.64	$ 645.18
Nov-20		$ 21,556,883.96	1.0000	$ 21,556,883.96	37,770	$ 570.74		$ (1,683,179.68)	$ 23,890,596.15	$ 627.23
Dec-20	$ 302,517,236.44	$ 22,670,309.14	1.0000	$ 22,670,309.14	37,160	$ 610.07	$ 57,284,681.86	$ (1,656,171.34)	$ 24,767,666.91	$ 666.51
Jan-21		$ 16,913,810.33	1.0000	$ 16,913,810.33	40,561	$ 417.00		$ (1,721,468.61)	$ 23,189,816.60	$ 571.73
Feb-21		$ 16,788,996.15	0.9996	$ 16,794,978.95	41,675	$ 403.00		$ (1,768,672.00)	$ 21,849,933.39	$ 524.29
Mar-21		$ 22,102,028.63	0.9996	$ 22,112,095.65	41,437	$ 533.63		$ (1,758,535.19)	$ 27,637,897.83	$ 666.99
Apr-21		$ 21,646,072.47	0.9993	$ 21,660,982.40	41,593	$ 520.78		$ (1,861,824.70)	$ 26,132,051.26	$ 628.28
May-21		$ 22,689,976.17	0.9988	$ 22,717,875.06	41,678	$ 545.08		$ (1,865,498.60)	$ 26,518,036.73	$ 636.26
Jun-21		$ 23,486,230.12	0.9982	$ 23,529,640.02	41,466	$ 567.44		$ (1,856,026.62)	$ 27,318,304.91	$ 658.81
Jul-21		$ 20,985,907.26	0.9974	$ 21,040,914.71	41,316	$ 509.27		$ (1,876,387.39)	$ 24,358,943.26	$ 589.58
Aug-21		$ 23,128,787.75	0.9954	$ 23,234,589.31	41,346	$ 561.95		$ (1,877,614.39)	$ 26,569,228.18	$ 642.61
Sep-21		$ 21,003,946.89	0.9930	$ 23,166,995.27	41,733	$ 555.12		$ (1,895,220.03)	$ 25,993,453.01	$ 622.85
Oct-21		$ 24,372,027.78	0.9888	$ 24,648,340.99	41,538	$ 593.38		$ (1,987,021.20)	$ 27,135,263.02	$ 653.26
Nov-21		$ 24,481,437.46	0.9814	$ 24,946,141.22	41,432	$ 602.10		$ (1,982,147.06)	$ 27,139,862.17	$ 655.05
Dec-21	$ 307,125,622.77	$ 24,663,422.69	0.9678	$ 25,484,312.95	41,245	$ 617.88	$ 68,930,997.35	$ (1,974,379.60)	$ 26,926,055.30	$ 652.83

	MMos	Rx Weight	Total Allowed Claims	Rx Claims	Total Rx Rebates	Rx Allowed Pre-Rebates	Net Rx PMPM	PMPM	Reduced PMPM	Rx Rebate Impact over prior year
2021	497.020	21.20%	$ 310,768,845.64	$ 65,884,259.73	$ (22,424,795.39)	$ 88,309,055.12	132.56	177.68	0.74606	-6.08%
2020	468,369	26.35%	$ 271,688,125.05	$ 71,591,723.51	$ (18,528,482.34)	$ 90,120,205.85	152.85	192.41	0.7944	-14.11%
2019	466,084	26.38%	$ 292,824,880.17	$ 77,253,922.57	$ (6,273,573.50)	$ 83,527,496.07	165.75	179.21	0.92489	-0.53%
2018	461,347	25.72%	$ 334,525,410.80	$ 86,043,539.31	$ (6,489,874.78)	$ 92,533,414.09	186.51	200.57	0.92986	

Rx weight is the value from Cell H51 of Tab 1 from the AM Exhibit where each calendar year was the experience period.
(2021 comes from the 2023 Exhibit, 2020 comes from the 2022 Exhibit, etc.)
It is used to calculate the Allowed Rx claims from total Allowed Claims.

Completeness and Redaction Justification Checklist

Instructions for Completion and Redaction Justification Checklist

This checklist is required for all issuers submitting ACA-Compliant rates for 2023 comprehensive major medical rate filings and should be submitted, as supporting documentation, with each 2023 ACA-Compliant comprehensive major medical rate filing. The checklist is organized by heading, section and subsection as outlined in the 2023 ACA-Compliant Health Insurance Rate Filing Guidance (Guidance) released in March.

"Completed" Column

The first input column is labeled “Completed”. In order for the filing to be considered complete and ready for department review, X must appear in each field in the column, except where data tables are marked “if applicable”. The X indicates that the actuary has read the Guidance and has provided the requested information and data, as required in the PA Actuarial Memorandum and Rate Exhibits and further, that the data templates are completely and appropriately populated.

"Redaction Justification" Columns

The “Redaction Justification” section contains three columns. If the issuer’s filing contains redacted information or data in the named section, “Y” must be populated in the "Redacted" column.

Each issuer must submit a "Public Rate Filing PDF" with the initial filing and with the final version that will be approved. The PDF document must contain all required documents, tables and exhibits. If the issuers chooses to make the limited redactions anticipated by the Department, those redactions should be made only in this document. The "Page # in Public PDF" section should reference the page number of the Public Rate Filing PDF where the redacted information and/or data can be located.

If any informations is redacted, a justification must be submitted that specifically justifies why that information should be redacted. Correspondingly, the “Justification” column should be populated with a "Y" in any rows where it is indicated that information is redacted, and with an "NA" if if information is not redacted. To reiterate the redaction criteria contained in the Guidance, only information that is trade secret or confidential commercial or financial information as defined in HHS’s Freedom of Information Act (FOIA) regulations at 45 CFR§ 5.65 may be redacted.

Consistent with prior, the Department does not anticipate redactions other than the following items:

1. AV screenshots
2. Statements specifying a company’s anticipated risk level in relation to the state average risk level (e.g., the underlined portion could be redacted in the following statement: “we expect the risk level of membership to be X% higher/lower than the state average risk level”)
3. Opining actuary’s name
4. Specific provider contracting information (note: such information was not submitted in prior rate filings and the department does not anticipate receiving such information in plan year 2019 rate filings)
5. Commission schedules

Please remain cognizant that non-redacted information and data must be submitted for review.

You may contact Lindsi Swartz, linswartz@pa.gov, if you have any questions regarding this checklist.

Completeness and Redaction Justification Checklist

Issuer Name: QCC Insurance Company, Inc.
Market: Individual PPO
SERFF ID: INAC-133254407

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X	[redacted]		
	RFJ Part II – Consumer Friendly Justification				
	RFJ Part III – Actuarial Memorandum	X	Y	30-38	Y
	Federal Rates Template	X	[redacted]		
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X	[redacted]		
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
C.	Rate Change Request Summary	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	Y	7	Y
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N	8	N/A
D.1.C.	Average Rate Change	X	N	8	N/A
D.1.D.	Membership Count	X	N	8	N/A
	PA Act. Exhibits Table 1	X	N	16	N/A
D.1.E.	Benefit Changes	X	N	8	N/A
D.1.F.	Experience Period Claims & Premium	X	N	8-10	N/A
	PA Act. Exhibits Table 2	X	N	16	N/A
D.1.G.	Credibility of Data	X	N	10	N/A
	PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)	X	N	17	N/A
D.1.H.	Trend Identification	X	N	10	N/A
	PA Act. Exhibits Table 3	X	N	16	N/A
D.1.I.	Historical Experience	X	N	10-11	N/A
	PA Act. Exhibits Table 4	X	N	16	N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	Y	11-12	Y
	PA Act. Exhibits Table 5	X	N	20	N/A
D.2.B.	Retention Items	X	N	12	N/A
	PA Act. Exhibits Table 6	X	N	20	N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	13	N/A
	PA Act. Exhibits Table 7	X	N	20	N/A
D.2.D.	Components of Rate Change	X	N	13	N/A
	PA Act. Exhibits Table 8	X	N	20	N/A
	PA Act. Exhibits Table 9	X	N	20	N/A
D.3.	Plan Rate Development	X	N	13	N/A
	PA Act. Exhibits Table 10	X	N	21	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	14	N/A
	PA Act. Exhibits Table 11	X	N	22	N/A
D.5.A.	Age and Tobacco Factors	X	N	14	N/A
	PA Act. Exhibits Table 12	X	N	23	N/A
D.5.B.	Geographic Factors	X	N	14	N/A
	PA Act. Exhibits Table 13	X	N	23	N/A
D.5.C.	Network Factors	X	N	14	N/A
	PA Act. Exhibits Table 14	X	N	23	N/A
D.5.D.	Service Area Composition	X	N	14	N/A
D.5.E.	Composite Rating	X	N	14	N/A
D.6.	Actuarial Certifications	X	Y	14-15	Y
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N	24-26	N/A
	Service Area Map	X	N	79	N/A
Redaction Justification (must be submitted if any information is redacted)		X	[redacted]		Y