KHPE – Individual Plans

Rate Request filing ID # INAC-134056069 – This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx

Overview

Initial requested average rate change:	8.88%
Revised requested average rate change:	5.38%
Range of requested rate change:	4.37% to 5.82%
Effective date:	January 1, 2025
Mapped members:	123,281
Available in:	Rating Area 8

Key Information

Jan. 2023-Dec. 2023 financial experience

Premiums	$783,086,917
Claims	$652,720,234
Administrative Expenses	$40,140,605
Taxes & Fees	$69,617,208
Insurers made (after taxes)	$20,608,871

How it plans to spend your premium[1]

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

Claims:	84%
Administrative:	11%
Taxes & Fees:	3%
Profit:	2%

The insurer expects its annual medical costs to increase **7.5%**.

Our Decision

The insurer requested an average 8.88% rate change in the individual market for enrollees in current 2024 plans who will continue coverage with the insurer in 2025. The insurer later revised its rate filing to request a rate change of 5.38% due to revisions made during the Department's standard review. The statewide average rate change request across all insurers was originally 9.3% and was revised to 6%. A factor contributing to the rate change is the change in reimbursement from the state reinsurance program. In addition to the reinsurance program, the following have been cited as key rate drivers:

- Increased hospital, physician, and prescription drug costs;
- Increased anticipated subscriber usage;

[1] Due to rounding, the percent total, in How it plans to spend your premium section, may not sum to 100%.

- Changes in anticipated risk adjustment amounts (money from a federal program that redistributes funds from plans with lower-risk enrollees to plans with higher-risk enrollees);
- Increased administrative expenses; and
- The base experience claims deviated from expected claim levels.

Process and Considerations for the 2025 Plan Year

Consistent with plan year 2024, the Department instructed insurers to file requested rates for 2025 Affordable Care Act compliant plans assuming the federal government would not make Cost-Sharing Reduction (CSR) payments. Cost-Sharing Reductions apply to certain out-of-pocket costs, like deductibles and copayments, for low- and middle-income enrollees. Although the federal government has stopped making CSR payments, insurers are still required by federal law to reduce out-of-pocket costs for low- and middle-income enrollees.

Insurers offering on-exchange silver plans adjusted premiums for those plans to compensate for the ending of federal CSR payments. This means that premiums for on-exchange silver plans are greater than the premiums for off-exchange silver plans. Many on-exchange consumers who receive the Advanced Premium Tax Credit (APTC) will not experience the full effect of any rate change because this subsidy will change as well. Consumers who have an on-exchange silver plan and do not qualify for a subsidy may want to consider evaluating other metal level plans available on-exchange or purchasing an off-exchange silver plan because these plans will likely have lower premiums relative to the coverage level.

Pennsylvania was granted a 1332 Waiver by the federal government allowing the Commonwealth to create a state-based insurance exchange (Pennie™) and reinsurance program. The state reinsurance program will reimburse insurers for a portion of claims above a set dollar amount threshold which will allow the companies to lower premiums. As a result of the reinsurance program, Pennsylvania residents who purchase individual ACA compliant health policies effective in 2025 will have premiums that are approximately 5% less on average than they otherwise would have been without that program.

For each requested plan, the Department reviewed the contract to see if the plan included all the benefits required by state and federal law, if the rates are reasonable in relation to the benefits, and if the insurer will be able to pay projected claims and expenses. The Department also considers factors such as the insurer's revenues, medical and administrative costs, actual and projected profits, and past rate changes, as well as the effect the 2025 rate change will have on Pennsylvania consumers. In approving rates for 2025, the Department focused on making sure that Pennsylvanians in every county in the state continue to have access to healthcare coverage. Ensuring that affordable options remain available to Pennsylvania consumers is a top priority for the Department. The resulting average final rate change approved for this insurer is 5.38%, ranging from 4.37% to 5.82%.

General Note: An insurer may not increase your rates more than once in a calendar year. The change in premium for a specific individual or employer may vary from the average rate change shown in this summary due to plan-specific factors, like the benefit package and provider network used by the plan, as well as four factors specific to the individual or employer/employees: geographic location, age, tobacco use, and family size.

What we consider

Premium is made up of three parts: medical claims, administrative expenses, and profit or loss. We review all of the information in rate filings for individual and small group health plans, including the plans' medical claims, administrative expenses, and projected profit or loss.

A key component used to calculate projected claims is medical trend. Medical trend is the change in claims costs over a specific period of time—usually one to two years—and is often based on both the company's past claims costs and what they expect to spend on claims in the future.

Administrative expenses are any expenses not related to the cost of medical claims; including, but not limited to, employee salaries and benefits, the cost of the company's office and equipment, customer service, appeals costs, taxes, agent commissions, etc.

The company's projected profit (or contribution to surplus) is a small part of the premium. The reasonableness of the projected profit may depend on the company's current surplus level and other factors.

Federal law requires health insurance companies to have a medical loss ratio (MLR) of at least 80%. This means that your insurance company must spend at least 80% of your premium dollars on medical care and activities that improve the quality of care. If your insurance company spends less than 80% on medical care and quality improvement then the company must give you money back in the form of a rebate. A medical loss ratio of 80% indicates that the insurer is using the remaining 20 cents of each premium dollar for administrative costs and profits. The Department does not approve rates in this market that appear likely to result in an MLR of less than 80%.

Glossary

Annual rate change: Companies normally file a rate change each year due to their medical claims experience. The annual rate request may or may not include benefit changes.

Average rate change: The average amount rates will change for all enrollees.

For individual health plans: How much your premium will change depends on your age, where you live, how many family members are covered on your plan, whether or not you or your family members smoke and which benefits you choose

For small employer health plans: The employer's premium will vary based on their employees' age, the employer's location, their employee's family size, and the benefits they choose.

Claims/Medical Costs: What the health plan spends on direct medical services including hospital stays, providers, and prescription drugs.

Individual Plans: Insurance you buy from an insurance company for yourself and/or your dependents; not insurance you get from your employer.

Premium: Under federal law, insurance companies can take into account only four factors when varying your rate in order to set the premium costs you will be charged each month. These four factors are:

- Age: Older people can be charged up to 3 times more for premiums than younger people.
- Geographic location: Where you live has a big effect on your premiums. Competition, local regulation, and cost of living in different areas account for this.
- Tobacco Use: Insurers can charge tobacco users up to 50% more than those who don't use tobacco.
- Individual vs. family enrollment: Insurers can charge more for a plan that covers a spouse and/or dependents.

Profit: The amount of money remaining after the company's claims, administrative expenses, and taxes and fees are paid.

Rate: The rate is the base amount that an insurance company charges a person. An insurance company can increase the base rate depending on four factors in order to calculate the monthly premium that a consumer will be charged. See "Premium."

Rating Area: Federal law requires that each state have a set number of geographic areas that all insurance companies may use to adjust how much they charge consumers. When insurance companies calculate premiums, all enrollees within a rating area will have the same adjustment factor applied. Depending on the rating area you live in the prices you pay may be higher or lower than the state average. Pennsylvania has 9 rating areas. (See the Pennsylvania Geographic Rating Area Map below.)

Small Group Plans: Small group plans are those sold to employers with 1-50 employees.

Surplus: An insurer's funds on hand for which the company has no corresponding liabilities. Insurers maintain a surplus so that they have sufficient funds to withstand adverse business conditions such as unexpectedly high medical claims or low enrollment, and in order to make investments in infrastructure and technology.

Pennsylvania Geographic Rating Areas

1901 Market Street
Philadelphia, PA 19103-1480

Independence

May 15, 2024

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

SUBMITTED VIA SERFF

RE: **Keystone Health Plan East**
Individual HMO Rate Filing effective 1/1/2025
INAC-134056069

Dear Ms. Swartz:

Attached is the 2025 annual rate filing for HMO plans of Keystone Health Plan East (KHPE) 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, 2025 through December 31, 2025.

Per the guidance provided in the 2025 ACA-Compliant Health Insurance Rate Filing Guidance provided by the Pennsylvania Insurance Department, we applied a Reinsurance Morbidity Adjustment 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 a 60% coinsurance parameter for the reinsurance program.

The proposed rates represent an 5.4% increase over the previously approved 2024 rates.

Information for the Pennsylvania Bulletin:

1.	Company Name and NAIC Number:	Keystone Health Plan East 95056
2.	Market	Individual
3.	On or Off Exchange	On and Off
4.	Effective Date of Coverage	January 1, 2025
5.	Average Rate Change Requested	5.4%
6.	Range of Rate Changes Requested	4.4% to 5.8%

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield. Independent Licensees of the Blue Cross and Blue Shield Association.

16887

Independence

7.	Total Annual Revenue Generated from the Proposed Rate Change	$41,107,755
8.	Products	HMO
9.	Rating Areas and Change from 2024	Rating Area 8 No Change from 2024
10.	Metal Levels and Catastrophic Plans	Gold, Silver, Bronze
11.	Current covered lives and policyholders as of February 1, 2024	123,281 lives
12.	Number of plans offered in 2025 and change from 2024	15 plans in 2025; 15 plans in 2024
13.	Corresponding contract form number, SERFF, and binder numbers	SERFF # INBC-134078704, INBC-PA25- 125118186 See appendix for form numbers
14.	HIOS Issuer ID # and submission tracking Number	HIOS Issuer ID # 33871; Filing # N/A

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

Sincerely,

[redacted]

cc: [redacted]

Independence

APPENDIX

Form Numbers

KE 650 IND FC EXC-ON Rev. 1.25
KE 650 IND FDED EXC-ON Rev. 1.25
KE 650 IND FTC EXC-ON Rev. 1.25
KE 650 IND FTDED EXC-ON Rev. 1.25
KE 650 IND FTDED LT EXC-ON Rev. 1.25
KE 650 IND FC EXC-OFF Rev. 1.25
KE 650 IND FDED EXC-OFF Rev. 1.25
KE 650 IND FTC EXC-OFF Rev. 1.25
KE 650 IND FTDED EXC-OFF II Rev. 1.25
KE 650 IND FTDED EXC-OFF Rev. 1.25
KE 680 IND FC EXC.OC-ON Rev. 1.25
KE 680 IND FDED EXC.OC-ON Rev. 1.25
KE 680 IND FTC EXC.OC-ON Rev. 1.25
KE 680 IND FTDED EXC.OC-ON Rev. 1.25
KE 680 IND FTDED LT EXC.OC-ON Rev. 1.25
KE 680 IND FC EXC.OC-OFF Rev. 1.25
KE 680 IND FDED EXC.OC-OFF Rev. 1.25
KE 680 IND FTC EXC.OC-OFF Rev. 1.25
KE 680 IND FTDED EXC.OC-OFF II Rev. 1.25
KE 680 IND FTDED EXC.OC-OFF Rev. 1.25
PREV/SCH-II Rev. 1.25

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 Keystone Health Plan East 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:	Keystone Health Plan East ("KHPE")
State:	Pennsylvania
NAIC #:	95056
Market:	Individual
Marketplace:	On and Off Exchange
Effective Date(s):	1/1/2025 – 12/31/2025
Average Rate Change:	5.4%
Range of Rate Changes:	4.4% to 5.8%
Products:	HMO
Rating Areas:	Rating Area 8
Metal Levels:	Gold, Silver, Bronze
Current Members:	123,281
Number of 2025 Plans:	15
HIOS Issuer ID (5-digit):	33871

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 KHPE. 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 33871.

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, 2021	-3.90%	INAC- 132358787
January 1, 2022	2.20%	INAC- 132818417
January 1, 2023	1.31%	INAC- 133249350
January 1, 2024	-3.50%	INAC- 133674084

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 5.4%. The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2023 to calendar year 2025 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 5.4%.

D. MEMBERSHIP COUNT

Table 1 illustrates the Experience Period member-months, Current Period members as of February 1, 2024, 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 KHPE with the experience period data for QCC Insurance Company ("QCC"). 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 KHPE rates that are reasonable in relation to QCC 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 2023 and paid through February 2024. Earned premiums and member months are for January through December 2023. The data are for all direct-written individual business of KHPE in the Commonwealth of Pennsylvania, including out-of-network claims written by KHPE 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 2023 risk transfer results.

In the URRT v6.0, 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, defined in Section F as the combined experience of Keystone Health Plan East, and the experience period data for QCC Insurance Company, Inc. ("QCC"). 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 G52 of Table 3. The URRT requires that factors are rounded to four decimal places which results in some small differences.

I. HISTORICAL EXPERIENCE

Table 4 illustrates historical experience from 2019 through 2023 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 2023 for KHPE in Consumer. Rebate payments will be made if applicable for the 2024 policy period. We do not anticipate 2025 rebates for KHPE 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.

J. TERMINATED PLANS

No plans are being terminated in 2025.

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.

Development of Reinsurance Tables

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information was populated using combined 2023 KHPE and QCC Individual claims data by individual member. 2023 claims paid through February 2024 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 2025 using a 7.5% 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 (e.g., ABA coverage which was not covered in the experience period but will be covered in the projection period); 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. Federal Income Tax is calculated by applying the tax rate to the sum of the HIF plus Profit/Contingency.

Administrative Expenses		13.87%
General and Claims	11.12%	
Agent/Broker Fees and Commissions	1.95%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		0.65%
RA User Fee	0.03%	
PCORI Fee	0.08%	
PA Premium Tax	0.00%	
Federal Income Tax	0.53%	
Health Insurance Providers Fee	0.00%	

Profit/Contingency	2.00%
Total Retention	16.52%

C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Table 7 compares the normalization factors used in this filing to those used in the 2024 filing. The changes in the factors reflect small differences from the projected populations in 2023 and 2024.

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 2024 and 2025 URRT with the exception of Risk Adjustment which was revised to project company-specific values.

E. MLR DEMONSTRATION

Projected Claims PMPM (After Reinsurance)	$454.57
Premium PMPM	$544.51
Quality Improvement Expense PMPM	$4.36
Exchange User Fee PMPM	$13.51
HIF PMPM	$0.00
Federal Income Tax PMPM	$2.89
Premium Tax PMPM	$0.00
Federal MLR	84.3%

3. PLAN RATE DEVELOPMENT

Table 10 is populated with plan information consistent with entries in the 2025 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 2024 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 2025 Rate Filing Justification.

[redacted]
May 15, 2024

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Keystone Health Plan East		
Product(s):	HMO		
Market Segment:	Individual		
Rate Effective Date:	1/1/2025	to	12/31/2025
Base Period Start Date:	1/1/2023	to	12/31/2023
Date of Most Recent Membership:	2/1/2024		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	**Current Period (as of 02-01-2024)**	**Projected Rating Period**
Average Age	42.1	41.7	41.7
Total	1,411,515	123,281	1,479,372
<18	132,075	11,773	141,276
18-24	96,423	8,787	105,444
25-29	112,069	10,174	122,088
30-34	126,207	11,189	134,268
35-39	125,369	11,375	136,500
40-44	123,313	10,817	129,804
45-49	121,911	10,696	128,352
50-54	145,732	12,232	146,784
55-59	175,437	14,680	176,160
60-63	178,897	15,257	183,084
64+	74,082	6,301	75,612

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
$ 825,990,960.28	$ 583,726,448.05	$ 590,193,168.07	1,411,515	$ 107,782,639.36	$ 697,975,807.42	$ -	$ (67,019,690.70)	$ 157,549,815.59	$ 178,839.84	$ (42,904,042.88)	$ 28,181,898.95
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 558.62**
Loss Ratio											**83.35%**

**Express Prescription Drug Rebates as a negative number*

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.50%	5.05%		10.83%	17.59%
Outpatient Hospital	5.16%	5.05%		10.47%	21.23%
Professional	2.90%	5.05%		8.10%	23.16%
Other Medical	2.90%	5.05%		8.10%	0.00%
Capitation				3.51%	14.39%
Prescription Drugs	-0.97%	5.05%		4.03%	23.63%
Total Annual Trend				7.50%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.156	

** 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-20		$ 43,703,856.03	1.0000	$ 43,703,856.03	116,561	$ 374.94		$ (3,272,756.15)	$ 51,298,949.59	$ 440.10
Feb-20		$ 37,390,884.50	1.0000	$ 37,390,884.50	112,043	$ 333.72		$ (3,145,459.18)	$ 42,982,713.47	$ 383.63
Mar-20		$ 34,668,964.36	1.0000	$ 34,668,964.36	110,936	$ 312.51		$ (3,114,610.12)	$ 39,070,343.27	$ 352.19
Apr-20		$ 31,641,371.58	1.0000	$ 31,641,371.58	110,267	$ 286.95		$ (3,412,031.39)	$ 33,316,533.97	$ 302.14
May-20		$ 32,984,549.87	1.0000	$ 32,984,549.87	110,282	$ 299.09		$ (3,412,100.21)	$ 35,202,660.34	$ 319.21
Jun-20		$ 38,486,944.82	1.0000	$ 38,486,944.82	109,198	$ 352.45		$ (3,378,542.75)	$ 41,682,584.47	$ 381.72
Jul-20		$ 41,322,632.71	1.0000	$ 41,322,632.71	108,625	$ 380.42		$ (3,657,736.22)	$ 44,415,351.51	$ 408.89
Aug-20		$ 41,783,354.81	1.0000	$ 41,783,354.81	107,898	$ 387.25		$ (3,633,171.27)	$ 44,602,669.60	$ 413.38
Sep-20		$ 42,342,304.42	1.0000	$ 42,342,304.42	107,154	$ 395.15		$ (3,607,887.27)	$ 45,304,154.17	$ 422.79
Oct-20		$ 44,360,607.16	1.0000	$ 44,360,607.16	106,172	$ 417.82		$ (3,841,481.30)	$ 47,235,782.85	$ 444.90
Nov-20		$ 43,468,833.61	1.0000	$ 43,468,833.61	104,503	$ 415.96		$ (3,781,160.27)	$ 45,887,583.59	$ 439.10
Dec-20	$ 797,737,191.41	$ 45,202,796.09	1.0000	$ 45,202,796.09	102,616	$ 440.50	$ 83,234,416.79	$ (3,712,851.30)	$ 47,622,402.49	$ 464.08
Jan-21		$ 38,865,702.33	1.0000	$ 38,865,702.33	108,979	$ 356.63		$ (3,721,966.70)	$ 44,502,030.27	$ 408.35
Feb-21		$ 38,078,437.57	1.0000	$ 38,078,437.57	111,005	$ 343.03		$ (3,790,436.97)	$ 42,391,599.28	$ 381.89
Mar-21		$ 49,889,141.53	1.0000	$ 49,889,141.53	110,252	$ 452.50		$ (3,764,981.34)	$ 55,195,462.43	$ 500.63
Apr-21		$ 46,799,334.82	1.0000	$ 46,799,334.82	110,338	$ 424.15		$ (4,135,520.37)	$ 50,890,711.57	$ 461.23
May-21		$ 42,762,006.40	1.0000	$ 42,762,006.40	111,047	$ 385.08		$ (4,162,195.09)	$ 45,948,490.50	$ 413.78
Jun-21		$ 46,479,187.74	1.0000	$ 46,479,187.74	112,196	$ 414.27		$ (4,205,040.39)	$ 50,074,940.85	$ 446.32
Jul-21		$ 46,845,514.25	1.0000	$ 46,845,514.25	113,596	$ 412.39		$ (4,315,959.05)	$ 49,613,189.07	$ 436.75
Aug-21		$ 50,700,618.52	1.0000	$ 50,700,618.52	114,875	$ 441.35		$ (4,364,419.24)	$ 53,232,869.14	$ 463.40
Sep-21		$ 51,552,019.12	1.0000	$ 51,552,019.12	115,555	$ 446.13		$ (4,390,206.05)	$ 53,697,201.95	$ 464.69
Oct-21		$ 51,435,567.91	1.0000	$ 51,435,567.91	115,048	$ 447.08		$ (4,446,996.84)	$ 53,594,511.23	$ 465.84
Nov-21		$ 52,424,352.32	1.0000	$ 52,424,352.32	114,038	$ 459.71		$ (4,407,894.59)	$ 54,258,970.32	$ 475.80
Dec-21	$ 802,228,035.94	$ 51,346,653.08	1.0000	$ 51,346,653.08	112,727	$ 455.50	$ 88,889,504.23	$ (4,356,250.17)	$ 52,606,196.41	$ 466.67
Jan-22		$ 43,082,683.18	1.0000	$ 43,082,683.18	115,587	$ 372.73		$ (5,061,148.21)	$ 47,913,991.32	$ 414.53
Feb-22		$ 42,614,961.20	1.0000	$ 42,614,961.20	117,022	$ 364.16		$ (5,123,314.38)	$ 46,563,963.94	$ 397.91
Mar-22		$ 49,452,491.59	1.0000	$ 49,452,491.59	115,589	$ 427.83		$ (5,061,142.92)	$ 54,205,425.42	$ 468.95
Apr-22		$ 45,352,827.22	1.0000	$ 45,352,827.22	114,339	$ 396.65		$ (5,290,526.46)	$ 48,985,128.13	$ 428.42
May-22		$ 46,093,941.62	1.0000	$ 46,093,941.62	113,131	$ 407.44		$ (5,234,758.70)	$ 48,904,934.43	$ 432.29
Jun-22		$ 47,140,021.17	1.0000	$ 47,140,021.17	112,371	$ 419.50		$ (5,199,733.92)	$ 50,231,661.27	$ 447.02
Jul-22		$ 46,282,368.04	1.0000	$ 46,282,368.04	111,911	$ 413.56		$ (4,994,006.55)	$ 48,611,729.20	$ 434.38
Aug-22		$ 47,330,106.26	1.0000	$ 47,330,106.26	111,426	$ 424.77		$ (4,972,332.37)	$ 50,107,894.93	$ 449.70
Sep-22		$ 48,753,290.97	1.0000	$ 48,753,290.97	110,865	$ 439.75		$ (4,947,624.66)	$ 51,000,154.85	$ 460.02
Oct-22		$ 46,117,242.51	1.0000	$ 46,117,242.51	110,028	$ 419.14		$ (4,971,938.65)	$ 47,921,896.56	$ 435.54
Nov-22		$ 47,739,177.07	1.0000	$ 47,739,177.07	109,019	$ 437.90		$ (4,926,107.85)	$ 49,544,764.79	$ 454.46
Dec-22	$ 763,447,233.92	$ 45,824,270.66	1.0000	$ 45,824,270.66	107,476	$ 426.37	$ 96,224,465.53	$ (4,855,850.78)	$ 47,377,816.73	$ 440.82
Jan-23		$ 45,291,009.02	1.0000	$ 45,291,009.02	114,158	$ 396.74		$ (5,250,333.50)	$ 51,183,635.31	$ 448.36
Feb-23		$ 43,465,864.79	0.9990	$ 43,510,814.37	118,333	$ 367.70		$ (5,442,492.30)	$ 47,597,139.34	$ 402.23
Mar-23		$ 50,168,998.38	0.9984	$ 50,247,101.95	117,574	$ 427.37		$ (5,408,769.38)	$ 55,237,992.93	$ 469.81
Apr-23		$ 44,447,269.56	0.9977	$ 44,548,640.34	116,873	$ 381.17		$ (5,542,117.96)	$ 47,909,133.28	$ 409.92
May-23		$ 50,139,606.40	0.9971	$ 50,284,768.42	116,145	$ 432.95		$ (5,508,192.78)	$ 54,352,736.30	$ 467.97
Jun-23		$ 47,276,777.19	0.9964	$ 47,445,846.34	116,206	$ 408.29		$ (5,511,404.88)	$ 51,045,771.40	$ 439.27
Jul-23		$ 47,589,197.00	0.9951	$ 47,822,823.10	117,012	$ 408.70		$ (5,584,946.26)	$ 50,465,370.72	$ 431.28
Aug-23		$ 50,664,167.09	0.9918	$ 51,082,273.78	117,609	$ 434.34		$ (5,615,267.43)	$ 54,085,817.48	$ 459.88
Sep-23		$ 50,681,416.52	0.9867	$ 51,364,767.21	118,603	$ 433.08		$ (5,663,336.60)	$ 53,764,092.26	$ 453.31
Oct-23		$ 55,474,443.56	0.9807	$ 56,567,227.31	118,805	$ 476.14		$ (5,778,827.27)	$ 59,273,694.73	$ 498.92
Nov-23		$ 51,140,945.22	0.9751	$ 52,447,168.54	120,133	$ 436.58		$ (5,848,760.86)	$ 54,561,122.82	$ 454.17
Dec-23	$ 825,990,960.28	$ 47,386,753.32	0.9557	$ 49,580,727.68	120,064	$ 412.95	$ 107,782,639.36	$ (5,865,241.49)	$ 51,479,610.14	$ 428.77

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

Carrier Name:	**Keystone Health Plan East**
Product(s):	**HMO**
Market Segment:	**Individual**
Rate Effective Date:	**1/1/2025**

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
$ 1,111,604,315.05	$ 863,932,780.02	$ 874,403,772.25	1,820,963	$ 180,766,807.68	$ 1,055,170,579.93	$ -	$ (98,291,013.11)	$ 158,658,877.37	$ 306,122.82	$ 5,785,229.03	$ 44,211,266.15
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 612.61**
Loss Ratio											**79.73%**

**Express Prescription Drug Rebates as a negative number*

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.50%	5.05%		10.83%	17.59%
Outpatient Hospital	5.16%	5.05%		10.47%	21.23%
Professional	2.90%	5.05%		8.10%	23.16%
Other Medical	2.90%	5.05%		8.10%	0.00%
Capitation				3.51%	14.39%
Prescription Drugs	-0.97%	5.05%		4.03%	23.63%
Total Annual Trend				7.50%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.156	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-20		$ 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		$ (5,169,717.00)	$ 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	$ 1,100,254,427.85	$ 67,873,105.23	1.0000	$ 67,873,105.23	139,776	$ 485.58	$ 140,519,098.65	$ (5,369,022.64)	$ 72,390,069.40	$ 517.90
Jan-21		$ 55,605,291.82	1.0000	$ 55,605,291.82	149,540	$ 371.84		$ (5,177,075.95)	$ 67,768,892.00	$ 453.18
Feb-21		$ 54,806,468.81	1.0000	$ 54,806,468.81	152,680	$ 358.96		$ (5,285,149.47)	$ 64,449,253.88	$ 422.12
Mar-21		$ 71,754,704.61	1.0000	$ 71,754,704.61	151,689	$ 473.04		$ (5,251,235.53)	$ 82,871,292.45	$ 546.32
Apr-21		$ 68,143,682.43	1.0000	$ 68,143,682.43	151,931	$ 448.52		$ (5,788,220.14)	$ 76,925,500.85	$ 506.32
May-21		$ 65,189,970.17	1.0000	$ 65,189,970.17	152,725	$ 426.85		$ (5,817,521.29)	$ 72,396,646.19	$ 474.03
Jun-21		$ 69,710,918.28	1.0000	$ 69,710,918.28	153,662	$ 453.66		$ (5,852,339.55)	$ 77,333,527.67	$ 503.27
Jul-21		$ 67,650,477.52	1.0000	$ 67,650,477.52	154,912	$ 436.70		$ (6,038,221.27)	$ 73,952,259.74	$ 477.38
Aug-21		$ 73,586,320.11	1.0000	$ 73,586,320.11	156,221	$ 471.04		$ (6,087,318.17)	$ 79,701,551.56	$ 510.18
Sep-21		$ 74,264,376.64	1.0000	$ 74,264,376.64	157,288	$ 472.16		$ (6,128,998.83)	$ 79,567,390.29	$ 505.87
Oct-21		$ 75,848,290.10	1.0000	$ 75,848,290.10	156,586	$ 484.39		$ (6,302,747.17)	$ 80,910,834.50	$ 516.72
Nov-21		$ 76,681,852.34	1.0000	$ 76,681,852.34	155,470	$ 493.23		$ (6,258,979.73)	$ 81,366,559.80	$ 523.36
Dec-21	$ 1,109,353,658.71	$ 76,508,969.68	1.0000	$ 76,508,969.68	153,972	$ 496.90	$ 157,874,327.85	$ (6,198,953.89)	$ 80,195,180.44	$ 520.84
Jan-22		$ 62,101,622.44	1.0000	$ 62,101,622.44	154,040	$ 403.15		$ (7,375,433.88)	$ 73,120,590.54	$ 474.69
Feb-22		$ 62,768,020.67	1.0000	$ 62,768,020.67	155,268	$ 404.26		$ (7,424,973.84)	$ 71,688,320.79	$ 461.71
Mar-22		$ 71,182,611.77	1.0000	$ 71,182,611.77	153,233	$ 464.54		$ (7,326,075.01)	$ 81,077,066.00	$ 529.11
Apr-22		$ 67,095,362.20	1.0000	$ 67,095,362.20	151,421	$ 443.10		$ (7,596,361.85)	$ 74,395,531.91	$ 491.32
May-22		$ 69,379,531.56	1.0000	$ 69,379,531.56	149,892	$ 462.86		$ (7,520,828.95)	$ 75,547,476.94	$ 504.01
Jun-22		$ 69,837,573.26	1.0000	$ 69,837,573.26	148,729	$ 469.56		$ (7,460,451.84)	$ 75,935,993.44	$ 510.57
Jul-22		$ 67,640,611.82	1.0000	$ 67,640,611.82	147,981	$ 457.09		$ (7,217,746.96)	$ 72,362,258.33	$ 489.00
Aug-22		$ 69,468,875.67	1.0000	$ 69,468,875.67	147,240	$ 471.81		$ (7,180,169.90)	$ 74,949,364.97	$ 509.03
Sep-22		$ 70,772,413.74	1.0000	$ 70,772,413.74	146,396	$ 483.43		$ (7,137,965.32)	$ 75,264,095.09	$ 514.11
Oct-22		$ 68,951,166.67	1.0000	$ 68,951,166.67	145,264	$ 474.66		$ (7,317,534.09)	$ 72,727,048.21	$ 500.65
Nov-22		$ 71,343,659.88	1.0000	$ 71,343,659.88	143,986	$ 495.49		$ (7,253,615.23)	$ 75,183,025.23	$ 522.16
Dec-22	$ 1,042,320,735.81	$ 69,892,524.36	1.0000	$ 69,892,524.36	142,089	$ 491.89	$ 163,091,481.60	$ (7,159,811.90)	$ 73,303,715.42	$ 515.90
Jan-23		$ 66,598,720.11	0.9988	$ 66,678,257.98	148,698	$ 448.41		$ (7,788,840.11)	$ 79,455,278.10	$ 534.34
Feb-23		$ 62,610,477.45	0.9983	$ 62,715,213.39	153,282	$ 409.15		$ (8,010,725.26)	$ 71,852,438.29	$ 468.76
Mar-23		$ 75,772,340.53	0.9968	$ 76,018,657.80	152,237	$ 499.34		$ (7,956,217.24)	$ 86,148,563.98	$ 565.88
Apr-23		$ 66,186,065.34	0.9965	$ 66,417,905.23	151,369	$ 438.78		$ (8,169,814.33)	$ 73,442,335.11	$ 485.19
May-23		$ 72,557,950.24	0.9964	$ 72,820,987.83	150,336	$ 484.39		$ (8,112,452.94)	$ 80,810,046.90	$ 537.53
Jun-23		$ 71,154,604.32	0.9939	$ 71,593,887.63	150,151	$ 476.81		$ (8,096,861.85)	$ 78,692,918.58	$ 524.09
Jul-23		$ 71,591,127.62	0.9928	$ 72,111,594.38	150,992	$ 477.59		$ (8,166,208.39)	$ 77,317,248.58	$ 512.06
Aug-23		$ 76,162,253.15	0.9902	$ 76,919,301.44	151,550	$ 507.55		$ (8,193,630.09)	$ 82,738,155.63	$ 545.95
Sep-23		$ 74,318,720.26	0.9859	$ 75,377,840.30	152,459	$ 494.41		$ (8,234,984.92)	$ 79,958,107.35	$ 524.46
Oct-23		$ 81,078,322.25	0.9813	$ 82,622,230.40	152,385	$ 542.19		$ (8,459,608.74)	$ 87,590,515.39	$ 574.80
Nov-23		$ 76,034,643.26	0.9738	$ 78,077,545.95	153,814	$ 507.61		$ (8,540,443.05)	$ 82,243,539.18	$ 534.69
Dec-23	$ 1,111,604,315.05	$ 69,867,555.49	0.9564	$ 73,050,349.90	153,690	$ 475.31	$ 180,766,807.68	$ (8,561,226.21)	$ 76,630,419.72	$ 498.60

** Express Completion Factor as a percentage*

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

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

Carrier Name:	**Keystone Health Plan East**	**Attachment Point:**	**$60,000**
Product(s):	**HMO**	**Reinsurance Cap:**	**$100,000**
Market Segment:	**Individual**	**Coinsurance Rate:**	**60%**
Rate Effective Date:	**1/1/2025**		
Incurred Dates:	**1/1/2023 to 12/31/2023**	**Proj. Incurred Claim Impact:**	**-4.4%**

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2023 to 12/31/2023					
Annual Incurred Claims Range		**Unique Members**	**Member Months**	**Total Incurred Claims**	**Total Incurred Claims with Reinsurance**
$0	$29,999	184,092	1,764,128	$495,633,941	$495,633,941
$30,000	$34,999	761	8,173	$24,628,317	$24,628,317
$35,000	$39,999	560	6,179	$20,884,334	$20,884,334
$40,000	$44,999	443	4,846	$18,808,006	$18,808,006
$45,000	$49,999	344	3,779	$16,293,279	$16,293,279
$50,000	$54,999	308	3,378	$16,146,649	$16,146,649
$55,000	$59,999	271	3,001	$15,550,246	$15,550,246
$60,000	$64,999	209	2,286	$13,066,110	$12,750,444
$65,000	$69,999	183	1,986	$12,345,280	$11,526,112
$70,000	$74,999	157	1,678	$11,340,606	$10,188,242
$75,000	$79,999	128	1,418	$9,869,987	$8,555,995
$80,000	$84,999	128	1,415	$10,546,642	$8,826,657
$85,000	$89,999	106	1,143	$9,273,157	$7,525,263
$90,000	$94,999	99	1,112	$9,154,571	$7,225,828
$95,000	$99,999	72	781	$7,034,831	$5,405,932
$100,000	$109,999	157	1,733	$16,458,538	$12,690,538
$110,000	$119,999	152	1,645	$17,425,370	$13,777,370
$120,000	$129,999	116	1,277	$14,493,131	$11,709,131
$130,000	$139,999	89	937	$12,014,081	$9,878,081
$140,000	$149,999	93	1,017	$13,469,449	$11,237,449
$150,000	$159,999	75	798	$11,597,588	$9,797,588
$160,000	$169,999	71	806	$11,716,135	$10,012,135
$170,000	$179,999	60	643	$10,478,742	$9,038,742
$180,000	$189,999	47	501	$8,705,035	$7,577,035
$190,000	$199,999	49	523	$9,573,881	$8,397,881
$200,000	$209,999	41	456	$8,428,602	$7,444,602
$210,000	$219,999	35	412	$7,549,271	$6,709,271
$220,000	$229,999	35	381	$7,849,695	$7,009,695
$230,000	$239,999	31	340	$7,311,616	$6,567,616
$240,000	$249,999	38	408	$9,288,456	$8,376,456
$250,000	$259,999	19	197	$4,852,895	$4,396,895
$260,000	$269,999	21	240	$5,586,195	$5,082,195
$270,000	$279,999	20	207	$5,502,752	$5,022,752
$280,000	$289,999	17	181	$4,831,321	$4,423,321
$290,000	$299,999	15	169	$4,410,774	$4,050,774
$300,000	$324,999	25	278	$7,803,053	$7,203,053
$325,000	$349,999	25	274	$8,429,306	$7,829,306
$350,000	$374,999	24	277	$8,684,901	$8,108,901
$375,000	$399,999	22	244	$8,488,494	$7,960,494
$400,000	$424,999	18	194	$7,366,963	$6,934,963
$425,000	$449,999	9	104	$3,958,524	$3,742,524
$450,000	$474,999	17	183	$7,842,769	$7,434,769
$475,000	$499,999	13	154	$6,328,350	$6,016,350
$500,000	$599,999	32	364	$17,174,126	$16,406,126
$600,000	$699,999	19	184	$12,283,668	$11,827,668
$700,000	$799,999	14	156	$10,553,043	$10,217,043
$800,000	$899,999	8	82	$6,798,983	$6,606,983
$900,000	$999,999	4	43	$3,850,372	$3,754,372
$1,000,000+		23	252	$41,380,616	$40,828,616
Total		**189,295**	**1,820,963**	**$1,033,062,650**	**$988,019,939**

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

Carrier Name:	**Keystone Health Plan East**
Product(s):	**HMO**
Market Segment:	**Individual**
Rate Effective Date:	**1/1/2025**

Attachment Point:	**$60,000**
Reinsurance Cap:	**$100,000**
Coinsurance Rate:	**60%**
Proj. Incurred Claim Impact:	**-4.4%**
Proj. Morbidity Impact:	**0.0%**

Reinsurance Program Impact Continuance Table Development - Plan Year 2025					
Annual Incurred Claims Range		**Unique Members**	**Member Months**	**Total Incurred Claims**	**Total Incurred Claims with Reinsurance**
$0	$29,999	183,250	1,755,017	$545,655,505	$545,655,505
$30,000	$34,999	892	9,633	$28,852,516	$28,852,516
$35,000	$39,999	658	7,046	$24,587,255	$24,587,255
$40,000	$44,999	519	5,742	$21,980,275	$21,980,275
$45,000	$49,999	391	4,287	$18,581,532	$18,581,532
$50,000	$54,999	342	3,776	$17,917,185	$17,917,185
$55,000	$59,999	277	2,959	$15,942,487	$15,942,487
$60,000	$64,999	254	2,860	$15,887,610	$15,499,044
$65,000	$69,999	218	2,413	$14,683,870	$13,721,548
$70,000	$74,999	179	1,944	$12,967,027	$11,630,811
$75,000	$79,999	159	1,734	$12,292,586	$10,641,034
$80,000	$84,999	153	1,643	$12,592,356	$10,544,943
$85,000	$89,999	124	1,355	$10,847,892	$8,803,157
$90,000	$94,999	102	1,119	$9,456,079	$7,454,432
$95,000	$99,999	97	1,098	$9,452,062	$7,272,825
$100,000	$109,999	176	1,919	$18,440,610	$14,216,610
$110,000	$119,999	134	1,473	$15,443,827	$12,227,827
$120,000	$129,999	133	1,457	$16,619,312	$13,427,312
$130,000	$139,999	125	1,355	$16,817,605	$13,817,605
$140,000	$149,999	103	1,128	$14,934,962	$12,462,962
$150,000	$159,999	75	770	$11,630,114	$9,830,114
$160,000	$169,999	83	927	$13,699,759	$11,707,759
$170,000	$179,999	73	787	$12,783,086	$11,031,086
$180,000	$189,999	58	636	$10,732,098	$9,340,098
$190,000	$199,999	60	675	$11,708,030	$10,268,030
$200,000	$209,999	46	480	$9,411,481	$8,307,481
$210,000	$219,999	41	436	$8,815,889	$7,831,889
$220,000	$229,999	43	459	$9,691,933	$8,659,933
$230,000	$239,999	35	394	$8,238,498	$7,398,498
$240,000	$249,999	32	365	$7,839,459	$7,071,459
$250,000	$259,999	37	423	$9,458,169	$8,570,169
$260,000	$269,999	20	208	$5,297,617	$4,817,617
$270,000	$279,999	37	406	$10,206,030	$9,318,030
$280,000	$289,999	26	267	$7,410,389	$6,786,389
$290,000	$299,999	17	186	$5,029,160	$4,621,160
$300,000	$324,999	44	483	$13,786,948	$12,730,948
$325,000	$349,999	32	350	$10,756,678	$9,988,678
$350,000	$374,999	21	231	$7,593,481	$7,089,481
$375,000	$399,999	25	273	$9,713,247	$9,113,247
$400,000	$424,999	17	201	$7,014,411	$6,606,411
$425,000	$449,999	21	225	$9,126,542	$8,622,542
$450,000	$474,999	18	203	$8,310,462	$7,878,462
$475,000	$499,999	12	130	$5,800,959	$5,512,959
$500,000	$599,999	45	511	$24,764,748	$23,684,748
$600,000	$699,999	23	262	$14,543,472	$13,991,472
$700,000	$799,999	19	184	$14,195,314	$13,739,314
$800,000	$899,999	11	120	$9,459,023	$9,195,023
$900,000	$999,999	8	87	$7,520,552	$7,328,552
$1,000,000+		30	326	$55,342,920	$54,622,920
Total		**189,295**	**1,820,963**	**$1,193,833,024**	**$1,140,901,335**

PA Rate Template Part II
Rate Development and Change

Carrier Name:	**Keystone Health Plan East**
Product(s):	**HMO**
Market Segment:	**Individual**
Rate Effective Date:	**1/1/2025**

Table 5. Development of the Projected Index Rate, Market-Adjusted Index Rate, and Total Allowed Claims

Development of the Projected Index Rate	**Actual Experience Data**	**Manual Data**	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	$ 558.62	$ 612.61	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor	1.156	1.156	
Unadjusted Projected Allowed EHB Claims PMPM	$ 645.59	$ 707.98	
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	0.994	0.859	
Change in Demographics	0.989	0.990	<- See URRT Instructions
Change in Network	1.003	0.865	
Change in Benefits	1.002	1.002	<- See URRT Instructions
Change in Other	1.000	1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	$ 641.71	$ 607.99	
Credibility Factors	**0%**	**100%**	<- See Instructions
Blended Projected EHB Claims PMPM		**$ 607.99**	**<- Projected Index Rate**
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	$ 607.99	<- Index Rate for Projection Period on URRT	
Projected Paid to Allowed Ratio	0.739		
Projected Incurred EHB Claims PMPM	$ 449.41		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	$ (10.82)		
Projected Incurred Exchange User Fees PMPM	$13.51		
Projected Incurred Reinsurance Recoveries PMPM	$19.93		
Market-Adjusted Projected Incurred EHB Claims PMPM	$ 453.81		
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 613.95	<- Market-Adjusted Index Rate	
Projected Allowed Non-EHB Claims PMPM	$ 0.13		
Catastrophic Eligibility Adjustment	1.000		
Market-Adjusted Projected Incurred Total Claims PMPM	453.9057108		
Market-Adjusted Projected Allowed Total Claims PMPM	$ 614.07		

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	**$ 612.61**	**<- Index Rate of Experience Period on URRT**
Blended Earned Premium	**$ 1,111,604,315.05**	
Blended Loss Ratio	**79.73%**	

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

Effective Date	1/1/2025	4/1/2025	7/1/2025	10/1/2025	Total Single Risk Pool
# of Member Months Renewing in Quarter					-
Adjusted Projected Allowed EHB Claims PMPM	$ 607.99	$ 607.99	$ 607.99	$ 607.99	$ 607.99
Months of Trend	-	3	6	9	
Annual Trend	7.50%	7.50%	7.50%	7.50%	
Single Risk Pool Projected Allowed Claims	$ 607.99	$ 619.09	$ 630.39	$ 641.89	$ -
Quarterly Trend Factor	1.000	1.018	1.037	1.056	0.000

Table 6. Retention

Retention Items - *Express in percentages*	**Percentages**	**PMPM Amounts**
Administrative Expenses	13.87%	$75.42
General and Claims	11.12%	$60.46
Agent/Broker Fees and Commissions	1.95%	$10.61
Quality Improvement Initiatives	0.80%	$4.35
Taxes and Fees	0.65%	$3.51
Risk Adjustment User Fee	0.03%	$0.18
PCORI Fee	0.08%	$0.44
PA Premium & Other Taxes (if applicable)	0.00%	$0.00
Federal Income Tax	0.53%	$2.89
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	$0.00
Profit/Contingency (after tax)	2.00%	$10.87
Total Retention	16.52%	$89.81
Projected Required Revenue PMPM	$ 543.71	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	**2024**	**2025**
Average Age Factor	1.712	1.697
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	$ 592.49	$ 614.07
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	$ 344.50	$ 360.31

Table 8. Components of Rate Change

Rate Components	**2024**	**2025**	**Difference**	**Percent Change**
A. Calibrated Plan Adjusted Index Rate (PMPM)	$ 303.19	$ 319.49	$ 16.30	5.4%
B. Base period allowed claims before normalization	$ 572.52	$ 612.61	$ 40.09	13.2%
C. Normalization factor component of change	$ (239.63)	$ (253.16)	$ (13.53)	-4.5%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	$ 332.88	$ 359.45	$ 26.56	8.8%
D2. URRT Trend	$ 61.02	$ 55.96	$ (5.06)	-1.7%
D3. URRT Morbidity	$ -	$ -	$ -	0.0%
D4. URRT Other	$ (52.94)	$ (58.66)	$ (5.73)	-1.9%
D5. Normalized URRT Risk Adjustment on an allowed basis	$ 7.86	$ 8.59	$ 0.73	0.2%
D6. Normalized Exchange User Fee on an allowed basis	$ 10.42	$ 10.72	$ 0.30	0.1%
D7. Normalized Reinsurance Recoveries on an allowed basis	$ (14.83)	$ (15.82)	$ (0.99)	-0.3%
D8. Subtotal - Sum(D1:D7)	$ 344.42	$ 360.23	$ 15.81	5.2%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	$ -	$ -	$ -	0.0%
E2. Pricing AV	$ (85.91)	$ (93.96)	$ (8.05)	-2.7%
E3. Benefit Richness	$ -	$ -	$ -	0.0%
E4. Catastrophic Eligibility	$ -	$ -	$ -	0.0%
E5. Benefits in Addition to EHB	$ 0.06	$ 0.06	$ (0.00)	0.0%
E6. Subtotal - Sum(E1:E5)	$ (85.85)	$ (93.90)	$ (8.05)	-2.7%
F. Change in Retention Components				
F1. Administrative Expenses	$ 41.52	$ 44.32	$ 2.80	0.9%
F2. Taxes and Fees	$ 1.86	$ 2.06	$ 0.20	0.1%
F3. Profit and/or Contingency	$ 6.06	$ 6.39	$ 0.33	0.1%
F4. Subtotal - Sum(F1:F3)	$ 49.44	$ 52.77	$ 3.33	1.1%
G. Change in Miscellaneous Items	$ -	$ -	$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	$ 308.01	$ 319.10	$ 11.09	3.7%

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

	2024	**2025**	
Paid-to-Allowed	0.751	0.739	
URRT Trend (Total Applied Trend Factor)	1.183	1.156	<- URRT W1, S2
URRT Morbidity	1.000	1.000	<- URRT W1, S2
URRT "Other"	0.866	0.859	<- URRT W1, S2
Risk Adjustment	$ 10.14	$ 10.82	<- URRT W1, S3
Exchange User Fee	$ 13.45	$ 13.51	<- URRT W1, S3
Reinsurance Recoveries	$ 19.14	$ 19.93	<- URRT W1, S3
Capitation	$ -	$ -	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.751	0.739	<- For 2024 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	1.000	1.000	
Catastrophic Eligibility	1.000	1.000	
Benefits in Addition to EHB	1.000	1.000	
Administrative Expenses	13.70%	13.87%	
Taxes and Fees	0.61%	0.65%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III

Table 10. Plan Rates

Carrier Name:	Keystone Health Plan East
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	1/1/2025
Base Period Start Date	1/1/2023
Date of Most Recent Membership:	2/1/2024
Market Adjusted Index Rate:	$ 613.95

Calibration	
Age Calibration Factor	1.697
Geographic Calibration Factor	1.000
Tobacco Calibration Factor	1.904
Aggregate Calibration Factor	1.705

Total Covered Lives @ 02-01-2024
123,281

Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2024 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2025	1/1/2025 HIOS Plan ID (If 1/1/2024 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off	45 CFR Part 156.8 (d) (2) Allowable Factors: Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium	Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency	Total Covered Lives Mapped into 2025 Plans @ 02-01-2024	Total Projected Lives	2024 Calibrated Plan Adjusted Index Rate PMPM	2025 Calibrated Plan Adjusted Index Rate PMPM	Proposed Rate Change Compared to Prior 12 months	% of Total Covered Lives	02-01-2024 Number of Covered Lives by Rating Area: 1	2	3	4	5	6	7	8	9	Total	2025 Continued/ Discontinued Plans Indicator	De Minimis Check
Totals - Current Membership							0.701			0.739	1.000	1.000	1.000	1.000	1.000	$ 454.57	13.9%	0.6%	2.0%	123,281	123,281	$ 303.19	$ 319.49	5.4%		-	-	-	-	-	-	-	123,281	-	123,281		
Total - Projected Membership							0.701			0.739	1.000	1.000	1.000	1.000	1.133	$ 454.57	13.9%	0.6%	2.0%																		
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-		N/A	N/A	N/A	N/A										-	0	
Plan 1	33871PA0040002	HMO	Keystone HMO Gold	E	0	Gold	0.8010321	Approach 1	On/Off	0.936	1.113	1.000	1.076	1.000	1.000	$688.80	13.9%	0.6%	2.0%	582	582	$ 463.84	$ 484.12	4.4%	0.5%								582		582	1	yes
Plan 2	33871PA0040005	HMO	Keystone HMO Gold Proactive	E	0	Gold	0.8094785	Approach 2	On/Off	0.940	1.116	1.000	0.979	1.000	1.000	$630.11	13.9%	0.6%	2.0%	4,202	4,202	$ 423.53	$ 442.87	4.6%	3.4%								4,202		4,202	1	yes
Plan 3	33871PA0040006	HMO	Keystone HMO Silver Proactive	E	0	Silver	0.7091889	Approach 2	On/Off	0.696	1.049	1.000	0.979	1.000	1.220	$535.28	13.9%	0.6%	2.0%	17,584	17,584	$ 357.77	$ 376.21	5.2%	14.3%								17,584		17,584	1	yes
Plan 4	33871PA0040010	HMO	Keystone HMO Silver Proactive Lite	E	0	Silver	0.7069414	Approach 2	On/Off	0.692	1.046	1.000	0.979	1.000	1.220	$530.39	13.9%	0.6%	2.0%	4,678	4,678	$ 353.91	$ 372.78	5.3%	3.8%								4,678		4,678	1	yes
Plan 5	33871PA0040013	HMO	Keystone HMO Silver Classic	E	0	Silver	0.7007781	Approach 2	On/Off	0.718	1.068	1.000	1.076	1.000	1.220	$618.32	13.9%	0.6%	2.0%	125	125	$ 411.91	$ 434.58	5.5%	0.1%								125		125	1	yes
Plan 6	33871PA0040014	HMO	Keystone HMO Bronze	E	0	Expanded Bro	0.6380789	Approach 2	On/Off	0.531	0.935	1.000	1.076	1.000	1.000	$328.15	13.9%	0.6%	2.0%	16,323	16,323	$ 218.46	$ 230.63	5.4%	13.2%								16,323		16,323	1	yes
Plan 7	33871PA0040015	HMO	Keystone HMO Silver Basic	E	0	Silver	0.7005567	Approach 1	On/Off	0.619	0.996	1.000	1.076	1.000	1.220	$497.20	13.9%	0.6%	2.0%	1,472	1,472	$ 332.00	$ 349.45	5.3%	1.2%								1,472		1,472	1	yes
Plan 8	33871PA0040016	HMO	Keystone HMO Silver Proactive Basic	E	0	Silver	0.7024079	Approach 2	On/Off	0.633	1.004	1.000	0.979	1.000	1.220	$465.54	13.9%	0.6%	2.0%	18,986	18,986	$ 310.29	$ 327.20	5.4%	15.4%								18,986		18,986	1	yes
Plan 9	33871PA0040017	HMO	Keystone HMO Gold Classic	E	0	Gold	0.7814785	Approach 1	On/Off	0.837	1.035	1.000	1.076	1.000	1.000	$565.26	13.9%	0.6%	2.0%	1,719	1,719	$ 378.83	$ 397.29	4.9%	1.4%								1,719		1,719	1	yes
Plan 10	33871PA0040018	HMO	Keystone HMO Silver Proactive	E	0	Silver	0.7022100	Approach 2	On/Off	0.613	0.992	1.000	0.979	1.000	1.220	$445.72	13.9%	0.6%	2.0%	31,865	31,865	$ 296.04	$ 313.27	5.8%	25.8%								31,865		31,865	1	yes
Plan 11	33871PA0120002	HMO	Keystone HMO Gold	E	0	Gold	0.8010321	Approach 1	Off	0.936	1.113	1.001	1.076	1.000	1.000	$688.81	13.9%	0.6%	2.0%	837	837	$ 463.84	$ 484.12	4.4%	0.7%								837		837	1	yes
Plan 12	33871PA0120004	HMO	Keystone HMO Bronze	E	0	Expanded Bro	0.6380789	Approach 1	Off	0.531	0.935	1.001	1.076	1.000	1.000	$328.15	13.9%	0.6%	2.0%	5,994	5,994	$ 218.86	$ 230.63	5.4%	4.9%								5,994		5,994	1	yes
Plan 13	33871PA0120005	HMO	Keystone HMO Gold Proactive	E	0	Gold	0.8094785	Approach 2	Off	0.939	1.116	1.001	0.979	1.000	1.000	$630.11	13.9%	0.6%	2.0%	1,930	1,930	$ 423.53	$ 442.87	4.6%	1.6%								1,930		1,930	1	yes
Plan 14	33871PA0120007	HMO	Keystone HMO Silver Proactive Value	E	0	Silver	0.7115046	Approach 2	Off	0.701	0.972	1.001	0.979	1.000	1.000	$409.76	13.9%	0.6%	2.0%	10,706	10,706	$ 273.12	$ 288.00	5.4%	8.7%								10,706		10,706	1	yes
Plan 15	33871PA0120008	HMO	Keystone HMO Silver Proactive Select	E	0	Silver	0.7102918	Approach 2	Off	0.742	0.989	1.001	0.979	1.000	1.000	$441.64	13.9%	0.6%	2.0%	6,278	6,278	$ 294.83	$ 310.40	5.3%	5.1%								6,278		6,278	1	yes
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	
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Plan 35																$0.00				-			$ -	0.0%	0.0%									-	0	
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Plan 42																$0.00				-			$ -	0.0%	0.0%									-	0	
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Plan 62																$0.00				-			$ -	0.0%	0.0%									-	0	
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Plan 95																$0.00				-			$ -	0.0%	0.0%									-	0	
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Plan 100																$0.00				-			$ -	0.0%	0.0%									-	0	
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Plan 102																$0.00				-			$ -	0.0%	0.0%									-	0	
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Plan 108																$0.00				-			$ -	0.0%	0.0%									-	0	
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Plan 114																$0.00				-			$ -	0.0%	0.0%									-	0	
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Plan 126																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 127																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 128																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 129																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 130																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 131																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 132																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 133																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 134																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 135																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 136																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 137																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 138																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 139																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 140																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 141																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 142																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 143																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 144																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 145																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 146																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 147																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 148																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 149																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 150																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 151																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 152																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 153																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 154																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 155																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 156																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 157																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 158																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 159																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 160																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 161																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 162																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 163																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 164																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 165																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 166																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 167																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 168																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 169																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 170																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 171																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 172																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 173																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 174																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 175																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 176																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 177																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 178																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 179																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 180																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 181																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 182																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 183																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 184																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 185																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 186																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 187																$0.00				-			$ -	0.0%	0.0%									-	0	
Plan 188																$0.00				-

PA Rate Template Part IV A - Individual

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

Carrier Name: Keystone Health Plan East
Product(s): HMO
Market Segment: Individual
Rate Effective Date: 1/1/2025

Plan Number	HIOS Plan ID (Standard Component)	1/1/2024 Plan Marketing Name	Discontinued, None, Modified, Existing (E,N,M,E) for 2025	1/1/2025 Plan HIOS Plan ID (if 1/1/2024 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off
Totals	These cells auto-fill using the data entered in Table 10.					
Plan 1	33871PA0040001	Keystone HMO Gold	E	0	Gold	On/Off
Plan 2	33871PA0040005	Keystone HMO Gold Proactiv	E	0	Gold	On/Off
Plan 3	33871PA0040006	Keystone HMO Silver Proactiv	E	0	Silver	On/Off
Plan 4	33871PA0040010	Score HMO Silver Proactiveh	E	0	Silver	On/Off
Plan 5	33871PA0040013	Keystone HMO Silver Classic	E	0	Silver	On/Off
Plan 6	33871PA0040014	Keystone HMO Bronze	E	0	quantum Bronz	On/Off
Plan 7	33871PA0040015	Keystone HMO Silver Basic	E	0	Silver	On/Off
Plan 8	33871PA0040019	Score HMO Silver Proactiveh	E	0	Silver	On/Off
Plan 9	33871PA0040020	Keystone HMO Bronze Plus	E	0	Bronze	On/Off
Plan 10	33871PA0040018	Keystone HMO Silver Proactive Dc	E	0	Silver	On/Off
Plan 11	33871PA0120002	Keystone HMO Gold	E	0	Gold	Off
Plan 12	33871PA0120004	Keystone HMO Bronze	E	0	quantum Bronz	Off
Plan 13	33871PA0120005	Keystone HMO Gold Proactiv	E	0	Gold	Off
Plan 14	33871PA0120007	Score HMO Silver Proactiveh	E	0	Silver	Off
Plan 15	33871PA0120008	Score HMO Silver Proactiveh	E	0	Silver	Off
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
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Plan 71	0	0	0	0	0	0
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Plan 116	0	0	0	0	0	0
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Plan 118	0	0	0	0	0	0
Plan 119	0	0	0	0	0	0
Plan 120	0	0	0	0	0	0
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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
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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
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Plan 175	0	0	0	0	0	0
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Plan 179	0	0	0	0	0	0
Plan 180	0	0	0	0	0	0
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Plan 182	0	0	0	0	0	0
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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
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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
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Plan 213	0	0	0	0	0	0
Plan 214	0	0	0	0	0	0
Plan 215	0	0	0	0	0	0
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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
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Plan 234	0	0	0	0	0	0
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Plan 237	0	0	0	0	0	0
Plan 238	0	0	0	0	0	0
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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

Plan Number	2024 21-year-old, Non-Tobacco Premium PMPM									
	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 303.19	$ -	$ 303.19
Plan 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 463.84	$ -	$ 463.84
Plan 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 423.53	$ -	$ 423.53
Plan 3	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 357.77	$ -	$ 357.77
Plan 4	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 353.91	$ -	$ 353.91
Plan 5	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 411.91	$ -	$ 411.91
Plan 6	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 218.86	$ -	$ 218.86
Plan 7	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 332.00	$ -	$ 332.00
Plan 8	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 316.29	$ -	$ 316.29
Plan 9	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 327.59	$ -	$ 327.59
Plan 10	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 296.04	$ -	$ 296.04
Plan 11	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 463.84	$ -	$ 463.84
Plan 12	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 218.86	$ -	$ 218.86
Plan 13	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 423.53	$ -	$ 423.53
Plan 14	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 273.12	$ -	$ 273.12
Plan 15	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 294.83	$ -	$ 294.83
Plan 16	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 17	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 19	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 20	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 22	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 26	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 27	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 28	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 29	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 44	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 45	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 46	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 53	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 54	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 55	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 56	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 58	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 60	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 61	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 63	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 66	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 67	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 81	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 82	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 83	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 85	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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Plan 106	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
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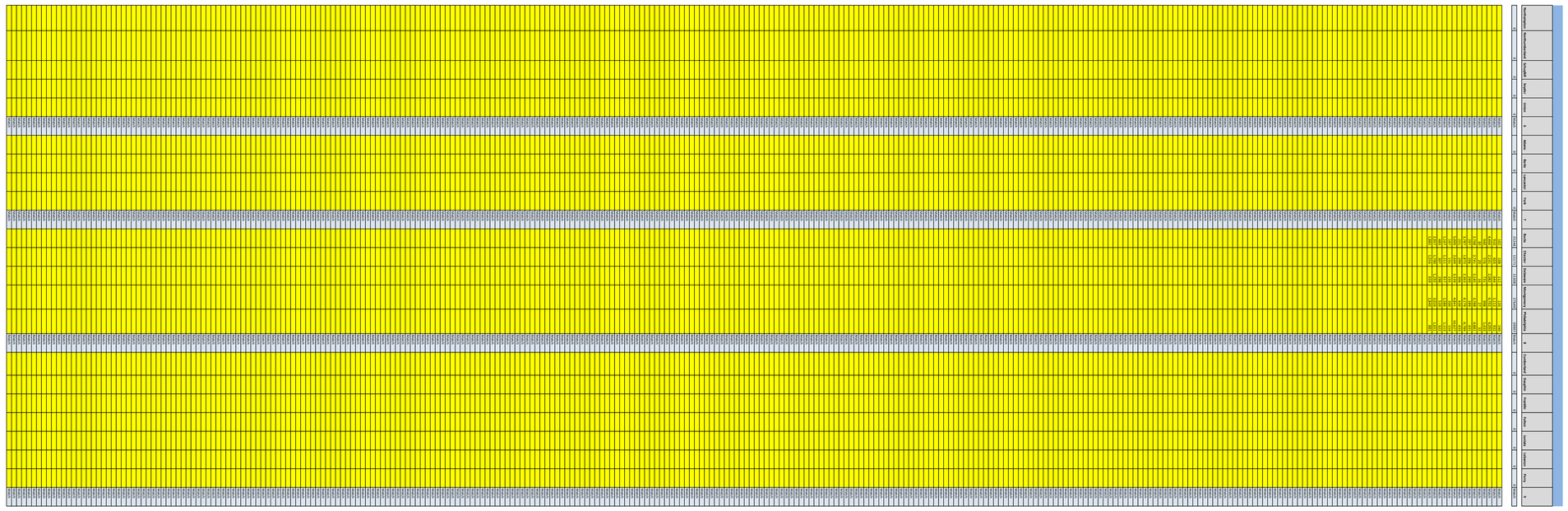
Plan 108	$ -	$ -	$ -	$ -	$ -	$ -



PA Rate Quarterly Template Part V
Consumer Factors

Carrier Name:	**Keystone Health Plan East**
Product(s):	**HMO**
Market Segment:	**Individual**
Rate Effective Date:	**1/1/2025**

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**
HMO	Rating Area 8	1.100	1.100	3/11/1987
Proactive	Rating Area 8	1.000	1.000	8/12/2013

PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	8.83%
Revised Requested Average Rate Change:	5.38%
Minimum Requested Rate Change:	4.37%
Maximum Requested Rate Change:	5.82%
Mapped Members:	123,281
Available in Rating Areas:	Rating Area 8

Carrier Name:	Keystone Health Plan East
Product(s):	HMO
Market Segment:	Individual
Rate Effective Date:	1/1/2025

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

Key Information

Jan. 2023 - Dec. 2023 Financial Experience

Premium	$	783,086,917.40
Claims	$	652,720,233.85
Administrative Expenses	$	40,140,605.00
Taxes & Fees	$	69,617,208.00
Company Made After Taxes	$	20,608,870.55

How It Plans to Spend Your Premium

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

Claims:	84%
Administrative Expenses:	11%
Taxes & Fees:	3%
Profit:	2%

The company expects its annual medical costs to increase: 7.50%

Explanation of requested rate change: Premium rates for health care insurance are increasing as the cost of health care service rise.

Table 16. Risk Adjustment Calculation			
Component	**Statewide**	**Insurer Specific**	
State Average Monthly Premium Before Adjustment	$700.12		
Administrative Cost Adjustment	0.86		
State Average Monthly Premium	602.10		
Actuarial Value (AV)	0.72	0.70	
Plan Liability Risk Score (PLRS)	1.47	1.33	
Allowable Rating Factor (ARF)	1.80	1.70	
Induced Demand Factor (IDF)	1.04	1.03	
Geographic Cost Factor (GCF)	1.04	0.98	
Factors Including Risk Score	1.59	1.33	
Factors Excluding Risk Score	1.39	1.19	
Risk Adjustment Transfer PMPM		(10.82)	<-- Negative implies payer of RA
Insurer Specific Manual Adjustment PMPM			<-- Please provide explanation and calculation if value provided.
High Cost Risk Pool Adjustment PMPM			
Total Risk Adjustment Transfer		(10.82)	

Company Name:	Keystone Health Plan East, Inc.
Market:	Individual
Product:	HMO
Effective Date of Rates:	January 1, 2025
Ending date of Rates:	December 31, 2025

HIOS Plan ID (On Exchange)=>	33871PA0040002		33871PA0040005		33871PA0040006		33871PA0040010		33871PA0040013		33871PA0040014		33871PA0040015		33871PA0040016		33871PA0040017		33871PA0040018		33871PA0120002		33871PA0120004		33871PA0120005		33871PA0120007		33871PA0120008	
HIOS Plan ID (Off Exchange)=>																														
Plan Marketing Name =>	Keystone HMO Gold		Keystone HMO Gold Proactive		Keystone HMO Silver Proactive		ystone HMO Silver Proactive Lo		Keystone HMO Silver Classic		Keystone HMO Bronze		Keystone HMO Silver Basic		ystone HMO Silver Proactive Bas		Keystone HMO Gold Classic		tone HMO Silver Proactive Essen		Keystone HMO Gold		Keystone HMO Bronze		Keystone HMO Gold Proactive		ystone HMO Silver Proactive Va		ystone HMO Silver Proactive Sel	
Form # =>	4E ESG IND FC EXC-ON Rev. 1.2		650 IND FTC EXC-ON Rev. 1.2		650 IND FTDED EXC-ON Rev. 1.2		650 IND FTDED LT EXC-ON Rev. 1.2		650 IND FDED EXC-ON Rev. 1.2		650 IND FDED EXC-ON Rev. 1.2		650 IND FDED EXC-ON Rev. 1.2		650 IND FTDED LT EXC-ON Rev. 1.2		650 IND FTDED LT EXC-ON Rev. 1.2		650 IND FTDED LT EXC-ON Rev. 1.2		650 IND FTDED LT EXC-ON Rev. 1.2		650 IND FTC EXC-OFF Rev. 1.2		650 IND FDED EXC-OFF Rev. 1.2		650 IND FTC EXC-OFF Rev. 1.2		650 IND FTDED EXC-OFF Rev. 1.2		650 IND FTDED EXC-OFF I Rev. 1	
Rating Area =>	8		8		8		8		8		8		8		8		8		8		8		8		8		8		8	
Network =>	KHPE Network		Proactive Network		Proactive Network		Proactive Network		KHPE Network		KHPE Network		KHPE Network		Proactive Network		Proactive Network		Proactive Network		KHPE Network		KHPE Network		Proactive Network		Proactive Network	
Metal =>	Gold		Gold		Silver		Silver		Silver		Expanded Bronze		Silver		Silver		Gold		Silver		Gold		Expanded Bronze		Gold		Silver	
Deductible =>	$0		$0		$0/$6000/$6000		$2000/$5500/$6500		$1,500		$8,500		$5,500		$2500/$7000/$7000		$500		$5000/$8000/$8000		$0		$8,500		$0		$1500/$6000/$6000		$0/$6000/$6000	
Coinsurance =>	20%		0%/20%/30%		0%/5%/10%		0%/5%/10%		30%		50%		50%		0%/5%/10%		20%		0%/5%/10%		20%		50%		0%/20%/30%		0%/5%/10%	
Copays =>	$35/$65		$15/$40, $30/$60, $45/$80		$0, $70/$140 no ded, $80/$150		o ded, $40/$120 no ded, $70/$1		$35/$80		$75/$150		$35/$80		no ded, $60/120 no ded, $70/$		$40 no ded, $80 no ded		no ded, $60/120 no ded, $70/$		$55/$65		$75/$150		$15/$40, $30/$60, $45/$80		$0, $60/120 no ded, $70/140 no		$0, $70/$140 no ded, $80/$150	
OOP Maximum =>	$8,000		$9,200		$9,200		$9,200		$8,500		$9,200		$8,500		$9,200		$8,000		$9,200		$8,000		$9,200		$9,200		$9,200		$9,200	
Pediatric Dental (Yes/No) =>	Yes		Yes		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	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	$370.35	$370.35	$338.80	$338.80	$287.80	$287.80	$285.18	$285.18	$332.45	$332.45	$176.43	$176.43	$267.33	$267.33	$250.31	$250.31	$303.93	$303.93	$239.65	$239.65	$370.35	$370.35	$176.43	$176.43	$338.80	$338.80	$220.32	$220.32	$237.46	$237.46
15	$403.27	$403.27	$368.91	$368.91	$313.38	$313.38	$310.53	$310.53	$362.01	$362.01	$192.11	$192.11	$291.09	$291.09	$272.56	$272.56	$330.94	$330.94	$260.95	$260.95	$403.27	$403.27	$192.11	$192.11	$368.91	$368.91	$239.90	$239.90	$258.56	$258.56
16	$415.86	$415.86	$380.43	$380.43	$323.16	$323.16	$320.22	$320.22	$373.30	$373.30	$198.11	$198.11	$300.18	$300.18	$281.06	$281.06	$341.27	$341.27	$269.10	$269.10	$415.86	$415.86	$198.11	$198.11	$380.43	$380.43	$247.39	$247.39	$266.63	$266.63
17	$428.45	$428.45	$391.94	$391.94	$332.95	$332.95	$329.91	$329.91	$384.60	$384.60	$204.11	$204.11	$309.26	$309.26	$289.57	$289.57	$351.60	$351.60	$277.24	$277.24	$428.45	$428.45	$204.11	$204.11	$391.94	$391.94	$254.88	$254.88	$274.70	$274.70
18	$442.00	$442.00	$404.34	$404.34	$343.48	$343.48	$340.35	$340.35	$396.77	$396.77	$210.57	$210.57	$319.05	$319.05	$298.73	$298.73	$362.73	$362.73	$286.02	$286.02	$442.00	$442.00	$210.57	$210.57	$404.34	$404.34	$262.94	$262.94	$283.40	$283.40
19	$455.56	$455.56	$416.74	$416.74	$354.01	$354.01	$350.79	$350.79	$408.94	$408.94	$217.02	$217.02	$328.83	$328.83	$307.90	$307.90	$373.85	$373.85	$294.79	$294.79	$455.56	$455.56	$217.02	$217.02	$416.74	$416.74	$271.01	$271.01	$292.09	$292.09
20	$469.60	$469.60	$429.58	$429.58	$364.92	$364.92	$361.60	$361.60	$421.54	$421.54	$223.71	$223.71	$338.97	$338.97	$317.38	$317.38	$385.37	$385.37	$303.87	$303.87	$469.60	$469.60	$223.71	$223.71	$429.58	$429.58	$279.36	$279.36	$301.09	$301.09
21	$484.12	$544.64	$442.87	$498.23	$376.21	$423.24	$372.78	$419.38	$434.58	$488.90	$230.63	$259.46	$349.45	$393.13	$327.20	$368.10	$397.29	$446.95	$313.27	$352.43	$484.12	$544.64	$230.63	$259.46	$442.87	$498.23	$288.00	$324.00	$310.40	$349.20
22	$484.12	$544.64	$442.87	$498.23	$376.21	$423.24	$372.78	$419.38	$434.58	$488.90	$230.63	$259.46	$349.45	$393.13	$327.20	$368.10	$397.29	$446.95	$313.27	$352.43	$484.12	$544.64	$230.63	$259.46	$442.87	$498.23	$288.00	$324.00	$310.40	$349.20
23	$484.12	$544.64	$442.87	$498.23	$376.21	$423.24	$372.78	$419.38	$434.58	$488.90	$230.63	$259.46	$349.45	$393.13	$327.20	$368.10	$397.29	$446.95	$313.27	$352.43	$484.12	$544.64	$230.63	$259.46	$442.87	$498.23	$288.00	$324.00	$310.40	$349.20
24	$484.12	$544.64	$442.87	$498.23	$376.21	$423.24	$372.78	$419.38	$434.58	$488.90	$230.63	$259.46	$349.45	$393.13	$327.20	$368.10	$397.29	$446.95	$313.27	$352.43	$484.12	$544.64	$230.63	$259.46	$442.87	$498.23	$288.00	$324.00	$310.40	$349.20
25	$486.06	$546.81	$444.64	$500.22	$377.71	$424.93	$374.27	$421.06	$436.32	$490.86	$231.55	$260.50	$350.85	$394.70	$328.51	$369.57	$398.88	$448.74	$314.52	$353.84	$486.06	$546.81	$231.55	$260.50	$444.64	$500.22	$289.15	$325.30	$311.64	$350.60
26	$495.74	$557.71	$453.50	$510.19	$385.24	$433.39	$381.73	$429.44	$445.01	$500.64	$236.17	$265.69	$357.84	$402.57	$335.05	$376.93	$406.82	$457.68	$320.79	$360.89	$495.74	$557.71	$236.17	$265.69	$453.50	$510.19	$294.91	$331.78	$317.85	$357.58
27	$507.36	$570.78	$464.13	$522.14	$394.27	$443.55	$390.67	$439.51	$455.44	$512.37	$241.70	$271.91	$366.22	$412.00	$342.91	$385.77	$416.36	$468.40	$328.31	$369.35	$507.36	$570.78	$241.70	$271.91	$464.13	$522.14	$301.82	$339.55	$325.30	$365.96
28	$526.24	$592.02	$481.40	$541.57	$408.94	$460.06	$405.21	$455.86	$472.39	$531.44	$250.69	$282.03	$379.85	$427.33	$355.67	$400.12	$431.85	$485.84	$340.52	$383.09	$526.24	$592.02	$250.69	$282.03	$481.40	$541.57	$313.06	$352.19	$337.40	$379.58
29	$541.73	$609.45	$495.57	$557.52	$420.98	$473.60	$417.14	$469.28	$486.30	$547.08	$258.07	$290.33	$391.03	$439.91	$366.14	$411.90	$444.57	$500.14	$350.55	$394.37	$541.73	$609.45	$258.07	$290.33	$495.57	$557.52	$322.27	$362.56	$347.34	$390.75
30	$549.48	$645.63	$502.66	$590.62	$427.00	$501.72	$423.11	$497.15	$493.25	$579.57	$261.77	$307.57	$396.63	$466.04	$371.37	$436.36	$450.92	$529.84	$355.56	$417.78	$549.48	$645.63	$261.77	$307.57	$502.66	$590.62	$326.88	$384.08	$352.30	$413.96
31	$561.10	$659.29	$513.29	$603.11	$436.03	$512.33	$432.05	$507.66	$503.68	$591.82	$267.30	$314.08	$405.01	$475.89	$379.22	$445.59	$460.46	$541.04	$363.08	$426.62	$561.10	$659.29	$267.30	$314.08	$513.29	$603.11	$333.79	$392.21	$359.75	$422.71
32	$572.71	$672.94	$523.92	$615.60	$445.06	$522.94	$441.00	$518.17	$514.11	$604.08	$272.84	$320.58	$413.40	$485.74	$387.08	$454.82	$469.99	$552.24	$370.60	$435.45	$572.71	$672.94	$272.84	$320.58	$523.92	$615.60	$340.70	$400.33	$367.20	$431.46
33	$579.98	$681.47	$530.56	$623.41	$450.70	$529.57	$446.59	$524.74	$520.63	$611.74	$276.29	$324.65	$418.64	$491.80	$391.99	$460.58	$475.95	$559.25	$375.30	$440.97	$579.98	$681.47	$276.29	$324.65	$530.56	$623.41	$345.02	$405.40	$371.86	$436.93
34	$587.72	$690.57	$537.64	$631.73	$456.72	$536.64	$452.55	$531.75	$527.58	$619.91	$279.98	$328.98	$424.23	$498.47	$397.22	$466.73	$482.31	$566.71	$380.31	$446.86	$587.72	$690.57	$279.98	$328.98	$537.64	$631.73	$349.63	$410.82	$376.83	$442.77
35	$591.59	$695.12	$541.19	$635.89	$459.73	$540.18	$455.54	$535.26	$531.06	$623.99	$281.83	$331.15	$427.03	$501.76	$399.84	$469.81	$485.49	$570.45	$382.82	$449.81	$591.59	$695.12	$281.83	$331.15	$541.19	$635.89	$351.94	$413.52	$379.31	$445.69
36	$595.47	$699.67	$544.75	$640.06	$462.74	$543.72	$458.52	$538.76	$534.53	$628.08	$283.67	$333.32	$429.82	$505.04	$402.46	$472.89	$488.67	$574.18	$385.32	$452.75	$595.47	$699.67	$283.67	$333.32	$544.75	$640.06	$354.24	$416.23	$381.79	$448.61
37	$599.34	$704.23	$548.27	$644.22	$465.75	$547.25	$461.50	$542.26	$538.01	$632.16	$285.52	$335.49	$432.62	$508.33	$405.07	$475.96	$491.85	$577.92	$387.83	$455.70	$599.34	$704.23	$285.52	$335.49	$548.27	$644.22	$356.54	$418.94	$384.28	$451.52
38	$603.21	$708.78	$551.82	$648.38	$468.76	$550.79	$464.48	$545.77	$541.49	$636.25	$287.36	$337.65	$435.41	$511.61	$407.69	$479.04	$495.02	$581.65	$390.33	$458.64	$603.21	$708.78	$287.36	$337.65	$551.82	$648.38	$358.85	$421.65	$386.76	$454.44
39	$610.96	$717.88	$558.90	$656.71	$474.78	$557.86	$470.45	$552.78	$548.44	$644.42	$291.06	$341.99	$441.01	$518.18	$412.93	$485.19	$501.38	$589.12	$395.35	$464.51	$610.96	$717.88	$291.06	$341.99	$558.90	$656.71	$363.46	$427.06	$391.72	$460.28
40	$618.71	$757.91	$565.99	$693.34	$480.80	$588.98	$476.41	$583.61	$555.39	$680.36	$294.75	$361.06	$446.60	$547.08	$418.16	$512.25	$507.74	$621.98	$400.36	$490.44	$618.71	$757.91	$294.75	$361.06	$565.99	$693.34	$368.06	$450.88	$396.69	$485.95
41	$630.32	$772.15	$576.62	$706.36	$489.83	$600.04	$485.36	$594.57	$565.82	$693.13	$300.28	$367.84	$454.98	$557.36	$426.01	$521.87	$517.27	$633.66	$407.88	$499.65	$630.32	$772.15	$300.28	$367.84	$576.62	$706.36	$374.98	$459.35	$404.14	$495.07
42	$641.46	$785.79	$586.80	$718.83	$498.48	$610.64	$493.93	$605.07	$575.82	$705.38	$305.58	$374.34	$463.02	$567.20	$433.54	$531.09	$526.41	$644.85	$415.08	$508.48	$641.46	$785.79	$305.58	$374.34	$586.80	$718.83	$381.60	$467.46	$411.28	$503.82
43	$656.95	$804.76	$600.97	$736.19	$510.52	$625.38	$505.86	$619.68	$589.73	$722.41	$312.96	$383.38	$474.20	$580.90	$444.01	$543.91	$539.12	$660.43	$425.11	$520.76	$656.95	$804.76	$312.96	$383.38	$600.97	$736.19	$390.82	$478.75	$421.21	$515.99
44	$676.32	$828.49	$618.68	$757.80	$525.57	$643.82	$520.77	$637.95	$607.11	$743.71	$322.19	$394.68	$488.18	$598.02	$457.10	$559.95	$555.01	$679.89	$437.64	$536.11	$676.32	$828.49	$322.19	$394.68	$618.68	$757.80	$402.34	$492.86	$433.63	$531.20
45	$699.07	$856.36	$639.50	$783.39	$543.25	$665.48	$538.29	$659.41	$627.53	$768.73	$333.03	$407.96	$504.61	$618.14	$472.48	$578.78	$573.69	$702.77	$452.36	$554.14	$699.07	$856.36	$333.03	$407.96	$639.50	$783.39	$415.87	$509.44	$448.22	$549.07
46	$726.18	$889.57	$664.31	$813.77	$564.32	$691.29	$559.17	$684.98	$651.87	$798.54	$345.95	$423.78	$524.18	$642.11	$490.80	$601.23	$595.94	$730.02	$469.91	$575.63	$726.18	$889.57	$345.95	$423.78	$664.31	$813.77	$432.00	$529.20	$465.60	$570.36
47	$756.68	$926.93	$692.21	$847.95	$588.02	$720.32	$582.66	$713.75	$679.25	$832.08	$360.47	$441.58	$546.19	$669.08	$511.41	$626.48	$620.96	$760.68	$489.64	$599.81	$756.68	$926.93	$360.47	$441.58	$692.21	$847.95	$450.14	$551.43	$485.16	$594.12
48	$791.54	$969.63	$724.09	$887.01	$615.10	$753.50	$609.50	$746.63	$710.54	$870.41	$377.08	$461.92	$571.35	$699.90	$534.97	$655.34	$649.57	$795.72	$512.20	$627.44	$791.54	$969.63	$377.08	$461.92	$724.09	$887.01	$470.88	$576.83	$507.50	$621.69
49	$825.91	$1,011.74	$755.54	$925.53	$641.81	$786.22	$635.96	$779.05	$741.39	$908.21	$393.45	$481.98	$596.16	$730.30	$558.20	$683.80	$677.78	$830.28	$534.44	$654.69	$825.91	$1,011.74	$393.45	$481.98	$755.54	$925.53	$491.33	$601.88	$529.54	$648.69
50	$864.64	$1,188.88	$790.97	$1,087.58	$671.91	$923.88	$665.79	$915.45	$776.16	$1,067.22	$411.91	$566.37	$624.12	$858.16	$584.38	$803.52	$709.56	$975.64	$559.50	$769.31	$864.64	$1,188.88	$411.91	$566.37	$790.97	$1,087.58	$514.37	$707.26	$554.37	$762.26
51	$902.88	$1,241.47	$825.95	$1,135.68	$701.63	$964.74	$695.23	$955.95	$810.49	$1,114.43	$430.12	$591.42	$651.72	$896.12	$610.23	$839.06	$740.95	$1,018.80	$584.25	$803.34	$902.88	$1,241.47	$430.12	$591.42	$825.95	$1,135.68	$537.12	$738.54	$578.90	$795.98
52	$945.00	$1,299.38	$864.48	$1,188.66	$734.36	$1,009.75	$727.67	$1,000.54	$848.30	$1,166.41	$450.19	$619.01	$682.13	$937.82	$638.69	$878.20	$775.51	$1,066.33	$611.50	$840.82	$945.00	$1,299.38	$450.19	$619.01	$864.48	$1,188.66	$562.18	$772.99	$605.90	$833.11
53	$987.60	$1,357.96	$903.45	$1,242.25	$767.47	$1,055.27	$760.47	$1,045.65	$886.54	$1,219.00	$470.49	$646.92	$712.88	$980.21	$667.49	$917.80	$810.47	$1,114.40	$639.07	$878.72	$987.60	$1,357.96	$470.49	$646.92	$903.45	$1,242.25	$587.52	$807.84	$633.22	$870.67
54	$1,033.60	$1,421.19	$945.53	$1,300.10	$803.21	$1,104.41	$795.89	$1,094.34	$927.83	$1,275.76	$492.40	$677.04	$746.08	$1,025.85	$698.57	$960.54	$848.21	$1,166.29	$668.83	$919.64	$1,033.60	$1,421.19	$492.40	$677.04	$945.53	$1,300.10	$614.88	$845.46	$662.70	$911.22
55	$1,079.59	$1,484.43	$987.60	$1,357.95	$838.95	$1,153.55	$831.30	$1,143.04	$969.11	$1,332.53	$514.30	$707.17	$779.27	$1,071.50	$729.66	$1,003.28	$885.96	$1,218.19	$698.59	$960.56	$1,079.59	$1,484.43	$514.30	$707.17	$987.60	$1,357.95	$642.24	$883.08	$692.19	$951.76
56	$1,129.45	$1,553.00	$1,033.22	$1,420.67	$877.70	$1,206.83	$869.70	$1,195.83	$1,013.88	$1,394.08	$538.06	$739.83	$815.27	$1,120.99	$763.36	$1,049.62	$926.88	$1,274.46	$730.86	$1,004.93	$1,129.45	$1,553.00	$538.06	$739.83	$1,033.22	$1,420.67	$671.90	$923.87	$724.16	$995.72
57	$1,179.80	$1,622.23	$1,079.27	$1,484.00	$916.82	$1,260.63	$908.46	$1,249.14	$1,059.07	$1,456.22	$562.05	$772.81	$851.61	$1,170.96	$797.39	$1,096.41	$968.20	$1,331.27	$763.44	$1,049.73	$1,179.80	$1,622.23	$562.05	$772.81	$1,079.27	$1,484.00	$701.86	$965.05	$756.44	$1,040.11
58	$1,233.54	$1,696.11	$1,128.43	$1,551.60	$958.58	$1,318.05	$949.84	$1,306.03	$1,107.31	$1,522.55	$587.65	$808.01	$890.40	$1,224.30	$833.71	$1,146.35	$1,012.29	$1,391.91	$798.21	$1,097.54	$1,233.54	$1,696.11	$587.65	$808.01	$1,128.43	$1,551.60	$733.82	$1,009.01	$790.90	$1,087.49
59	$1,260.16	$1,732.73	$1,152.79	$1,585.09	$979.27	$1,346.50	$970.35	$1,334.23	$1,131.21	$1,555.42	$600.33	$825.45	$909.62	$1,250.73	$851.70	$1,171.09	$1,034.15	$1,421.95	$815.44	$1,121.23	$1,260.16	$1,732.73	$600.33	$825.45	$1,152.79	$1,585.09	$749.66	$1,030.79	$807.97	$1,110.96
60	$1,313.90	$1,806.61	$1,201.95	$1,652.68	$1,021.03	$1,403.92	$1,011.72	$1,391.12	$1,179.45	$1,621.74	$625.93	$860.65	$948.41	$1,304.06	$888.02	$1,221.03	$1,078.25	$1,482.59	$850.21	$1,169.05	$1,313.90	$1,806.61	$625.93	$860.65	$1,201.95	$1,652.68	$781.63	$1,074.74	$842.43	$1,158.34
61	$1,360.38	$1,870.52	$1,244.46	$1,711.14	$1,057.15	$1,453.58	$1,047.51	$1,440.33	$1,221.17	$1,679.11	$648.07	$891.10	$981.95	$1,350.19	$919.43	$1,264.22	$1,116.38	$1,535.03	$880.29	$1,210.40	$1,360.38	$1,870.52	$648.07	$891.10	$1,244.46	$1,711.14	$809.28	$1,112.76	$872.22	$1,199.31
62	$1,390.88	$1,912.46	$1,272.37	$1,749.50	$1,080.85	$1,486.17	$1,071.00	$1,472.62	$1,248.55	$1,716.75	$662.60	$911.07	$1,003.97	$1,380.46	$940.05	$1,292.56	$1,141.41	$1,569.44	$900.02	$1,237.53	$1,390.88	$1,912.46	$662.60	$911.07	$1,272.37	$1,749.50	$827.42	$1,137.71	$891.78	$1,226.20
63	$1,429.12	$1,965.04	$1,307.35	$1,797.61	$1,110.57	$1,527.04	$1,100.45	$1,513.11	$1,282.88	$1,763.96	$680.82	$936.13	$1,031.58	$1,418.42	$965.89	$1,328.10	$1,172.80	$1,612.60	$924.77	$1,271.56	$1,429.12	$1,965.04	$680.82	$936.13	$1,307.35	$1,797.61	$850.18	$1,168.99	$916.30	$1,259.91
64+	$1,452.36	$1,997.00	$1,328.61	$1,826.84	$1,128.63	$1,551.87	$1,118.34	$1,537.72	$1,303.74	$1,792.64	$691.89	$951.35	$1,048.35	$1,441.48	$981.60	$1,349.70	$1,191.87	$1,638.82	$939.81	$1,292.24	$1,452.36	$1,997.00	$691.89	$951.35	$1,328.61	$1,826.84	$864.00	$1,188.00	$931.20	$1,280.40

Keystone Health Plan East, Inc.
Individual
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
33871PA0040002	Keystone HMO Gold	HMO	Gold	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040005	Keystone HMO Gold Proactive	HMO	Gold	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040006	Keystone HMO Silver Proactive	HMO	Silver	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040010	Keystone HMO Silver Proactive Lite	HMO	Silver	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040013	Keystone HMO Silver Classic	HMO	Silver	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040014	Keystone HMO Bronze	HMO	Bronze	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040015	Keystone HMO Silver Basic	HMO	Silver	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040016	Keystone HMO Silver Proactive Basic	HMO	Silver	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040017	Keystone HMO Gold Classic	HMO	Gold	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040018	Keystone HMO Silver Proactive Essential	HMO	Silver	On/Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120002	Keystone HMO Gold	HMO	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120004	Keystone HMO Bronze	HMO	Bronze	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120005	Keystone HMO Gold Proactive	HMO	Gold	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120007	Keystone HMO Silver Proactive Value	HMO	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120008	Keystone HMO Silver Proactive Select	HMO	Silver	Off	Keystone	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

Company Name: Keystone Health Plan East, Inc.
Market: Individual
RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

| | | 2021 & 2022 Number of Covered Lives by Rating County | | | RATING AREA 1 | | | | | | | | RATING AREA 2 | | | RATING AREA 3 | | | | | | | | | | | | | | | RATING AREA 4 | | | | | | | | | | | | | | | RATING AREA 5 | | | | | | | | | | | | | | | RATING AREA

Unified Rate Review v6.0

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
To validate, select the Validate button or Ctrl + Shift + I.
To finalize, select the Finalize button or Ctrl + Shift + F.

Company Legal Name:	Keystone Health Plan East		
HIOS Issuer ID:	33871	State:	PA
Effective Date of Rate Change(s):	1/1/2025	Market:	Individual

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2023 to 12/31/2023

	Total	PMPM
Allowed Claims	$788,684,772.15	$558.75
Reinsurance	$28,181,898.95	$19.97
Incurred Claims in Experience Period	$652,720,233.85	$462.43
Risk Adjustment	-$42,904,042.88	-$30.40
Experience Period Premium	$825,990,960.28	$585.18
Experience Period Member Months	1,411,515	

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	$98.26	1.055	1.051	1.055	1.051	$120.81
Outpatient Hospital	$118.59	1.052	1.051	1.052	1.051	$144.97
Professional	$129.39	1.029	1.051	1.029	1.051	$151.33
Other Medical	$0.00	1.029	1.051	1.029	1.051	$0.00
Capitation	$80.36	1.000	1.035	1.000	1.035	$86.08
Prescription Drug	$132.02	0.990	1.051	0.990	1.051	$142.93
Total	$558.62					**$646.12**

Morbidity Adjustment	1.000
Demographic Shift	0.989
Plan Design Changes	1.002
Other	1.003
Adjusted Trended EHB Allowed Claims PMPM for **1/1/2025**	**$642.21**

Manual EHB Allowed Claims PMPM	$607.99
Applied Credibility %	0.00%

		Projected Period Totals
Projected Index Rate for **1/1/2025**	**$607.99**	$899,443,382.28
Reinsurance	$26.96	$39,883,869.12
Risk Adjustment Payment/Charge	-$14.64	-$21,658,006.08
Exchange User Fees	2.98%	$27,066,874.95
Market Adjusted Index Rate	**$613.97**	**$908,284,394.19**

Projected Member Months	**1,479,372**

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Product-Plan Data Collection

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

Company Legal Name: **Keystone Health Plan East**
HIOS Issuer ID: **33871** State: **PA**
Effective Date of Rate Change(s): **1/1/2025** Market: **Individual**

Product/Plan Level Calculations

Field # **Section I: General Product and Plan Information**

1.1 Product Name		Keystone HMO ON Exchange Indiv										Keystone HMO OFF Exchange Indiv						
1.2 Product ID		33871PA004										33871PA012						
1.3 Plan Name		Gold	Gold Proactive	Silver Proactive	Silver Proactive	Silver Classic	Bronze	Silver Basic	Silver Proactive	Gold Classic	Silver Proactive	Gold	Silver Classic	Bronze	Gold Proactive	Silver Proactive	Silver Proactive	Silver Proactive
1.4 Plan ID (Standard Component ID)		33871PA0040002	33871PA0040005	33871PA0040006	33871PA0040010	33871PA0040013	33871PA0040014	33871PA0040015	33871PA0040016	33871PA0040017	33871PA0040018	33871PA0120002	33871PA0120003	33871PA0120004	33871PA0120005	33871PA0120006	33871PA0120007	33871PA0120008
1.5 Metal		Gold	Gold	Silver	Silver	Silver	Bronze	Silver	Silver	Gold	Silver	Gold	Silver	Bronze	Gold	Silver	Silver	Silver
1.6 AV Metal Value		0.801	0.809	0.709	0.707	0.701	0.638	0.701	0.702	0.781	0.702	0.801	0.705	0.638	0.809	0.718	0.712	0.710
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	Terminated	Renewing	Renewing
1.8 Plan Type		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
1.9 Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No
1.10 Effective Date of Proposed Rates		1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025
1.11 Cumulative Rate Change % (over 12 mos prior)		4.37%	4.56%	5.16%	5.33%	5.50%	5.38%	5.25%	5.45%	4.87%	5.82%	4.37%	0.00%	5.38%	4.57%	0.00%	5.45%	5.28%
1.12 Product Rate Increase %		5.41%										5.25%						
1.13 Submission Level Rate Increase %		5.38%																

Section II: Experience Period and Current Plan Level Information

Worksheet 1 Totals																			
	2.1 Plan ID (Standard Component ID)	Total	33871PA0040002	33871PA0040005	33871PA0040006	33871PA0040010	33871PA0040013	33871PA0040014	33871PA0040015	33871PA0040016	33871PA0040017	33871PA0040018	33871PA0120002	33871PA0120003	33871PA0120004	33871PA0120005	33871PA0120006	33871PA0120007	33871PA0120008
$788,684,772	2.2 Allowed Claims	$788,684,772	$10,209,830	$48,942,237	$163,106,100	$50,218,539	$721,607	$56,365,307	$9,841,428	$171,726,755	$11,316,690	$96,896,559	$10,058,080	$4,078,937	$30,042,193	$16,599,534	$4,501,236	$68,648,983	$35,410,757
$28,181,899	2.3 Reinsurance	$25,698,170	$561,081	$1,966,304	$6,089,049	$1,954,206	$40,000	$1,286,756	$374,413	$5,715,459	$401,696	$2,733,061	$395,085	$169,791	$887,967	$522,589	$124,229	$1,586,995	$889,489
	2.4 Member Cost Sharing	$107,782,639	$1,124,276	$5,755,795	$19,805,483	$5,198,945	$108,873	$13,362,288	$1,534,990	$18,591,824	$1,584,626	$7,895,069	$1,036,228	$730,057	$7,342,154	$2,011,334	$655,241	$14,264,255	$6,781,201
	2.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$652,720,234	2.6 Incurred Claims	$655,203,963	$8,524,473	$41,220,137	$137,211,568	$43,065,388	$572,734	$41,716,263	$7,932,025	$147,419,473	$9,330,369	$86,268,428	$8,626,767	$3,179,089	$21,812,072	$14,065,611	$3,721,766	$52,797,732	$27,740,067
-$42,904,043	2.7 Risk Adjustment Transfer Amount	-$42,904,043	$2,871,422	$10,047,909	$23,680,539	$5,644,568	-$97,361	-$18,563,429	$707,909	-$26,940,843	$424,534	-$14,371,724	$2,894,252	$586,520	-$18,640,382	$3,495,747	$798,207	-$13,766,270	-$1,675,642
$825,990,960	2.8 Premium	$825,990,959	$6,835,226	$38,630,538	$168,532,469	$52,693,464	$847,976	$61,475,155	$8,908,529	$198,882,901	$9,068,447	$121,190,181	$7,446,921	$3,734,405	$30,775,386	$14,626,376	$3,090,769	$66,297,115	$32,955,101
1,411,515	2.9 Experience Period Member Months	1,411,515	7,700	51,375	231,268	74,066	1,104	152,477	13,817	324,496	13,052	225,188	9,816	5,091	75,467	22,204	5,135	135,353	63,906
	2.10 Current Enrollment	123,281	582	4,202	17,584	4,678	125	16,323	1,472	18,986	1,719	31,865	837	0	5,994	1,930	0	10,706	6,278
	2.11 Current Premium PMPM	$554.35	$883.39	$727.48	$693.27	$703.41	$710.50	$389.83	$609.49	$604.68	$684.45	$527.50	$756.46	$0.00	$394.71	$664.66	$0.00	$481.15	$484.26
	2.12 Loss Ratio	83.67%	87.82%	84.68%	71.39%	73.82%	76.30%	97.21%	82.48%	85.74%	98.29%	80.76%	83.42%	73.57%	179.75%	77.62%	95.70%	100.51%	88.68%
	Per Member Per Month																		
	2.13 Allowed Claims	$558.75	$1,325.95	$952.65	$705.27	$678.02	$653.63	$369.66	$712.27	$529.21	$867.05	$430.29	$1,024.66	$801.21	$398.08	$747.59	$876.58	$507.18	$554.11
	2.14 Reinsurance	$18.21	$72.87	$38.27	$26.33	$26.38	$36.23	$8.44	$27.10	$17.61	$30.78	$12.14	$40.25	$33.35	$11.77	$23.54	$24.19	$11.72	$13.92
	2.15 Member Cost Sharing	$76.36	$146.01	$112.03	$85.64	$70.19	$98.62	$87.63	$111.09	$57.29	$121.41	$35.06	$105.57	$143.40	$97.29	$90.58	$127.60	$105.39	$106.11
	2.16 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
	2.17 Incurred Claims	$464.18	$1,107.07	$802.34	$593.30	$581.45	$518.78	$273.59	$574.08	$454.30	$714.86	$383.10	$878.85	$624.45	$289.03	$633.47	$724.78	$390.07	$434.08
	2.18 Risk Adjustment Transfer Amount	-$30.40	$372.91	$195.58	$102.39	$76.21	-$88.19	-$121.75	$51.23	-$83.02	$32.53	-$63.82	$294.85	$115.21	-$247.00	$157.44	$155.44	-$101.71	-$26.22
	2.19 Premium	$585.18	$887.69	$751.93	$728.73	$711.44	$768.09	$403.18	$644.75	$612.90	$694.79	$538.17	$758.65	$733.53	$407.80	$658.73	$601.90	$489.81	$515.68

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		33871PA0040002	33871PA0040005	33871PA0040006	33871PA0040010	33871PA0040013	33871PA0040014	33871PA0040015	33871PA0040016	33871PA0040017	33871PA0040018	33871PA0120002	33871PA0120003	33871PA0120004	33871PA0120005	33871PA0120006	33871PA0120007	33871PA0120008
3.2 Market Adjusted Index Rate		$613.97																
3.3 AV and Cost Sharing Design of Plan		1.0423	1.0489	0.8910	0.8829	0.9357	0.4966	0.7524	0.7749	0.8554	0.7419	1.0413	0.0000	0.4961	1.0478	0.0000	0.6814	0.7344
3.4 Provider Network Adjustment		1.0764	0.9785	0.9785	0.9785	1.0764	1.0764	1.0764	0.9785	1.0764	0.9785	1.0764	0.0000	1.0764	0.9785	0.0000	0.9785	0.9785
3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0010	0.0000	1.0010	1.0010	0.0000	1.0010	1.0010
Administrative Costs																		
3.6 Administrative Expense		13.87%	13.87%	13.87%	13.87%	13.87%	13.87%	13.87%	13.87%	13.87%	13.87%	13.87%	0.00%	13.87%	13.87%	0.00%	13.87%	13.87%
3.7 Taxes and Fees		0.65%	0.65%	0.65%	0.65%	0.65%	0.65%	0.65%	0.65%	0.65%	0.65%	0.65%	0.00%	0.65%	0.65%	0.00%	0.65%	0.65%
3.8 Profit & Risk Load		2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%	2.00%	2.00%	0.00%	2.00%	2.00%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	0.0000	1.0000	1.0000
3.10 **Plan Adjusted Index Rate**		$825.14	$754.84	$641.21	$635.38	$740.75	$393.14	$595.64	$557.66	$677.18	$533.91	$825.17	$0.00	$393.13	$754.81	$0.00	$490.86	$529.04

3.11 Age Calibration Factor	0.5892	0.5892																
3.12 Geographic Calibration Factor	1.0000	1.0000																
3.13 Tobacco Calibration Factor	0.9958	0.9958																
3.14 **Calibrated Plan Adjusted Index Rate**		$484.15	$442.90	$376.23	$372.81	$434.63	$230.67	$349.49	$327.21	$397.33	$313.27	$484.17	$0.00	$230.67	$442.88	$0.00	$288.01	$310.41

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)	Total	33871PA0040002	33871PA0040005	33871PA0040006	33871PA0040010	33871PA0040013	33871PA0040014	33871PA0040015	33871PA0040016	33871PA0040017	33871PA0040018	33871PA0120002	33871PA0120003	33871PA0120004	33871PA0120005	33871PA0120006	33871PA0120007	33871PA0120008
4.2 Allowed Claims	$901,044,643	$5,107,800	$33,591,798	$132,052,283	$35,018,644	$1,051,637	$120,142,474	$11,543,733	$136,378,159	$14,012,832	$226,177,779	$7,350,148	$0	$44,160,801	$15,438,055	$0	$74,530,642	$44,487,857
4.3 Reinsurance	$29,483,893	$139,191	$1,004,951	$4,205,391	$1,118,791	$29,895	$3,903,810	$352,044	$4,540,693	$411,116	$7,620,836	$200,177	$0	$1,433,525	$461,579	$0	$2,560,448	$1,501,447
4.4 Member Cost Sharing	$235,073,244	$327,917	$2,040,906	$20,032,633	$5,491,823	$130,757	$56,728,503	$2,838,927	$31,316,412	$2,443,400	$57,423,989	$475,936	$0	$20,874,401	$946,533	$0	$22,452,922	$11,548,185
4.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.6 Incurred Claims	$636,487,506	$4,640,693	$30,545,941	$107,814,259	$28,408,031	$890,985	$59,510,162	$8,352,762	$100,521,054	$11,158,315	$161,132,954	$6,674,035	$0	$21,852,874	$14,029,942	$0	$49,517,273	$31,438,225
4.7 Risk Adjustment Transfer Amount	-$16,008,720	-$75,576	-$545,653	-$2,283,380	-$607,464	-$16,232	-$2,119,632	-$191,147	-$2,465,437	-$223,222	-$4,137,847	-$108,689	$0	-$778,354	-$250,621	$0	-$1,390,233	-$815,233
4.8 Premium	$805,574,070	$5,762,788	$38,062,230	$135,300,522	$35,667,759	$1,111,127	$77,005,837	$10,521,400	$127,052,505	$13,968,896	$204,156,583	$8,288,050	$0	$28,277,239	$17,481,306	$0	$63,061,971	$39,855,857
4.9 Projected Member Months	1,479,372	6,984	50,424	211,008	56,136	1,500	195,876	17,664	227,832	20,628	382,380	10,044	0	71,928	23,160	0	128,472	75,336
4.10 Loss Ratio	80.61%	81.60%	81.42%	81.05%	81.03%	81.38%	79.47%	80.86%	80.68%	81.18%	80.56%	81.60%	#DIV/0!	79.47%	81.42%	#DIV/0!	80.29%	80.53%
Per Member Per Month																		
4.11 Allowed Claims	$609.07	$731.36	$666.19	$625.82	$623.82	$701.09	$613.36	$653.52	$598.59	$679.31	$591.50	$731.79	#DIV/0!	$613.96	$666.58	#DIV/0!	$580.13	$590.53
4.12 Reinsurance	$19.93	$19.93	$19.93	$19.93	$19.93	$19.93	$19.93	$19.93	$19.93	$19.93	$19.93	$19.93	#DIV/0!	$19.93	$19.93	#DIV/0!	$19.93	$19.93
4.13 Member Cost Sharing	$158.90	$46.95	$40.47	$94.94	$97.83	$87.17	$289.61	$160.72	$137.45	$118.45	$150.18	$47.39	#DIV/0!	$290.21	$40.87	#DIV/0!	$174.77	$153.29
4.14 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	#DIV/0!	$0.00	$0.00
4.15 Incurred Claims	$430.24	$664.47	$605.78	$510.95	$506.06	$593.99	$303.82	$472.87	$441.21	$540.93	$421.39	$664.48	#DIV/0!	$303.82	$605.78	#DIV/0!	$385.43	$417.31
4.16 Risk Adjustment Transfer Amount	-$10.82	-$10.82	-$10.82	-$10.82	-$10.82	-$10.82	-$10.82	-$10.82	-$10.82	-$10.82	-$10.82	-$10.82	#DIV/0!	-$10.82	-$10.82	#DIV/0!	-$10.82	-$10.82
4.17 Premium	$544.54	$825.14	$754.84	$641.21	$635.38	$740.75	$393.14	$595.64	$557.66	$677.18	$533.91	$825.17	#DIV/0!	$393.13	$754.81	#DIV/0!	$490.86	$529.04

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 Keystone Health Plan East 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: Keystone Health Plan East ("KHPE")
State: Pennsylvania
HIOS Issuer ID (5-digit): 33871
Market: Individual
Effective Date(s): 1/1/2025

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 KHPE. 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 2023 to calendar year 2024 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.

We are projecting that claims will increase by 9.1% in 2025. More than 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, 2023. We project that this will reduce rates by approximately 5.4% in the 2025 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 (e.g., ABA coverage which was not covered in the experience period but will be covered in the projection period).

The weighted average increase across KHPE plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is 5.4%. The minimum increase is 4.4% and the maximum increase is 5.8%.

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 2023 and paid through February 2024. Earned premiums and member months are for January through December 2023. The data are for all direct-written individual business of KHPE 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 2023 through December 2023 and paid through February 2024 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 2023 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2023 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 2023 paid through February 2024.

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 2023 through December 2023 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.

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 KHPE with the experience period data for QCC Insurance Company ("QCC"). 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 KHPE rates that are reasonable in relation to QCC 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 2023 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 2024 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 KHPE Individual Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2024. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

TERMINATED PLANS

No plans are being terminated in 2025:

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. If an alternate methodology was used to calculate the AV Metal Value for at least

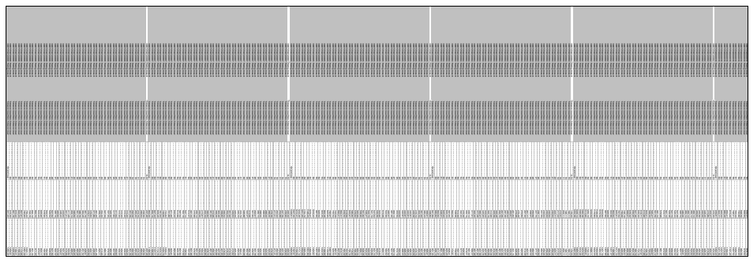
one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.

May 15, 2024

Sales Data Validation (v1.0)

Purpose	Validate sales transaction records against business rules before downstream reporting.
Scope	Order header and line-item records for the current fiscal year.
Owner	Data Quality Team
Last Updated	2026-04-12

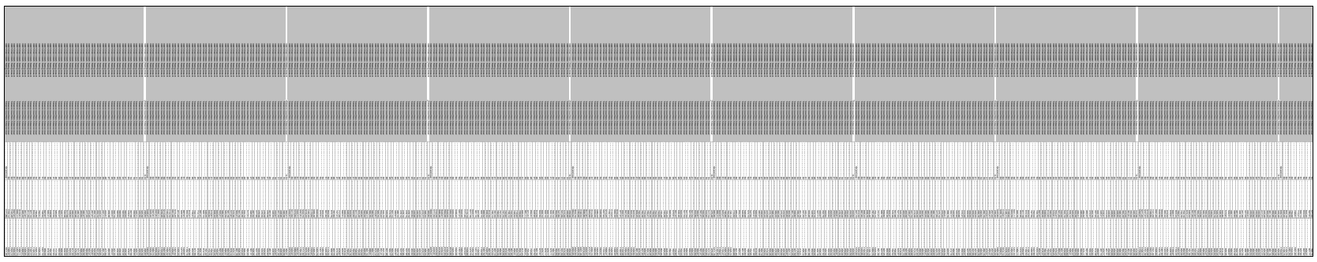
Field	Rule	Example
order_id	Unique, non-empty, alphanumeric	A1B2C3
customer_id	Must exist in customer master	C-00042
order_date	ISO 8601 (YYYY-MM-DD)	2026-03-15
ship_date	Ship_date ≥ order_date	2026-03-17
sku	Must exist in product master	SKU-9001
quantity	Integer > 0	12
unit_price	Decimal > 0, two decimal places	19.95
discount_pct	Decimal 0.00–0.50	0.10
total_amount	Quantity × unit_price × (1 − discount_pct), ±0.01	215.46
ship_country	ISO 3166-1 alpha-2	DE
ship_city	Non-empty, max 40 chars	Berlin
ship_postal_code	Matching format for ship_country	10115
ship_address	Non-empty, max 120 chars	Friedrichstraße 43
ship_phone	Optional, digits only, 7–15 digits	4930123456
ship_email	Optional, valid RFC 5322	buyer@example.de
ship_name	Non-empty, max 60 chars	Max Müller
ship_company	Optional, max 60 chars	Müller GmbH
ship_vat_id	Optional, matching format for ship_country	DE123456789
ship_tax_id	Optional, max 20 chars	12/345/67890
ship_publication_date	Optional, ISO 8601 (YYYY-MM-DD)	2026-03-20
ship_publication_time	Optional, HH:MM:SS	14:30:00
ship_publication_email	Optional, valid RFC 5322	news@example.de
ship_publication_phone	Optional, digits only, 7–15 digits	4930987654
ship_publication_name	Optional, max 60 chars	Redaktion
ship_publication_company	Optional, max 60 chars	Verlag AG
ship_publication_vat_id	Optional, matching format for ship_country	DE987654321
ship_publication_tax_id	Optional, max 20 chars	98/765/43210
ship_publication_address	Optional, max 120 chars	Leipziger Straße 12
ship_publication_postal_code	Optional, matching format for ship_country	10117
ship_publication_city	Optional, max 40 chars	Berlin
ship_publication_country	Optional, ISO 3166-1 alpha-2	DE



Sales Order Table Template v1.0

Instructions	Enter all customer information, product information, and sales order information in the table below. Use one row per line item. Customer fields can be left blank if the customer is a returning customer. Product fields can be left blank if the product is a standard catalog item. Sales order fields must be filled in for every row. Dates should be in YYYY-MM-DD format (e.g. 2026-03-15). Quantity must be a whole number. Unit price and total should be numbers without currency symbols.
Required	Sales Order Number, Order Date, Customer Name, Product Name, Quantity, Unit Price, Total
Optional	Customer Email, Customer Phone, Customer Company, Customer Address, Product SKU, Product Description, Notes
Date Format	YYYY-MM-DD
Currency	USD

Sales Order		Customer		Product		Qty	Unit Price	Total
Sales Order Number	Order Date	Customer Name	Customer Email	Product Name	Product SKU	Quantity	Unit Price	Total
Required	Optional	Required	Optional	Required	Optional	Required	Required	Required
SO-2026-0001	2026-01-02	Tobias Lundberg Hallström	tobias.lundberg.hallstrom@gmail.com	Tobias's Lundberg Hallström Gold		1	1000.00	1000.00
SO-2026-0001	2026-01-02	Tobias's Lundberg Hallström



Data Fields, Table Variables, v14.0

Table Variable	Description
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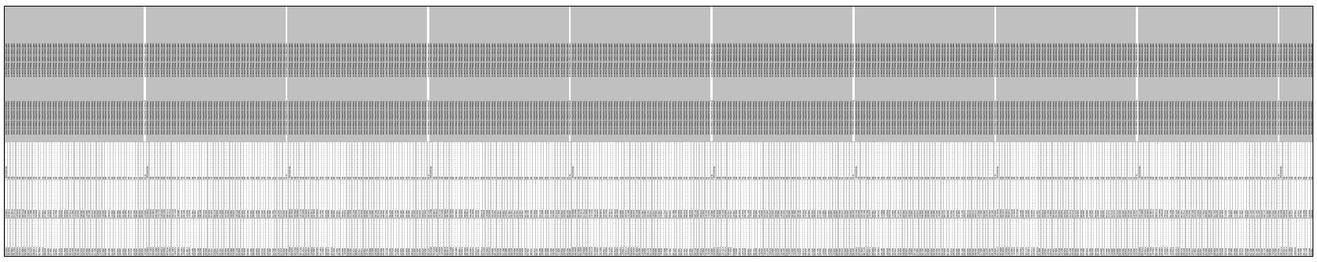

Data Fields, Table Variables, v14.0

Table Variable	Description
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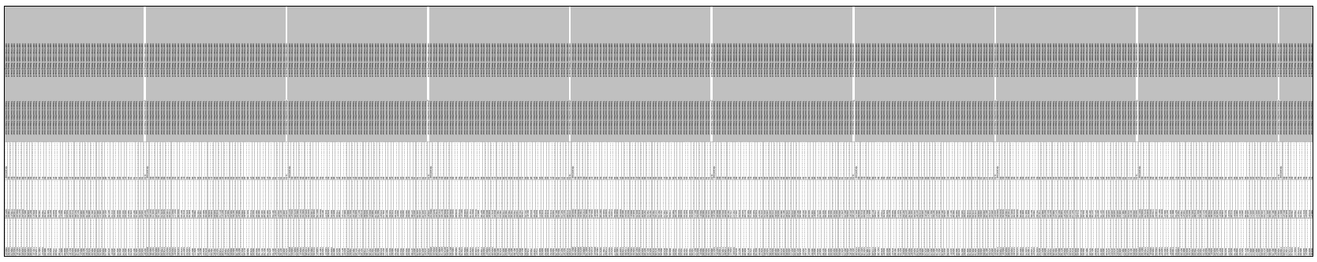
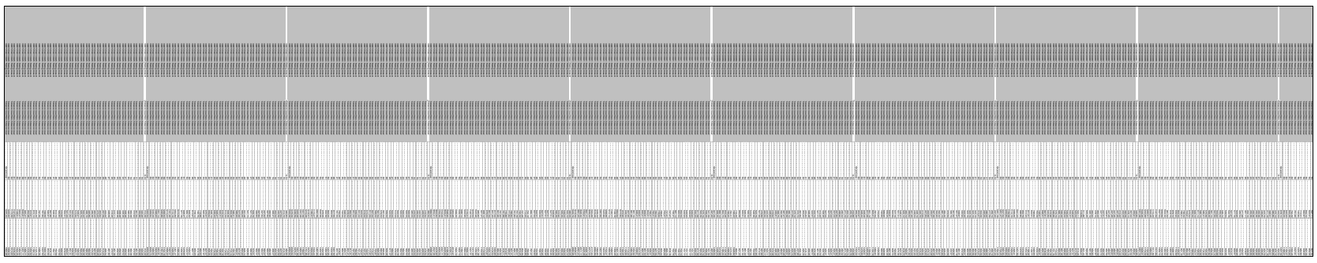


Ward Rolls: Valley Township, 1743

Source	Pennsylvania Land Records, Warrantee Maps, Northampton County, Vol. 1, Pages 1-100 (Warrantee Maps, Vol. 1, Pages 1-100)
Description	Warrantee Maps, Vol. 1, Pages 1-100 (Warrantee Maps, Vol. 1, Pages 1-100)
Notes	Warrantee Maps, Vol. 1, Pages 1-100 (Warrantee Maps, Vol. 1, Pages 1-100)
Transcriber	Jeffrey Scott Gray, Jeffrey Scott Gray, Jeffrey Scott Gray,



Cover Page

HIOS Issuer ID: 33871

HIOS Product IDs: 33871PA004, 33871PA012

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 33871

HIOS Product IDs: 33871PA004, 33871PA012

Applicable HIOS Plan IDs (Standard Component): 33871PA0040002, 33871PA0120002, 33871PA0120004, 33871PA0040014, 33871PA0040005, 33871PA0120005, 33871PA0040006, 33871PA0120007, 33871PA0120008, 33871PA0040010, 33871PA0040016, 33871PA0040015, 33871PA0040017, 33871PA0040013, 33871PA0040018

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 1/1/2025. 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 thevaluation 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 16% 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 13% 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 3% of allowed costs in the AV calculation.

The cost-sharing for specialist care for these plans is a combination of copays for office visits in person and virtual care. Specialist services account for about 8% 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 4% 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 4% of allowed costs in the AV calculation.

A subset of these plans has a three-tier benefit design structure. Plans 33871PA0040005 and 33871PA0120005 have expected utilization of 45% in the third tier. Plans 33871PA0040006, 33871PA0120007, 33871PA0120008, 33871PA0040010, 33871PA0040016, and 33871PA0040018 have expected utilization of 40% in the third tier.

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

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

Method 156.135(b)(3) was used to accommodate the three-tier design.

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:

For the inpatient hospital utilization, we considered our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the freestanding and hospital utilization data for outpatient facility, we considered our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the outpatient mental health and substance abuse utilization, we used our commercial HMO data incurred between January 2023 and December 2023.

For the generic drugs utilization, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

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
33871PA0040002, 33871PA0120002	$35	$25	$ 33.50
33871PA0040014, 33871PA0120004	$75	$50	$ 71.25
Tier 1: 33871PA0040005, 33871PA0120005	$15	$10	$ 14.25
Tier 2: 33871PA0040005, 33871PA0120005	$30	$20	$ 28.50
Tier 3: 33871PA0040005, 33871PA0120005	$45	$30	$ 42.75
Tier 1: 33871PA0040006	$40	$30	$ 38.50
Tier 2: 33871PA0040006	$70	$50	$ 67.00
Tier 3: 33871PA0040006	$80	$55	$ 76.25
Tier 1: 33871PA0120007	$40	$30	$ 38.50
Tier 2: 33871PA0120007	$60	$40	$ 57.00
Tier 3: 33871PA0120007	$70	$50	$ 67.00
Tier 1: 33871PA0120008	$40	$30	$ 38.50
Tier 2: 33871PA0120008	$70	$50	$ 67.00
Tier 3: 33871PA0120008	$80	$55	$ 76.25
Tier 1: 33871PA0040010	$50	$35	$ 47.75
Tier 2: 33871PA0040010	$60	$40	$ 57.00
Tier 3: 33871PA0040010	$70	$50	$ 67.00
Tier 1: 33871PA0040016	$50	$35	$ 47.75
Tier 2: 33871PA0040016	$60	$40	$ 57.00
Tier 3: 33871PA0040016	$70	$50	$ 67.00
Tier 1: 33871PA0040006-04	$40	$30	$ 38.50
Tier 2: 33871PA0040006-04	$70	$50	$ 67.00
Tier 3: 33871PA0040006-04	$80	$55	$ 76.25
Tier 1: 33871PA0040006-05	$20	$15	$ 19.25
Tier 2: 33871PA0040006-05	$30	$20	$ 28.50
Tier 3: 33871PA0040006-05	$40	$30	$ 38.50
Tier 1: 33871PA0040006-06	$5	$0	$ 4.25
Tier 2: 33871PA0040006-06	$10	$5	$ 9.25
Tier 3: 33871PA0040006-06	$20	$15	$ 19.25
Tier 1: 33871PA0040010-04	$50	$35	$ 47.75
Tier 2: 33871PA0040010-04	$60	$40	$ 57.00
Tier 3: 33871PA0040010-04	$70	$50	$ 67.00

	Cost - sharing		
HIOS_ID	PCP	Virtual PCP	AV Input
Tier 1: 33871PA0040010-05	$20	$15	$ 19.25
Tier 2: 33871PA0040010-05	$30	$20	$ 28.50
Tier 3: 33871PA0040010-05	$40	$30	$ 38.50
Tier 1: 33871PA0040010-06	$5	$0	$ 4.25
Tier 2: 33871PA0040010-06	$10	$5	$ 9.25
Tier 3: 33871PA0040010-06	$20	$15	$ 19.25
Tier 1: 33871PA0040016-04	$50	$35	$ 47.75
Tier 2: 33871PA0040016-04	$60	$40	$ 57.00
Tier 3: 33871PA0040016-04	$70	$50	$ 67.00
Tier 1: 33871PA0040016-05	$20	$15	$ 19.25
Tier 2: 33871PA0040016-05	$30	$20	$ 28.50
Tier 3: 33871PA0040016-05	$40	$30	$ 38.50
Tier 1: 33871PA0040016-06	$5	$0	$ 4.25
Tier 2: 33871PA0040016-06	$10	$5	$ 9.25
Tier 3: 33871PA0040016-06	$20	$15	$ 19.25
33871PA0040013	$35	$25	$ 33.50
33871PA0040015	$35	$25	$ 33.50
33871PA0040017	$40	$25	$ 37.75
33871PA0040013-04	$35	$25	$ 33.50
33871PA0040013-05	$30	$20	$ 28.50
33871PA0040013-06	$10	$5	$ 9.25
33871PA0040015-04	$35	$25	$ 33.50
33871PA0040015-05	$20	$15	$ 19.25
33871PA0040015-06	$15	$10	$ 14.25
Tier 1: 33871PA0040018	$50	$35	$ 47.75
Tier 2: 33871PA0040018	$60	$40	$ 57.00
Tier 3: 33871PA0040018	$70	$50	$ 67.00
Tier 1: 33871PA0040018-04	$50	$35	$ 47.75
Tier 2: 33871PA0040018-04	$60	$40	$ 57.00
Tier 3: 33871PA0040018-04	$70	$50	$ 67.00
Tier 1: 33871PA0040018-05	$20	$15	$ 19.25
Tier 2: 33871PA0040018-05	$30	$20	$ 28.50
Tier 3: 33871PA0040018-05	$40	$30	$ 38.50
Tier 1: 33871PA0040018-06	$5	$0	$ 4.25
Tier 2: 33871PA0040018-06	$10	$5	$ 9.25
Tier 3: 33871PA0040018-06	$20	$15	$ 19.25

Specialist Copay Differential

For specialist visits, our recent data indicated that 95% of utilization came from office visits in person and 5% 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**
33871PA0040002, 33871PA0120002	$65	$45	$ 64.00
33871PA0040014, 33871PA0120004	$150	$100	$ 147.50
Tier 1: 33871PA0040005, 33871PA0120005	$40	$30	$ 39.50
Tier 2: 33871PA0040005, 33871PA0120005	$60	$40	$ 59.00
Tier 3: 33871PA0040005, 33871PA0120005	$80	$55	$ 78.75
Tier 1: 33871PA0040006	$90	$65	$ 88.75
Tier 2: 33871PA0040006	$140	$100	$ 138.00
Tier 3: 33871PA0040006	$150	$105	$ 147.75
Tier 1: 33871PA0120007	$80	$55	$ 78.75
Tier 2: 33871PA0120007	$120	$80	$ 118.00
Tier 3: 33871PA0120007	$140	$95	$ 137.75
Tier 1: 33871PA0120008	$90	$60	$ 88.50
Tier 2: 33871PA0120008	$140	$100	$ 138.00
Tier 3: 33871PA0120008	$150	$105	$ 147.75
Tier 1: 33871PA0040010	$90	$60	$ 88.50
Tier 2: 33871PA0040010	$120	$80	$ 118.00
Tier 3: 33871PA0040010	$140	$95	$ 137.75
Tier 1: 33871PA0040016	$100	$70	$ 98.50
Tier 2: 33871PA0040016	$120	$80	$ 118.00
Tier 3: 33871PA0040016	$140	$95	$ 137.75
Tier 1: 33871PA0040006-04	$90	$65	$ 88.75
Tier 2: 33871PA0040006-04	$140	$100	$ 138.00
Tier 3: 33871PA0040006-04	$150	$105	$ 147.75
Tier 1: 33871PA0040006-05	$40	$30	$ 39.50
Tier 2: 33871PA0040006-05	$60	$40	$ 59.00
Tier 3: 33871PA0040006-05	$80	$55	$ 78.75
Tier 1: 33871PA0040006-06	$15	$10	$ 14.75
Tier 2: 33871PA0040006-06	$20	$15	$ 19.75
Tier 3: 33871PA0040006-06	$40	$30	$ 39.50
Tier 1: 33871PA0040010-04	$90	$60	$ 88.50
Tier 2: 33871PA0040010-04	$120	$80	$ 118.00
Tier 3: 33871PA0040010-04	$140	$95	$ 137.75

	Cost - sharing		
HIOS_ID	SP	Virtual SP	AV Input
Tier 1: 33871PA0040010-05	$40	$30	$ 39.50
Tier 2: 33871PA0040010-05	$60	$40	$ 59.00
Tier 3: 33871PA0040010-05	$80	$55	$ 78.75
Tier 1: 33871PA0040010-06	$15	$10	$ 14.75
Tier 2: 33871PA0040010-06	$20	$15	$ 19.75
Tier 3: 33871PA0040010-06	$40	$30	$ 39.50
Tier 1: 33871PA0040016-04	$100	$70	$ 98.50
Tier 2: 33871PA0040016-04	$120	$80	$ 118.00
Tier 3: 33871PA0040016-04	$140	$95	$ 137.75
Tier 1: 33871PA0040016-05	$40	$30	$ 39.50
Tier 2: 33871PA0040016-05	$60	$40	$ 59.00
Tier 3: 33871PA0040016-05	$80	$55	$ 78.75
Tier 1: 33871PA0040016-06	$15	$10	$ 14.75
Tier 2: 33871PA0040016-06	$20	$15	$ 19.75
Tier 3: 33871PA0040016-06	$40	$30	$ 39.50
33871PA0040013	$80	$55	$ 78.75
33871PA0040015	$80	$55	$ 78.75
33871PA0040017	$80	$55	$ 78.75
33871PA0040013-04	$70	$50	$ 69.00
33871PA0040013-05	$60	$40	$ 59.00
33871PA0040013-06	$20	$15	$ 19.75
33871PA0040015-04	$80	$55	$ 78.75
33871PA0040015-05	$40	$30	$ 39.50
33871PA0040015-06	$30	$20	$ 29.50
Tier 1: 33871PA0040018	$100	$70	$ 98.50
Tier 2: 33871PA0040018	$120	$80	$ 118.00
Tier 3: 33871PA0040018	$140	$95	$ 137.75
Tier 1: 33871PA0040018-04	$100	$70	$ 98.50
Tier 2: 33871PA0040018-04	$120	$80	$ 118.00
Tier 3: 33871PA0040018-04	$140	$95	$ 137.75
Tier 1: 33871PA0040018-05	$40	$30	$ 39.50
Tier 2: 33871PA0040018-05	$60	$40	$ 59.00
Tier 3: 33871PA0040018-05	$80	$55	$ 78.75
Tier 1: 33871PA0040018-06	$15	$10	$ 14.75
Tier 2: 33871PA0040018-06	$20	$15	$ 19.75
Tier 3: 33871PA0040018-06	$40	$30	$ 39.50

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 85% of the cost was from facility claims and the remaining 15% 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	33871PA0040002, 33871PA0120002	33871PA0040014, 33871PA0120004	33871PA0040005, 33871PA0120005	33871PA0040005, 33871PA0120005	33871PA0040006, 33871PA0040006-04, 33871PA0120007, 33871PA0120008, 33871PA0040010, 33871PA0040010-04, 33871PA0040016, 33871PA0040016-04, 33871PA0040018, 33871PA0040018-04	33871PA0040006, 33871PA0040006-04, 33871PA0120007, 33871PA0120008, 33871PA0040010, 33871PA0040010-04, 33871PA0040016, 33871PA0040016-04, 33871PA0040018, 33871PA0040018-04
IP Cost Sharing						
Facility	$750	$700	$700	$1,100	$900	$1,300
Professional	20%	50%	20%	30%	5%	10%
AVC Continuance Table	Gold	Bronze	Gold	Gold	Silver	Silver
PMPY for IP	$1,321	$855	$1,321	$1,321	$1,057	$1,057
Admit PMPY	0.05	0.03	0.05	0.05	0.04	0.04
Claim per Admit	$27,080	$26,054	$27,080	$27,080	$26,960	$26,960
Average LOS (days)	1.6	1.6	1.6	1.6	1.6	1.6
Effective Copay Factor for 5 days	0.41	0.43	0.41	0.41	0.43	0.43
Assumption from Data						
% Facility Cost	85%	85%	85%	85%	85%	85%
% Professional Cost	15%	15%	15%	15%	15%	15%
Calculations						
Professional Claim per Admit	$4,062	$3,908	$4,062	$4,062	$4,044	$4,044
Professional Claim per Day	$2,476	$2,426	$2,476	$2,476	$2,578	$2,578
Equiv. Copay per Day no max	$495	$1,213	$495	$743	$129	$258
Equiv. Copay per Day, 5-day max	$1,217	$2,831	$1,217	$1,826	$299	$598
Total Copay per Day, 5-day max	**$1,967**	**$3,531**	**$1,917**	**$2,926**	**$1,199**	**$1,898**

HIOS IDs	33871PA0040006-05, 33871PA0040010-05, 33871PA0040016-05, 33871PA0040018-05	33871PA0040006-05, 33871PA0040010-05, 33871PA0040016-05, 33871PA0040018-05	33871PA0040006-06, 33871PA0040010-06, 33871PA0040016-06, 33871PA0040018-06	33871PA0040006-06, 33871PA0040010-06, 33871PA0040016-06, 33871PA0040018-06
IP Cost Sharing				
Facility	$500	$900	$250	$500
Professional	5%	10%	5%	10%
AVC Continuance Table	Gold	Gold	Platinum	Platinum
PMPY for IP	$1,321	$1,321	$1,462	$1,462
Admit PMPY	0.05	0.05	0.05	0.05
Claim per Admit	$27,080	$27,080	$26,628	$26,628
Average LOS (days)	1.6	1.6	1.7	1.7
Effective Copay Factor for 5 days	0.41	0.41	0.39	0.39
Assumption from Data				
% Facility Cost	85%	85%	85%	85%
% Professional Cost	15%	15%	15%	15%
Calculations				
Professional Claim per Admit	$4,062	$4,062	$3,994	$3,994
Professional Claim per Day	$2,476	$2,476	$2,403	$2,403
Equiv. Copay per Day no max	$124	$248	$120	$240
Equiv. Copay per Day, 5-day max	$304	$609	$306	$612
Total Copay per Day, 5-day max	**$804**	**$1,509**	**$556**	**$1,112**

Combination of Copays for Outpatient Facility Fee

For the outpatient facility site of service cost-sharing, our recent data indicated that 55% 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.

		Cost-sharing		
HIOS ID	Service Type	ASC	Hospital	AV Input
33871PA0040002, 33871PA0120002	OP Fac.	$300	$700	$520.00
33871PA0040017	OP Fac.	$300	$700	$520.00
33871PA0040013	OP Fac.	$400	$800	$620.00
33871PA0040014, 33871PA0120004	OP Fac.	$750	$1,000	$887.50
33871PA0040013-04	OP Fac.	$400	$800	$620.00
33871PA0040013-05	OP Fac.	$200	$400	$310.00
33871PA0040013-06	OP Fac.	$40	$80	$62.00

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 75% 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
33871PA0040002, 33871PA0120002	$65	$65	$ 65.00
33871PA0040005, 33871PA0120005	$40	$40	$ 40.00
33871PA0040017	$80	$80	$ 80.00
33871PA0040013	$80	$80	$ 80.00
33871PA0040006	$90	$90	$ 90.00
33871PA0040010	$90	$90	$ 90.00
33871PA0040016	$100	$100	$ 100.00
33871PA0120008	$90	$90	$ 90.00
33871PA0120007	$80	$80	$ 80.00
33871PA0040014, 33871PA0120004	$150	$150	$ 150.00
33871PA0040013-04	$70	$70	$ 70.00
33871PA0040013-05	$60	$60	$ 60.00
33871PA0040013-06	$20	$20	$ 20.00
33871PA0040006-04	$90	$90	$ 90.00
33871PA0040006-05	$40	$40	$ 40.00
33871PA0040006-06	$15	$15	$ 15.00
33871PA0040010-04	$90	$90	$ 90.00
33871PA0040010-05	$40	$40	$ 40.00
33871PA0040010-06	$15	$15	$ 15.00
33871PA0040016-04	$100	$100	$ 100.00
33871PA0040016-05	$40	$40	$ 40.00
33871PA0040016-06	$15	$15	$ 15.00
33871PA0040018	$100	$100	$ 100.00
33871PA0040018-04	$100	$100	$ 100.00
33871PA0040018-05	$40	$40	$ 40.00
33871PA0040018-06	$15	$15	$ 15.00
33871PA0040015	$80	$120	$ 90.00
33871PA0040015-04	$80	$120	$ 90.00
33871PA0040015-05	$40	$70	$ 47.50
33871PA0040015-06	$30	$30	$ 30.00

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
33871PA0040002, 33871PA0120002	$3	$20	$ 13.20
33871PA0040005, 33871PA0120005	$3	$20	$ 13.20
33871PA0040017	$3	$20	$ 13.20
33871PA0040015	$3	$20	$ 13.20
33871PA0040013	$3	$20	$ 13.20
33871PA0040006	$7	$25	$ 17.80
33871PA0040010	$5	$20	$ 14.00
33871PA0040016	$5	$20	$ 14.00
33871PA0120008	$5	$25	$ 17.00
33871PA0120007	$5	$20	$ 14.00
33871PA0040014, 33871PA0120004	$5	$25	$ 17.00
33871PA0040013-04	$3	$15	$ 10.20
33871PA0040013-05	$3	$10	$ 7.20
33871PA0040013-06	$3	$4	$ 3.60
33871PA0040006-04	$7	$25	$ 17.80
33871PA0040006-05	$3	$10	$ 7.20
33871PA0040006-06	$1	$4	$ 2.80
33871PA0040010-04	$5	$20	$ 14.00
33871PA0040010-05	$3	$10	$ 7.20
33871PA0040010-06	$1	$4	$ 2.80
33871PA0040016-04	$5	$20	$ 14.00
33871PA0040016-05	$3	$10	$ 7.20
33871PA0040016-06	$1	$4	$ 2.80
33871PA0040015-04	$3	$15	$ 10.20
33871PA0040015-05	$3	$10	$ 7.20
33871PA0040015-06	$3	$4	$ 3.60
33871PA0040018	$5	$25	$ 17.00
33871PA0040018-04	$5	$20	$ 14.00
33871PA0040018-05	$3	$15	$ 10.20
33871PA0040018-06	$1	$10	$ 6.40

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

Using the AV calculator and the methods described above, we calculated the AV for each tier in each plan, as follows. Based on the average actual tier utilization experience over the past three years of data (2021, 2022, and 2023), we projected expected utilization by tier for the plans. The final AV for the plan was then calculated by taking the weighted average of the tier AVs using the utilization by tier. The following exhibits details this calculation.

Utilization	Tier 1	Tier 2	Tier 3	Total
33871PA0040005, 33871PA0120005,	45%	10%	45%	**100%**
33871PA0040006, 33871PA0120007, 33871PA0120008, 33871PA0040010, 33871PA0040016, 33871PA0040018	50%	10%	40%	**100%**

	Actuarial Value			
HIOS ID	Tier 1	Tier 2	Tier 3	Average
33871PA0040005, 33871PA0120005	84.14%	79.46%	78.08%	**80.95%**
33871PA0040006	73.16%	69.02%	68.59%	**70.92%**
33871PA0040006-04	74.83%	71.57%	71.15%	**73.03%**
33871PA0040006-05	89.24%	87.16%	86.57%	**87.96%**
33871PA0040006-06	95.99%	93.25%	92.38%	**94.27%**
33871PA0120007	72.28%	70.67%	69.86%	**71.15%**
33871PA0120008	73.34%	69.06%	68.63%	**71.03%**
33871PA0040010	71.58%	70.40%	69.66%	**70.69%**
33871PA0040010-04	74.04%	72.99%	72.01%	**73.12%**
33871PA0040010-05	88.61%	87.55%	86.98%	**87.85%**
33871PA0040010-06	95.99%	93.25%	92.38%	**94.27%**
33871PA0040016	70.95%	70.18%	69.37%	**70.24%**
33871PA0040016-04	73.72%	73.14%	72.16%	**73.04%**
33871PA0040016-05	88.60%	87.53%	86.96%	**87.84%**
33871PA0040016-06	95.91%	93.23%	92.37%	**94.23%**
33871PA0040018	70.92%	70.26%	69.34%	**70.22%**
33871PA0040018-04	74.12%	73.42%	72.45%	**73.38%**
33871PA0040018-05	88.70%	87.51%	86.95%	**87.88%**
33871PA0040018-06	95.79%	94.43%	93.76%	**94.84%**

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: 4/29/2024

AV screenshots redacted.

A Reinsurance Morbidity Adjustment of 1.000 was used.
An Individual Morbidity Adjustment of 1.000 was used.
No adjustment was made 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 2024 enrollments, to the average age factor calculated for the prior annual filing.

	2024 Filing	2025 Filing	Change
Age Factor	1.712	1.697	0.991
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.004	1.004	1.000
Total change			0.991

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 Keystone HMO was 1.100.
The network factor used for Proactive was 1.000.

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:	HMO	1.076
	Proactive	0.979

REDACTION JUSTIFICATION – KHPE CONSUMER

DOCUMENT

URRT Part III – Federal Actuarial Memorandum

Redacted Name of opining actuary (pages 8 and 9)
Redacted Company Contact Information (page 1) – name, telephone number, email address

PA Actuarial Memorandum

Redacted Name of opining actuary (pages 8 and 9)
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

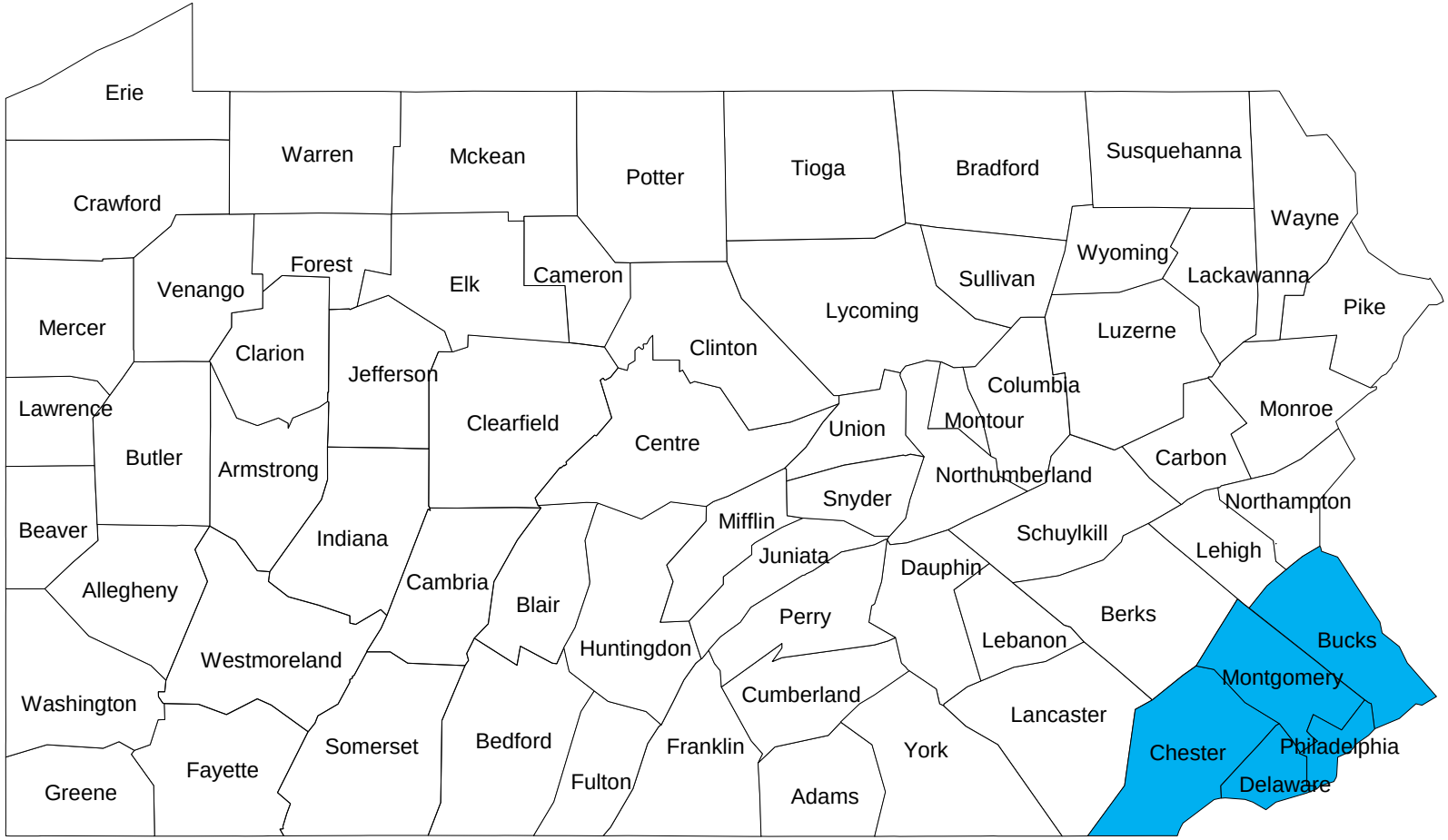
Unique AV Justification file

Redacted name of opining actuary (page 15)
Redacted AV Screenshots (all)

2024 and 2025 Service Area

Issuer: Keystone Health Plan East

Market: Individual



Key *(modify as needed)*

: On-exchange service area

: Off-exchange only service area

Responses to Section E, Standard Questions

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

   We do not project that 2025 membership will differ significantly from the current membership.

2. a. Experience Period Claims: a. Please confirm that all claims which are capitated have been removed from the experience period claims.

   We confirm that capitated claims have been removed.

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

   We confirm that non-EHB claims have been removed.

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

   We work with our PBM to forecast rx rebate increases from the base period to the rating period. These projected increases are fully reflected in the trend component of the rate development.

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

   We confirm there is no COVID adjustment in Tables 2-4. No COVID adjustment was made in Table 5.

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

   N/A

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

   N/A

5. Table 6 – Retention
   a. Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a

demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.

We confirm that we used a Federal Income Tax rate of 21% in this calculation.

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

We confirm that these factors are consistent.

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

We confirm that the commission PMPM is consistent between the four options.

6. Pricing AVs

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

We confirm that the Pricing AV's were calculated using a single risk pool.

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

Metal AV is a national average AV which is not intended for pricing purposes per CMS Guidance (noted below). Please see attached model for Pricing AV calculation. The metal AV is based on the AV calculator which is calibrated to national average costs. The Philadelphia market is significantly more expensive than the national average from a cost of services standpoint. The same deductible or copay is worth significantly less as a percentage of total allowed cost in the Philadelphia market compared to the national average. This leads to different Pricing AVs for the same metal level.

Pricing based on local data should give a more accurate result than pricing using national data. Our pricing model is using data that is more aligned with of how members buying these plans in this area will use them than another model which relies on national data.

In addition, CMS continues to state that "the AV Calculator is intended to establish a comparison tool and was not developed for pricing purposes" in its Actuarial Calculator Methodology.

This is further supported by the Society of Actuaries paper, "A Summary of the 2020 Actuarial Value Calculator", which states " It is important to remember that the AV calculator was designed to determine if specific benefit designs meet the de minimis criteria and not for plan pricing."

7. Expanded Bronze Plans

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

Please see the attached "EBP" exhibit.

8. PAAM Exhibits – Consumer Factors

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

The proposed geographic area rating factors shown in Tab V are the same as those used in the previous year.

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

The proposed network factors shown in Tab V are the same as those used in the previous year. Within Table 10, they are normalized using the membership in Table 10 to result in a composite factor of 1.000.

9. MLR Exhibit

a. Please complete table below which summarizes the most recent three years of complete MLR information. i. Actual is the final information which was filed for the specified calendar year

ii. Pricing is the information which was projected in the final annual filing for the given year (i.e., 2021 pricing information is from the plan year 2021 annual filing submitted in 2020)

a. Please complete table below which summarizes the most recent three years of complete MLR information.

i. Actual is the final information which was filed for the specified calendar year

ii. Pricing is the information which was projected in the final annual filing for the given year (i.e., 2020 pricing information is from the plan year 2020 annual filing submitted in 2019)

	MLR		Member Months	
Calendar Year	**Actual**	**Pricing**	**Actual**	**Pricing**
2020	79.6%	84.5%	1,306,255	1,692,948
2021	76.8%	84.8%	1,349,656	1,395,000
2022	76.8%	84.5%	1,348,764	1,338,960

10. Plan of Withdrawal:

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

No withdrawals are proposed in this filing.

11. Transitional Plans:

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

   There are no transitional plans.

12. Copay Adjustment Programs

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

   Yes, IBX has copay card maximizer and accumulator adjustment programs in place.

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

   The manufacturer coupon programs are used to reduce/eliminate the member cost share and save on the cost of the medication. Because they are not an out of pocket expense for the member they do not count towards MOOP.

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

   We reduced our pharmacy trend by 0.7%. This was based on guidance provided to us by our PBM rather than an internal study.

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

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

KHPE	**HIOS IDs**	**Plan Marketing Name**	**FDC Generic Rx**
	33871PA0120004, 33871PA0040014	Keystone HMO Bronze	X

Completeness and Redaction Justification Checklist

Issuer Name: Keystone Health Plan East
Market: Individual HMO
SERFF ID: INAC-134056069

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification				
	RFJ Part III – Actuarial Memorandum	X	Y	31-39	Y
	Federal Rates Template	X			
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X			
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	Y	4	Y
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N	5	N/A
D.1.C.	Average Rate Change	X	N	5	N/A
D.1.D.	Membership Count	X	N	5	N/A
	PA Act. Exhibits Table 1	X	N	13	N/A
D.1.E.	Benefit Changes	X	N	5	N/A
D.1.F.	Experience Period Claims & Premium	X	N	5-6	N/A
	PA Act. Exhibits Table 2	X	N	13	N/A
D.1.G.	Credibility of Data	X	N	7	N/A
	PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)	X	N	14	N/A
D.1.H.	Trend Identification	X	N	7	N/A
	PA Act. Exhibits Table 3	X	N	13	N/A
D.1.I.	Historical Experience	X	N	7	N/A
	PA Act. Exhibits Table 4	X	N	13	N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N	8-9	N/A
	PA Act. Exhibits Table 5	X	N	17	N/A
D.2.B.	Retention Items	X	N	9	N/A
	PA Act. Exhibits Table 6	X	N	17	N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	10	N/A
	PA Act. Exhibits Table 7	X	N	17	N/A
D.2.D.	Components of Rate Change	X	N	10	N/A
	PA Act. Exhibits Table 8	X	N	17	N/A
	PA Act. Exhibits Table 9	X	N	17	N/A
D.3.	Plan Rate Development	X	N	10	N/A
	PA Act. Exhibits Table 10	X	N	18	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	11	N/A
	PA Act. Exhibits Table 11	X	N	19-20	N/A
D.5.A.	Age and Tobacco Factors	X	N	11	N/A
	PA Act. Exhibits Table 12	X	N	21	N/A
D.5.B.	Geographic Factors	X	N	11	N/A
	PA Act. Exhibits Table 13	X	N	21	N/A
D.5.C.	Network Factors	X	N	11	N/A
	PA Act. Exhibits Table 14	X	N	21	N/A
D.5.D	*Rate Change Request Summary*	X	N	22	N/A
	PA Act. Exhibits Table 15	X	N	22	N/A
D.5.E.	Service Area Composition	X	N	11	N/A
D.5.F	Composite Rating	X	N	11	N/A
D.6.	Actuarial Certifications	X	Y	11-12	Y
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N	24-26	N/A
	Service Area Map	X	N	70	N/A
Summary Documents/Confirmation of HIOS & SERFF Submissions		X			Y

State:Pennsylvania
TOI:HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI:HOrg02I.005D Individual - HMO
Filing Type:Rate - G.I. H.D. (Guaranteed Issue High-Deductible Health Plan)
Filing Company:Keystone Health Plan East, Inc.
SERFF Tracking Number:INAC-134056069
State Tracking Number:INAC-134056069
Company Tracking Number:KHPE INDIV 1-1-2025
Product Name:KHPE Individual HMO eff 1-1-2025
Project Name:
Destruction Date:

Objection Letter Status:Data Request Sent

Objection Letter Date:06/05/2024

Respond By Date:

Submitted Date:06/05/2024 04:20 PM
Dear David Walker,

Introduction:

The Pennsylvania Insurance Department has received and conducted a review of the above captioned filing. To complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided by June 19. If you have any questions or difficulties in providing the information within this time frame, please call me.

Please note, each response to a Department data call must contain a cover letter that details the changes made to the Actuarial Memorandum and Pennsylvania Actuarial Memorandum Exhibits and the reasons why the changes were made, e.g., in response to question number 5.

(1) Please provide quantitative and qualitative support for the assumed trends, which are substantially higher that the trends that can be derived from the monthly data in Table 4b. Also, provide specific support for the assumed utilizations, which are driving the overall trend, for the negative cost trend pharmacy benefits, and for the weighting of capitated claims.

(2) The answer to Standard Question 5 indicates that the filing incorporates the final Risk Adjustment User Fee of $0.18. Please revise the entry in PAAME Table 6 cell C54 to generate 18 cents in cell D54, and make no offsetting adjustments in the filing.

(3) Regarding 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 was calibrated and the allowed PMPM to which the model is calibrated.
d. Please explain any changes that were applied to the model used to develop pricing AVs for varying metal tiers.

(4) The relationship between the Metallic AV and Pricing AV for Plan 9 is not consistent with the AV relationship for the company's other gold plans. Please discuss the unique features of this particular plan that results in Pricing AVs that are lower than would otherwise be expected.

(5) The exhibit showing actual vs. pricing MLRs indicates that the actual MLR has historically been consistently lower than the pricing MLR, as well as below expected levels. In addition, the company's MLR reports have resulted in substantial rebates owed, for both entities and in all three markets. Please provide responses Parts b and c of standard question #9, as well as responding to the following:
a. What is the history of rebates paid for this entity and market?
b. How was this history of rebates considered in the current rate filing?
c. Given this history what considerations lead the company to believe the projected MLR will be achieved in 2025?
d.What action(s) has the company taken or does the company anticipate taking to mitigate the possibility and magnitude of future rebate indications?
e. What are the top 3 pricing assumptions that the company sees as driving the difference between the projected and actual MLR results?

(6) Section 2E of the actuarial memorandum shows the development of the MLR for the projection period. Please show these same data values for the experience period, and show how the projection period values were based on and informed by these experience period values.

(7) Please verify that the projected premium shown in the MLR development exhibit matches the Required Revenue shown in Table 6 of the PAAME, or explain the reason for any differential.

(8) The Development of Reinsurance Tables section of the actuarial memorandum indicates that company specific data was used, while the PAAM Exhibits show manual data. Please explain, and update the memo if appropriate.

(9) The Development of Reinsurance Tables section of the actuarial memorandum indicates that a 12% trend was used to project claims to 2025; please explain and support the use of a trend of this magnitude.

(10) Please support and providing an exhibit quantifying each of the factors listed in the actuarial memorandum that combine to result in the Change In Other Factor shown in Exhibit 5, or indicate that there is no change in any of the listed factors.

(11) Please describe and show the development of the assumed Change in Network Factor as well as any underlying network factors, and clarify why the HMO and PPO factors do not normalize to 1.0 given that the rate development is based on the combined experience of both entities.

(12) Please verify that the trend shown in Table 1b, the Rate Change Summary and the actuarial memorandum are consistent, or indicate why this should not be the case.

(13) Please reconcile the figures shown the How It Plans To Spend Your Money box in Table 15 with the percentages shown in Table 6.

(14) Please compare the projected 2025 risk adjustment transfer amount PMPM to the anticipated 2023 risk adjustment transfer amount PMPM, identifying the specific driver(s) of any differences between the two values and providing detailed support for those differences.

(15) Please provide the actual observed trends based on historical allowed claims experience for the combined QCC and KHPE individual population for each benefit category as well as in aggregate for years 2021, 2022, and 2023, and 2024 (year to date, with the understanding that 2024 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 applied to the claims experience. Provide both raw and COVID-19 adjusted values as applicable.

(16) Please compare the proposed total annual trend rate to the actual observed trend rates per your response above as well as to the trends indicated by the monthly data provided in Table 4b. To the extent that these trends are significantly different, please explain and justify the reasons that this is the case.

(17) Please discuss why the company anticipates a negative prescription drug cost trend in its total trend determination.

(18) Please provide an exhibit showing the numerical development of the Exchange User Fee amount shown in cell C32 of Table 5 of the PAAME, including support for the anticipated mix of on-exchange and off-exchange issues for the rating period.

(19) Please provide the rationale for the direction and magnitude of 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.

(20) Given that the combined QCC and KHPE experience is used as the manual rate, please demonstrate the adjustments applied to the blended experience to reflect the expected morbidity of the KHPE population in the projection period. Similarly, please demonstrate the adjustments applied to the blended experience to reflect the expected risk adjustment of the specific entity's population in the projection period.

(21) I note that Plan 9 has a much lower pricing AV than the issuer's other gold plan offerings, and that Plans 7, 8, and 10 have much lower pricing AVs than the issuer's other silver plan offerings. What benefit structures or other factors result in pricing AVs that deviate upward or downward from plans with of the same metal/similar AV calculator results?

(22) The company has shared CMS's position that the AV Calculator is intended to establish a comparison tool and was not developed for pricing purposes, and states that 1) its pricing model is using data that is more aligned with of how members buying these plans in this area will use them than another model which relies on national data and that 2) the Philadelphia market is significantly more expensive than the national average from a cost of services standpoint. This would seem to lead to pricing AVs that exceed the AV calculator values for all metal levels; please clarify why the pricing AVs are generally higher than the AV calculator values for gold plans, and lower than the AV calculator values for all other plans.

(23) Please provide an explanation of and support for the level of the General & Claims Administrative Expenses as shown in Table 6, as well as the reasons for any changes in the level of these expenses from the plan year 2023 filing. I note that the total expenses are relatively high on a percentage basis.

(24) Please discuss the difference between the Allowed Claims reported in Table 2 and those reported in Table 4.

(25) Please identify and show the development of the Projected Allowed Non-EHB Claims PMPM as shown in Table 5.

(26) The Consolidated PPACA Statute requires that the cost of the elective abortion benefit for off-exchange plans be at least one dollar per month. I note that the Pricing AVs for these off-exchange plans are slightly lower than their on/off counterparts, offsetting the impact of the non-EHB factor. Please revise the assumptions to eliminate the Pricing AV differential and to ensure that the non-EHB factor produces at least one additional dollar in premium PMPM in aggregate.

(27) Please identify the drivers of the proposed aggregate rate change (base experience, trend, risk adjustment, demographics, metal mix, etc.) referenced in Section 1(C) of the PA actuarial memorandum.

(28) Please provide actual 2024 member months and experience data for the first 3 or 4 months of the 2024, in the format of Table 2, so that the Department can consider this emerging data in light of past MLR results, and comment on any aspects of the data that are significantly deviating from expectations.

(29) Please provide a breakout for the number of members with silver plans incorporating a CSR load who enrolled in coverage on-exchange vs. off-exchange as of February 1, 2024.

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

(31) Please note that aggregate rate adjustment percentages are derived from Table 11, rather than Table 10 which was the source of this figure in past years.

(32) Please revise the actuarial memorandum to show actual numerical assumptions where possible, such as the trend referenced in Section 1(H).

(33) Please verify that the Retention Items section of the PA Actuarial Memorandum matches the 'II Rate Development & Change' tab of the PA Rate Template, or make any necessary corrections to the memorandum.

Please be advised that there may be additional questions based on the Department's ongoing review as well as the company's responses to the above.

Responses to this data request should be provided via SERFF in Microsoft Excel worksheets. Please retain all formulas.

Should you have any questions regarding this correspondence, please contact me at (717) 783-2115 or mgurgiolo@pa.gov.

Conclusion:
Although this objection letter constitutes an official action taken by the Department on your filing pursuant to 40 P.S. § 3801.304, this filing cannot be deemed approved. Please also note that these objections do not

constitute a formal disapproval. The Department remains willing to work with you to bring this form into compliance with all of Pennsylvania's applicable insurance laws and regulations. Although every effort is made to raise any and all defects identified in the initial review of the filing, please understand that revisions to the form or your responses to the objections below might prompt additional objections that could not have been raised previously.

Sincerely, Michael Gurgiolo

1. **Please provide quantitative and qualitative support for the assumed trends, which are substantially higher that the trends that can be derived from the monthly data in Table 4b. Also, provide specific support for the assumed utilizations, which are driving the overall trend, for the negative cost trend pharmacy benefits, and for the weighting of capitated claims.**

   Please see the response to question 15 and 16, which addresses this question as well.

2. **The answer to Standard Question 5 indicates that the filing incorporates the final Risk Adjustment User Fee of $0.18. Please revise the entry in PAAME Table 6 cell C54 to generate 18 cents in cell D54, and make no offsetting adjustments in the filing.**

   We acknowledge that the correct amount is $0.18.

3. **Regarding 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 was calibrated and the allowed PMPM to which the model is calibrated.**
d. **Please explain any changes that were applied to the model used to develop pricing AVs for varying metal tiers.**

   Because IBX's relativity pricing methodology is proprietary and confidential, IBX is submitting the responses to these questions in a separate document. IBX requests that the separate document containing IBX's confidential and proprietary pricing methodology not be disclosed or made publicly available because doing so would put IBX at an unfair competitive disadvantage. If the Department intends to make IBX's proprietary and confidential relative pricing methodology publicly available, IBX respectfully requests that the Department notify IBX and its Legal Department before the release of any confidential and proprietary information.

   Please refer to the "Response to KHPE Consumer Q3 AVs 06_14_2024" excel worksheet for the rebate history.

4. **The relationship between the Metallic AV and Pricing AV for Plan 9 is not consistent with the AV relationship for the company's other gold plans. Please discuss the unique features of this particular plan that results in Pricing AVs that are lower than would otherwise be expected.**

   Please refer to response for Q3. Q4 is answered in the same document referenced in Q3.

5. **The exhibit showing actual vs. pricing MLRs indicates that the actual MLR has historically been consistently lower than the pricing MLR, as well as below expected levels. In addition, the company's MLR reports have resulted in substantial rebates owed, for both entities and in all three markets. Please provide responses Parts b and c of standard question #9, as well as responding to the following:**

a. **What is the history of rebates paid for this entity and market?**
b. **How was this history of rebates considered in the current rate filing?**
c. **Given this history what considerations lead the company to believe the projected MLR will be achieved in 2025?**

d. What action(s) has the company taken or does the company anticipate taking to mitigate the possibility and magnitude of future rebate indications?

e. What are the top 3 pricing assumptions that the company sees as driving the difference between the projected and actual MLR results?

Please refer to Tab Q5 of the "KHPE Consumer Response to June 5 Obj" excel worksheet for the rebate history.

During the period of 2020 through 2022, IBX MLR rebates were primarily affected by:

- COVID: impact of lower utilization from deferred/avoided care
- PBM compensation (difference between what IBX paid IBX's PBM, and what the PBM pays the pharmacy). PBM compensation was not included in the projected MLR calculation at time of pricing, however PBM compensation was reflected as a claims expense in the MLR filing as instructed in a 2011 CMS technical notice on this topic. This difference increased the rebate that IBX issued to customers.
- General favorability in trends vs expectations

These drivers will continue to influence the 3-year calculation for several more years. For the 2025 projection period, COVID is not expected to be a material trend driver and IBX has moved to a pass through pricing arrangement with our PBM (effective beginning 1/1/23). These items are not expected to drive a variance to pricing in 2025+.

6. Section 2E of the actuarial memorandum shows the development of the MLR for the projection period. Please show these same data values for the experience period, and show how the projection period values were based on and informed by these experience period values.

Pricing for 2025 begins with the experience period claims (2023 in this case) being trended forward to the projection period. We then add retention items that are already on a 2025 basis and then we calculate the 2025 MLR and ensure that it is above the threshold. The experience period MLR is not needed for this calculation.

7. Please verify that the projected premium shown in the MLR development exhibit matches the Required Revenue shown in Table 6 of the PAAME, or explain the reason for any differential.

We used the projected premium from the URRT Part I for this calculation. There are different rounding rules between the URRT Part I and the PAAM Exhibit resulting in small differences in the values. Specifically, the URRT projected premium (cell D82 of Worksheet 2) is $562.30, while Table 6 of the PAAM Exhibit shows $561.52 in cell C64. Using either of these values does not affect our MLR compliance.

8. The Development of Reinsurance Tables section of the actuarial memorandum indicates that company specific data was used, while the PAAM Exhibits show manual data. Please explain, and update the memo if appropriate.

The actuarial memorandum has been corrected to state that the combined 2023 experience of KHPE and QCC members was used to populate the table.

9. The Development of Reinsurance Tables section of the actuarial memorandum indicates that a 12% trend was used to project claims to 2025; please explain and support the use of a trend of this magnitude.

We have used the 12% trend in prior filings and applied it again in this filing for consistency with the prior filings in this calculation.

10. **Please support and providing an exhibit quantifying each of the factors listed in the actuarial memorandum that combine to result in the Change In Other Factor shown in Exhibit 5, or indicate that there is no change in any of the listed factors.**

    The value of 1.000 in cells C21 and D21 are projecting no change for this rate filing specifically for factors not separately shown above them.

11. **Please describe and show the development of the assumed Change in Network Factor as well as any underlying network factors, and clarify why the HMO and PPO factors do not normalize to 1.0 given that the rate development is based on the combined experience of both entities.**

    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 Q11 of the "KHPE Consumer Response to June 5 Obj" excel worksheet.

    The "Change in Network Factor" is applied prior to the consideration of Risk Adjustment in the calculations which would not allow us to maintain the proper rating relationships between KHPE and QCC if that factor were required to composite to 1.000.

12. **Please verify that the trend shown in Table 1b, the Rate Change Summary and the actuarial memorandum are consistent, or indicate why this should not be the case.**

    The trends are consistent. We did not change the formula in the Rate Change Summary from what was originally written.

13. **Please reconcile the figures shown the How It Plans To Spend Your Money box in Table 15 with the percentages shown in Table 6.**

    How It Plans To Spend Your Money Exhibit does not incorporate all of the aspects of the MLR calculation for the MLR threshold purposes, e.g. QI and 3-year rolling average. This is included in our pricing methodology.

14. **Please compare the projected 2025 risk adjustment transfer amount PMPM to the anticipated 2023 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 2023 risk adjustment is released.

15. **Please provide the actual observed trends based on historical allowed claims experience for the combined QCC and KHPE individual population for each benefit category as well as in aggregate for years 2021, 2022, and 2023, and 2024 (year to date, with the understanding that 2024 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 applied to the claims experience. Provide both raw and COVID-19 adjusted values as applicable.**

    Please refer to Tab Q15&Q16 of the "KHPE Consumer Response to June 5 Obj" excel worksheet.

16. **Please compare the proposed total annual trend rate to the actual observed trend rates per your response above as well as to the trends indicated by the monthly data provided in Table 4b. To the extent that these trends are significantly different, please explain and justify the reasons that this is the case.**

    Please refer to Tab Q15&Q16 of the "KHPE Consumer Response to June 5 Obj" excel worksheet.

17. **Please discuss why the company anticipates a negative prescription drug cost trend in its total trend determination.**

    IBX renegotiated our rates with our PBM and have passed that savings through the pricing. The savings had not become effective until after the experience period and was not effective for those claims. We are also removing coverage for GLP1 drugs for weight loss purposes effective 2025. This produced savings relative to 2024.

18. **Please provide an exhibit showing the numerical development of the Exchange User Fee amount shown in cell C32 of Table 5 of the PAAME, including support for the anticipated mix of on-exchange and off-exchange issues for the rating period.**

    Please refer to Tab Q18 of the "KHPE Consumer Response to June 5 Obj" excel worksheet.

19. **Please provide the rationale for the direction and magnitude of 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 the response to question 22, which addresses this question as well.

20. **Given that the combined QCC and KHPE experience is used as the manual rate, please demonstrate the adjustments applied to the blended experience to reflect the expected morbidity of the KHPE population in the projection period. Similarly, please demonstrate the adjustments applied to the blended experience to reflect the expected risk adjustment of the specific entity's population in the projection period.**

    We request that this response be deferred until the updated 2023 risk adjustment is released.

21. **I note that Plan 9 has a much lower pricing AV than the issuer's other gold plan offerings, and that Plans 7, 8, and 10 have much lower pricing AVs than the issuer's other silver plan offerings. What benefit structures or other factors result in pricing AVs that deviate upward or downward from plans with of the same metal/similar AV calculator results?**

Please refer to response for Q3. Q21 is answered in the same document referenced in Q3.

22. **The company has shared CMS's position that the AV Calculator is intended to establish a comparison tool and was not developed for pricing purposes, and states that 1) its pricing model is using data that is more aligned with of how members buying these plans in this area will use them than another model which relies on national data and that 2) the Philadelphia market is significantly more expensive than the national average from a cost of services standpoint. This would seem to lead to pricing AVs that exceed the AV calculator values for all metal levels; please clarify why the pricing AVs are generally higher than the AV calculator values for gold plans, and lower than the AV calculator values for all other plans.**

    Because IBX's relativity pricing methodology is proprietary and confidential, IBX is submitting the responses to these questions in a separate document. IBX requests that the separate document containing IBX's confidential and proprietary pricing methodology not be disclosed or made publicly available because doing so would put IBX at an unfair competitive disadvantage. If the Department intends to make IBX's proprietary and confidential relative pricing methodology publicly available, IBX respectfully requests that the Department notify IBX and its Legal Department before the release of any confidential and proprietary information.

    Please refer to the "Response to KHPE Consumer Q22 AVs 06_14_2024" excel worksheet for the rebate history.

23. **Please provide an explanation of and support for the level of the General & Claims Administrative Expenses as shown in Table 6, as well as the reasons for any changes in the level of these expenses from the plan year 2023 filing. I note that the total expenses are relatively high on a percentage basis.**

    General and claims administrative expenses for 2025 include operational expenses such as customer service, enrollment and billing functions, claims processing, clinical, sales and marketing expenses, and corporate services such as Finance and HR support. Expenses have increased year-over-year on a PMPM basis due to inflationary pressures and increasing staffing costs, as well as membership mix across Independence impacting cost allocations.

24. **Please discuss the difference between the Allowed Claims reported in Table 2 and those reported in Table 4.**

    Allowed Claims in Cell G36 of Table 2 = the sum of claims in cells K97 through K108 less the sum of cells J97 through J108, taken from Table 4.

25. **Please identify and show the development of the Projected Allowed Non-EHB Claims PMPM as shown in Table 5.**
    This rate filing does not include any plan withdrawal or transition pursuant to 45 CFR 146.152(d)(3)(i) and 45 CFR 147.106(d)3)(i). While the form filing with which this rate filing is associated does include a change in dental vendor, there is no YOY change in dental benefits that would necessitate a Plan of Withdrawal under either the above-referenced federal requirements or the Department's own guidance as clarified for Independence in a March 14, 2024 call with Department counsel.

26. **The Consolidated PPACA Statute requires that the cost of the elective abortion benefit for off-exchange plans be at least one dollar per month. I note that the Pricing AVs for these off-**

exchange plans are slightly lower than their on/off counterparts, offsetting the impact of the non-EHB factor. Please revise the assumptions to eliminate the Pricing AV differential and to ensure that the non-EHB factor produces at least one additional dollar in premium PMPM in aggregate.

Independence's Legal Department provided the following response to the Insurance Department's objection:

In the rate filings with the Pennsylvania Insurance Department, Independence Blue Cross submitted rates for plans offered on the state-based exchange and rates for plans offered off the state-based exchange. The plans offered on the state-based exchange and the plans offered off the state-based exchange are different plans (e.g. the plans have different HIOS IDs; the plans offered on the state-based exchange do not include coverage of elective abortions). Independence is unaware of any guidance from the Insurance Department or the federal government that a health insurer must charge different rates for plans that are offered off the state-based exchange as compared to the rate for plans that are offered on the state-based exchange. Since 2014, Independence has followed the practice of submitting the same rates for the plans offered on the state-based exchange and for plans offered off the state-based exchange since 2014. Since 2014, the Pennsylvania Insurance Department has approved without objection Independence's using the same rates for the plans offered on the state-based exchange and for plans offered off the state-based exchange. In light of the fact that there is not any guidance prohibiting Independence from using the same rates for the plans offered on the state based exchange and for plans offered off the state based exchange, and in light of the fact that the Pennsylvania Insurance Department has approved Independence using the same rates for the plans offered on the state based exchange and for plans offered off the state based exchange since 2014, Independence requests that the Insurance Department withdraw this objection.

27. **Please identify the drivers of the proposed aggregate rate change (base experience, trend, risk adjustment, demographics, metal mix, etc.) referenced in Section 1(C) of the PA actuarial memorandum.**

Please see table below for a summary of the impact for combined QCC and KHPE Consumer business. (Rounded to the nearest 0.1%)

Trend (unit cost + utilization)	9.0%
Prior years claims favorability relative to pricing	-1.2%
Changes in Admin and other factors	0.9%
Overall Rate change	8.7%

28. **Please provide actual 2024 member months and experience data for the first 3 or 4 months of the 2024, in the format of Table 2, so that the Department can consider this emerging data in light of past MLR results, and comment on any aspects of the data that are significantly deviating from expectations.**

Our 2024 Experience for Consumer plans is not available at this time due to IBX's migration to a new platform.

29. **Please provide a breakout for the number of members with silver plans incorporating a CSR load who enrolled in coverage on-exchange vs. off-exchange as of February 1, 2024.**

All of the members with silver plans incorporating a CSR load enrolled through the exchange as of February 1, 2024.

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

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

31. **Please note that aggregate rate adjustment percentages are derived from Table 11, rather than Table 10 which was the source of this figure in past years.**

    Our actuarial memorandum cited both percentages, which are the same in this filing.

32. **Please revise the actuarial memorandum to show actual numerical assumptions where possible, such as the trend referenced in Section 1(H).**

    Our standard practice is to include numbers in the Excel-based AM Exhibits which are supporting documentation to the Word-based memo. Insomuch as the Word-based memo contains a narrative description of the pricing process, we feel it would be redundant and inappropriate to include numbers in the Actuarial Memorandum.

33. **Please verify that the Retention Items section of the PA Actuarial Memorandum matches the 'II Rate Development & Change' tab of the PA Rate Template, or make any necessary corrections to the memorandum.**

    After reviewing the retention information we revised one entry in the Actuarial Memorandum by 0.01% to match the values in the PAAM Exhibit. No other revisions were made.

State:Pennsylvania
TOI:HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI:HOrg02I.005D Individual - HMO
Filing Type:Rate - G.I. H.D. (Guaranteed Issue High-Deductible Health Plan)
Filing Company:Keystone Health Plan East, Inc.
SERFF Tracking Number:INAC-134056069
State Tracking Number:INAC-134056069
Company Tracking Number:KHPE INDIV 1-1-2025
Product Name:KHPE Individual HMO eff 1-1-2025
Project Name:
Destruction Date:

Objection Letter Status:Data Request Sent

Objection Letter Date:07/04/2024

Respond By Date:07/17/2024

Submitted Date:07/04/2024 09:57 AM
Dear David Walker,

Introduction:

The Pennsylvania Insurance Department has received and conducted a review of the company's responses to the Department's data call concerning the subject filing. In order to complete this review, the Department requests the following information. To facilitate the review process, we request this information be provided by July 17; if you have any questions or difficulties in providing the information within this time frame, please contact me.

Please note that each response to a Department data call must contain a cover letter that details the changes made to the Actuarial Memorandums and PA Actuarial Memorandum Exhibits and the reasons why the changes were made, e.g., in response to the Department's objection 5.

1) The responses provided to objections 1, 15, and 16 are not sufficient. The Company has not provided any supportive narrative explaining why the annual trend used in the rate development is substantially higher than historical allowed trends. Over the past year, the12-month moving average allowed claims trend derived from the data in Table 4b has not exceeded 5%, dropping as low as 1.1% over that time period with an average of 2.7%. The Department requests that the Company lower its trend assumption to 4.8%, which is the allowed claims trend from 2022 to 2023 as of December per the data provided in Table 4b of the PAAME. Please revise the Rate/Rule tab in SERFF and provide an updated version of the following documents:

a) Actuarial Memorandum

b) PAAME

c) PDS

d) URRT

2) Furthermore, as trend is the primary driver of the proposed rate increase, please address the following concerns:

i) The 12-month moving average trend is higher for the most recent months than for the months immediately prior;

(a) How does the company anticipate that this is the result of cost and utilization differences between 2021, a year when care was still being deferred, and 2023, when conditions were reverting to the norm and some deferred care was being sought?

(b) How does the company anticipate that trends will develop in the post-Covid era relative to the historical claim costs and trends, in light of the previously mentioned considerations and past experience?

ii) The utilization trend is uniformly 6.8% (4.29%), which is consistent with prior years; please provide the rationale for and data that supports the expectation of significantly increasing utilization year after year, in addition to the assumed cost trend.

iii) Please support the component weightings in Table 3, including Other Medical to which a 0% weight is assigned.

iv) Please clarify and support the magnitude of the Projected Service Mix/Intensity Trend.

3) Regarding prior objection 2, please incorporate the $0.18 Risk Adjustment User Fee into the PAAME in cell C54 of Table 6. Please include this revision in the update requested in Objection 1.

4) Regarding objection 7, please clarify the rounding rules that result in the cited values.

5) Regarding objection 9, please clarify why a 12% trend was initially used to develop projected claims in the reinsurance development methodology.

6) Round 1 objection questions 14 and 20 remain outstanding.

7) Regarding objection 11, to clarify, does the Change in Network factor not normalize to 1.0 as a result of

the risk adjustment payments/receipts for the HMO/PPO also not normalizing to 1.0 (i.e. the magnitude of the aggregate Change in Network factor offsets the aggregate risk adjustment payment/receipt)?

8) Objection 25 of my previous correspondence references non-EHB claims; please respond to this question.

9) Regarding objection 29, please verify that all members enrolled in on/off exchange silver plans purchased their coverage through the exchange.

10) I note that the historical Medical Loss Ratios are consistently and significantly below expected levels as well as below minimum allowable levels, resulting in rebate payments. The company cites three factors in response to prior objection 5 that have driven these results in recent years, and indicates that Covid and PBM will not impact the claims and rebate calculations in 2025 and subsequent years. Given that the third factor was favorable trends vs expectations, independent of Covid, and in light of the proposed trend levels, please quantify the impact of the first two factors, i.e. unanticipated Covid impact and PBM compensation (which the explanation appears to indicate would increase the actual MLR relative to the projected level).

11) Regarding objection 17, given the indication that the removal of coverage of GLP1 drugs for weight loss will have a material impact on projected claims relative to the experience period, please support the assumption of no favorable Change in Benefits adjustment in Table 5?

12) Please support the assumption that Philadelphia is a high cost area with regarding to medical costs, in light of the Risk Adjustment GCF factors that consider rating area 8 to be near the statewide average.

13) In regard to objection 28, please clarify how the company is setting monthly IBNR estimates given the unavailability of emerging 2024 experience data?

Please be advised that there may be additional questions based on the responses to the above. However, it is our hope to avoid 3rd round data calls. Towards this end, please provide complete, detailed and thorough responses including supporting data and narrative.

Responses to this request should be provided via SERFF with supporting data in Microsoft Excel spreadsheets. Please retain all formulas.

Should you have any questions regarding this correspondence, please contact me at (717) 783-2115 or email me at mgurgiolo@pa.gov.

Conclusion:

Although this objection letter constitutes an official action taken by the Department on your filing pursuant to 40 P.S. § 3801.304, this filing cannot be deemed approved. Please also note that these objections do not constitute a formal disapproval. The Department remains willing to work with you to bring this form into compliance with all of Pennsylvania's applicable insurance laws and regulations. Although every effort is made to raise any and all defects identified in the initial review of the filing, please understand that revisions to the form or your responses to the objections below might prompt additional objections that could not have been raised previously.

Sincerely, Michael Gurgiolo

1. **The responses provided to objections 1, 15, and 16 are not sufficient. The Company has not provided any supportive narrative explaining why the annual trend used in the rate development is substantially higher than historical allowed trends. Over the past year, the 12-month moving average allowed claims trend derived from the data in Table 4b has not exceeded 5%, dropping as low as 1.1% over that time period with an average of 2.7%. The Department requests that the Company lower its trend assumption to 4.8%, which is the allowed claims trend from 2022 to 2023 as of December per the data provided in Table 4b of the PAAME. Please revise the Rate/Rule tab in SERFF and provide an updated version of the following documents:**
   a. **Actuarial Memorandum**
   b. **PAAME**
   c. **PDS**
   d. **URRT**

   Independence disagrees with this approach and believes that Independence's trends are sufficient and appropriate as filed. Please see the response to question 2 for an explanation as to why Independence believes trends will be higher in the projection period than Independence has historically experienced. Also, the experience period is affected by significant downward changes in the metallic mix that should not be projected into the projection period. Independence requests a call with the Insurance Department to discuss this issue.

2. **Furthermore, as trend is the primary driver of the proposed rate increase, please address the following concerns:**

i) **The 12-month moving average trend is higher for the most recent months than for the months immediately prior;**
   a. **How does the company anticipate that this is the result of cost and utilization differences between 2021, a year when care was still being deferred, and 2023, when conditions were reverting to the norm and some deferred care was being sought?**

   We do not believe that 2023 had significant COVID impact, rather we believe that 2023 is more in line with normal utilization levels and that 2025 will have increased utilization relative to 2023 as reflected in our utilization trends.

   b. **How does the company anticipate that trends will develop in the post-Covid era relative to the historical claim costs and trends, in light of the previously mentioned considerations and past experience?**

   It is our anticipation that we will see increased and accelerated unit cost and utilization trends in the future time periods relative to what we have seen historically. This is driven by a few key factors:
   1) Providers in our geography are requiring significantly higher unit cost increases than they have in the past few years and we expect this trend to continue.
   2) The average utilization per thousand of services continues to increase even after adjusting for the COVID utilization spike noted above.
   3) Mix of services continues to change as well e.g. more high cost drugs and new drugs being created at a faster rate. This also impacts the utilization trend.

ii) **The utilization trend is uniformly 6.8% (4.29%), which is consistent with prior years; please provide the rationale for and data that supports the expectation of significantly increasing utilization year after year, in addition to the assumed cost trend.**

The response for this question is included in Part i. Note regarding pharmacy, there were some drugs that we expected to come to market that did not materialize in the experience period. WE still expect that these drugs will eventually come to market by the projection period and that is reflected in our trend. Specific examples are gene therapy drugs which were recently approved (E.g. Roctavian). These were anticipated in the experience period, but were not approved until after the experience period.

iii) Please support the component weightings in Table 3, including Other Medical to which a 0% weight is assigned.

The component weightings are based on the percentage that each of these medical service categories make up in the experience period. Please refer to the URRT Part 1 for a numeric demonstration of this. Regarding Other Medical, we do not have any services in this category as all services were classified in one of the other categories e.g. Inpatient, Outpatient, Professional.

iv) Please clarify and support the magnitude of the Projected Service Mix/Intensity Trend.

Exhibit F was created based on our New Jersey market requirements. Please see link below for the Exhibit and instructions on the DOBI website.

https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.nj.gov%2Fdo%2Fdivision_insurance%2Fihcseh%2Fratefilings%2FExhibitFTrendComponentsPY2025.xlsx&wdOrigin=BROWSELINK

3. Regarding prior objection 2, please incorporate the $0.18 Risk Adjustment User Fee into the PAAME in cell C54 of Table 6. Please include this revision in the update requested in Objection 1.

We have made this change in the PAAME.

4. Regarding objection 7, please clarify the rounding rules that result in the cited values.

Our previous response incorrectly referred to the calculations we used for another state's filings.

The premium used in the MLR Exhibit is equal to the 2025 Calibrated Plan Adjusted Index Rate PMPM in Cell AA15 of Table 10 in the PAAME multiplied by the Aggregate Calibration Factor in cell T7 of Table 10. This is representative of the premium we expect to receive.

5. Regarding objection 9, please clarify why a 12% trend was initially used to develop projected claims in the reinsurance development methodology.

A 12% trend was used for the reinsurance development due to leverage. Specifically, the attachment point for the reinsurance is $50,000, so that functions like a $50,000 deductible. So we looked up the leverage that would be applied to a $50,000 deductible if we were selling stop-loss coverage and then added that leverage to our trend to come up with the 12%.

6. Round 1 objection questions 14 and 20 remain outstanding.

We acknowledge that these questions have not been answered yet. We will provide answers to these questions once CMS releases the final 2023 Risk Adjustment Report.

7. **Regarding objection 11, to clarify, does the Change in Network factor not normalize to 1.0 as a result of the risk adjustment payments/receipts for the HMO/PPO also not normalizing to 1.0 (i.e. the magnitude of the aggregate Change in Network factor offsets the aggregate risk adjustment payment/receipt)?**

   Yes, that makes sense.

8. **Objection 25 of my previous correspondence references non-EHB claims; please respond to this question.**

   Please refer to Tab Q8 of the "Response to KHPE Consumer Obj July 4" Excel worksheet for the development of the Projected Allowed Non-EHB Claims PMPM.

9. **Regarding objection 29, please verify that all members enrolled in on/off exchange silver plans purchased their coverage through the exchange.**

   Yes, that is correct.

10. **I note that the historical Medical Loss Ratios are consistently and significantly below expected levels as well as below minimum allowable levels, resulting in rebate payments. The company cites three factors in response to prior objection 5 that have driven these results in recent years, and indicates that Covid and PBM will not impact the claims and rebate calculations in 2025 and subsequent years. Given that the third factor was favorable trends vs expectations, independent of Covid, and in light of the proposed trend levels, please quantify the impact of the first two factors, i.e. unanticipated Covid impact and PBM compensation (which the explanation appears to indicate would increase the actual MLR relative to the projected level).**

    Of the three factors that affected Independence's Medical Loss Ratio calculations over the past several years, the most significant factor is the reclassification of the PBM compensation (difference between what Independence paid IBX's PBM, and what the PBM pays the pharmacy). Because of a 2011 CMS technical notice on Medical Loss Calculation, for many years PBM compensation was included as claims expense in the projected MLR calculation at the time of pricing. In 2023, CMS issued guidance that PBM compensation should be treated as administrative expense which resulted in a recalculation of the Medical Loss Ratio for numerous years. Because of the change in CMS' guidance, the recalculated Medical Loss Ratios were below the Medical Loss Ratio levels expected at the time of pricing.

    Specifically, the PBM compensation represents about 3% of expected claims cost in the years where it was treated as a claims cost.

    The COVID impact was relatively small for the 2022 and 2023 time periods. It was significant in 2020 and 2021.

11. **Regarding objection 17, given the indication that the removal of coverage of GLP1 drugs for weight loss will have a material impact on projected claims relative to the experience period, please support the assumption of no favorable Change in Benefits adjustment in Table 5?**

    We have removed coverage for GLP1 drugs for weight loss. Note that they are still covered for other diagnoses, such as for diabetes. We define a change in benefit as something that impacts member cost

share, so for example changes to deductible, coinsurance, or copay would be a change in benefit. The removal of GLP1 we would consider to be a change in medical policy and that is covered under the utilization trend.

12. **Please support the assumption that Philadelphia is a high cost area with regarding to medical costs, in light of the Risk Adjustment GCF factors that consider rating area 8 to be near the statewide average.**

    When stating that Philadelphia is a high-cost area, Independence is specifically referring to allowed amounts e.g. the average cost per day of admission. Because the allowed amounts are higher than the rest of the state, member cost sharing as a percentage will be lower in Philadelphia. The GCF factors include both these unit cost items as well as utilization items. It is Independence's belief that Independence's GCF is close to the statewide average because Independence's customers purchase only a small number of non-ACA qualified plans, e.g. limited duration plans and health sharing ministries. These types of plans are far more popular throughout the state than in Independence's service area. It is Independence's belief that these non-ACA plans are siphoning off the better risk in other parts of the state leading to worse risk being in ACA insured plans. Independence further believes, the GCF for the rest of the state is higher than it would be if ACA insured plans were more popular throughout the state. Independence believes that this phenomenon is impacting risk adjustment, given that the non-ACA plans are not subject to risk adjustment payments. As a result, Independence is paying far more for risk adjustment than is fair and appropriate under the federal guidance. Independence welcomes the Insurance Department support in addressing this vitally important issue.

13. **In regard to objection 28, please clarify how the company is setting monthly IBNR estimates given the unavailability of emerging 2024 experience data?**

    Similar to how a new block of business would set IBNR using expected PMPM, we are doing the same currently for emerging 2024 experience.

State:

Pennsylvania

TOI:

HOrg02I Individual Health Organizations - Health Maintenance (HMO)

Sub-TOI:

HOrg02I.005D Individual - HMO

Filing Type:

Rate - G.I. H.D. (Guaranteed Issue High-Deductible Health Plan)

Filing Company:

Keystone Health Plan East, Inc.

SERFF Tracking Number:

INAC-134056069

State Tracking Number:

INAC-134056069

Company Tracking Number:

KHPE INDIV 1-1-2025

Product Name:

KHPE Individual HMO eff 1-1-2025

Project Name:

Destruction Date:

Objection Letter Status:Data Request Sent

Objection Letter Date:07/24/2024

Respond By Date:07/31/2024

Submitted Date:07/24/2024 04:03 PM

Dear David Walker,

Introduction:

The Pennsylvania Insurance Department has received and conducted a review of the company's responses to the Department's data call concerning the subject filing. In order to complete this review, the Department requests the following information. To facilitate the review process, we request this information be provided by July 31; if you have any questions or difficulties in providing the information within this time frame, please contact me.

Please note that each response to a Department data call must contain a cover letter that details the changes made to the Actuarial Memorandums and PA Actuarial Memorandum Exhibits and the reasons why the changes were made, e.g., in response to the Department's objection 5.

1) The program parameters for Plan Year 2025 will be adjusted from the parameters announced in Notice 2024-07 published at 54 Pa.B. 2907 (May 25, 2024). Beginning January 1, 2025, the program-adopted parameters will be adjusted to an attachment point of $60,000, a cap of $100,000 and a coinsurance rate of 60%. Please update the rate filing accordingly.

2) The Department is agreeable to a discussion of the trends assumed in the rate development. As previously stated, the most recent 12-month moving average trends based on the experience data provided through the end of 2023 are significantly lower than the overall requested trend from 2023 to 2025 in the filing. Please provide any numerical support for these trend assumptions, including the impacts of the three items listed in your response to item (2)(1)(i) as well as the impact of the newly limited coverage of GLP1 drugs in the rating period.

3) Please provide the relevant information included in the link provided, which was not functional; include the purpose and development of the Service Mix/Intensity trend, and indicate why this trend component is included in this Pennsylvania rate filing .

4) Regarding the trend used in the reinsurance impact development, I note that the savings for IBC that the program generates are an outlier. Please show the development and savings impact that would result from using a trend consistent with that used in Table 5.

5) Please compare the projected 2025 risk adjustment transfer amount PMPM to the anticipated 2023 risk adjustment transfer amount PMPM, identifying the specific driver(s) of any differences between the two values and providing detailed support for those differences.

6) Given that the combined QCC and KHPE experience is used as the manual rate, please demonstrate the adjustments applied to the blended experience to reflect the expected morbidity of the KHPE population in the projection period. Similarly, please demonstrate the adjustments applied to the blended experience to reflect the expected risk adjustment of the specific entity's population in the projection period.

7) A comparison of Table 4 ultimate 2021 claims as shown in the final version of the PAAM Exhibits from the Plan Year 2023 filing against ultimate incurred claims for the same period as provided in the final Plan Year 2024 PAAM exhibits indicates that the ultimate claims were overstated in the earlier filing by approximately 25%. Please provide a detailed narrative discussing what factors led to this of this overstatement of claim run-out and describe any adjustments that were made as a result.

(HPP) Please provide the requested revised service area map.

8) Please update the 2023 experience period risk adjustment amount in Table 2 to reflect the final CMS risk adjustment amount released on July 22.

9) If the projected risk adjustment transfer amount in Table 5 will be modified due to the final CMS transfer amount published on July 22nd, please provide narrative and detailed supporting data to justify the proposed changes.

(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.

11) Please ensure that the 7/31/24 versions of the following items are posted in SERFF with your July 31st 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. Rate Change Summary information included on the VI Rate Change Summary tab of the PA Actuarial Memorandum Exhibits

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).

Please be advised that there may be additional questions based on the responses to the above. Please provide complete, detailed, and thorough responses including supporting data and narrative. Responses to this data request should be provided via SERFF with supporting data in Microsoft Excel spreadsheets. Please retain all formulas.

Should you have any questions regarding this correspondence, please contact me at (717) 783-2115 or email me at mgurgiolo@pa.gov.

Conclusion:

Although this objection letter constitutes an official action taken by the Department on your filing pursuant to 40 P.S. § 3801.304, this filing cannot be deemed approved. Please also note that these objections do not constitute a formal disapproval. The Department remains willing to work with you to bring this form into compliance with all of Pennsylvania's applicable insurance laws and regulations. Although every effort is made to raise any and all defects identified in the initial review of the filing, please understand that revisions to the form or your responses to the objections below might prompt additional objections that could not have been raised previously.

Sincerely,

Michael Gurgiolo

Cover Letter for Responses to July 24 Objection Letter – KHPE Consumer INAC-134056069
Response Date August 2, 2024

1. **The program parameters for Plan Year 2025 will be adjusted from the parameters announced in Notice 2024-07 published at 54 Pa.B. 2907 (May 25, 2024). Beginning January 1, 2025, the program-adopted parameters will be adjusted to an attachment point of $60,000, a cap of $100,000 and a coinsurance rate of 60%. Please update the rate filing accordingly.**

   We have made these updates in the PAAME.

2. **The Department is agreeable to a discussion of the trends assumed in the rate development. As previously stated, the most recent 12-month moving average trends based on the experience data provided through the end of 2023 are significantly lower than the overall requested trend from 2023 to 2025 in the filing. Please provide any numerical support for these trend assumptions, including the impacts of the three items listed in your response to item (2)(1)(i) as well as the impact of the newly limited coverage of GLP1 drugs in the rating period.**

   Per our discussions with the department earlier this week, we are agreeing to reduce the utilization trend to the level requested and incorporated it into the rate filing.

3. **Please provide the relevant information included in the link provided, which was not functional; include the purpose and development of the Service Mix/Intensity trend, and indicate why this trend component is included in this Pennsylvania rate filing.**

   The exhibit was provided in response to this question from the June 5, 2024 objection letter:
   - Please compare the proposed total annual trend rate to the actual observed trend rates per your response above as well as to the trends indicated by the monthly data provided in Table 4b.

   We attempted to use a format from New Jersey rate filing requirements as a template. The Service Mix/Intensity trend is representative of items such as mix of services withing a category (e.g., moving from OP facility to standalone APC). For our Consumer filings, it would not be impactful as we reduced utilization trend per PID's request.

4. **Regarding the trend used in the reinsurance impact development, I note that the savings for IBC that the program generates are an outlier. Please show the development and savings impact that would result from using a trend consistent with that used in Table 5.**

   The reinsurance tabs were revised using the trend from Table 5. We are agreeable to this change for these filings, but our position remains that a higher trend is appropriate for other situations including stop loss calculations.

5. **Please compare the projected 2025 risk adjustment transfer amount PMPM to the anticipated 2023 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 are not revising our projections for 2025 risk adjustment.

6. **Given that the combined QCC and KHPE experience is used as the manual rate, please demonstrate the adjustments applied to the blended experience to reflect the expected morbidity of the KHPE population in the projection period. Similarly, please demonstrate the adjustments applied to the blended experience to reflect the expected risk adjustment of the specific entity's population in the projection period.**

We are pricing to the average risk of our combined population since members can pick between KHPE and QCC when shopping.

7. **A comparison of Table 4 ultimate 2021 claims as shown in the final version of the PAAM Exhibits from the Plan Year 2023 filing against ultimate incurred claims for the same period as provided in the final Plan Year 2024 PAAM exhibits indicates that the ultimate claims were overstated in the earlier filing by approximately 25%. Please provide a detailed narrative discussing what factors led to this of this overstatement of claim run-out and describe any adjustments that were made as a result.**

   Prior to our 2023 rate filing we had been populating Table 2 with the sums of the 12 months' data for the Experience Period from Table 4 for Incurred Claims, Ultimate Incurred Claims, and Allowed Claims. Following an objection during the review period for those filings, we added the capitation costs to those columns. Because the formula in table 2 separately adds in total capitation, we realized later that the change made in the 2023 rate filing overstated the incurred claims for the Experience Period by double counting capitation. We revised the Table 4 entries to remove that overstatement.

8. **Please update the 2023 experience period risk adjustment amount in Table 2 to reflect the final CMS risk adjustment amount released on July 22.**

   We have updated the 2023 risk adjustment consistent with the CMS 2023 Risk Adjustment Summary Report released recently.

9. **If the projected risk adjustment transfer amount in Table 5 will be modified due to the final CMS transfer amount published on July 22nd, please provide narrative and detailed supporting data to justify the proposed changes.**

   We are not revising our projections for 2025 risk adjustment.

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 confirm that we tested the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, and Federal Rate Templates and concluded that they are identical.

11. **Please ensure that the 7/31/24 versions of the following items are posted in SERFF with your July 31st 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. **Rate Change Summary information included on the VI Rate Change Summary tab of the PA Actuarial Memorandum Exhibits**

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 have posted these in SERFF.