QCC – Individual Plans

Rate Request filing ID # INAC-134056107 – 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:	8.61%
Revised requested average rate change:	5.46%
Range of requested rate change:	4.45% to 6.35%
Effective date:	January 1, 2025
Mapped members:	34,031
Available in:	Rating Area 8

Key Information

Jan. 2023-Dec. 2023 financial experience

Premiums	$334,302,627
Claims	$238,146,259
Administrative Expenses	$21,577,825
Taxes & Fees	$21,009,066
Insurers made (after taxes)	$53,569,476

How it plans to spend your premium[1]

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

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

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

Our Decision

The insurer requested an average 8.61% 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 5.46% 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 5.46%, ranging from 4.45% to 6.35%.

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: **QCC Insurance Company, Inc.**
Individual PPO Rate Filing effective 1/1/2025
INAC-134056107

Dear Ms. Swartz:

Attached is the 2025 annual rate filing for PPO plans of QCC Insurance Company, Inc. (QCC) in the Individual (non-group) marketplace in the Commonwealth of Pennsylvania. Rates for new and renewing plans are being filed and satisfy market reform requirements of the Affordable Care Act (ACA).

This rate filing includes rates for these plans and specifies compliance with rating requirements of the ACA. The enclosed is for rating periods effective from January 1, 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 a 5.5% increase over the previously approved 2024 rates.

Information for the Pennsylvania Bulletin:

1.	Company Name and NAIC Number:	QCC Insurance Company, Inc. 93688
2.	Market	Individual
3.	On or Off Exchange	On and Off
4.	Effective Date of Coverage	January 1, 2025
5.	Average Rate Change Requested	5.5%
6.	Range of Rate Changes Requested	4.5% to 6.3%

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.

Independence

7.	Total Annual Revenue Generated from the Proposed Rate Change	$14,333,065
8.	Products	PPO
9.	Rating Areas and Change from 2024	Rating Area 8; No Change
10.	Metal Levels and Catastrophic Plans	Gold, Silver, Bronze
11.	Current covered lives and policyholders as of February 1, 2024	34,031 lives
12.	Number of plans offered in 2025 and change from 2024	17 plans in 2025; 16 plans in 2024
13.	Corresponding contract form number, SERFF, and binder numbers	INLG-134089690, INLG-134089706, INLG-134089714 INLG-PA25- 125118174, See appendix for form numbers
14.	HIOS Issuer ID # and submission tracking Number	HIOS Issuer ID # 31609; Tracking # N/A

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

Sincerely,

[redacted]

cc: [redacted]

Independence

APPENDIX

Form Numbers

08535.ON Rev. 1.25
08535-OC.ON Rev. 1.25
08535.OFF Rev. 1.25
08535-OC.OFF Rev. 1.25
08537.ON.PDEN Rev. 1.25
08537-OC.ON.PDEN Rev. 1.25
08537.OFF Rev. 1.25
08537-OC.OFF Rev. 1.25
08537.ON.PDEN.HSA Rev. 1.25
08537-OC.ON.PDEN.HSA Rev. 1.25
08537.OFF.PDEN.HSA Rev. 1.25
08537-OC.OFF.PDEN.HSA 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 QCC Insurance Co., Inc. in the Commonwealth of Pennsylvania. It is provided as a component of a state rate filing. This submission may not be appropriate for other purposes.

1. BASIC INFORMATION AND DATA

A. COMPANY INFORMATION

Company Legal Name:	QCC Insurance Co., Inc. ("QCC")
State:	Pennsylvania
NAIC #:	93688
Market:	Individual
Marketplace:	On and Off Exchange
Effective Date(s):	1/1/2025 – 12/31/2025
Average Rate Change:	5.5%
Range of Rate Changes:	4.5% to 6.3%
Products:	PPO
Rating Areas:	Rating Area 8
Metal Levels:	Gold, Silver, Bronze, Catastrophic
Current Members:	34,031
Number of 2025 Plans:	17
HIOS Issuer ID (5-digit):	31609

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

COMPANY CONTACT INFORMATION

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

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

January 1, 2021	-3.90%	INAC- 132358777
January 1, 2022	-0.80%	INAC- 132818429
January 1, 2023	0.90%	INAC- 133254407
January 1, 2024	-2.70%	INAC- 133668798

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 5.5%. 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 5.5%.

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

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

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

Projected Risk Adjustment PMPM

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

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 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 QCC Insurance Company, Inc., and the experience period data for Keystone Health Plan East ("KHPE"). 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. To arrive more closely with the result in the Actuarial Memo Rate Exhibit, we adjusted the utilization component of Capitation trend in the URRT.

I. HISTORICAL EXPERIENCE

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

d. Benefit Changes

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

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

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 2023 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. Consistent with conversations with our State regulator, no Pricing load was applied for the Managed Care Assessment levied pursuant to Article VIII-I of the Pennsylvania Code, as it will be separately reimbursed. Federal Income Tax is calculated by applying the tax rate to the sum of the HIF plus Profit/Contingency.

Administrative Expenses		13.15%
General and Claims	10.40%	
Agent/Broker Fees and Commissions	1.95%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		2.63%
RA User Fee	0.03%	
PCORI Fee	0.07%	
PA Premium Tax	2.00%	
Federal Income Tax	0.53%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		2.00%
Total Retention		17.78%

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 2024 and 2025.

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)	$557.19
Premium PMPM	$677.66
Quality Improvement Expense PMPM	$5.42
Exchange User Fee PMPM	$13.51
HIF PMPM	$0.00
Federal Income Tax PMPM	$3.60
Premium Tax PMPM	$13.55
Federal MLR	84.9%

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:	QCC Insurance Company, Inc.		
Product(s):	PPO		
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	42.0	41.7	41.7
Total	409,448	34,031	408,372
<18	43,501	3,751	45,012
18-24	34,914	2,953	35,436
25-29	32,063	2,655	31,860
30-34	32,866	2,661	31,932
35-39	30,019	2,573	30,876
40-44	30,020	2,562	30,744
45-49	28,862	2,447	29,364
50-54	39,268	3,172	38,064
55-59	52,491	4,257	51,084
60-63	62,367	5,045	60,540
64+	23,077	1,955	23,460

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
$ 285,613,354.77	$ 280,206,331.97	$ 284,210,604.18	409,448	$ 72,984,168.33	$ 357,194,772.50	$ -	$ (31,271,322.41)	$ 1,109,061.78	$ 127,282.98	$ 48,689,271.91	$ 16,029,367.20
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											**$ 798.72**
Loss Ratio											**71.24%**

**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		$ 17,873,443.87	1.0000	$ 17,873,443.87	40,990	$ 436.04		$ (1,446,354.33)	$ 25,074,892.80	$ 611.73
Feb-20		$ 18,739,034.44	1.0000	$ 18,739,034.44	40,211	$ 466.02		$ (1,418,835.90)	$ 24,391,037.63	$ 606.58
Mar-20		$ 17,713,962.82	1.0000	$ 17,713,962.82	39,657	$ 446.68		$ (1,399,304.13)	$ 21,690,890.38	$ 546.96
Apr-20		$ 16,357,323.06	1.0000	$ 16,357,323.06	39,462	$ 414.51		$ (1,511,941.50)	$ 18,016,958.89	$ 456.56
May-20		$ 16,699,447.43	1.0000	$ 16,699,447.43	39,339	$ 424.50		$ (1,507,070.70)	$ 18,833,919.74	$ 478.76
Jun-20		$ 19,113,214.55	1.0000	$ 19,113,214.55	39,094	$ 488.90		$ (1,497,760.66)	$ 21,973,378.06	$ 562.07
Jul-20		$ 19,872,416.54	1.0000	$ 19,872,416.54	38,887	$ 511.03		$ (1,570,688.68)	$ 22,713,977.58	$ 584.10
Aug-20		$ 19,304,319.98	1.0000	$ 19,304,319.98	38,849	$ 496.91		$ (1,569,112.45)	$ 21,983,604.59	$ 565.87
Sep-20		$ 20,994,772.30	1.0000	$ 20,994,772.30	38,663	$ 543.02		$ (1,561,829.73)	$ 23,849,267.68	$ 616.85
Oct-20		$ 22,036,797.44	1.0000	$ 22,036,797.44	38,287	$ 575.57		$ (1,706,233.26)	$ 24,701,934.64	$ 645.18
Nov-20		$ 21,556,883.96	1.0000	$ 21,556,883.96	37,770	$ 570.74		$ (1,683,179.66)	$ 23,690,596.15	$ 627.23
Dec-20	$ 302,517,236.44	$ 22,670,309.14	1.0000	$ 22,670,309.14	37,160	$ 610.07	$ 57,284,681.86	$ (1,656,171.34)	$ 24,767,666.91	$ 666.51
Jan-21		$ 16,739,589.49	1.0000	$ 16,739,589.49	40,561	$ 412.70		$ (1,455,109.25)	$ 23,266,861.73	$ 573.63
Feb-21		$ 16,728,031.24	1.0000	$ 16,728,031.24	41,675	$ 401.39		$ (1,494,712.50)	$ 22,057,654.60	$ 529.28
Mar-21		$ 21,865,563.08	1.0000	$ 21,865,563.08	41,437	$ 527.68		$ (1,486,254.19)	$ 27,675,830.02	$ 667.90
Apr-21		$ 21,344,347.61	1.0000	$ 21,344,347.61	41,593	$ 513.17		$ (1,652,699.76)	$ 26,034,789.29	$ 625.94
May-21		$ 22,427,963.77	1.0000	$ 22,427,963.77	41,678	$ 538.12		$ (1,655,326.20)	$ 26,448,155.69	$ 634.58
Jun-21		$ 23,231,730.54	1.0000	$ 23,231,730.54	41,466	$ 560.26		$ (1,647,299.16)	$ 27,258,586.82	$ 657.37
Jul-21		$ 20,804,963.27	1.0000	$ 20,804,963.27	41,316	$ 503.56		$ (1,722,262.22)	$ 24,339,070.67	$ 589.10
Aug-21		$ 22,885,701.59	1.0000	$ 22,885,701.59	41,346	$ 553.52		$ (1,722,898.93)	$ 26,468,682.42	$ 640.18
Sep-21		$ 22,712,357.52	1.0000	$ 22,712,357.52	41,733	$ 544.23		$ (1,738,792.78)	$ 25,870,188.34	$ 619.90
Oct-21		$ 24,412,722.19	1.0000	$ 24,412,722.19	41,538	$ 587.72		$ (1,855,750.32)	$ 27,316,323.28	$ 657.62
Nov-21		$ 24,257,500.02	1.0000	$ 24,257,500.02	41,432	$ 585.48		$ (1,851,085.14)	$ 27,107,589.48	$ 654.27
Dec-21	$ 307,125,622.77	$ 25,162,316.60	1.0000	$ 25,162,316.60	41,245	$ 610.07	$ 68,984,823.62	$ (1,842,703.72)	$ 27,588,984.03	$ 668.90
Jan-22		$ 19,018,939.26	1.0000	$ 19,018,939.26	38,453	$ 494.60		$ (2,314,285.67)	$ 25,206,599.22	$ 655.52
Feb-22		$ 20,153,059.47	1.0000	$ 20,153,059.47	38,246	$ 526.93		$ (2,301,659.47)	$ 25,124,356.84	$ 656.91
Mar-22		$ 21,730,120.18	1.0000	$ 21,730,120.18	37,644	$ 577.25		$ (2,264,932.09)	$ 26,871,640.58	$ 713.84
Apr-22		$ 21,742,534.98	1.0000	$ 21,742,534.98	37,082	$ 586.34		$ (2,305,835.39)	$ 25,410,403.78	$ 685.25
May-22		$ 23,285,589.94	1.0000	$ 23,285,589.94	36,761	$ 633.43		$ (2,286,070.26)	$ 26,642,542.50	$ 724.75
Jun-22		$ 22,697,552.09	1.0000	$ 22,697,552.09	36,358	$ 624.28		$ (2,260,717.91)	$ 25,704,332.18	$ 706.98
Jul-22		$ 21,358,243.78	1.0000	$ 21,358,243.78	36,070	$ 592.13		$ (2,223,740.40)	$ 23,750,529.14	$ 658.46
Aug-22		$ 22,138,769.41	1.0000	$ 22,138,769.41	35,814	$ 618.16		$ (2,207,837.54)	$ 24,841,470.03	$ 693.62
Sep-22		$ 22,019,122.77	1.0000	$ 22,019,122.77	35,531	$ 619.72		$ (2,190,340.66)	$ 24,263,940.24	$ 682.89
Oct-22		$ 22,833,924.16	1.0000	$ 22,833,924.16	35,236	$ 648.03		$ (2,345,595.44)	$ 24,805,151.65	$ 703.97
Nov-22		$ 23,604,482.81	1.0000	$ 23,604,482.81	34,967	$ 675.05		$ (2,327,507.38)	$ 25,638,260.44	$ 733.21
Dec-22	$ 278,873,501.89	$ 24,068,253.70	1.0000	$ 24,068,253.70	34,613	$ 695.35	$ 66,867,016.07	$ (2,303,961.12)	$ 25,925,898.69	$ 749.02
Jan-23		$ 21,307,711.09	0.9963	$ 21,387,248.96	34,540	$ 619.20		$ (2,538,506.61)	$ 28,271,642.79	$ 818.52
Feb-23		$ 19,144,612.66	0.9969	$ 19,204,399.02	34,949	$ 549.50		$ (2,568,232.96)	$ 24,255,298.94	$ 694.02
Mar-23		$ 25,603,342.15	0.9935	$ 25,771,555.85	34,663	$ 743.49		$ (2,547,447.86)	$ 30,910,571.05	$ 891.75
Apr-23		$ 21,738,795.78	0.9940	$ 21,869,264.89	34,496	$ 633.97		$ (2,627,696.38)	$ 25,533,201.83	$ 740.18
May-23		$ 22,418,343.84	0.9948	$ 22,536,219.41	34,191	$ 659.13		$ (2,604,260.16)	$ 26,457,310.61	$ 773.81
Jun-23		$ 23,877,827.13	0.9888	$ 24,148,041.29	33,945	$ 711.39		$ (2,585,456.96)	$ 27,647,147.18	$ 814.47
Jul-23		$ 24,001,930.62	0.9882	$ 24,288,771.28	33,980	$ 714.80		$ (2,581,262.14)	$ 26,851,877.86	$ 790.23
Aug-23		$ 25,498,086.06	0.9869	$ 25,837,027.67	33,941	$ 761.23		$ (2,578,362.66)	$ 28,652,338.15	$ 844.18
Sep-23		$ 23,637,303.74	0.9844	$ 24,013,073.09	33,856	$ 709.27		$ (2,571,648.32)	$ 26,194,015.09	$ 773.69
Oct-23		$ 25,603,878.69	0.9827	$ 26,055,003.09	33,580	$ 775.91		$ (2,680,781.46)	$ 28,316,820.66	$ 843.26
Nov-23		$ 24,893,698.04	0.9713	$ 25,630,377.41	33,681	$ 760.97		$ (2,691,682.19)	$ 27,682,416.36	$ 821.90
Dec-23	$ 285,613,354.77	$ 22,480,802.17	0.9579	$ 23,469,622.23	33,626	$ 697.96	$ 72,984,168.33	$ (2,695,984.72)	$ 25,150,809.58	$ 747.96

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

Carrier Name:	**QCC Insurance Company, Inc.**
Product(s):	**PPO**
Market Segment:	**Individual**
Rate Effective Date:	**1/1/2025**

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:	**QCC Insurance Company, Inc.**	**Attachment Point:**	**$60,000**
Product(s):	**PPO**	**Reinsurance Cap:**	**$100,000**
Market Segment:	**Individual**	**Coinsurance Rate:**	**60%**
Rate Effective Date:	**1/1/2025**		
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:	**QCC Insurance Company, Inc.**	**Attachment Point:**	**$60,000**
Product(s):	**PPO**	**Reinsurance Cap:**	**$100,000**
Market Segment:	**Individual**	**Coinsurance Rate:**	**60%**
Rate Effective Date:	**1/1/2025**		
		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: QCC Insurance Company, Inc.
Product(s): PPO
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	$ 798.72	$ 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	$ 923.05	$ 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	0.996	1.365	
Change in Demographics	0.994	0.990	<- See URRT Instructions
Change in Network	1.001	1.376	
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	$ 919.78	$ 966.65	
Credibility Factors	**0%**	**100%**	<- See Instructions
Blended Projected EHB Claims PMPM		**$ 966.65**	**<- Projected Index Rate**
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	$ 966.65		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.690		
Projected Incurred EHB Claims PMPM	$ 667.37		
Market-wide Adjustments			
Projected Incurred Risk Adjustment PMPM	$ 105.05		
Projected Incurred Exchange User Fees PMPM	$13.51		
Projected Incurred Reinsurance Recoveries PMPM	$29.60		
Market-Adjusted Projected Incurred EHB Claims PMPM	$ 546.23		
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 791.18		<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	$ 0.24		
Catastrophic Eligibility Adjustment	1.000		
Market-Adjusted Projected Incurred Total Claims PMPM	546.4013701		
Market-Adjusted Projected Allowed Total Claims PMPM	$ 791.43		

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	$ 966.65	$ 966.65	$ 966.65	$ 966.65	$ 966.65
Months of Trend	-	3	6	9	
Annual Trend	7.50%	7.50%	7.50%	7.50%	
Single Risk Pool Projected Allowed Claims	$ 966.65	$ 984.29	$ 1,002.25	$ 1,020.54	$ -
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	13.15%	$87.40
General and Claims	10.40%	$69.11
Agent/Broker Fees and Commissions	1.95%	$12.97
Quality Improvement Initiatives	0.80%	$5.32
Taxes and Fees	2.63%	$17.45
Risk Adjustment User Fee	0.03%	$0.18
PCORI Fee	0.07%	$0.45
PA Premium & Other Taxes (if applicable)	2.00%	$13.29
Federal Income Tax	0.53%	$3.53
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	$0.00
Profit/Contingency (after tax)	2.00%	$13.29
Total Retention	17.78%	$118.14
Projected Required Revenue PMPM	$ 664.54	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2024	2025
Average Age Factor	1.743	1.738
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	$ 753.40	$ 791.43
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	$ 430.40	$ 453.55

Table 8. Components of Rate Change

Rate Components	2024	2025	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	$ 368.24	$ 388.35	$ 20.11	5.5%
B. Base period allowed claims before normalization	$ 572.52	$ 612.61	$ 40.09	10.9%
C. Normalization factor component of change	$ (245.45)	$ (261.54)	$ (16.08)	-4.4%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	$ 327.06	$ 351.07	$ 24.01	6.5%
D2. URRT Trend	$ 59.95	$ 54.65	$ (5.30)	-1.4%
D3. URRT Morbidity	$ -	$ -	$ -	0.0%
D4. URRT Other	$ 145.66	$ 148.24	$ 2.58	0.7%
D5. Normalized URRT Risk Adjustment on an allowed basis	$ (90.44)	$ (87.20)	$ 3.24	0.9%
D6. Normalized Exchange User Fee on an allowed basis	$ 11.18	$ 11.21	$ 0.03	0.0%
D7. Normalized Reinsurance Recoveries on an allowed basis	$ (23.17)	$ (24.57)	$ (1.40)	-0.4%
D8. Subtotal - Sum(D1:D7)	$ 430.25	$ 453.41	$ 23.15	6.3%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	$ -	$ -	$ -	0.0%
E2. Pricing AV	$ (134.53)	$ (140.37)	$ (5.84)	-1.6%
E3. Benefit Richness	$ -	$ -	$ -	0.0%
E4. Catastrophic Eligibility	$ -	$ (0.00)	$ (0.00)	0.0%
E5. Benefits in Addition to EHB	$ 0.11	$ 0.11	$ 0.01	0.0%
E6. Subtotal - Sum(E1:E5)	$ (134.43)	$ (140.26)	$ (5.84)	-1.6%
F. Change in Retention Components				
F1. Administrative Expenses	$ 47.93	$ 51.08	$ 3.14	0.9%
F2. Taxes and Fees	$ 9.57	$ 10.20	$ 0.62	0.2%
F3. Profit and/or Contingency	$ 7.36	$ 7.77	$ 0.41	0.1%
F4. Subtotal - Sum(F1:F3)	$ 64.86	$ 69.04	$ 4.18	1.1%
G. Change in Miscellaneous Items	$ -	$ -	$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	$ 360.69	$ 382.18	$ 21.49	5.8%

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

	2024	2025	
Paid-to-Allowed	0.687	0.690	
URRT Trend (Total Applied Trend Factor)	1.183	1.156	<- URRT W1, S2
URRT Morbidity	1.000	1.000	<- URRT W1, S2
URRT "Other"	1.376	1.365	<- URRT W1, S2
Risk Adjustment	$ (108.81)	$ (105.05)	<- URRT W1, S3
Exchange User Fee	$ 13.45	$ 13.51	<- URRT W1, S3
Reinsurance Recoveries	$ 27.88	$ 29.60	<- URRT W1, S3
Capitation	$ -	$ -	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.687	0.690	<- 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	13.02%	13.15%	
Taxes and Fees	2.60%	2.63%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III
Table 10. Plan Rates

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2025
Base Period Start Date	1/1/2023
Date of Most Recent Membership:	2/1/2024
Market Adjusted Index Rate:	$ 791.18

Calibration	
Age Calibration Factor	1.738
Geographic Calibration Factor	1.000
Tobacco Calibration Factor	1.004
Aggregate Calibration Factor	1.745

Total Covered Lives @ 02-01-2024
34,031

										45 CFR Part 156.8 (d) (2) Allowable Factors																02-01-2024 Number of Covered Lives by Rating Area											
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	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	1	2	3	4	5	6	7	8	9	Total	2025 Continued/ Discontinued Plans Indicator	De Minimis Check
Totals - Current Membership							**0.677**			**0.690**	**1.000**	**1.000**	**1.000**	**1.000**	**1.019**	**$ 557.19**	**13.2%**	**2.6%**	**2.0%**	**34,031**	**34,031**	**$ 368.24**	**$ 388.35**	**5.5%**		-	-	-	-	-	-	-	34,031	-	**34,031**		
Total - Projected Membership							**0.677**			**0.690**	**1.000**	**1.000**	**1.000**	**1.000**	**1.019**	**$ 557.19**	**13.2%**	**2.6%**	**2.0%**																		
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-		N/A	N/A	N/A	N/A										-	0	
Plan 1	31609PA0070002	PPO	Personal Choice PPO Gold	E	0	Gold	0.79364171	Approach 1	On/Off	0.915	1.108	1.000	1.022	1.000	1.000	$820.16	13.2%	2.6%	2.0%	2,881	2,881	$ 545.34	$ 571.64	4.8%	8.5%								2,881		2,881	1	yes
Plan 2	31609PA0070003	PPO	Personal Choice PPO Silver	E	0	Silver	0.70167169	Approach 1	On/Off	0.680	1.048	1.000	1.022	1.000	1.220	$703.71	13.2%	2.6%	2.0%	2,866	2,866	$ 463.69	$ 490.47	5.8%	8.4%								2,866		2,866	1	yes
Plan 3	31609PA0070004	PPO	Personal Choice PPO Bronze	E	0	Expanded Bro	0.62874035	Approach 1	On/Off	0.618	0.958	1.000	1.022	1.000	1.000	$478.77	13.2%	2.6%	2.0%	4,174	4,174	$ 315.09	$ 333.69	5.9%	12.3%								4,174		4,174	1	yes
Plan 4	31609PA0070011	PPO	Personal Choice PPO Gold Classic	E	0	Gold	0.78557859	Approach 1	On/Off	0.815	1.039	1.000	1.022	1.000	1.000	$685.31	13.2%	2.6%	2.0%	878	878	$ 454.80	$ 477.65	5.0%	2.6%								878		878	1	yes
Plan 5	31609PA0070012	PPO	Personal Choice PPO Gold Preferred	E	0	Gold	0.81957133	Approach 1	On/Off	0.959	1.145	1.000	1.022	1.000	1.000	$887.94	13.2%	2.6%	2.0%	272	272	$ 586.88	$ 618.87	5.5%	0.8%								272		272	1	yes
Plan 6	31609PA0160001	EPO	Personal Choice EPO Catastrophic	E	0	Catastrophic	0.60826001	Approach 1	On/Off	0.537	0.946	1.000	0.971	1.000	1.000	$390.21	13.2%	2.6%	2.0%	34	34	$ 255.73	$ 271.97	6.3%	0.1%								34		34	1	N/A
Plan 7	31609PA0160005	EPO	Personal Choice EPO Bronze Reserve	E	0	Expanded Bro	0.63102053	Approach 1	On/Off	0.599	0.954	1.000	0.971	1.000	1.000	$438.90	13.2%	2.6%	2.0%	3,670	3,670	$ 289.98	$ 305.90	5.5%	10.8%								3,670		3,670	1	yes
Plan 8	31609PA0160006	EPO	Personal Choice EPO Bronze Basic	E	0	Expanded Bro	0.61946477	Approach 1	On/Off	0.546	0.946	1.000	0.971	1.000	1.000	$397.33	13.2%	2.6%	2.0%	6,839	6,839	$ 260.94	$ 276.93	6.1%	20.1%								6,839		6,839	1	yes
Plan 9	31609PA0160009	EPO	Personal Choice EPO Bronze Classic	E	0	Expanded Bro	0.64563051	Approach 1	On/Off	0.599	0.954	1.000	0.971	1.000	1.000	$438.77	13.2%	2.6%	2.0%	340	340	$ 292.78	$ 305.81	4.5%	1.0%								340		340	1	yes
Plan 10	31609PA0180001	EPO	Personal Choice EPO Catastrophic	E	0	Catastrophic	0.60826001	Approach 1	Off	0.536	0.946	1.001	0.971	1.000	1.000	$390.21	13.2%	2.6%	2.0%	20	20	$ 255.73	$ 271.97	6.3%	0.1%								20		20	1	N/A
Plan 11	31609PA0180004	EPO	Personal Choice EPO Bronze Reserve	E	0	Expanded Bro	0.63102053	Approach 1	Off	0.598	0.954	1.001	0.971	1.000	1.000	$438.90	13.2%	2.6%	2.0%	2,696	2,696	$ 289.98	$ 305.90	5.5%	7.9%								2,696		2,696	1	yes
Plan 12	31609PA0180005	EPO	Personal Choice EPO Bronze Basic	E	0	Expanded Bro	0.61946477	Approach 1	Off	0.546	0.946	1.001	0.971	1.000	1.000	$397.33	13.2%	2.6%	2.0%	1,239	1,239	$ 260.94	$ 276.93	6.1%	3.6%								1,239		1,239	1	yes
Plan 13	31609PA0180008	EPO	Personal Choice EPO Bronze Classic	E	0	Expanded Bro	0.64563051	Approach 1	Off	0.598	0.954	1.001	0.971	1.000	1.000	$438.77	13.2%	2.6%	2.0%	108	108	$ 292.78	$ 305.81	4.5%	0.3%								108		108	1	yes
Plan 14	31609PA0190002	PPO	Personal Choice PPO Gold	E	0	Gold	0.79364171	Approach 1	Off	0.914	1.108	1.001	1.022	1.000	1.000	$820.16	13.2%	2.6%	2.0%	4,530	4,530	$ 545.34	$ 571.64	4.8%	13.3%								4,530		4,530	1	yes
Plan 15	31609PA0190004	PPO	Personal Choice PPO Bronze	E	0	Expanded Bro	0.62874035	Approach 1	Off	0.617	0.958	1.001	1.022	1.000	1.000	$478.77	13.2%	2.6%	2.0%	3,152	3,152	$ 315.09	$ 333.69	5.9%	9.3%								3,152		3,152	1	yes
Plan 16	31609PA0190006	PPO	Personal Choice PPO Gold Preferred	E	0	Gold	0.81957133	Approach 1	Off	0.958	1.145	1.001	1.022	1.000	1.000	$887.93	13.2%	2.6%	2.0%	332	332	$ 586.88	$ 618.87	5.5%	1.0%								332		332	1	yes
Plan 17	31609PA0190007	PPO	Personal Choice PPO Silver Basic	N	0	Silver	0.71560052	Approach 1	Off	0.706	0.985	1.001	1.022	1.000	1.000	$563.52	13.2%	2.6%	2.0%	-	-	$ -	$ 392.76	0.0%	0.0%								-		-	1	yes
Plan 18																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 19																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 20																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 21																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 22																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 23																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 24																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 25																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 26																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 27																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 28																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 29																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 30																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 31																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 32																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 33																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 34																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 35																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 36																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 37																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 38																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 39																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 40																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 41																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 42																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 43																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 44																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 45																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 46																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 47																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 48																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 49																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 50																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 51																$0.00				-			$ -	0.0%	0.0%										-	0	
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Plan 54																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 55																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 56																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 57																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 58																$0.00				-			$ -	0.0%	0.0%										-	0	
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Plan 74																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 75																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 76																$0.00				-			$ -	0.0%	0.0%										-	0	
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Plan 85																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 86																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 87																$0.00				-			$ -	0.0%	0.0%										-	0	
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Plan 92																$0.00				-			$ -	0.0%	0.0%										-	0	
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Plan 152																$0.00				-			$ -	0.0%	0.0%										-	0	
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Plan 154																$0.00				-			$ -	0.0%	0.0%										-	0	
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Plan 200																$0.00				-			$ -	0.0%	0.0%										-	0	
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Plan 240																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 241																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 242																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 243																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 244																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 245																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 246																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 247																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 248																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 249																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 250																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 251																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 252																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 253																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 254																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 255																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 256																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 257																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 258																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 259																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 260																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 261																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 262																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 263																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 264																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 265																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 266																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 267																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 268																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 269																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 270																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 271																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 272																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 273																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 274																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 275																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 276																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 277																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 278																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 279																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 280																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 281																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 282																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 283																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 284																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 285																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 286																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 287																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 288																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 289																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 290																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 291																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 292																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 293																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 294																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 295																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 296																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 297																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 298																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 299																$0.00				-			$ -	0.0%	0.0%										-	0	
Plan 300																$0.00				-			$ -	0.0%	0.0%										-	0	

PA Rate Template Part IV A - Individual

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

Carrier Name: QCC Insurance Company, Inc.
Product(s): PPO
Market Segment: Individual
Rate Effective Date: 1/1/2025

Plan Number	HIOS Plan ID (Standard Component)	1/1/2024 Plan Marketing Name	Discontinued, New, Modified, Existing (D,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	2024 21-year-old, Non-Tobacco Premium PMPM										2025 21-year-old, Non-Tobacco Premium PMPM									
							1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	These cells auto-fill using the data entered in Table 10.						$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 368.24	$ -	$ 368.24	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 388.35	$ -	$ 388.35
Plan 1	31609PA0070002	Personal Choice PPO Gold	E	0	Gold	On/Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 545.34	$ -	$ 545.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 571.64	$ -	$ 571.64
Plan 2	31609PA0070003	Personal Choice PPO Silver	E	0	Silver	On/Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 463.69	$ -	$ 463.69	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 490.47	$ -	$ 490.47
Plan 3	31609PA0070004	Personal Choice PPO Bronze	E	0	xpanded Bronz	On/Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 315.09	$ -	$ 315.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 333.69	$ -	$ 333.69
Plan 4	31609PA0070011	rsonal Choice PPO Gold Clas	E	0	Gold	On/Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 454.80	$ -	$ 454.80	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 477.65	$ -	$ 477.65
Plan 5	31609PA0070012	onal Choice PPO Gold Prefe	E	0	Gold	On/Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 586.88	$ -	$ 586.88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 618.87	$ -	$ 618.87
Plan 6	31609PA0160001	rsonal Choice EPO Catastrop	E	0	Catastrophic	On/Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 255.73	$ -	$ 255.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 271.97	$ -	$ 271.97
Plan 7	31609PA0160005	onal Choice EPO Bronze Res	E	0	xpanded Bronz	On/Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 289.98	$ -	$ 289.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 305.90	$ -	$ 305.90
Plan 8	31609PA0160006	rsonal Choice EPO Bronze Ba	E	0	xpanded Bronz	On/Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 260.94	$ -	$ 260.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 276.93	$ -	$ 276.93
Plan 9	31609PA0160009	sonal Choice EPO Bronze Cla	E	0	xpanded Bronz	On/Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 292.78	$ -	$ 292.78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 305.81	$ -	$ 305.81
Plan 10	31609PA0180001	rsonal Choice EPO Catastrop	E	0	Catastrophic	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 255.73	$ -	$ 255.73	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 271.97	$ -	$ 271.97
Plan 11	31609PA0180004	onal Choice EPO Bronze Res	E	0	xpanded Bronz	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 289.98	$ -	$ 289.98	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 305.90	$ -	$ 305.90
Plan 12	31609PA0180005	rsonal Choice EPO Bronze Ba	E	0	xpanded Bronz	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 260.94	$ -	$ 260.94	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 276.93	$ -	$ 276.93
Plan 13	31609PA0180008	sonal Choice EPO Bronze Cla	E	0	xpanded Bronz	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 292.78	$ -	$ 292.78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 305.81	$ -	$ 305.81
Plan 14	31609PA0190002	Personal Choice PPO Gold	E	0	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 545.34	$ -	$ 545.34	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 571.64	$ -	$ 571.64
Plan 15	31609PA0190004	Personal Choice PPO Bronze	E	0	xpanded Bronz	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 315.09	$ -	$ 315.09	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 333.69	$ -	$ 333.69
Plan 16	31609PA0190006	onal Choice PPO Gold Prefe	E	0	Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 586.88	$ -	$ 586.88	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 618.87	$ -	$ 618.87
Plan 17	31609PA0190007	rsonal Choice PPO Silver Bas	N	0	Silver	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 392.76	$ -	$ -
Plan 18	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 19	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 20	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 21	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 22	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 23	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 24	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 25	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 26	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 27	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 28	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 29	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 30	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 31	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 32	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 33	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 34	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 35	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 36	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 37	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 38	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 39	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 40	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 41	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 42	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 43	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 44	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 45	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 46	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 47	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 48	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 49	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 50	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 51	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 52	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 53	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 54	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 55	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 56	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 57	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 58	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 59	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 60	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 61	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 62	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 63	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 64	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 65	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 66	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 67	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 68	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 69	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 70	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 71	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 72	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 73	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 74	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 75	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 76	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 77	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 78	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 79	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 80	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 81	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 82	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 83	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 84	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 85	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 86	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 87	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 88	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 89	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 90	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 91	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 92	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 93	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 94	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 95	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 96	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 97	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 98	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 99	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 100	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 101	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 102	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 103	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 104	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 105	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 106	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 107	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 108	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 109	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 110	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 111	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 112	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 113	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 114	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 115	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 116	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 117	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 118	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 119	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 120	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 121	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 122	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 123	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 124	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 125	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 126	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 127	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 128	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 129	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 130	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 131	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 132	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 133	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 134	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 135	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 136	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 137	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 138	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 139	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 140	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 141	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 142	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 143	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 144	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 145	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 146	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 147	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 148	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 149	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 150	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 151	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 152	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 153	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 154	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 155	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 156	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 157	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 158	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 159	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 160	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 161	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 162	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 163	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 164	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 165	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 166	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 167	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 168	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 169	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 170	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 171	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 172	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 173	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 174	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 175	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 176	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 177	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 178	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 179	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 180	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 181	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 182	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 183	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 184	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 185	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 186	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 187	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 188	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 189	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 190	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 191	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 192	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 193	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 194	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 195	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 196	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 197	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 198	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 199	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 200	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 201	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 202	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 203	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 204	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 205	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 206	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 207	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 208	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 209	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 210	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 211	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 212	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 213	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 214	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 215	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 216	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 217	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 218	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 219	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 220	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 221	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 222	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 223	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 224	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 225	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 226	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 227	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 228	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 229	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 230	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 231	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 232	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 233	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 234	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 235	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 236	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 237	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 238	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 239	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 240	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 241	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 242	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 243	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 244	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 245	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 246	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 247	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 248	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 249	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 250	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 251	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 252	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 253	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 254	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 255	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 256	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 257	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 258	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 259	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 260	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 261	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 262	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 263	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 264	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 265	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 266	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 267	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 268	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 269	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 270	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 271	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 272	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 273	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 274	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 275	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 276	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 277	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 278	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 279	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 280	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 281	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 282	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 283	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 284	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 285	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 286	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 287	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 288	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 289	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 290	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 291	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 292	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 293	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 294	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 295	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 296	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 297	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 298	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 299	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan 300	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

Plan Number	Change in 21-year-old Non-Tobacco Premium PMPM										02-01-2024 Number of Covered Lives by County																																																		
	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	Clarion	Crawford	Erie	Forest	McKean	Mercer	Venango	Warren	1	Cameron	Elk	Potter	2	Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming	3	Allegheny	Armstrong	Beaver	Butler	Fayette	Greene	Indiana	Lawrence	Washington	Westmoreland	4	Bedford	Blair	Cambria	Clearfield	Huntingdon	Jefferson	Somerset	5	Centre	Columbia	Lehigh	Mifflin
Totals	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.5%	0.0%	5.5%	0	0	0	0	0	0	0	0	Match	0	0	0	Match	0	0	0	0	0	0	0	0	0	0	0	0	0	Match	0	0	0	0	0	0	0	0	0	0	Match	0	0	0	0	0	0	0	Match	0	0	0	0
Plan 1								4.8%		5%									Match				Match														Match											Match								Match				
Plan 2								5.8%		6%									Match				Match														Match											Match								Match				
Plan 3								5.9%		6%									Match				Match														Match											Match								Match				
Plan 4								5.0%		5%									Match				Match														Match											Match								Match				
Plan 5								5.5%		5%									Match				Match														Match											Match								Match				
Plan 6								6.3%		6%									Match				Match														Match											Match								Match				
Plan 7								5.5%		5%									Match				Match														Match											Match								Match				
Plan 8								6.1%		6%									Match				Match														Match											Match								Match				
Plan 9								4.5%		4%									Match				Match														Match											Match								Match				
Plan 10								6.3%		6%									Match				Match														Match											Match								Match				
Plan 11								5.5%		5%									Match				Match														Match											Match								Match				
Plan 12								6.1%		6%									Match				Match														Match											Match								Match				
Plan 13								4.5%		4%									Match				Match														Match											Match								Match				
Plan 14								4.8%		5%									Match				Match														Match											Match								Match				
Plan 15								5.9%		6%									Match				Match														Match											Match								Match				
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Northampton	Northumberland	Schuylkill	Snyder	Union	6	Adams	Berks	Lancaster	York	7	Bucks	Chester	Delaware	Montgomery	Philadelphia	8	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry	9
0	0	0	0	0	Match	0	0	0	0	Match	5778	7118	5173	8784	7178	Match	0	0	0	0	0	0	0	Match

PA Rate Quarterly Template Part V
Consumer Factors

Carrier Name:	**QCC Insurance Company, Inc.**
Product(s):	**PPO**
Market Segment:	**Individual**
Rate Effective Date:	**1/1/2025**

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
PPO	Rating Area 8	1.000	1.000	5/6/1997
EPO	Rating Area 8	0.950	0.950	5/6/1997

PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	8.61%
Revised Requested Average Rate Change:	5.46%
Minimum Requested Rate Change:	4.45%
Maximum Requested Rate Change:	6.35%
Mapped Members:	34,031
Available in Rating Areas:	Rating Area 8

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
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	$	334,302,626.68
Claims	$	238,146,259.32
Administrative Expenses	$	21,577,825.00
Taxes & Fees	$	21,009,066.00
Company Made After Taxes	$	53,569,476.37

How It Plans to Spend Your Premium

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

Claims:	85%
Administrative Expenses:	8%
Taxes & Fees:	5%
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	0.68	
Plan Liability Risk Score (PLRS)	1.47	1.62	
Allowable Rating Factor (ARF)	1.80	1.74	
Induced Demand Factor (IDF)	1.04	1.02	
Geographic Cost Factor (GCF)	1.04	0.98	
Factors Including Risk Score	1.59	1.61	
Factors Excluding Risk Score	1.39	1.17	
Risk Adjustment Transfer PMPM		105.05	<-- 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		105.05	

Company Name: QCC Insurance Company
Market: Individual
Product: PPO
Effective Date of Rates: January 1, 2025
Ending date of Rates: December 31, 2025

HIOS Plan ID (On Exchange)>>	31609PA0070002		31609PA0070008		31609PA0070011		31609PA0070012		31609PA0160001		31609PA0160005		31609PA0160006		31609PA0160009		31609PA0180001		31609PA0180004		31609PA0180005		31609PA0180008		31609PA0190002		31609PA0190004		31609PA0190006		31609PA0190007	
HIOS Plan ID (Off Exchange)>>																																
Plan Marketing Name =>	Personal Choice PPO Gold		Personal Choice PPO Silver Class		Personal Choice PPO Bronze		Personal Choice PPO Gold Class		Personal Choice PPO Gold Preferred		Personal Choice EPO Catastrophic		Personal Choice EPO Bronze Basic		Personal Choice EPO Bronze Basic		Personal Choice EPO Catastrophic		Personal Choice EPO Bronze Basic		Personal Choice EPO Bronze Class		Personal Choice EPO Bronze Basic		Personal Choice PPO Bronze Class		Personal Choice PPO Gold		Personal Choice PPO Bronze		Personal Choice PPO Gold Preferred	
Form # =>	08535.ON Rev. 1.25		08535.ON Rev. 1.25		08535.ON Rev. 1.25		08535.ON Rev. 1.25		08537.ON.PDEN Rev. 1.25		08537.ON.PDEN.HSA Rev. 1.25		08537.ON.PDEN Rev. 1.25		08535.ON Rev. 1.25		08537.OFF Rev. 1.25		08537.OFF.PDEN.HSA Rev. 1.25		08537.OFF Rev. 1.25		08537.OFF.PDEN.HSA Rev. 1.25		08537.OFF Rev. 1.25		08535.OFF Rev. 1.25		08535.OFF Rev. 1.25		08535.OFF Rev. 1.25	
Rating Area =>	8		8		8		8		8		8		8		8		8		8		8		8		8		8		8		8	
Network =>	Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network	
Metal =>	Gold		Silver		Expanded Bronze		Gold		Gold		Catastrophic		Expanded Bronze		Expanded Bronze		Catastrophic		Expanded Bronze		Expanded Bronze		Expanded Bronze		Expanded Bronze		Gold		Expanded Bronze		Gold		Silver	
Deductible =>	$0		$3,500		$4,000		$1,250		$0		$9,450		$7,850		$9,450		$4,300		$9,100		$7,450		$9,100		$4,200		$0		$4,000		$0		$4,000	
Coinsurance =>	20%		30%		10%		20%		20%		0%		0%		0%		10%		0%		0%		0%		10%		20%		10%		20%		10%	
Copays =>	$30/$65		$30/$75 no ded		$50 no ded/50% after ded		$50 no ded/20% after ded		$10/$55		1-3 no ded @% after ded/0%		0% after ded/0% after ded		1-3 no ded @% after ded/0%		$65 no ded/$55 no ded		1-3 no ded @% after ded/0%		0% after ded/0% after ded		1-3 no ded @% after ded/0%		$45/$65 no ded		$30/$65		$50 no ded/50% after ded		$10/$55		$35 no ded/$60 no ded	
OOP Maximum =>	$6,350		$8,350		$9,200		$9,200		$8,250		$9,200		$7,450		$9,200		$9,200		$7,450		$5,300		$9,200		$9,200		$8,250		$9,200		$8,250		$5,300	
Pediatric Dental (Yes/No) =>	Yes		Yes		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	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	$437.30	$437.30	$375.32	$375.21	$355.27	$355.27	$463.40	$365.40	$473.44	$473.44	$268.56	$268.56	$234.01	$234.01	$211.85	$211.85	$233.94	$233.94	$268.06	$268.06	$234.01	$234.01	$211.85	$211.85	$233.94	$233.94	$437.30	$437.30	$255.27	$251.27	$473.44	$473.44	$300.46	$300.41
15	$476.18	$476.18	$408.56	$408.56	$277.96	$277.96	$397.88	$397.88	$515.52	$515.52	$226.53	$226.55	$254.81	$254.81	$230.68	$230.68	$254.74	$254.74	$226.51	$226.53	$254.81	$254.81	$230.68	$230.68	$254.74	$254.74	$476.18	$476.18	$277.96	$277.96	$515.52	$515.52	$327.17	$327.17
16	$491.06	$491.04	$421.31	$421.31	$286.64	$286.64	$410.30	$410.30	$531.61	$531.61	$233.62	$233.62	$262.77	$262.77	$237.88	$237.88	$262.69	$262.69	$233.62	$233.62	$262.77	$262.77	$237.88	$237.88	$262.69	$262.69	$491.04	$491.04	$286.64	$286.64	$531.61	$531.61	$337.38	$337.38
17	$505.90	$505.90	$434.07	$434.07	$295.32	$295.32	$422.72	$422.72	$547.70	$547.70	$240.69	$240.69	$270.72	$270.72	$245.08	$245.08	$270.64	$270.64	$240.69	$240.69	$270.72	$270.72	$245.08	$245.08	$270.64	$270.64	$505.90	$505.90	$295.32	$295.32	$547.70	$547.70	$347.59	$347.59
18	$521.91	$521.91	$447.80	$447.80	$304.66	$304.66	$436.09	$436.09	$565.03	$565.03	$248.31	$248.31	$279.28	$279.28	$252.84	$252.84	$279.20	$279.20	$248.31	$248.31	$279.28	$279.28	$252.84	$252.84	$279.20	$279.20	$521.91	$521.91	$304.66	$304.66	$565.03	$565.03	$358.59	$358.59
19	$537.91	$537.91	$461.52	$461.53	$314.00	$314.00	$449.47	$449.47	$582.36	$582.36	$255.92	$255.92	$287.85	$287.85	$260.59	$260.59	$287.77	$287.77	$255.92	$255.92	$287.85	$287.85	$260.59	$260.59	$287.77	$287.77	$537.91	$537.91	$314.00	$314.00	$582.36	$582.36	$369.59	$369.59
20	$554.49	$554.49	$475.76	$475.76	$323.68	$323.68	$463.32	$463.32	$600.30	$600.30	$263.81	$263.81	$296.72	$296.72	$268.62	$268.62	$296.64	$296.64	$263.81	$263.81	$296.72	$296.72	$268.62	$268.62	$296.64	$296.64	$554.49	$554.49	$323.68	$323.68	$600.30	$600.30	$380.98	$380.98
21	$571.64	$643.10	$490.47	$551.78	$333.69	$375.40	$477.65	$537.36	$618.87	$696.23	$271.97	$305.97	$305.90	$344.14	$276.93	$311.55	$305.81	$344.04	$271.97	$305.97	$305.90	$344.14	$276.93	$311.55	$305.81	$344.04	$571.64	$643.10	$333.69	$375.40	$618.87	$696.23	$392.76	$441.86
22	$571.64	$643.10	$490.47	$551.78	$333.69	$375.40	$477.65	$537.36	$618.87	$696.23	$271.97	$305.97	$305.90	$344.14	$276.93	$311.55	$305.81	$344.04	$271.97	$305.97	$305.90	$344.14	$276.93	$311.55	$305.81	$344.04	$571.64	$643.10	$333.69	$375.40	$618.87	$696.23	$392.76	$441.86
23	$571.64	$643.10	$490.47	$551.78	$333.69	$375.40	$477.65	$537.36	$618.87	$696.23	$271.97	$305.97	$305.90	$344.14	$276.93	$311.55	$305.81	$344.04	$271.97	$305.97	$305.90	$344.14	$276.93	$311.55	$305.81	$344.04	$571.64	$643.10	$333.69	$375.40	$618.87	$696.23	$392.76	$441.86
24	$571.64	$643.10	$490.47	$551.78	$333.69	$375.40	$477.65	$537.36	$618.87	$696.23	$271.97	$305.97	$305.90	$344.14	$276.93	$311.55	$305.81	$344.04	$271.97	$305.97	$305.90	$344.14	$276.93	$311.55	$305.81	$344.04	$571.64	$643.10	$333.69	$375.40	$618.87	$696.23	$392.76	$441.86
25	$573.93	$645.67	$492.43	$553.99	$335.02	$376.90	$479.56	$539.51	$621.35	$699.01	$273.06	$307.19	$307.12	$345.51	$278.04	$312.79	$307.03	$345.41	$273.06	$307.19	$307.12	$345.51	$278.04	$312.79	$307.03	$345.41	$573.93	$645.67	$335.02	$376.90	$621.35	$699.01	$394.33	$443.62
26	$585.36	$658.53	$502.24	$565.02	$341.70	$384.41	$489.11	$550.25	$633.72	$712.99	$278.50	$313.31	$313.24	$352.40	$283.58	$319.02	$313.15	$352.29	$278.50	$313.31	$313.24	$352.40	$283.58	$319.02	$313.15	$352.29	$585.36	$658.53	$341.70	$384.41	$633.72	$712.99	$402.10	$452.44
27	$599.08	$674.96	$514.01	$578.26	$349.71	$393.42	$500.58	$563.15	$648.58	$729.65	$285.02	$320.65	$320.58	$360.66	$290.22	$326.50	$320.49	$360.55	$285.02	$320.65	$320.58	$360.66	$290.22	$326.50	$320.49	$360.55	$599.08	$673.96	$349.71	$393.42	$648.58	$729.65	$411.61	$463.06
28	$623.37	$688.04	$533.14	$589.78	$362.72	$408.06	$519.21	$584.11	$672.71	$754.80	$295.62	$332.59	$332.51	$374.08	$301.02	$338.65	$332.42	$373.97	$295.62	$332.59	$332.51	$374.08	$301.02	$338.65	$332.42	$373.97	$623.37	$688.04	$362.72	$408.06	$672.71	$754.80	$426.90	$480.30
29	$639.67	$719.62	$548.84	$617.44	$373.40	$420.07	$534.49	$601.30	$692.52	$779.08	$304.33	$342.38	$342.30	$385.09	$309.88	$348.62	$342.20	$384.98	$304.33	$342.38	$342.30	$385.09	$309.88	$348.62	$342.20	$384.98	$639.67	$719.62	$373.40	$420.07	$692.52	$779.08	$439.50	$494.44
30	$648.81	$762.35	$556.68	$654.10	$378.74	$445.02	$542.13	$637.01	$702.42	$825.34	$308.68	$362.71	$347.20	$407.96	$314.32	$369.32	$347.09	$407.84	$308.68	$362.71	$347.20	$407.96	$314.32	$369.32	$347.09	$407.84	$648.81	$762.35	$378.74	$445.02	$702.42	$825.34	$445.78	$523.78
31	$682.53	$778.47	$568.45	$667.93	$386.75	$454.43	$553.60	$650.48	$717.27	$842.79	$315.21	$370.38	$354.54	$416.58	$320.96	$377.13	$354.43	$416.46	$315.21	$370.38	$354.54	$416.58	$320.96	$377.13	$354.43	$416.46	$682.53	$778.47	$386.75	$454.43	$717.27	$842.79	$455.21	$534.87
32	$676.25	$794.59	$580.33	$681.77	$394.76	$463.84	$565.06	$663.95	$732.12	$860.24	$321.74	$378.05	$361.88	$425.21	$327.61	$384.94	$361.77	$425.08	$321.74	$378.05	$361.88	$425.21	$327.61	$384.94	$361.77	$425.08	$676.25	$794.59	$394.76	$463.84	$732.12	$860.24	$464.64	$545.95
33	$684.82	$804.67	$587.58	$690.41	$399.76	$469.72	$572.22	$672.36	$741.41	$871.16	$325.82	$382.84	$366.47	$430.60	$331.76	$389.82	$366.36	$430.47	$325.82	$382.84	$366.47	$430.60	$331.76	$389.82	$366.36	$430.47	$684.82	$804.67	$399.76	$469.72	$741.41	$871.16	$470.53	$552.87
34	$693.97	$815.42	$595.43	$699.63	$405.10	$475.99	$579.87	$681.38	$751.31	$882.79	$330.17	$387.95	$371.36	$436.35	$336.19	$395.03	$371.25	$436.22	$330.17	$387.95	$371.36	$436.35	$336.19	$395.03	$371.25	$436.22	$693.97	$815.42	$405.10	$475.99	$751.31	$882.79	$476.81	$560.25
35	$688.54	$820.79	$599.35	$704.24	$407.77	$479.12	$583.69	$685.82	$756.26	$888.80	$332.31	$390.51	$373.81	$439.23	$338.41	$397.63	$373.70	$439.10	$332.31	$390.51	$373.81	$439.23	$338.41	$397.63	$373.70	$439.10	$688.54	$820.79	$407.77	$479.13	$756.26	$888.80	$479.95	$563.94
36	$703.12	$826.16	$603.28	$708.85	$410.44	$482.27	$587.51	$690.32	$761.21	$894.42	$334.52	$393.06	$376.26	$442.10	$340.62	$400.23	$376.15	$441.97	$334.52	$393.06	$376.26	$442.10	$340.62	$400.23	$376.15	$441.97	$703.12	$826.16	$410.44	$482.27	$761.21	$894.42	$483.09	$567.64
37	$707.69	$831.54	$607.20	$713.46	$413.11	$485.40	$591.33	$694.81	$766.16	$900.04	$336.70	$395.62	$378.70	$444.98	$342.84	$402.84	$378.59	$444.85	$336.70	$395.62	$378.70	$444.98	$342.84	$402.84	$378.59	$444.85	$707.69	$831.54	$413.11	$485.40	$766.16	$900.04	$486.24	$571.33
38	$712.26	$836.91	$611.12	$718.07	$415.78	$488.54	$595.15	$699.30	$771.11	$906.06	$338.87	$398.18	$381.15	$447.85	$345.05	$405.44	$381.04	$447.72	$338.87	$398.18	$381.15	$447.85	$345.05	$405.44	$381.04	$447.72	$712.26	$836.91	$415.78	$488.54	$771.11	$906.06	$488.38	$575.02
39	$721.41	$847.66	$618.97	$727.29	$421.13	$494.81	$603.79	$708.28	$781.01	$917.69	$343.23	$403.29	$386.05	$453.60	$349.49	$410.65	$385.93	$453.47	$343.23	$403.29	$386.05	$453.60	$349.49	$410.65	$385.93	$453.47	$721.41	$847.66	$421.13	$494.81	$781.01	$917.69	$495.66	$582.40
40	$730.56	$894.93	$626.82	$767.86	$426.46	$522.41	$610.44	$747.78	$790.92	$968.87	$347.58	$425.78	$390.94	$478.90	$353.92	$433.55	$390.83	$478.76	$347.58	$425.78	$390.94	$478.90	$353.92	$433.55	$390.83	$478.76	$730.56	$894.93	$426.46	$522.41	$790.92	$968.87	$503.95	$614.89
41	$744.28	$911.74	$638.58	$782.28	$434.46	$532.22	$621.90	$761.81	$805.77	$987.07	$354.10	$433.78	$398.28	$487.90	$360.56	$441.69	$398.16	$487.75	$354.10	$433.78	$398.28	$487.90	$360.56	$441.69	$398.16	$487.75	$744.28	$911.74	$434.46	$532.22	$805.77	$987.07	$511.37	$626.43
42	$757.42	$927.84	$649.87	$796.09	$442.14	$541.62	$632.89	$775.29	$820.00	$1,004.92	$360.36	$441.44	$405.32	$496.51	$366.93	$449.49	$405.20	$496.37	$360.36	$441.44	$405.32	$496.51	$366.93	$449.49	$405.20	$496.37	$757.42	$927.84	$442.14	$541.62	$820.00	$1,004.50	$520.41	$637.50
43	$775.72	$950.25	$665.57	$815.32	$452.82	$554.70	$648.17	$794.01	$839.81	$1,028.76	$369.06	$452.10	$415.11	$508.51	$375.79	$460.35	$414.98	$508.36	$369.06	$452.10	$415.11	$508.51	$375.79	$460.35	$414.98	$508.36	$775.72	$950.25	$452.82	$554.70	$839.81	$1,028.76	$532.98	$652.89
44	$798.58	$978.26	$685.19	$839.35	$466.16	$571.05	$667.28	$817.41	$864.56	$1,059.09	$379.94	$465.43	$427.34	$523.49	$386.87	$473.92	$427.22	$523.34	$379.94	$465.43	$427.34	$523.49	$386.87	$473.92	$427.22	$523.34	$798.58	$978.26	$466.16	$571.05	$864.56	$1,059.09	$548.68	$672.14
45	$825.45	$1,011.17	$708.24	$867.59	$481.85	$590.26	$689.73	$844.92	$893.65	$1,094.72	$392.72	$481.09	$441.72	$541.11	$399.84	$489.86	$441.59	$540.95	$392.72	$481.09	$441.72	$541.11	$399.84	$489.86	$441.59	$540.95	$825.45	$1,011.17	$481.85	$590.26	$893.65	$1,094.72	$567.10	$694.75
46	$857.46	$1,050.39	$735.71	$901.24	$500.54	$613.16	$716.48	$877.68	$928.31	$1,137.17	$407.96	$499.74	$458.85	$562.09	$415.40	$508.86	$458.72	$561.93	$407.96	$499.74	$458.85	$562.09	$415.40	$508.86	$458.72	$561.93	$857.46	$1,050.39	$500.54	$613.16	$928.31	$1,137.17	$589.14	$721.70
47	$889.47	$1,094.50	$766.68	$939.09	$521.56	$638.91	$746.57	$914.54	$967.28	$1,184.93	$425.09	$520.73	$478.12	$585.70	$432.84	$530.23	$477.98	$585.53	$425.09	$520.73	$478.12	$585.70	$432.84	$530.23	$477.98	$585.53	$889.47	$1,094.50	$521.56	$638.91	$967.28	$1,184.93	$613.88	$752.01
48	$934.63	$1,144.92	$801.92	$982.35	$545.58	$668.34	$780.96	$956.87	$1,011.85	$1,239.52	$444.67	$544.72	$500.15	$612.68	$452.78	$554.66	$500.00	$612.50	$444.67	$544.72	$500.15	$612.68	$452.78	$554.66	$500.00	$612.50	$934.63	$1,144.92	$545.58	$668.34	$1,011.85	$1,239.52	$642.16	$786.69
49	$975.22	$1,194.64	$836.74	$1,025.01	$569.28	$697.36	$814.87	$998.22	$1,055.78	$1,293.35	$463.98	$568.38	$521.87	$639.29	$472.44	$578.74	$521.71	$639.10	$463.98	$568.38	$521.87	$639.29	$472.44	$578.74	$521.71	$639.10	$975.22	$1,194.64	$569.28	$697.36	$1,055.78	$1,293.35	$670.05	$820.81
50	$1,020.95	$1,403.80	$875.98	$1,204.47	$595.97	$819.46	$853.08	$1,172.99	$1,105.30	$1,519.79	$485.74	$667.89	$546.34	$751.21	$494.60	$680.07	$546.18	$750.99	$485.74	$667.89	$546.34	$751.21	$494.60	$680.07	$546.18	$750.99	$1,020.95	$1,403.80	$595.97	$819.46	$1,105.30	$1,519.79	$701.47	$964.52
51	$1,066.11	$1,465.90	$914.73	$1,257.75	$622.31	$855.71	$890.82	$1,224.87	$1,154.19	$1,587.01	$507.22	$697.43	$570.50	$784.44	$516.47	$710.15	$570.34	$784.21	$507.22	$697.43	$570.50	$784.44	$516.47	$710.15	$570.34	$784.21	$1,066.11	$1,465.90	$622.31	$855.71	$1,154.19	$1,587.01	$732.52	$1,007.16
52	$1,113.86	$1,534.28	$957.42	$1,316.42	$651.96	$895.62	$932.37	$1,282.16	$1,208.01	$1,661.39	$530.88	$729.97	$597.12	$821.04	$540.37	$743.28	$596.94	$820.78	$530.88	$729.97	$597.12	$821.04	$540.37	$743.28	$596.94	$820.78	$1,113.86	$1,534.28	$651.96	$895.62	$1,208.01	$1,661.05	$766.47	$1,054.17
53	$1,166.15	$1,603.45	$1,000.56	$1,375.77	$680.73	$936.00	$974.41	$1,339.81	$1,262.49	$1,735.93	$554.82	$762.88	$624.04	$858.05	$564.94	$776.79	$623.85	$857.80	$554.82	$762.88	$624.04	$858.05	$564.94	$776.79	$623.85	$857.80	$1,166.15	$1,603.45	$680.73	$936.00	$1,262.49	$1,735.93	$801.23	$1,101.69
54	$1,220.45	$1,678.12	$1,047.41	$1,439.84	$712.43	$979.59	$1,019.78	$1,402.20	$1,321.29	$1,816.77	$580.66	$798.40	$653.30	$898.01	$591.25	$812.96	$652.96	$897.74	$580.66	$798.40	$653.30	$898.01	$591.25	$812.96	$652.96	$897.74	$1,220.45	$1,678.12	$712.43	$979.59	$1,321.29	$1,816.77	$838.54	$1,153.02
55	$1,274.76	$1,753.79	$1,093.75	$1,503.90	$744.13	$1,023.18	$1,065.16	$1,464.59	$1,380.08	$1,897.61	$606.49	$833.93	$682.16	$937.97	$617.55	$849.14	$681.96	$937.69	$606.49	$833.93	$682.16	$937.97	$617.55	$849.14	$681.96	$937.69	$1,274.76	$1,753.79	$744.13	$1,023.18	$1,380.08	$1,897.61	$875.85	$1,204.30
56	$1,333.64	$1,833.75	$1,144.27	$1,573.37	$778.50	$1,070.44	$1,114.36	$1,532.24	$1,443.82	$1,985.26	$634.51	$872.45	$713.66	$981.29	$646.08	$888.36	$713.45	$981.00	$634.51	$872.45	$713.66	$981.29	$646.08	$888.36	$713.45	$981.00	$1,333.64	$1,833.75	$778.50	$1,070.44	$1,443.82	$1,985.26	$916.31	$1,259.92
57	$1,393.08	$1,915.49	$1,195.28	$1,643.50	$813.20	$1,118.15	$1,164.03	$1,600.55	$1,508.19	$2,073.76	$662.78	$911.34	$745.48	$1,025.03	$674.88	$927.96	$745.26	$1,024.73	$662.79	$911.34	$745.48	$1,025.03	$674.88	$927.96	$745.26	$1,024.73	$1,393.08	$1,915.49	$813.20	$1,118.15	$1,508.19	$2,073.76	$957.56	$1,316.09
58	$1,456.54	$2,002.74	$1,249.72	$1,718.36	$850.34	$1,169.08	$1,217.05	$1,673.45	$1,576.88	$2,168.21	$693.98	$952.85	$779.63	$1,071.72	$705.62	$970.22	$779.20	$1,071.41	$692.98	$952.85	$779.63	$1,071.72	$705.62	$970.22	$779.20	$1,071.41	$1,456.54	$2,002.74	$850.34	$1,169.08	$1,576.88	$2,168.21	$1,000.75	$1,376.02
59	$1,487.98	$2,045.97	$1,276.69	$1,755.45	$868.60	$1,194.32	$1,243.12	$1,709.57	$1,610.92	$2,215.01	$707.94	$973.41	$796.26	$1,094.85	$720.85	$991.17	$796.02	$1,094.53	$707.94	$973.41	$796.26	$1,094.85	$720.85	$991.17	$796.02	$1,094.53	$1,487.98	$2,045.97	$868.60	$1,194.32	$1,610.92	$2,215.01	$1,022.35	$1,405.74
60	$1,551.45	$2,133.22	$1,331.14	$1,830.31	$905.63	$1,245.25	$1,296.34	$1,782.47	$1,679.61	$2,309.47	$738.12	$1,014.92	$830.21	$1,141.54	$751.59	$1,033.43	$829.97	$1,141.21	$738.12	$1,014.92	$830.21	$1,141.54	$751.59	$1,033.43	$829.97	$1,141.21	$1,551.45	$2,133.22	$905.63	$1,245.25	$1,679.61	$2,309.47	$1,065.90	$1,465.68
61	$1,606.31	$2,208.67	$1,378.22	$1,895.05	$937.67	$1,289.29	$1,342.20	$1,845.52	$1,739.02	$2,391.16	$764.24	$1,050.82	$859.58	$1,181.92	$778.17	$1,069.99	$859.33	$1,181.57	$764.24	$1,050.82	$859.58	$1,181.92	$778.17	$1,069.99	$859.33	$1,181.57	$1,606.31	$2,208.67	$937.67	$1,289.29	$1,739.02	$2,391.16	$1,103.66	$1,517.52
62	$1,642.32	$2,258.19	$1,409.32	$1,937.54	$958.69	$1,318.30	$1,372.29	$1,886.90	$1,778.01	$2,444.77	$781.37	$1,074.38	$878.85	$1,208.42	$795.62	$1,093.98	$878.59	$1,208.06	$781.37	$1,074.38	$878.85	$1,208.42	$795.62	$1,093.98	$878.59	$1,208.06	$1,642.32	$2,258.19	$958.69	$1,318.30	$1,778.01	$2,444.77	$1,128.40	$1,551.54
63	$1,687.48	$2,320.28	$1,447.87	$1,990.82	$985.05	$1,354.45	$1,410.02	$1,938.78	$1,826.90	$2,511.98	$802.86	$1,103.93	$903.02	$1,241.65	$817.50	$1,124.06	$902.75	$1,241.28	$802.86	$1,103.93	$903.02	$1,241.65	$817.50	$1,124.06	$902.75	$1,241.28	$1,687.48	$2,320.28	$985.05	$1,354.45	$1,826.90	$2,511.98	$1,159.43	$1,594.21
64+	$1,734.92	$2,358.02	$1,473.41	$2,023.19	$1,003.07	$1,376.47	$1,432.95	$1,970.31	$1,856.61	$2,552.98	$815.91	$1,121.98	$917.70	$1,261.84	$830.75	$1,142.34	$917.43	$1,261.47	$815.91	$1,121.98	$917.70	$1,261.84	$830.75	$1,142.34	$917.43	$1,261.47	$1,734.92	$2,358.02	$1,003.07	$1,376.47	$1,856.61	$2,552.98	$1,178.38	$1,620.14

QCC Insurance Company
Individual
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0070002	Personal Choice PPO Gold	PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070004	Personal Choice PPO Bronze	PPO	Bronze	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070011	Personal Choice PPO Gold Classic	PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070012	Personal Choice PPO Gold Preferred	PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160009	Personal Choice EPO Bronze Classic	EPO	Bronze	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180001	Personal Choice EPO Catastrophic	EPO	Catastrophic	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180008	Personal Choice EPO Bronze Classic	EPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190002	Personal Choice PPO Gold	PPO	Gold	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190006	Personal Choice PPO Gold Preferred	PPO	Gold	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190007	Personal Choice PPO Silver Basic	PPO	Silver	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

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

	02-01-2024 Number of Covered Lives by Rating County				RATING AREA 8: 5,778	7,118	5,173	8,784	7,178
HIOS Plan ID	**Plan Marketing Name**	**Product**	**Metal**	**On/Off Exchange**	**Bucks**	**Chester**	**Delaware**	**Montgomery**	**Philadelphia**
31609PA0070002	Personal Choice PPO Gold	PPO	Gold	On/Off	$571.64	$571.64	$571.64	$571.64	$571.64
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On/Off	$490.47	$490.47	$490.47	$490.47	$490.47
31609PA0070004	Personal Choice PPO Bronze	PPO	Bronze	On/Off	$333.69	$333.69	$333.69	$333.69	$333.69
31609PA0070011	Personal Choice PPO Gold Classic	PPO	Gold	On/Off	$477.65	$477.65	$477.65	$477.65	$477.65
31609PA0070012	Personal Choice PPO Gold Preferred	PPO	Gold	On/Off	$618.87	$618.87	$618.87	$618.87	$618.87
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On/Off	$271.97	$271.97	$271.97	$271.97	$271.97
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On/Off	$305.90	$305.90	$305.90	$305.90	$305.90
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On/Off	$276.93	$276.93	$276.93	$276.93	$276.93
31609PA0160009	Personal Choice EPO Bronze Classic	EPO	Bronze	On/Off	$305.81	$305.81	$305.81	$305.81	$305.81
31609PA0180001	Personal Choice EPO Catastrophic	EPO	Catastrophic	Off	$271.97	$271.97	$271.97	$271.97	$271.97
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Bronze	Off	$305.90	$305.90	$305.90	$305.90	$305.90
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	Off	$276.93	$276.93	$276.93	$276.93	$276.93
31609PA0180008	Personal Choice EPO Bronze Classic	EPO	Bronze	Off	$305.81	$305.81	$305.81	$305.81	$305.81
31609PA0190002	Personal Choice PPO Gold	PPO	Gold	Off	$571.64	$571.64	$571.64	$571.64	$571.64
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	Off	$333.69	$333.69	$333.69	$333.69	$333.69
31609PA0190006	Personal Choice PPO Gold Preferred	PPO	Gold	Off	$618.87	$618.87	$618.87	$618.87	$618.87
31609PA0190007	Personal Choice PPO Silver Basic	PPO	Silver	Off	$392.76	$392.76	$392.76	$392.76	$392.76

RATING AREA 1

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

RATING AREA 2

Elk	Cameron	Potter
0	0	0

RATING AREA 3

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

RATING AREA 4

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

RATING AREA 5

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

RATING AREA 6

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

RATING AREA 7

Adams	Berks	Lancaster	York
0	0	0	0

RATING AREA 9

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

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:	QCC Insurance Company, Inc.
HIOS Issuer ID:	31609
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	$327,159,794.85	$799.03
Reinsurance	$16,029,367.20	$39.15
Incurred Claims in Experience Period	$238,146,259.32	$581.63
Risk Adjustment	$48,689,271.91	$118.91
Experience Period Premium	$285,613,354.77	$697.56
Experience Period Member Months	409,448	

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	$140.49	1.055	1.051	1.055	1.051	$172.73
Outpatient Hospital	$169.56	1.052	1.051	1.052	1.051	$207.28
Professional	$185.00	1.029	1.051	1.029	1.051	$216.38
Other Medical	$0.00	1.029	1.051	1.029	1.051	$0.00
Capitation	$114.90	1.000	1.035	1.000	1.035	$123.08
Prescription Drug	$188.76	0.990	1.051	0.990	1.051	$204.36
Total	$798.71					**$923.82**

Morbidity Adjustment	1.000
Demographic Shift	0.994
Plan Design Changes	1.002
Other	1.001
Adjusted Trended EHB Allowed Claims PMPM for **1/1/2025**	**$921.03**

Manual EHB Allowed Claims PMPM	$966.65
Applied Credibility %	0.00%

		Projected Period Totals
Projected Index Rate for **1/1/2025**	**$966.65**	$394,752,793.80
Reinsurance	$42.87	$17,506,907.64
Risk Adjustment Payment/Charge	$152.16	$62,137,883.52
Exchange User Fees	2.47%	$7,980,280.60
Market Adjusted Index Rate	**$791.16**	**$323,088,283.24**

Projected Member Months	**408,372**

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

Product-Plan Data Collection

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

Company Legal Name: **QCC Insurance Company, Inc.**
HIOS Issuer ID: **31609** 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	Personal Choice ON Exchange PPO Indiv					Personal Choice ON Exchange EPO				Personal Choice OFF Exchange EPO				Personal Choice OFF Exchange PPO Indiv				
1.2	Product ID	31609PA007					31609PA016				31609PA018				31609PA019				
1.3	Plan Name	PPO Gold	PPO Silver	PPO Bronze	PPO Gold Classic	PPO Gold	EPO Catastrophic	EPO Bronze	EPO Bronze Basic	EPO Bronze Classic	EPO Catastrophic	EPO Bronze	EPO Bronze Basic	EPO Bronze Classic	PPO Gold	PPO Silver	PPO Bronze	PPO Gold	PPO Silver Basic
1.4	Plan ID (Standard Component ID)	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006	31609PA0190007
1.5	Metal	Gold	Silver	Bronze	Gold	Gold	Catastrophic	Bronze	Bronze	Bronze	Catastrophic	Bronze	Bronze	Bronze	Gold	Silver	Bronze	Gold	Silver
1.6	AV Metal Value	0.794	0.702	0.629	0.786	0.820	0.608	0.631	0.619	0.646	0.608	0.631	0.619	0.646	0.794	0.715	0.629	0.820	0.716
1.7	Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	New
1.8	Plan Type	PPO	PPO	PPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO
1.9	Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	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	1/1/2025
1.11	Cumulative Rate Change % (over 12 mos prior)	4.82%	5.78%	5.90%	5.02%	5.45%	6.35%	5.49%	6.13%	4.45%	6.35%	5.49%	6.13%	4.45%	4.82%	0.00%	5.90%	5.45%	0.00%
1.12	Product Rate Increase %	5.44%					5.84%				5.64%				5.16%				
1.13	Submission Level Rate Increase %	5.48%																	

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

	2.1 Plan ID (Standard Component ID)	Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006	31609PA0190007
$327,159,795	2.2 Allowed Claims	$327,159,795	$54,855,165	$41,166,818	$27,123,011	$7,396,111	$0	$80,694	$29,159,510	$29,254,609	$0	$46,076	$26,420,028	$9,364,121	$0	$73,530,501	$14,274,871	$14,488,278	$0	$0
$16,029,367	2.3 Reinsurance	$14,967,690	$2,535,394	$1,861,150	$1,210,728	$320,204	$0	$0	$1,457,448	$1,228,603	$0	$0	$1,059,113	$408,773	$0	$3,746,359	$604,004	$535,914	$0	$0
	2.4 Member Cost Sharing	$72,984,168	$6,854,727	$6,279,954	$9,624,712	$1,655,732	$0	$52,676	$8,249,526	$11,317,062	$0	$31,067	$7,097,928	$2,724,017	$0	$9,312,390	$4,186,007	$5,598,372	$0	$0
	2.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$238,146,259	2.6 Incurred Claims	$239,207,937	$45,465,044	$33,025,715	$16,287,571	$5,420,176	$0	$28,018	$19,452,536	$16,708,945	$0	$15,008	$18,262,988	$6,231,331	$0	$60,471,753	$9,484,860	$8,353,992	$0	$0
$48,689,272	2.7 Risk Adjustment Transfer Amount	$48,689,272	$15,269,665	$10,947,427	-$23,454	$148,298	$0	-$7,852	$88,774	-$11,563,880	$0	$22,794	$5,336,466	-$1,072,704	$0	$25,861,545	$2,982,711	$699,481	$0	$0
$285,613,355	2.8 Premium	$285,613,355	$35,088,249	$31,211,541	$33,120,284	$6,809,412	$0	$170,178	$26,690,261	$43,597,745	$0	$91,904	$19,282,173	$8,083,783	$0	$49,976,867	$15,200,014	$16,290,944	$0	$0
409,448	2.9 Experience Period Member Months	409,448	36,266	34,661	52,445	8,287	0	566	44,828	84,184	0	269	32,894	16,115	0	53,065	18,033	27,835	0	0
	2.10 Current Enrollment	34,031	2,881	2,866	4,174	878	272	34	3,670	6,839	340	20	2,696	1,239	108	4,530	0	3,152	332	0
	2.11 Current Premium PMPM	$677.77	$958.24	$868.11	$618.67	$824.61	$931.26	$290.61	$580.84	$498.81	$533.11	$347.52	$579.22	$488.83	$475.75	$924.77	$0.00	$566.11	$974.38	$0.00
	2.12 Loss Ratio	71.55%	90.28%	78.34%	49.21%	77.90%	#DIV/0!	17.26%	72.64%	52.16%	#DIV/0!	13.08%	74.18%	88.88%	#DIV/0!	79.74%	52.16%	49.17%	#DIV/0!	#DIV/0!
	Per Member Per Month																			
	2.13 Allowed Claims	$799.03	$1,512.58	$1,187.70	$517.17	$892.50	#DIV/0!	$142.57	$650.48	$347.51	#DIV/0!	$171.29	$803.19	$581.08	#DIV/0!	$1,385.67	$791.60	$520.51	#DIV/0!	#DIV/0!
	2.14 Reinsurance	$36.56	$69.91	$53.70	$23.09	$38.64	#DIV/0!	$0.00	$32.51	$14.59	#DIV/0!	$0.00	$32.20	$25.37	#DIV/0!	$70.60	$33.49	$19.25	#DIV/0!	#DIV/0!
	2.15 Member Cost Sharing	$178.25	$189.01	$181.18	$183.52	$199.80	#DIV/0!	$93.07	$184.03	$134.43	#DIV/0!	$115.49	$215.78	$169.04	#DIV/0!	$175.49	$232.13	$201.13	#DIV/0!	#DIV/0!
	2.16 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!
	2.17 Incurred Claims	$584.22	$1,253.65	$952.82	$310.56	$654.06	#DIV/0!	$49.50	$433.94	$198.48	#DIV/0!	$55.79	$555.21	$386.68	#DIV/0!	$1,139.58	$525.97	$300.13	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	$118.91	$421.05	$315.84	-$0.45	$17.90	#DIV/0!	-$13.87	$1.98	-$137.36	#DIV/0!	$84.74	$162.23	-$66.57	#DIV/0!	$487.36	$165.40	$25.13	#DIV/0!	#DIV/0!
	2.19 Premium	$697.56	$967.52	$900.48	$631.52	$821.70	#DIV/0!	$300.67	$595.39	$517.89	#DIV/0!	$341.65	$586.19	$501.63	#DIV/0!	$941.80	$842.90	$585.27	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1	Plan ID (Standard Component ID)	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006	31609PA0190007
3.2	Market Adjusted Index Rate	$791.16																	
3.3	AV and Cost Sharing Design of Plan	1.0139	0.8699	0.5918	0.8472	1.0977	0.5078	0.5711	0.5170	0.5709	0.5072	0.5705	0.5165	0.5704	1.0129	0.0000	0.5913	1.0965	0.6959
3.4	Provider Network Adjustment	1.0225	1.0225	1.0225	1.0225	1.0225	0.9713	0.9713	0.9713	0.9713	0.9713	0.9713	0.9713	0.9713	1.0225	0.0000	1.0225	1.0225	1.0225
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	1.0010	1.0010	1.0010	1.0010	1.0010	0.0000	1.0010	1.0010	1.0010
	Administrative Costs																			
3.6	Administrative Expense	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	0.00%	13.15%	13.15%	13.15%
3.7	Taxes and Fees	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	2.63%	0.00%	2.63%	2.63%	2.63%
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%	2.00%	2.00%	2.00%	0.00%	2.00%	2.00%	2.00%
3.9	Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000
3.10	**Plan Adjusted Index Rate**	$997.58	$855.89	$582.27	$833.56	$1,080.03	$474.61	$533.77	$483.21	$533.58	$474.52	$533.74	$483.22	$533.65	$997.59	$0.00	$582.36	$1,079.93	$685.38

3.11	Age Calibration Factor	0.5755	0.5755
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**		$571.69	$490.49	$333.69	$477.69	$618.94	$271.99	$305.89	$276.91	$305.78	$271.94	$305.87	$276.92	$305.82	$571.69	$0.00	$333.74	$618.88	$392.77

Section IV: Projected Plan Level Information

4.1	Plan ID (Standard Component ID)	Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006	31609PA0190007
4.2	Allowed Claims	$373,048,750	$35,187,632	$33,328,932	$44,871,486	$10,133,387	$3,418,760	$345,947	$37,613,264	$69,633,090	$3,484,513	$203,666	$27,652,115	$12,625,508	$1,107,697	$55,357,361	$0	$33,910,354	$4,175,039	$0
4.3	Reinsurance	$12,086,665	$1,023,234	$1,017,907	$1,482,464	$311,836	$96,605	$12,076	$1,303,460	$2,428,982	$120,757	$7,103	$957,528	$440,051	$38,358	$1,608,903	$0	$1,119,484	$117,915	$0
4.4	Member Cost Sharing	$96,036,040	$2,644,879	$4,960,829	$14,823,163	$1,636,590	$125,126	$137,317	$12,949,094	$27,083,094	$1,200,084	$80,943	$9,533,707	$4,916,878	$382,050	$4,188,023	$0	$11,219,379	$154,885	$0
4.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.6	Incurred Claims	$264,926,045	$31,519,519	$27,350,196	$28,565,858	$8,184,961	$3,197,029	$196,554	$23,360,710	$40,121,013	$2,163,673	$115,620	$17,160,880	$7,268,579	$687,289	$49,560,435	$0	$21,571,490	$3,902,239	$0
4.7	Risk Adjustment Transfer Amount	$42,900,164	$3,631,847	$3,612,937	$5,261,829	$1,106,824	$342,889	$42,861	$4,626,476	$8,621,381	$428,611	$25,212	$3,398,632	$1,561,908	$136,147	$5,710,609	$0	$3,973,475	$418,526	$0
4.8	Premium	$276,746,394	$34,488,215	$29,435,937	$29,164,850	$8,782,392	$3,525,209	$193,640	$23,507,186	$39,655,695	$2,177,015	$113,885	$17,267,602	$7,184,526	$691,608	$54,228,950	$0	$22,027,261	$4,302,423	$0
4.9	Projected Member Months	408,372	34,572	34,392	50,088	10,536	3,264	408	44,040	82,068	4,080	240	32,352	14,868	1,296	54,360	0	37,824	3,984	0
4.10	Loss Ratio	82.88%	82.68%	82.76%	82.98%	82.77%	82.65%	83.11%	83.03%	83.11%	83.04%	83.12%	83.04%	83.10%	83.03%	82.68%	#DIV/0!	82.96%	82.66%	#DIV/0!
	Per Member Per Month																			
4.11	Allowed Claims	$913.50	$1,017.81	$969.09	$895.85	$961.79	$1,047.41	$847.91	$854.07	$848.48	$854.05	$848.61	$854.73	$849.17	$854.70	$1,018.35	#DIV/0!	$896.53	$1,047.95	#DIV/0!
4.12	Reinsurance	$29.60	$29.60	$29.60	$29.60	$29.60	$29.60	$29.60	$29.60	$29.60	$29.60	$29.60	$29.60	$29.60	$29.60	$29.60	#DIV/0!	$29.60	$29.60	#DIV/0!
4.13	Member Cost Sharing	$235.17	$76.50	$144.24	$295.94	$155.33	$38.34	$336.56	$294.03	$330.01	$294.14	$337.26	$294.69	$330.70	$294.79	$77.04	#DIV/0!	$296.62	$38.88	#DIV/0!
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	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	#DIV/0!
4.15	Incurred Claims	$648.74	$911.71	$795.25	$570.31	$776.86	$979.48	$481.75	$530.44	$488.88	$530.31	$481.75	$530.44	$488.87	$530.32	$911.71	#DIV/0!	$570.31	$979.48	#DIV/0!
4.16	Risk Adjustment Transfer Amount	$105.05	$105.05	$105.05	$105.05	$105.05	$105.05	$105.05	$105.05	$105.05	$105.05	$105.05	$105.05	$105.05	$105.05	$105.05	#DIV/0!	$105.05	$105.05	#DIV/0!
4.17	Premium	$677.68	$997.58	$855.89	$582.27	$833.56	$1,080.03	$474.61	$533.77	$483.21	$533.58	$474.52	$533.74	$483.22	$533.65	$997.59	#DIV/0!	$582.36	$1,079.93	#DIV/0!

Rating Area Data Collection

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

Rating Area	Rating Factor
Rating Area 8	1.0000

GENERAL OVERVIEW

PURPOSES

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

GENERAL INFORMATION

COMPANY IDENTIFYING INFORMATION

Company Legal Name: QCC Insurance Company, Inc. ("QCC")
State: Pennsylvania
HIOS Issuer ID (5-digit): 31609
Market: Individual
Effective Date(s): 1/1/2025

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 QCC. Worksheet 2 contains experience period data and projections by product for the single risk pool for the same entities.

COMPANY CONTACT INFORMATION

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

PROPOSED RATE INCREASE

The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2023 to calendar year 2025 were incorporated into the pricing and reflected in the Unified Rate Review Template. The changes are driven by factors including: changes in market-wide population risk morbidity and covered services, increasing unit costs for medical services, increasing utilization of medical services, increasing fees and taxes imposed by the federal government, anticipated costs to administer the plan, and anticipated revenue or payments due to market-wide risk adjustment.

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

We are projecting that claims will increase by 5.5% in 2025. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

A reinsurance program administered by the state became effective January 1, 2021. We project that this will reduce rates by approximately 4.4% 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 QCC plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is 5.5%. The minimum increase is 4.5% and the maximum increase is 6.3%.

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 QCC in the Commonwealth of Pennsylvania.

PREMIUMS IN EXPERIENCE PERIOD

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

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

Paid-to-Date and Incurred Claims, and Member Months
Insurer fee-for-service claims expenses and member liabilities for dates of service in January 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 QCC with the experience period data for Keystone Health Plan East ("KHPE"). This should provide a more stable basis for projecting the Index Rate. The combined data is shown in Tab Ib. The Change in Network Factor is intended to result in QCC rates that are reasonable in relation to KHPE rates. The combined claims are determined to be 100% credible as reflected in Table 5.

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustment PMPM

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

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

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

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

in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2025. 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. When an alternate methodology was used to calculate the AV Metal Value a copy of the actuarial certification required by 45 CFR Part 156, §156.135 was included.

[redacted]

May 15, 2024

2025 Rates Table Template v14.0

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

HIOS Issuer ID*	31609
Rate Effective Date*	1/1/2025
Rate Expiration Date*	12/31/2025
Rating Method*	Age-Based Rates

Plan ID* Required: Enter the 14-character Plan ID	Rating Area ID* Required: Select the Rating Area ID	Tobacco* Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Age* Required: Select the age of a subscriber eligible for the rate	Individual Rate* Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Individual Tobacco Rate* Required: Enter the rate of an Individual tobacco enrollee on a plan
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	437.30	437.30
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	15	476.18	476.18
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	16	491.04	491.04
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	17	505.90	505.90
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	18	521.91	521.91
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	19	537.91	537.91
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	20	554.49	554.49
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	21	571.64	643.10
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	22	571.64	643.10
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	23	571.64	643.10
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	24	571.64	643.10
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	25	573.93	645.67
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	26	585.36	658.53
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	27	599.08	673.96
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	28	621.37	699.04
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	29	639.67	719.62
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	30	648.81	762.35
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	31	662.53	778.47
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	32	676.25	794.59
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	33	684.82	804.67
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	34	693.97	815.42
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	35	698.54	820.79
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	36	703.12	826.16
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	37	707.69	831.54
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	38	712.26	836.91
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	39	721.41	847.66
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	40	730.56	894.93
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	41	744.28	911.74
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	42	757.42	927.84
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	43	775.72	950.25
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	44	798.58	978.26
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	45	825.45	1011.17
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	46	857.46	1050.39
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	47	893.47	1094.50
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	48	934.63	1144.92
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	49	975.22	1194.64
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	50	1020.95	1403.80
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	51	1066.11	1465.90
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	52	1115.84	1534.28
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	53	1166.15	1603.45
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	54	1220.45	1678.12
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	55	1274.76	1752.79
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	56	1333.64	1833.75
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	57	1393.09	1915.49
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	58	1456.54	2002.74
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	59	1487.98	2045.97
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	60	1551.43	2133.22
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	61	1606.31	2208.67
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	62	1642.32	2258.19
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	63	1687.48	2320.29
31609PA0070002	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1714.92	2358.02
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	375.21	375.21
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	15	408.56	408.56
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	16	421.31	421.31
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	17	434.07	434.07
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31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	19	461.53	461.53
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	20	475.76	475.76
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	21	490.47	551.78
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	22	490.47	551.78
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	23	490.47	551.78
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	24	490.47	551.78
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	25	492.43	553.99
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	26	502.24	565.02
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	27	514.01	578.26
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	28	533.14	599.78
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	29	548.84	617.44
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	30	556.68	654.10
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	31	568.45	667.93
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	32	580.23	681.77
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	33	587.58	690.41
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	34	595.43	699.63
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	35	599.35	704.24
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	36	603.28	708.85
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31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	40	626.82	767.86
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31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	42	649.87	796.09
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	43	665.57	815.32
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	44	685.19	839.35
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31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	62	1409.12	1937.54
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	63	1447.87	1990.82
31609PA0070003	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1471.41	2023.19
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	255.27	255.27
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31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	21	333.69	375.40
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31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	24	333.69	375.40
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	25	335.02	376.90
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31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	28	362.72	408.06
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31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	41	434.46	532.22
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	42	442.14	541.62
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	43	452.82	554.70
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	44	466.16	571.05
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	45	481.85	590.26
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	46	500.54	613.16
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	47	521.56	638.91
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	48	545.58	668.34
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	49	569.28	697.36
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	50	595.97	819.46
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	51	622.33	855.71
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	52	651.36	895.62
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	53	680.73	936.00
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	54	712.43	979.59
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	55	744.13	1023.18
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	56	778.50	1070.44
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	57	813.20	1118.15
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	58	850.24	1169.08
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	59	868.60	1194.32
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	60	905.63	1245.25
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	61	937.67	1289.29
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	62	958.69	1318.20
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	63	985.05	1354.45
31609PA0070004	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1001.07	1376.47
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	365.40	365.40
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	15	397.88	397.88
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	16	410.30	410.30
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	17	422.72	422.72
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	18	436.09	436.09
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	19	449.47	449.47
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	20	463.32	463.32
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	21	477.65	537.36
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	22	477.65	537.36
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	23	477.65	537.36
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	24	477.65	537.36
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	25	479.56	539.51
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	26	489.11	550.25
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	27	500.58	563.15
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	28	519.21	584.11
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	29	534.49	601.30
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	30	542.13	637.01
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	31	553.60	650.48
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	32	565.06	663.95
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	33	572.22	672.36
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	34	579.87	681.34
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	35	583.69	685.83
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	36	587.51	690.32
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	37	591.33	694.81
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	38	595.15	699.30
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	39	602.79	708.28
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	40	610.44	747.78
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	41	621.90	761.83
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	42	632.89	775.29
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	43	648.17	794.01
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	44	667.28	817.41
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	45	689.73	844.92
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	46	716.48	877.68
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	47	746.57	914.54
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	48	780.96	956.67
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	49	814.87	998.22
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	50	853.08	1172.99
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	51	890.82	1224.87
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	52	932.37	1282.01
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	53	974.41	1339.81
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	54	1019.78	1402.20
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	55	1065.16	1464.59
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	56	1114.36	1532.24
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	57	1164.03	1600.55
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	58	1217.05	1673.45
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	59	1243.32	1709.57
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	60	1296.34	1782.47
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	61	1342.20	1845.52
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	62	1372.29	1886.90
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	63	1410.02	1938.78
31609PA0070011	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1432.95	1970.31
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	473.44	473.44
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	15	515.52	515.52
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	16	531.61	531.61
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	17	547.70	547.70
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	18	565.03	565.03
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	19	582.36	582.36
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	20	600.30	600.30
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	21	618.87	696.23
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	22	618.87	696.23
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	23	618.87	696.23
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	24	618.87	696.23
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	25	621.35	699.01
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	26	633.72	712.94
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	27	648.58	729.65
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	28	672.71	756.80
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	29	692.52	779.08
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	30	702.42	825.34
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	31	717.27	842.79
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	32	732.12	860.24
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	33	741.41	871.15
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	34	751.31	882.79
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	35	756.26	888.60
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	36	761.21	894.42
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	37	766.16	900.24
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	38	771.11	906.06
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	39	781.01	917.69
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	40	790.92	968.87
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	41	805.77	987.07
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	42	820.00	1004.50
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	43	839.81	1028.76
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	44	864.56	1059.09
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	45	893.65	1094.72
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	46	928.31	1137.17
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	47	967.29	1184.93
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	48	1011.85	1239.52
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	49	1055.79	1293.35
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	50	1105.30	1519.79
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	51	1154.19	1587.01
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	52	1208.03	1661.05
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	53	1262.49	1735.93
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	54	1321.29	1816.77
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	55	1380.08	1897.61
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	56	1443.82	1985.26
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	57	1508.19	2073.76
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	58	1576.88	2168.21
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	59	1610.92	2215.01
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	60	1679.61	2309.47
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	61	1739.02	2391.16
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	62	1778.01	2444.77
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	63	1826.90	2511.99
31609PA0070012	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1856.61	2552.84
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	208.06	208.06
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	15	226.55	226.55
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	16	233.62	233.62
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	17	240.69	240.69
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	18	248.31	248.31
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	19	255.92	255.92
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	20	263.81	263.81
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	21	271.97	305.97
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	22	271.97	305.97
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	23	271.97	305.97
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	24	271.97	305.97
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	25	273.06	307.19
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	26	278.50	313.31
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	27	285.02	320.65
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	28	295.63	332.59
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	29	304.33	342.38
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	30	308.69	362.71
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	31	315.21	370.38
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	32	321.74	378.05
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	33	325.82	382.84
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	34	330.17	387.95
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	35	332.35	390.51
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	36	334.52	393.06
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	37	336.70	395.62
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	38	338.87	398.18
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	39	343.23	403.29
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	40	347.58	425.78
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	41	354.10	433.78
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	42	360.36	441.44
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	43	369.06	452.10
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	44	379.94	465.43
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	45	392.72	481.09
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	46	407.96	499.74
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	47	425.09	520.73
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	48	444.67	544.72
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	49	463.98	568.38
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	50	485.74	667.89
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	51	507.22	697.43
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	52	530.89	729.97
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	53	554.82	762.88
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	54	580.66	798.40
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	55	606.49	833.93
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	56	634.51	872.45
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	57	662.79	911.34
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	58	692.98	952.85
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	59	707.94	973.41
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	60	738.13	1014.92
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	61	764.24	1050.82
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	62	781.37	1074.38
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	63	802.86	1103.93
31609PA0160001	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	815.91	1121.88
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	234.01	234.01
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	15	254.81	254.81
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	16	262.77	262.77
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	17	270.72	270.72
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	18	279.29	279.29
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	19	287.85	287.85
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	20	296.72	296.72
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	21	305.90	344.14
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	22	305.90	344.14
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	23	305.90	344.14
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	24	305.90	344.14
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	25	307.12	345.51
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	26	313.24	352.40
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	27	320.58	360.66
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	28	332.51	374.08
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	29	342.30	385.09
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	30	347.20	407.96
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	31	354.54	416.58
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	32	361.88	425.21
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	33	366.47	430.60
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	34	371.36	436.35
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	35	373.81	439.23
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	36	376.26	442.10
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	37	378.70	444.98
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	38	381.15	447.85
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	39	386.05	453.60
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	40	390.94	478.90
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	41	398.28	487.90
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	42	405.32	496.51
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	43	415.11	508.51
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	44	427.34	523.49
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	45	441.72	541.11
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	46	458.85	562.09
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	47	478.12	585.70
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	48	500.15	612.68
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	49	521.87	639.29
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	50	546.34	751.21
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	51	570.50	784.44
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	52	597.12	821.04
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	53	624.04	858.05
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	54	653.10	898.01
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	55	682.16	937.97
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	56	713.66	981.29
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	57	745.48	1025.03
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	58	779.43	1071.72
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	59	796.26	1094.85
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	60	830.21	1141.54
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	61	859.58	1181.92
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	62	878.85	1208.42
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	63	903.02	1241.65
31609PA0160005	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	917.70	1261.84
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	211.85	211.85
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	15	230.68	230.68
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	16	237.88	237.88
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	17	245.08	245.08
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	18	252.84	252.84
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	19	260.59	260.59
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	20	268.62	268.62
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	21	276.93	311.55
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	22	276.93	311.55
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	23	276.93	311.55
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	24	276.93	311.55
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	25	278.04	312.79
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	26	283.58	319.02
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	27	290.22	326.50
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	28	301.02	338.65
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	29	309.88	348.62
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	30	314.32	369.32
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	31	320.96	377.13
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	32	327.61	384.94
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	33	331.76	389.82
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	34	336.19	395.03
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	35	338.41	397.63
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	36	340.62	400.23
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	37	342.84	402.84
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	38	345.05	405.44
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	39	349.49	410.65
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	40	353.92	433.55
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	41	360.56	441.69
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	42	366.93	449.49
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	43	375.79	460.35
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	44	386.87	473.92
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	45	399.89	489.86
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	46	415.40	508.86
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	47	432.84	530.23
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	48	452.78	554.66
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	49	472.44	578.74
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	50	494.60	680.07
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	51	516.47	710.15
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	52	540.57	743.28
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	53	564.94	776.79
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	54	591.25	812.96
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	55	617.55	849.14
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	56	646.08	888.36
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	57	674.88	927.96
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	58	705.62	970.22
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	59	720.85	991.17
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	60	751.59	1033.43
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	61	778.17	1069.99
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	62	795.62	1093.98
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	63	817.50	1124.06
31609PA0160006	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	830.79	1142.34
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	233.94	233.94
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	15	254.74	254.74
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	16	262.69	262.69
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	17	270.64	270.64
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	18	279.20	279.20
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	19	287.77	287.77
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	20	296.64	296.64
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	21	305.81	344.04
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	22	305.81	344.04
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	23	305.81	344.04
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	24	305.81	344.04
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	25	307.03	345.41
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	26	313.15	352.29
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	27	320.49	360.55
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	28	332.42	373.97
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	29	342.20	384.98
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	30	347.09	407.84
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	31	354.43	416.46
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	32	361.77	425.08
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	33	366.36	430.47
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	34	371.25	436.22
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31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	38	381.04	447.72
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	39	385.93	453.47
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	40	390.83	478.76
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	41	398.16	487.75
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31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	43	414.98	508.36
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	44	427.22	523.34
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	45	441.59	540.95
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	46	458.72	561.93
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	47	477.98	585.53
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	48	500.00	612.50
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	49	521.71	639.10
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	50	546.18	750.99
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	51	570.34	784.21
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	52	596.94	820.79
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	53	623.85	857.80
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	54	652.90	897.74
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	55	681.96	937.69
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	56	713.45	981.00
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	57	745.26	1024.73
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	58	779.20	1071.41
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	59	796.02	1094.53
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	60	829.97	1141.21
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	61	859.33	1181.57
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	62	878.59	1208.06
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	63	902.75	1241.28
31609PA0160009	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	917.43	1261.47
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	208.06	208.06
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	15	226.55	226.55
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	16	233.62	233.62
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	17	240.69	240.69
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	18	248.31	248.31
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	19	255.92	255.92
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	20	263.81	263.81
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	21	271.97	305.97
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	22	271.97	305.97
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	23	271.97	305.97
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	24	271.97	305.97
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	25	273.06	307.19
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	26	278.50	313.31
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	27	285.02	320.65
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	28	295.63	332.59
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	29	304.33	342.38
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	30	308.69	362.71
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	31	315.21	370.38
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	32	321.74	378.05
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	33	325.82	382.84
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	34	330.17	387.95
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	35	332.35	390.51
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	36	334.52	393.06
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	37	336.70	395.62
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	38	338.87	398.18
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	39	343.23	403.29
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	40	347.58	425.78
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	41	354.10	433.78
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	42	360.36	441.44
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	43	369.06	452.10
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	44	379.94	465.43
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	45	392.72	481.09
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	46	407.96	499.74
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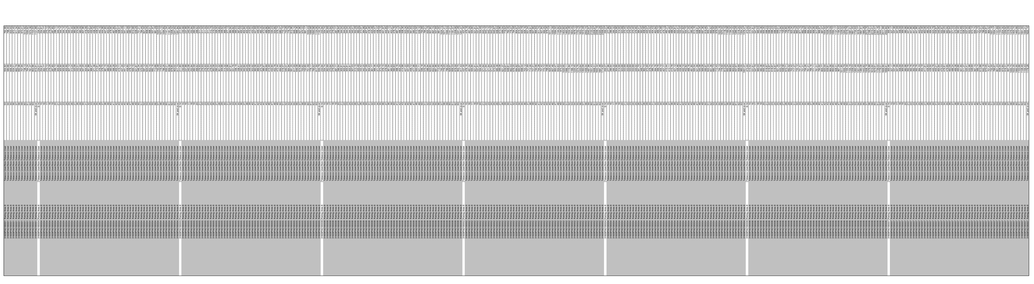
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	48	444.67	544.72
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	49	463.98	568.38
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	50	485.74	667.89
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	51	507.22	697.43
31609PA0180001	Rating Area 8	Tobacco User/Non-Tobacco User	52	530.89	729.97



Cover Page

HIOS Issuer ID: 31609

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

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

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA007, 31609PA019

Applicable HIOS Plan IDs (Standard Component): 31609PA0070002, 31609PA0190002, 31609PA0070003, 31609PA0070004, 31609PA0190004, 31609PA0070011, 31609PA0070012, 31609PA0190006, 31609PA0190007

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 the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost-sharing for inpatient hospital services for a subset of these plans differs by facility and professionalclaims. Inpatient hospital services account for about 16% of allowed costs in the AV calculation.

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

The outpatient facility fee cost-sharing for a subset of these plans varies by site of service. Services have different copays or coinsurances for a free-standing facility setting and a hospital setting. Outpatient facility fee accounts for about 13% of allowed costs in the AV calculation.

The cost-sharing for primary care for a subset of these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 3% of allowed costs in the AV calculation.

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

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

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

The cost-sharing for x-rays and diagnostic imaging for a subset of these plans varies by site of service. X-rays and diagnostic imaging accounts for about 3% of allowed costs in the AV calculation.

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

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Outpatient Mental Health and Substance Abuse accounts for about 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.

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

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

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

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

Description of the standardized plan population data used:

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 freestanding and hospital utilization data for laboratory services, we considered our commercial PPO data incurred between January 2023 and December 2023.

For the physical therapy and radiology site-of-service utilization, we considered our commercial PPO 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 PPO data incurred between January 2023 and December 2023. For average cost per unit, we used our commercial PPO and 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
31609PA0070002, 31609PA0190002	$30	$20	$ 28.50
31609PA0070003	$30	$20	$ 28.50
31609PA0070003-04	$30	$20	$ 28.50
31609PA0070003-05	$25	$20	$ 24.25
31609PA0070003-06	$5	$0	$ 4.25
31609PA0070012, 31609PA0190006	$15	$5	$ 13.50
31609PA0190007	$35	$25	$ 33.50

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
31609PA0070002, 31609PA0190002	$65	$45	$ 64.00
31609PA0070003	$75	$50	$ 73.75
31609PA0070003-04	$75	$50	$ 73.75
31609PA0070003-05	$50	$35	$ 49.25
31609PA0070003-06	$10	$5	$ 9.75
31609PA0070012, 31609PA0190006	$15	$5	$ 14.50
31609PA0190007	$80	$55	$ 78.75

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	31609PA0070002, 31609PA0190002	31609PA0070012, 31609PA0190006
IP Cost Sharing		
Facility	$750	$500
Professional	20%	20%

AVC Continuance Table	Gold	Gold
PMPY for IP	$1,321	$1,321
Admit PMPY	0.05	0.05
Claim per Admit	$27,080	$27,080
Average LOS (days)	1.6	1.6
Effective Copay Factor for 5-days	0.41	0.41

Assumption from Data		
% Facility Cost	85%	85%
% Professional Cost	15%	15%

Calculations		
Professional Claim per Admit	$4,062	$4,062
Professional Claim per Day	$2,476	$2,476
Equiv. Copay per Day no max	$495	$495
Equiv. Copay per Day, 5-day max	$1,217	$1,217
Total Copay per Day, 5-day max	**$1,967**	**$1,717**

Combination of Coinsurance for IP Hospital

The coinsurance for inpatient hospital facility claims was blended with the coinsurance on professional claims to calculate equivalent coinsurance for inpatient claims. Based on our data, we assumed that 85% of the cost was from facility claims and the remaining 15% was from professional claims.

HIOS IDs	31609PA0070003, 31609PA0190007	31609PA0070004, 31609PA0190004
Facility	25%	25%
Professional	30%	50%
Blend	**74.3%**	**71.3%**

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

Combination of Coinsurance for Laboratory Services

For the lab site of service cost-sharing, our recent data suggested that 20% of units are at a hospital setting with an average unit cost of $58.81, while 80% of units are at a freestanding setting with an average unit cost of $21.78. Taking a weighted average of a 50% issuer coinsurance applied to $58.81 and a 100% issuer coinsurance applied to $21.78 produced an average issuer paid amount of $23.30 out of an average cost of $29.18, giving an effective issuer coinsurance of 79.9% which was entered into the AV calculator.

Combination of Coinsurance for Outpatient Facility Fee

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

	31609PA0070003	31609PA0070011
Hospital	50.0%	40.0%
ASC	30.0%	20.0%
Blend	**54.0%**	**64.0%**

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

Combination of Copays for Outpatient Facility Fee

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

	31609PA0070002, 31609PA0190002	31609PA0070012, 31609PA0190006
Hospital	$700	$700
ASC	$300	$300
Blend	**$520.00**	**$520.00**

Occupational and Physical Therapy Site-of-service Differential

For the physical therapy site of service cost-sharing, our recent data indicated that 80% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of the copays at each site.

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

For the x-ray site of service cost-sharing, our recent data indicated that 30% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

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

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

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

For the imaging site of service cost-sharing, our recent data indicated that 30% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

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

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

		Cost-sharing		
HIOS ID	Service Type	Preferred Site	Non-preferred Site	AV Input
31609PA0070002, 31609PA0190002	Phys. Ther.	$65	$95	$71.00
	X-rays	$60	$90	$81.00
	Imaging	$120	$160	$148.00
31609PA0070003	Phys. Ther.	$75	$105	$81.00
	X-rays	30%	50%	55%
	Imaging	30%	50%	54%
31609PA0190007	Phys. Ther.	$80	$110	$86.00
	X-rays	$100	$150	$135.00
	Imaging	$200	$250	$235.00

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. For plans where this cost-sharing is a combination of copay and coinsurance, a separate exhibit has been included to show the development of the effective copay that was used in the AV calculator.

	Cost - sharing		
HIOS_ID	**MH/SA Office**	**MH/SA Other**	**AV Input**
31609PA0070002, 31609PA0190002	$65	$65	$65.00
31609PA0070004, 31609PA0190004	50%	50%	50%
31609PA0070011	20%	20%	80%
31609PA0070012, 31609PA0190006	$15	$45	$22.50
31609PA0190007	$80	$80	$80.00

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

	31609PA0070003	31609PA0070003-04
OP Visit Cost-sharing	$75	$75
OP Visit Weight	75%	75%
Avg Cost/Unit OP Other	$269.32	$269.32
OP Other Cost-sharing in Deductible	100%	100%
OP Other Weight in Deductible	12%	12%
OP Other Cost-sharing after Deductible	30%	20%
OP Other Weight after Deductible	13%	13%
Effective Copay (AV Input)	**$99.31**	**$94.54**

	31609PA0070003-05	31609PA0070003-06
OP Visit Cost-sharing	$50	$10
OP Visit Weight	75%	75%
Avg Cost/Unit OP Other	$269.32	$269.32
OP Other Cost-sharing in Deductible	N/A	N/A
OP Other Weight in Deductible	N/A	N/A
OP Other Cost-sharing after Deductible	10%	10%
OP Other Weight after Deductible	25%	25%
Effective Copay (AV Input)	**$44.23**	**$14.23**

Generic Drugs Copay Differential

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

	Cost - sharing		
HIOS_ID	Low-Cost Generic	Generic	AV Input
31609PA0070002, 31609PA0190002	$3	$20	$ 13.20
31609PA0070003	$3	$20	$ 13.20
31609PA0070004, 31609PA0190004	$5	$35	$ 23.00
31609PA0070003-04	$3	$20	$ 13.20
31609PA0070003-05	$3	$10	$ 7.20
31609PA0070003-06	$3	$4	$ 3.60
31609PA0070011	$3	$20	$ 13.20
31609PA0070012, 31609PA0190006	$3	$15	$ 10.20
31609PA0190007	$3	$20	$ 13.20

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

Not applicable.

Certification Language:

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

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: 4/29/2024

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

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

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2025. 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 the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost-sharing for primary care for these plans is a combination of copays for office visits in person and virtual care. Primary care services account for about 3% of allowed costs in the AV calculation.

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Additionally, the cost-sharing for the first 3 outpatient mental health office visits for these plans is exempt from the deductible. Outpatient Mental Health and Substance Abuse accounts for about 4% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for plans 31609PA0160006 and 31609PA0180005 varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 4% of allowed costs in the AV calculation.

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

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

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

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

Description of the standardized plan population data used:

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 PPO data incurred between January 2023 and December 2023. For average cost per unit, we used our commercial PPO and 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:

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.

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

Using the bronze continuance table in the Final 2025 AV Calculator, we calculated the average cost per visit for outpatient mental health before the out-of-pocket maximum. This average cost was used as a point estimate of the allowed cost per visit for services before satisfying the out-of-pocket maximum. An effective member copay is calculated by taking a weighted average of $0 for the first three visits times the proportion of visits within the first three visits, which according to our experience period between January 2023 and December 2023 for commercial PPO is 11.00%, and the average cost per service from the AV Calculator times the remaining proportion of visits. This effective copay was then used as the cost-sharing for outpatient mental health office visits in our blended outpatient mental health calculation below.

	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001
Cost per Visit	$99.89	$99.89
Copay for Visits 1-3:	$0.00	$0.00
Visits 1-3 Proportion:	11.00%	11.00%
Eff. Member Copay	**$88.90**	**$88.90**

	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001
OP Visit Cost-sharing	$88.90	$88.90
OP Visit Weight	75%	75%
Avg Cost/Unit OP Other	$269.32	$269.32
OP Other Cost-sharing in Deductible	100%	100%
OP Other Weight in Deductible	24.7%	24.7%
OP Other Cost-sharing after Deductible	0%	0%
OP Other Weight after Deductible	0.3%	0.3%
Effective Copay (AV Input)	**$133.08**	**$133.08**

Primary Care Copay Differential

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

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

Generic Drugs Copay Differential

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

	Cost - sharing		
HIOS_ID	**Low-Cost Generic**	**Generic**	**AV Input**
31609PA0160006, 31609PA0180005	$5	$25	$ 17.00

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

Not applicable.

Certification Language:

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

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: 4/29/2024

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

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

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2025. 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 the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost-sharing for 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.

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

Method 156.135(b)(2) was used for outpatient mental health and substance abuse.

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 outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2023 and December 2023. For average cost per unit, 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:

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**
31609PA0160005, 31609PA0180004	0%	0%	100%

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

Not applicable.

Certification Language:

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

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: 4/29/2024

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160009, 31609PA0180008

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 the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost-sharing for 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 a subset of 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.

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

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

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

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

Description of the standardized plan population data used:

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 PPO data incurred between January 2023 and December 2023. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the generic drugs utilization and average cost per low-cost generic drug, 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**
31609PA0160009, 31609PA0180008	$65	$50	$ 62.75

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**
31609PA0160009, 31609PA0180008	$65	$50	$ 64.25

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.

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

	31609PA0160009, 31609PA0180008
OP Visit Cost-sharing	$65
OP Visit Weight	75%
Avg Cost/Unit OP Other	$269.32
OP Other Cost-sharing in Deductible	100%
OP Other Weight in Deductible	13.8%
OP Other Cost-sharing after Deductible	50%
OP Other Weight after Deductible	11.2%
Effective Copay (AV Input)	**$100.96**

Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. For these plans, the cost-sharing entered into the AV calculator is an effective coinsurance to capture the blending of a copay for low-cost generic drugs and coinsurance for normal generic drugs.

	Cost - sharing			
HIOS_ID	**Low-Cost Generic**	**Generic**	**Low-Cost Generic Cost**	**AV Input**
31609PA0160009, 31609PA0180008	$5	50%	$6.94	41%

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

Not applicable.

Certification Language:

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

The analysis was
(iii) conducted by a member of the American Academy of Actuaries; and
(iv) 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	1.743	1.738	0.997
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.004	1.004	1.000
Total change			0.997

No changes were assumed for this filing.

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

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

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

Table 10 factors:	PPO	1.022
	EPO	0.971

REDACTION JUSTIFICATION – KHPE CONSUMER

DOCUMENT

URRT Part III – Federal Actuarial Memorandum

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

PA Actuarial Memorandum

Redacted Name of opining actuary (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

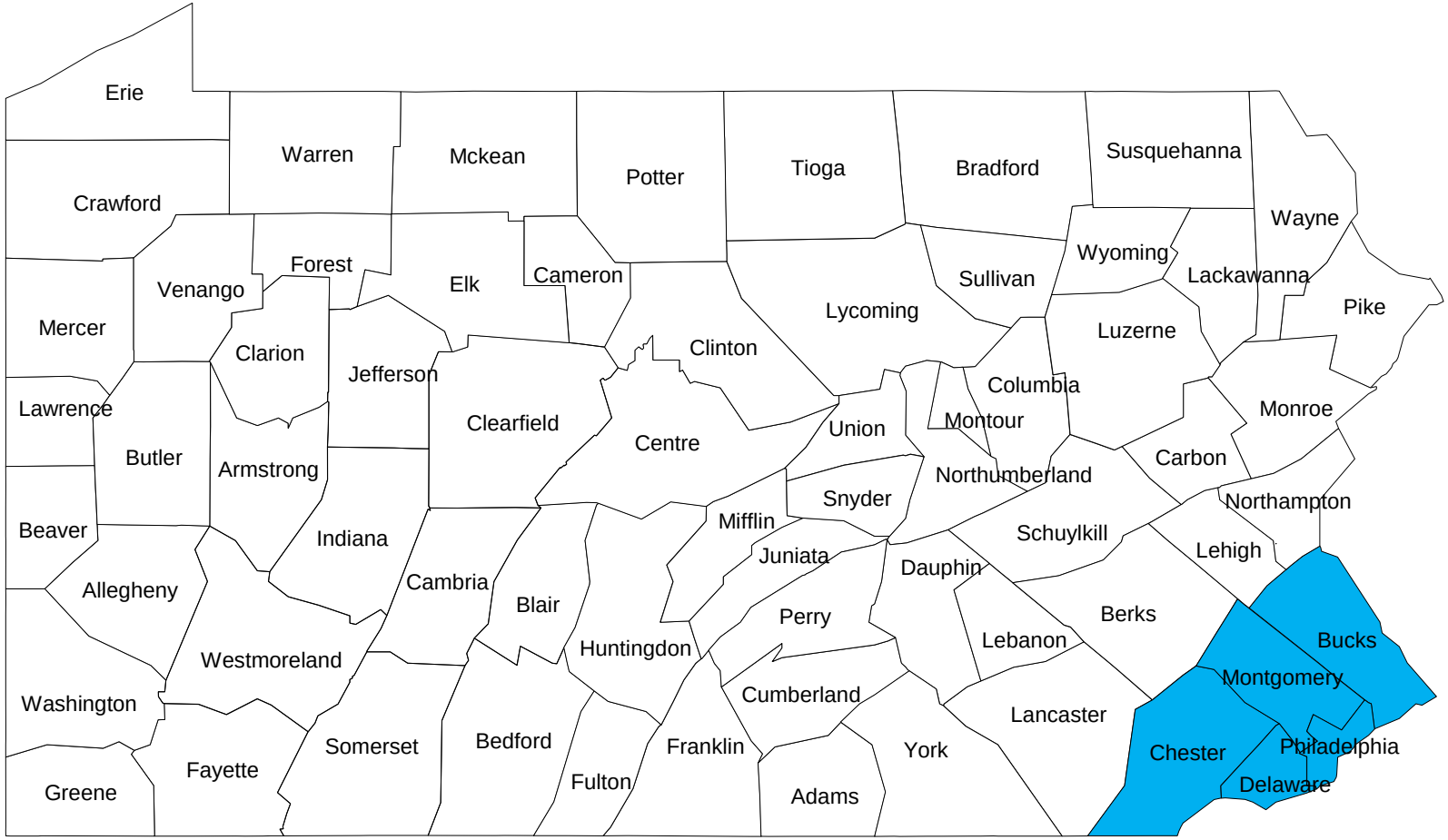
Unique AV Justification file

Redacted name of opining actuary (page 26)
Redacted AV Screenshots (all)

2024 and 2025 Service Area

Issuer: QCC Insurance Company

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	72.2%	83.2%	468,369	505,932
2021	71.3%	85.2%	497,020	498,720
2022	70.0%	85.0%	436,775	503,940

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:

QCC	HIOS IDs	Plan Marketing Name	FDC Generic Rx	FDC Primary Care Services	HSA Plan
	31609PA0070004, 31609PA0190004	Personal Choice PPO Bronze	X	X	
	31609PA0160006, 31609PA0180005	Personal Choice EPO Bronze Basic	X		
	31609PA0160005, 31609PA0180004	Personal Choice EPO Bronze Reserve			X
	31609PA0160009, 31609PA0180008	Personal Choice EPO Bronze Classic		X	

Completeness and Redaction Justification Checklist

Issuer Name: QCC Insurance Company, Inc.
Market: Individual PPO
SERFF ID: INAC-134056107

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	N/A
	PA Act. Exhibits Table 5	X	N	17	N/A
D.2.B.	Retention Items	X	N	9-10	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	10-11	N/A
	PA Act. Exhibits Table 10	X	N	19	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	11	N/A
	PA Act. Exhibits Table 11	X	N	20-21	N/A
D.5.A.	Age and Tobacco Factors	X	N	11	N/A
	PA Act. Exhibits Table 12	X	N	22	N/A
D.5.B.	Geographic Factors	X	N	11	N/A
	PA Act. Exhibits Table 13	X	N	22	N/A
D.5.C.	Network Factors	X	N	11	N/A
	PA Act. Exhibits Table 14	X	N	22	N/A
D.5.D	*Rate Change Request Summary*	X	N	23	N/A
	PA Act. Exhibits Table 15	X	N	23	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	25-27	N/A
	Service Area Map	X	N	75	N/A
Summary Documents/Confirmation of HIOS & SERFF Submissions		X			Y

State:Pennsylvania
TOI:H16I Individual Health - Major Medical
Sub-TOI:H16I.005C Individual - Other
Filing Type:Rate - G.I. (Guaranteed Issue)
Filing Company:QCC Insurance Company
SERFF Tracking Number:INAC-134056107
State Tracking Number:INAC-134056107
Company Tracking Number:QCC INDIV 1-1-2025
Product Name:QCC Individual PPO effective 1-1-2025
Project Name:
Destruction Date:

Objection Letter Status:Data Request Sent

Objection Letter Date:06/05/2024

Respond By Date:06/19/2024

Submitted Date:06/05/2024 04:07 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 4 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 4 has a much lower pricing AV than the issuer's other gold plan offerings, and that Plans 8 and 12 have much lower pricing AVs than the issuer's other expanded bronze 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

Cover Letter for Responses to June 5 Objection Letter – QCC Consumer INAC-134056107
Response Date June 19, 2024

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 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 QCC Consumer Q3 AVs 06_14_2024" excel worksheet for the rebate history.

4. **The relationship between the Metallic AV and Pricing AV for Plan 4 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 "QCC 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 $697.88, while Table 6 of the PAAM Exhibit shows $684.39 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 QCC and KHPE 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 is 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 "QCC 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 "QCC 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 "QCC 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 "QCC 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 4 has a much lower pricing AV than the issuer's other gold plan offerings, and that Plans 8 and 12 have much lower pricing AVs than the issuer's other expanded bronze 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 QCC 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 %)

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 confirmed that the items match. No revisions were made.

State:Pennsylvania
TOI:H16I Individual Health - Major Medical
Sub-TOI:H16I.005C Individual - Other
Filing Type:Rate - G.I. (Guaranteed Issue)
Filing Company:QCC Insurance Company
SERFF Tracking Number:INAC-134056107
State Tracking Number:INAC-134056107
Company Tracking Number:QCC INDIV 1-1-2025
Product Name:QCC Individual PPO effective 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 09:58 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

Cover Letter for Responses to July 4 Objection Letter – QCC Consumer INAC-134056107
Response Date July 17, 2024

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 1. 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 QCC 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).**

    We are putting an exhibit together to answer this question. We would like to request a delay until Friday to send that exhibit.

    The biggest driver of this miss is the reclassification of the PBM compensation (difference between what Independence 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.

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

    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:H16I Individual Health - Major Medical

Sub-TOI:H16I.005C Individual - Other

Filing Type:Rate - G.I. (Guaranteed Issue)

Filing Company:QCC Insurance Company

SERFF Tracking Number:INAC-134056107

State Tracking Number:INAC-134056107

Company Tracking Number:QCC INDIV 1-1-2025

Product Name:QCC Individual PPO effective 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 03:55 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) Please update the 2023 experience period risk adjustment amount in Table 2 to reflect the final CMS risk adjustment amount released on July 22.

8) 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.

9) 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.

10) 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 – QCC Consumer INAC-134056107
Response Date July 31, 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. **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.

8. **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.

9. **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.

10. **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.