

SERFF Tracking #:

INAC-131476931

State Tracking #:

INAC-131476931

Company Tracking #:

KHPE INDIV 1-1-2019

State:

Pennsylvania

Filing Company:

Keystone Health Plan East, Inc.

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

KHPE Individual HMO eff 1-1-2019

Project Name/Number:

/

Supporting Document Schedules

Satisfied - Item:	ACA Public Rate Filing PDF
Comments:	
Attachment(s):	Public Rate Filing KHPE Consumer 071318 (Pages 1 to 62).pdf Public Rate Filing KHPE Consumer 071318 (Pages 63 to 75).pdf
Item Status:	
Status Date:	



May 21, 2018

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

SUBMITTED VIA SERFF

**RE: Keystone Health Plan East
Individual HMO Rate Filing effective 1/1/2019
INAC-131476931**

Dear Ms. Gray:

Attached is a revised 2019 annual rate filing for HMO plans of Keystone Health Plan East (KHPE) in the Individual (non-group) marketplace in the Commonwealth of Pennsylvania. Rates for new and renewing plans are being filed and satisfy market reform requirements of the Affordable Care Act (ACA).

This rate filing includes rates for these plans and specifies compliance with rating requirements of the ACA. The enclosed is for rating periods effective from January 1, 2019 through December 31, 2019.

Per the guidance provided by the Pennsylvania Insurance Department, we adjusted the morbidity factor in consideration of changes to the individual mandate penalties. We also included a component for the impact of non-payment of CSR costs per our discussions with the department.

The proposed rates represent a 9.9% increase over the previously approved 2018 rates. This increase incorporates the state's estimate for the value of the individual mandate and CSRs not being funded. If we were to use our own estimates for these factors, the resulting increase would be 3.1%. We intend to request the ability to refile using our own factors to achieve the lower increase.



Information for the Pennsylvania Bulletin:

- | | |
|--|--|
| 1. Company Name and NAIC Number: | Keystone Health Plan East; 95056 |
| 2. Market | Individual |
| 3. On or Off Exchange | On and Off |
| 4. Effective Date of Coverage | January 1, 2019 |
| 5. Average Rate Change Requested | 9.9% |
| 6. Range of Rate Changes Requested | 1.7% - 13.8% |
| 7. Total Annual Revenue Generated from the Proposed Rate Change | \$108,148,572 |
| 8. Products | HMO |
| 9. Rating Areas and Change from 2018 | Rating Area 8 – No Change |
| 10. Metal Levels and Catastrophic Plans | Platinum, Gold, Silver, Bronze |
| 11. Current covered lives and policyholders as of February 1, 2018 | 154,539 lives
105,575 policyholders |
| 12. Number of plans offered in 2019 and change from 2018 | 12 plans in 2019; 12 plans in 2018 |
| 13. Corresponding contract form number, SERFF, and binder numbers | INBC-131478492
See appendix for form numbers |
| 14. HIOS Issuer ID # and submission tracking Number | HIOS Issuer ID # 33871; Filing # 33871-1224427533534017542 |

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

Sincerely,

[REDACTED]

Director and Actuary, Commercial Pricing

cc: [REDACTED]
[REDACTED]

APPENDIX

Form Numbers

KE 650 IND FC EXC-ON Rev. 1.19, KE 650 IND FTC EXC-ON Rev. 1.19, KE 650 IND FTDED EXC-ON Rev. 1.19, KE 650 IND FC EXC-OFF Rev. 1.19, KE 650 IND FDED EXC-OFF Rev. 1.19, KE 650 IND FTC EXC-OFF Rev. 1.19, KE 650 IND FTDED EXC-OFF Rev. 1.19, KE 680 IND FC EXC.OC-ON Rev. 1.19, KE 680 IND FTC EXC.OC-ON Rev. 1.19, KE 680 IND FTDED EXC.OC-ON Rev. 1.19, KE 680 IND FC EXC.OC-OFF Rev. 1.19, KE 680 IND FDED EXC.OC-OFF Rev. 1.19, KE 680 IND FTC EXC.OC-OFF Rev. 1.19, KE 680 IND FTDED EXC.OC-OFF Rev. 1.19, PREV/SCH-II Rev. 1.19, KE 650 IND FTDED EXC-OFF II Rev. 1.19, KE 680 IND FTDED EXC.OC-OFF II Rev. 1.19

Rate Change Summary

Keystone Health Plan East – Individual Plans

Rate request filing ID INAC-131476931 - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at <http://www.insurance.pa.gov/Consumers/ACARelatedFilings/>

Overview

Initial requested average rate change:	2.6% ¹
Revised requested average rate change:	N/A ¹
Range of requested rate change:	-0.8% - 4.0%
Effective date:	January 1, 2019
People impacted:	154,539
Available in:	Area 8

Key information

Jan. 2017-Dec. 2017 financial experience

Premiums	\$754,529,253
Claims	\$576,470,400
Administrative expenses	\$112,709,200
Taxes & fees	\$31,261,881
Company made (after taxes)	\$34,087,772

How it plans to spend your premium

This is how the insurance company plans to spend the premium it collects in 2019:

Claims:	85%
Administrative:	12%
Taxes & fees:	1%
Profit:	2%

The company expects its annual medical costs to increase **12.8%**.

Explanation of requested rate change

Keystone Health Plan East ("KHPE") is revising premium rates for the Pennsylvania Consumer ACA compliant products, effective from January 1, 2019.

About 155,000 members will be affected.

Changes in Medical Service Costs:

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

Changes include updates for individual mandate penalties and non-funding of CSR payments as well as

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

changes in health care service costs driven by changes to health care provider fees.

Financial Experience of the Product:

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

Changes in Benefits:

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

Administrative Costs:

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



July 13, 2018

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

SUBMITTED VIA SERFF

**RE: Keystone Health Plan East
Individual HMO Rate Filing effective 1/1/2019 - REVISED
INAC-131476931**

Dear Ms. Gray:

Attached is a revised 2019 annual rate filing for HMO plans of Keystone Health Plan East (KHPE) in the Individual (non-group) marketplace in the Commonwealth of Pennsylvania. Rates for new and renewing plans are being filed and satisfy market reform requirements of the Affordable Care Act (ACA).

This rate filing includes rates for these plans and specifies compliance with rating requirements of the ACA. The enclosed is for rating periods effective from January 1, 2019 through December 31, 2019.

Per the guidance provided by the Pennsylvania Insurance Department, we adjusted the morbidity factor in consideration of changes to the individual mandate penalties. We also included a component for the impact of non-payment of CSR costs per our discussions with the department.

The proposed rates represent a 2.6% increase over the previously approved 2018 rates. This increase incorporates the state's estimate for the value of the individual mandate and CSRs not being funded.



Information for the Pennsylvania Bulletin:

- | | |
|--|--|
| 1. Company Name and NAIC Number: | Keystone Health Plan East; 95056 |
| 2. Market | Individual |
| 3. On or Off Exchange | On and Off |
| 4. Effective Date of Coverage | January 1, 2019 |
| 5. Average Rate Change Requested | 2.6% |
| 6. Range of Rate Changes Requested | -0.8% - 4.0% |
| 7. Total Annual Revenue Generated from the Proposed Rate Change | \$28,606,318 |
| 8. Products | HMO |
| 9. Rating Areas and Change from 2018 | Rating Area 8 – No Change |
| 10. Metal Levels and Catastrophic Plans | Platinum, Gold, Silver, Bronze |
| 11. Current covered lives and policyholders as of February 1, 2018 | 154,539 lives
105,575 policyholders |
| 12. Number of plans offered in 2019 and change from 2018 | 12 plans in 2019; 12 plans in 2018 |
| 13. Corresponding contract form number, SERFF, and binder numbers | INBC-131478492
See appendix for form numbers |
| 14. HIOS Issuer ID # and submission tracking Number | HIOS Issuer ID # 33871; Filing # 33871-1224427533534017542 |

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

Sincerely,

[REDACTED]
Director and Actuary, Commercial Pricing

cc: [REDACTED]
[REDACTED]

APPENDIX

Form Numbers

KE 650 IND FC EXC-ON Rev. 1.19, KE 650 IND FTC EXC-ON Rev. 1.19, KE 650 IND FTDED EXC-ON Rev. 1.19, KE 650 IND FC EXC-OFF Rev. 1.19, KE 650 IND FDED EXC-OFF Rev. 1.19, KE 650 IND FTC EXC-OFF Rev. 1.19, KE 650 IND FTDED EXC-OFF Rev. 1.19, KE 680 IND FC EXC.OC-ON Rev. 1.19, KE 680 IND FTC EXC.OC-ON Rev. 1.19, KE 680 IND FTDED EXC.OC-ON Rev. 1.19, KE 680 IND FC EXC.OC-OFF Rev. 1.19, KE 680 IND FDED EXC.OC-OFF Rev. 1.19, KE 680 IND FTC EXC.OC-OFF Rev. 1.19, KE 680 IND FTDED EXC.OC-OFF Rev. 1.19, PREV/SCH-II Rev. 1.19, KE 650 IND FTDED EXC-OFF II Rev. 1.19, KE 680 IND FTDED EXC.OC-OFF II Rev. 1.19

PENNSYLVANIA ACTUARIAL MEMORANDUM

PURPOSES

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

1. BASIC INFORMATION AND DATA

A. COMPANY INFORMATION

Company Legal Name:	Keystone Health Plan East (“KHPE”)
State:	Pennsylvania
NAIC #:	95056
Market:	Individual
Marketplace:	On and Off Exchange
Effective Date(s):	1/1/2019 – 12/31/2019
Average Rate Change:	2.6%
Range of Rate Changes:	-0.8% - 4.0%
Products:	HMO
Rating Areas:	Rating Area 8
Metal Levels:	Platinum, Gold, Silver, Bronze
Current Members:	154,539
Current Policyholders:	105,575
Number of 2019 Plans:	12
HIOS Issuer ID (5-digit):	33871

Worksheet 1 of the accompanying URRT contains experience period data and development of the projected Single Risk Pool Gross Premium Average Rate PMPM for the individual market for KHPE. Worksheet 2 contains experience period data and projections by product for the single risk pool for the same entities. This memorandum pertains only to plans denoted in Worksheet 2 by Plan IDs starting with the sequence 33871.

COMPANY CONTACT INFORMATION

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

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

January 1, 2015	14.90%	INAC- 129626130
January 1, 2016	1.91%	INAC- 129936718
January 1, 2017	27.97%	INAC- 130539671
January 1, 2018	21.70%	INAC- 131145975

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

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

C. AVERAGE RATE CHANGE

The average proposed rate change shown in Cell AC15 of Table 10 is 2.6%. The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2017 to calendar year 2019 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 2.5%. The change shown in Cell V45 of Worksheet 1 of URRT Part I is 25.08%. The change shown in Cell V46 of Worksheet 1 of URRT Part I is 11.84%.

D. MEMBERSHIP COUNT

Table 1 illustrates the Experience Period member-months, Current Period members as of February 1, 2018, and Projected Rating Period Member-months by ages.

E. BENEFIT CHANGES

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

F. EXPERIENCE PERIOD CLAIMS AND PREMIUMS

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

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2017 and paid through February 2018. Earned premiums and member months are for January through December 2017. The data are for all direct-written individual business of KHPE in the Commonwealth of Pennsylvania, including out-of-network claims written by KHPE but paid by QCC for POS plans. No private reinsurance was applicable.

Projected Risk Adjustment PMPM

Non-EHB benefits are illustrated 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 is accounted for in Projected Incurred Claims before ACA Reinsurance 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 for IBCFOC 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.

When the projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are combined, the result is consistent with the projection made in our submission. We also considered preliminary 2017 risk transfer results.

G. CREDIBILITY OF DATA

The experience period data is considered 100% credible.

H. TREND IDENTIFICATION

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

We observed significantly lower than expected experience in the first half of 2017. We have updated our trends to reflect that the low first half utilization will not repeat in 2018 and 2019. Specifically, we expect the first half of 2019 to be similar to what we are seeing in the first half of 2018.

I. HISTORICAL EXPERIENCE

Table 4 illustrates historical experience from 2014 through 2017 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.

J. TERMINATED PLANS

No plans are being terminated during 2019.

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.

Changes in Other Factors

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

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

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

Please note that the final marketing plan name shown in Table 10 of the Actuarial Memorandum Rate Exhibit for the Off-Exchange Silver plan that was added in this filing is not yet finalized at the time of this submission.

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.

Administrative Expenses		12.43%
General and Claims	9.63%	
Agent/Broker Fees and Commissions	2.00%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		0.52%
PCORI Fees	0.00%	
PA Premium Tax	0.00%	
Federal Income Tax	0.52%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		2.00%
Total Retention		14.95%

C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Table 7 compares the normalization factors used in this filing to those used in the 2018 filing. The changes in the factors reflect small differences from the projected populations in 2018 and 2019.

D. COMPONENTS OF RATE CHANGE

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

Data in Table 9 was taken from the 2018 URRT with the exceptions of Risk Adjustment and Reinsurance which were revised to project company-specific values.

3. PLAN RATE DEVELOPMENT

Table 10 is populated with plan information consistent with entries in the 2019 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.

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 2018 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 2019 Rate Filing Justification.

May 20, 2018

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Keystone Health Plan East	
Product(s):	Individual HMO	
Market Segment:	Individual	
Rate Effective Date:	1/1/2019	to 12/31/2019
Base Period Start Date:	1/1/2017	to 12/31/2017
Date of Most Recent Membership:	2/1/2018	

Table 1. Number of Members

Average Age	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2018)	Projected Rating Period
	37.6	41.2	41.2
Total	1,736,482	154,539	1,854,468
<18	189,692	14,535	174,420
18-24	239,081	11,965	243,580
25-29	164,183	14,830	177,860
30-34	146,163	13,665	163,880
35-39	137,952	12,821	151,452
40-44	135,015	12,371	146,021
45-49	166,780	14,690	176,280
50-54	198,811	17,316	207,792
55-59	220,471	19,408	221,896
60-63	197,573	17,388	208,656
64+	40,161	5,950	71,400

*Tables 1, 2 and 4 must include data for all non-grandfathered business (ACA Compliant and Transitional)

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
\$ 842,031,247.54	\$ 415,101,500.21	\$ 429,896,281.72	1,736,482	\$ 102,046,860.17	\$ 531,543,142.20	\$ 165,006.60	\$ 151,014,510.00	\$ 159,588,627.99	\$	\$ 87,501,999.99
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)										\$ 390.65
Loss Ratio										76.40%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite UBR Trend **	Weight*
Inpatient Hospital	1.13%	0.00%	0.00%	12.64%	18.24%
Outpatient Hospital	3.21%	0.00%	0.00%	12.50%	17.12%
Professional	1.27%	0.00%	0.00%	10.39%	19.10%
Other Medical	1.27%	0.00%	0.00%	10.39%	0.00%
Capitation				15.00%	22.97%
Prescription Drugs	3.13%	9.42%	0.00%	13.07%	22.63%
Total Annual Trend				12.83%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.27%	

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

** Should = UBR 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-14	\$ 1,674,364.59	\$ 1,000.00		\$ 7,676,364.59	34,681	\$ 221.28			\$	
Feb-14	\$ 11,683,934.28	\$ 1,000.00		\$ 11,683,934.28	49,888	\$ 234.21			\$	
Mar-14	\$ 17,943,855.15	\$ 1,000.00		\$ 17,943,855.15	70,068	\$ 256.07			\$	
Apr-14	\$ 23,111,832.13	\$ 1,000.00		\$ 23,111,832.13	105,388	\$ 221.20			\$	
May-14	\$ 32,150,782.93	\$ 1,000.00		\$ 32,150,782.93	161,681	\$ 198.87			\$	
Jun-14	\$ 35,869,118.47	\$ 1,000.00		\$ 35,869,118.47	165,382	\$ 216.85			\$	
Jul-14	\$ 40,942,226.28	\$ 1,000.00		\$ 40,942,226.28	169,390	\$ 241.70			\$	
Aug-14	\$ 41,287,262.56	\$ 1,000.00		\$ 41,287,262.56	172,040	\$ 239.98			\$	
Sep-14	\$ 41,951,701.08	\$ 1,000.00		\$ 41,951,701.08	174,434	\$ 240.50			\$	
Oct-14	\$ 45,514,937.26	\$ 1,000.00		\$ 45,514,937.26	173,500	\$ 262.33			\$	
Nov-14	\$ 39,918,385.55	\$ 1,000.00		\$ 39,918,385.55	173,223	\$ 230.58			\$	
Dec-14	\$ 46,715,893.72	\$ 1,000.00		\$ 46,715,893.72	173,648	\$ 269.04	\$ 75,344,105.04		\$	
Jan-15	\$ 41,380,452.29	\$ 1,000.00		\$ 41,380,452.29	124,964	\$ 331.14			\$	
Feb-15	\$ 36,963,178.95	\$ 1,000.00		\$ 36,963,178.95	112,110	\$ 329.65			\$	
Mar-15	\$ 38,292,815.38	\$ 1,000.00		\$ 38,292,815.38	113,930	\$ 335.95			\$	
Apr-15	\$ 40,179,975.50	\$ 1,000.00		\$ 40,179,975.50	110,038	\$ 365.15			\$	
May-15	\$ 37,667,380.91	\$ 1,000.00		\$ 37,667,380.91	107,282	\$ 351.11			\$	
Jun-15	\$ 40,037,804.58	\$ 1,000.00		\$ 40,037,804.58	104,521	\$ 383.08			\$	
Jul-15	\$ 37,986,578.20	\$ 1,000.00		\$ 37,986,578.20	102,630	\$ 370.11			\$	
Aug-15	\$ 38,001,058.15	\$ 1,000.00		\$ 38,001,058.15	101,050	\$ 376.04			\$	
Sep-15	\$ 34,536,131.91	\$ 1,000.00		\$ 34,536,131.91	99,923	\$ 345.63			\$	
Oct-15	\$ 37,727,683.05	\$ 1,000.00		\$ 37,727,683.05	98,373	\$ 383.60			\$	
Nov-15	\$ 34,923,081.64	\$ 1,000.00		\$ 34,923,081.64	97,228	\$ 359.15			\$	
Dec-15	\$ 467,335,043.00	\$ 40,878,124.10	\$ 1,000.00	\$ 40,878,124.10	96,239	\$ 424.54	\$ 73,058,947.20		\$	
Jan-16	\$ 36,606,334.43	\$ 1,000.00		\$ 36,606,334.43	127,140	\$ 287.93		\$ (1,226,871.26)	\$ 35,401,799.71	\$ 278.44
Feb-16	\$ 42,915,512.75	\$ 1,000.00		\$ 42,915,512.75	131,757	\$ 325.72		\$ (1,439,004.42)	\$ 41,522,973.43	\$ 315.15
Mar-16	\$ 47,321,908.68	\$ 1,000.00		\$ 47,321,908.68	136,547	\$ 346.57		\$ (1,587,552.55)	\$ 45,809,381.48	\$ 335.49
Apr-16	\$ 44,197,822.79	\$ 1,000.00		\$ 44,197,822.79	136,220	\$ 324.46		\$ (1,483,862.07)	\$ 42,817,358.57	\$ 314.33
May-16	\$ 44,434,245.51	\$ 1,000.00		\$ 44,434,245.51	135,748	\$ 325.78		\$ (1,494,190.65)	\$ 43,116,391.29	\$ 315.99
Jun-16	\$ 44,182,767.05	\$ 1,000.00		\$ 44,182,767.05	133,578	\$ 330.76		\$ (1,488,727.39)	\$ 42,957,747.13	\$ 321.59
Jul-16	\$ 43,166,973.67	\$ 1,000.00		\$ 43,166,973.67	132,396	\$ 328.04		\$ (1,459,796.99)	\$ 42,122,950.37	\$ 318.16
Aug-16	\$ 42,443,937.75	\$ 1,000.00		\$ 42,443,937.75	131,029	\$ 323.70		\$ (1,445,138.03)	\$ 41,699,960.76	\$ 316.25
Sep-16	\$ 44,684,323.20	\$ 1,000.00		\$ 44,684,323.20	130,145	\$ 340.84		\$ (1,517,076.33)	\$ 43,350,960.26	\$ 340.80
Oct-16	\$ 44,030,249.86	\$ 1,000.00		\$ 44,030,249.86	128,620	\$ 342.33		\$ (1,548,598.22)	\$ 44,685,369.50	\$ 347.42
Nov-16	\$ 42,425,760.13	\$ 1,000.00		\$ 42,425,760.13	127,144	\$ 333.68		\$ (1,526,686.24)	\$ 44,023,062.99	\$ 346.48
Dec-16	\$ 588,096,092.21	\$ 44,834,307.41	\$ 1,000.00	\$ 44,834,307.41	125,581	\$ 357.02	\$ 117,326,429.73	\$ (1,779,360.19)	\$ 51,344,057.61	\$ 408.85
Jan-17	\$ 31,646,468.95	\$ 0.9778		\$ 32,364,046.81	146,130	\$ 221.47			\$	
Feb-17	\$ 31,285,218.33	\$ 0.9764		\$ 32,041,274.43	147,511	\$ 217.21			\$	
Mar-17	\$ 36,484,094.96	\$ 0.9785		\$ 37,474,209.05	150,700	\$ 248.67			\$	
Apr-17	\$ 32,276,852.39	\$ 0.9761		\$ 33,213,195.21	149,661	\$ 222.04			\$	
May-17	\$ 36,636,996.31	\$ 0.9699		\$ 37,755,655.33	147,850	\$ 255.45			\$	
Jun-17	\$ 36,428,835.06	\$ 0.9668		\$ 37,676,761.59	146,490	\$ 257.20			\$	
Jul-17	\$ 36,543,025.60	\$ 0.9699		\$ 36,612,089.07	146,000	\$ 245.52			\$	
Aug-17	\$ 36,213,881.22	\$ 0.9733		\$ 36,992,656.36	143,630	\$ 273.60			\$	
Sep-17	\$ 34,547,512.33	\$ 0.9861		\$ 35,761,093.03	142,450	\$ 251.04			\$	
Oct-17	\$ 36,154,678.02	\$ 0.9598		\$ 37,675,110.03	140,940	\$ 267.33			\$	
Nov-17	\$ 35,276,262.65	\$ 0.9466		\$ 36,513,934.65	139,440	\$ 262.70			\$	
Dec-17	\$ 842,031,247.54	\$ 53,492,654.79	\$ 0.9343	\$ 35,849,008.31	136,610	\$ 262.42	\$ 102,046,860.51		\$	

* Express Completion Factor as a percentage

** Express Prescription Drug Rebates as a negative number

Carrier Name: Keystone Health Plan East
 Product(s): HMO
 Market Segment: Individual
 Rate Effective Date: 1/1/2019

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	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)										\$	-
Loss Ratio											0.00%

*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Utilization*	Composite URRT Trend**	Weight*
Inpatient Hospital				0.00%	
Outpatient Hospital				0.00%	
Professional				0.00%	
Other Medical				0.00%	
Capitation					
Prescription Drugs				0.00%	
Total Annual Trend				0.00%	0.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.000	

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

** Should = URRT Trend

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-14				#DIV/0!		#DIV/0!				#DIV/0!
Feb-14				#DIV/0!		#DIV/0!				#DIV/0!
Mar-14				#DIV/0!		#DIV/0!				#DIV/0!
Apr-14				#DIV/0!		#DIV/0!				#DIV/0!
May-14				#DIV/0!		#DIV/0!				#DIV/0!
Jun-14				#DIV/0!		#DIV/0!				#DIV/0!
Jul-14				#DIV/0!		#DIV/0!				#DIV/0!
Aug-14				#DIV/0!		#DIV/0!				#DIV/0!
Sep-14				#DIV/0!		#DIV/0!				#DIV/0!
Oct-14				#DIV/0!		#DIV/0!				#DIV/0!
Nov-14				#DIV/0!		#DIV/0!				#DIV/0!
Dec-14				#DIV/0!		#DIV/0!				#DIV/0!
Jan-15				#DIV/0!		#DIV/0!				#DIV/0!
Feb-15				#DIV/0!		#DIV/0!				#DIV/0!
Mar-15				#DIV/0!		#DIV/0!				#DIV/0!
Apr-15				#DIV/0!		#DIV/0!				#DIV/0!
May-15				#DIV/0!		#DIV/0!				#DIV/0!
Jun-15				#DIV/0!		#DIV/0!				#DIV/0!
Jul-15				#DIV/0!		#DIV/0!				#DIV/0!
Aug-15				#DIV/0!		#DIV/0!				#DIV/0!
Sep-15				#DIV/0!		#DIV/0!				#DIV/0!
Oct-15				#DIV/0!		#DIV/0!				#DIV/0!
Nov-15				#DIV/0!		#DIV/0!				#DIV/0!
Dec-15				#DIV/0!		#DIV/0!				#DIV/0!
Jan-16				#DIV/0!		#DIV/0!				#DIV/0!
Feb-16				#DIV/0!		#DIV/0!				#DIV/0!
Mar-16				#DIV/0!		#DIV/0!				#DIV/0!
Apr-16				#DIV/0!		#DIV/0!				#DIV/0!
May-16				#DIV/0!		#DIV/0!				#DIV/0!
Jun-16				#DIV/0!		#DIV/0!				#DIV/0!
Jul-16				#DIV/0!		#DIV/0!				#DIV/0!
Aug-16				#DIV/0!		#DIV/0!				#DIV/0!
Sep-16				#DIV/0!		#DIV/0!				#DIV/0!
Oct-16				#DIV/0!		#DIV/0!				#DIV/0!
Nov-16				#DIV/0!		#DIV/0!				#DIV/0!
Dec-16				#DIV/0!		#DIV/0!				#DIV/0!
Jan-17				#DIV/0!		#DIV/0!				#DIV/0!
Feb-17				#DIV/0!		#DIV/0!				#DIV/0!
Mar-17				#DIV/0!		#DIV/0!				#DIV/0!
Apr-17				#DIV/0!		#DIV/0!				#DIV/0!
May-17				#DIV/0!		#DIV/0!				#DIV/0!
Jun-17				#DIV/0!		#DIV/0!				#DIV/0!
Jul-17				#DIV/0!		#DIV/0!				#DIV/0!
Aug-17				#DIV/0!		#DIV/0!				#DIV/0!
Sep-17				#DIV/0!		#DIV/0!				#DIV/0!
Oct-17				#DIV/0!		#DIV/0!				#DIV/0!
Nov-17				#DIV/0!		#DIV/0!				#DIV/0!
Dec-17				#DIV/0!		#DIV/0!				#DIV/0!

* Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

PA Rate Template Part II
Rate Development and Change

Carrier Name: Keystone Health Plan East
 Product(s): HMO
 Market Segment: Individual
 Rate Effective Date: 1/1/2019

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	\$ 390.65	\$ -
Two year trend projection factor	1.273	1.000
Unadjusted Projected Allowed EHB Claims PMPM	\$ 497.36	\$ -
Single Risk Pool Adjustment Factors		
Change in Morbidity	1.060	0.000
Change in Other	1.002	0.000
Change in Demographics	1.009	-
Change in Network	0.999	-
Change in Benefits	0.994	-
Change in Other	1.000	-
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 528.00	\$ -
Credibility Factors	100%	0%
Blended Projected EHB Claims PMPM	\$ -	\$ 528.00
Development of the Market-Adjusted Index Rate and Total Allowed Claims		
Adjusted Projected Allowed EHB Claims PMPM	\$ 528.00	-
Adjusted Projected Allowed EHB Claims PMPM (will only populate for small group filings)	\$ -	-
Projected Paid to Allowed Ratio	0.733	-
Projected Paid EHB Claims PMPM	\$ 413.12	-
Market-wide Adjustments		
Projected Risk Adjustment PMPM	(534.72)	-
Projected Paid Exchange User Fees PMPM	\$ 14.38	-
Market-Adjusted Projected Paid EHB Claims PMPM	\$ 462.34	-
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 590.90	-
Projected Allowed Non-EHB Claims PMPM	\$ 0.11	-
Market-Adjusted Projected Paid Total Claims PMPM	\$ 462.42	-
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 591.01	-

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	\$ 390.65
Blended Earned Premium	\$ 842,031,247.54
Blended Loss Ratio	76.40%

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

Effective Date	1/1/2019	4/1/2019	7/1/2019	10/1/2019	Total Single Risk Pool
# of Member Months Renewing in Quarter	-	-	-	-	-
Adjusted Projected Allowed EHB Claims PMPM Q1	\$ 528.00	\$ 528.00	\$ 528.00	\$ 528.00	\$ 528.00
Months of Trend	3	6	9	9	9
Annual Trend	12.93%	12.93%	12.93%	12.93%	12.93%
Single Risk Pool Projected Allowed Claims	\$ 528.00	\$ 544.18	\$ 560.86	\$ 578.04	\$ -
Quarterly Trend Factor	100.0%	103.1%	106.2%	109.5%	0.0%
2019 Trend Factors by Quarter	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	-

Table 6. Retention

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	12.43%	\$67.58
General and Claims	9.63%	\$52.36
Agent/Broker Fees and Commissions	2.00%	\$10.87
Quality Improvement Initiatives	0.80%	\$4.35
Taxes and Fees	0.52%	\$2.83
PCORI Fees	0.00%	\$0.00
PA Premium Tax (if applicable)	0.00%	\$0.00
Federal Income Tax	0.52%	\$2.83
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	2.00%	\$10.87
Total Retention	14.95%	\$81.28
Projected Required Revenue PMPM	543.71	\$ -

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2018	2019
Average Age Factor	1.657	1.672
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.013	1.013
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	0.999
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 543.763	\$ 591.01
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 323.88	\$ 349.38

Table 8. Components of Rate Change

Rate Components	2018	2019	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 354.21	\$ 363.45	\$ 9.24	2.6%
B. Base period allowed claims before normalization	\$ 378.96	\$ 390.65	\$ 11.68	3.3%
C. Normalization factor component of change	\$ (153.24)	\$ (159.71)	\$ -6.47	-1.8%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 225.72	\$ 230.93	\$ 5.21	1.5%
D2. URR Trend	\$ 31.78	\$ 63.08	\$ 31.30	8.8%
D3. URR Morbidity	\$ 11.70	\$ 17.64	\$ 5.94	1.7%
D4. URR Other	\$ 11.18	\$ 0.47	\$ (10.71)	-3.0%
D5. Normalized URR RA/Ri on an allowed basis	\$ 33.14	\$ 26.23	\$ (6.91)	-1.9%
D6. Normalized Exchange User Fee on an allowed basis	\$ 10.36	\$ 10.96	\$ 0.59	0.2%
D7. Subtotal - Sum(D1-D6)	\$ 323.88	\$ 349.32	\$ 25.44	7.2%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ (0.00)	\$ (0.34)	\$ (0.34)	-0.1%
E2. Pricing AV	\$ (79.56)	\$ (75.93)	\$ 3.63	1.0%
E3. Benefit Richness	\$ (0.10)	\$ -	\$ 0.10	0.0%
E4. Catastrophic Eligibility	\$ -	\$ 0.00	\$ 0.00	0.0%
E5. Subtotal - Sum(E1-E4)	\$ (79.66)	\$ (76.27)	\$ 3.39	1.0%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 42.24	\$ 45.18	\$ 2.94	0.8%
F2. Taxes and Fees	\$ 13.07	\$ 1.89	\$ (11.18)	-3.2%
F3. Profit and/or Contingency	\$ 7.08	\$ 7.27	\$ 0.18	0.1%
F4. Subtotal - Sum(F1-F3)	\$ 62.39	\$ 54.34	\$ (8.06)	-2.3%
G. Change in Miscellaneous Items	\$ -	\$ -	\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 306.61	\$ 327.38	\$ 20.77	5.9%

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

	2018	2019
Paid-to-Allowed	0.754	0.782
URRT Trend (Total Applied Trend Factor)	1.141	1.273
URRT Morbidity	1.045	1.060
URRT "Other"	1.042	1.002
Risk Adjustment	\$ 41.95	\$ 34.72
Exchange User Fee	\$ 13.12	\$ 14.50
Capitation	\$ 20.00	\$ -
Network	1.000	0.999
Pricing AV	0.754	0.782
Benefit Richness	1.000	1.000
Catastrophic Eligibility	1.000	1.000
Administrative Expenses	11.93%	12.43%
Taxes and Fees	3.69%	0.52%
Profit and/or Contingency	2.00%	2.00%

PA Rate Template Part III
Table 10. Plan Rates

Carrier Name: Keystone Health Plan East
Product(s): Individual
Market Segment: Individual
Rate Effective Date: 1/1/2019
Base Period Start Date: 1/1/2017
Date of Most Recent Membership: 2/1/2018
Market Adjusted Index Rate: \$ 590.00

Calibration	
Age Calibration Factor	1.0%
Demographic Calibration Factor	1.0%
Hybrid Calibration Factor	1.0%
Aggregate Calibration Factor	1.0%

Total Covered Lives @ 02-01-2018: 154,539

Plan Number	HDS Plan ID (Standard Component)	Plan Type (HMO, PPO, POS, EPO, Indemnity, Other)	1/1/2018 Plan Marketing Name	Existing, Modified, New, Discontinued & Merged	1/1/2019 Plan HDS Plan ID (If 1/1/2019 Plan Discontinued & Merged (E.A.K.A.L.O.N.E. DNHS for 2019))	45 CFR Part 156.8 (d) (2) Allowable Factors													
						Metallic Tier	Standard AV Approach (1)	Standard AV Approach (2)	Exchange On/Off or Off	Pricing AV (Company Determined AV)	Benefit Richness (Product Demand)	Benefits in addition to EMB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium	Admin Costs	Taxes & Fees (net including Exchange Rate)	Profit or Contingency
Totals						0.71%	0.78%	1.00%	1.00%	1.00%	1.00%	1.00%	1.13%	\$	\$23.41	12.4%	0.5%	2.0%	
Plan 1	11817140120001	IND	Keystone HMO Platinum	Standard AV	Standard AV	0.88%	0.98%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$71,429,409	12.4%	0.5%	2.0%		
Plan 2	11817140120002	IND	Keystone HMO Gold	Standard AV	Standard AV	0.75%	0.85%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$7,723,761	12.4%	0.5%	2.0%		
Plan 3	11817140120003	IND	Keystone HMO Silver	Standard AV	Standard AV	0.70%	0.80%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$6,077,515	12.4%	0.5%	2.0%		
Plan 4	11817140120004	IND	Keystone HMO Silver	Standard AV	Standard AV	0.71%	0.81%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$5,565,141	12.4%	0.5%	2.0%		
Plan 5	11817140120005	IND	Keystone HMO Silver	Standard AV	Standard AV	0.80%	0.90%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$9,742,412	12.4%	0.5%	2.0%		
Plan 6	11817140120006	IND	Keystone HMO Silver	Standard AV	Standard AV	0.80%	0.90%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$7,723,761	12.4%	0.5%	2.0%		
Plan 7	11817140120007	IND	Keystone HMO Silver	Standard AV	Standard AV	0.70%	0.80%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$5,565,141	12.4%	0.5%	2.0%		
Plan 8	11817140120008	IND	Keystone HMO Bronze	Standard AV	Standard AV	0.60%	0.70%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$3,382,570	12.4%	0.5%	2.0%		
Plan 9	11817140120009	IND	Keystone HMO Gold	Standard AV	Standard AV	0.70%	0.80%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$5,565,141	12.4%	0.5%	2.0%		
Plan 10	11817140120010	IND	Keystone HMO Silver	Standard AV	Standard AV	0.70%	0.80%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$5,565,141	12.4%	0.5%	2.0%		
Plan 11	11817140120011	IND	Keystone HMO Silver	Standard AV	Standard AV	0.70%	0.80%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$5,565,141	12.4%	0.5%	2.0%		
Plan 12	11817140120012	IND	Keystone HMO Silver	Standard AV	Standard AV	0.70%	0.80%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$5,565,141	12.4%	0.5%	2.0%		
Plan 13	11817140120013	IND	Keystone HMO Silver	Standard AV	Standard AV	0.70%	0.80%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$5,565,141	12.4%	0.5%	2.0%		
Plan 14	11817140120014	IND	Keystone HMO Silver	Standard AV	Standard AV	0.70%	0.80%	1.00%	1.00%	1.00%	1.00%	1.00%	1.00%	\$5,565,141	12.4%	0.5%	2.0%		

Total Covered Lives Mapped into 2019 Plans @ 02-01-2018	Total Policyholders @ 02-01-2018
154,539	105,575

2018 Calibrated Plan Adjusted Index Rate PMPM	2019 Calibrated Plan Adjusted Index Rate PMPM
\$ 354.21	\$ 363.45

2019 Rate Change Compared to Prior 12 months	% of Total Covered Lives
2.6%	N/A

02-01-2018 Number of Covered Lives by Rating Area										2018 Continued/Discontinued Plan Indicator	
1	2	3	4	5	6	7	8	9	Total		
-	-	-	-	-	-	-	-	-	154,539	-	154,539

PA Rate Template Part IV A - Individual

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

Carrier Name: Keystone Health Plan East
 Product(s): HMO Individual
 Market Segment: Individual
 Rate Effective Date: 1/1/2019

Plan Number	HIOS Plan ID (Standard Component)	1/1/2018 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2019	1/1/2019 Plan HIOS Plan ID (If 1/1/2018 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or OFF	2018 21-year-old, Non-Tobacco Premium PMPM									Average (weighted by enrollment by rating area)	2019 21-year-old, Non-Tobacco Premium PMPM									Average (weighted by enrollment by rating area)	Change in 21-year-old Non-Tobacco Premium PMPM									Average (weighted by enrollment by rating area)	
							1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9				
Totals							These cells auto-fill using the data entered in Table 10.									\$ 354.21	\$ 354.21	\$ 363.45	\$ 363.45	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	0.0%	2.5%			
Plan 1	33871PA0040001	Keystone HMO Platinum	E		D	Platinum	On								\$ 670.09	\$ 670.09																		\$ 674.55	\$ 674.55	0.7%	0.7%
Plan 2	33871PA0040002	Keystone HMO Gold	E		D	Gold	On								\$ 499.30	\$ 499.30																		\$ 502.52	\$ 502.52	5.8%	6.8%
Plan 3	33871PA0040005	Keystone HMO Gold Proactive	E		D	Gold	On								\$ 422.06	\$ 422.06																		\$ 421.86	\$ 421.86	0.0%	0.0%
Plan 4	33871PA0040006	Keystone HMO Silver Proactive	E		D	Silver	On								\$ 364.32	\$ 364.32																		\$ 379.03	\$ 379.03	4.0%	4.0%
Plan 5	33871PA0220001	Keystone HMO Platinum	E		D	Platinum	OFF								\$ 670.09	\$ 670.09																		\$ 674.55	\$ 674.55	0.7%	0.7%
Plan 6	33871PA0220002	Keystone HMO Gold	E		D	Gold	OFF								\$ 499.30	\$ 499.30																		\$ 502.52	\$ 502.52	0.6%	0.6%
Plan 7	33871PA0220003	Keystone HMO Silver	E		D	Silver	OFF								\$ 363.81	\$ 363.81																		\$ 383.35	\$ 383.35	-0.3%	-0.3%
Plan 8	33871PA0220004	Keystone HMO Bronze	E		D	Bronze	OFF								\$ 233.68	\$ 233.68																		\$ 231.85	\$ 231.85	-0.8%	-0.8%
Plan 9	33871PA0220005	Keystone HMO Gold Proactive	E		D	Gold	OFF								\$ 422.06	\$ 422.06																		\$ 421.86	\$ 421.86	0.0%	0.0%
Plan 10	33871PA0220006	Keystone HMO Silver Proactive	E		D	Silver	OFF								\$ 364.32	\$ 364.32																		\$ 379.03	\$ 379.03	4.0%	4.0%
Plan 11	33871PA0220007	Keystone HMO Silver Proactive	E		D	Silver	OFF								\$ 278.74	\$ 278.74																		\$ 277.10	\$ 277.10	-0.6%	-0.6%
Plan 12	33871PA0220008	Keystone HMO Silver Proactive	E		D	Silver	OFF								\$ 337.44	\$ 337.44																		\$ 336.50	\$ 336.50	-0.3%	-0.3%
Plan 13	0	0	0	0	0	0	0								\$ 0	\$ 0																		\$ 0	\$ 0	0.0%	0.0%
Plan 14	0	0	0	0	0	0	0								\$ 0	\$ 0																		\$ 0	\$ 0	0.0%	0.0%

Company Name: **Keystone Health Plan East**
 Market: **Individual**
 Product: **HMO**
 Effective Date of Rates: **January 1, 2019**

Ending date of Rates: **December 31, 2019**

HIOS Plan ID (On Exchange)=>	33871PA0040001		33871PA0040002		33871PA0040005		33871PA0040006	
HIOS Plan ID (Off Exchange)=>								
Plan Marketing Name =>	Keystone HMO Platinum		Keystone HMO Gold		Keystone HMO Gold Proactive		Keystone HMO Silver Proactive	
Form # =>	KE 650 IND FC EXC-ON Rev. 1.19		KE 650 IND FC EXC-ON Rev. 1.19		KE 650 IND FC EXC-ON Rev. 1.19		KE 650 IND FC EXC-ON Rev. 1.19	
Rating Area =>	8		8		8		8	
Network =>	KHPE Network		KHPE Network		Proactive Network		Proactive Network	
Metal =>	Platinum		Gold		Gold		Silver	
Deductible =>	\$0		\$0		\$0		\$0/\$6000/\$6000	
Coinsurance =>	0%		20%		0%		0%/5%/10%	
Copays =>	\$20/\$40		\$35/\$65		\$15/\$40		\$40/80, \$60/120 no ded, \$70/140 no ded	
OOP Maximum =>	\$5,000		\$6,500		\$7,900		\$7,900	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$516.03	\$516.03	\$384.43	\$384.43	\$322.74	\$322.74	\$289.95	\$289.95
15	\$561.90	\$561.90	\$418.60	\$418.60	\$351.42	\$351.42	\$315.73	\$315.73
16	\$579.44	\$579.44	\$431.67	\$431.67	\$362.39	\$362.39	\$325.58	\$325.58
17	\$596.98	\$596.98	\$444.73	\$444.73	\$373.36	\$373.36	\$335.44	\$335.44
18	\$615.87	\$615.87	\$458.80	\$458.80	\$385.17	\$385.17	\$346.05	\$346.05
19	\$634.75	\$634.75	\$472.87	\$472.87	\$396.99	\$396.99	\$356.66	\$356.66
20	\$654.32	\$654.32	\$487.45	\$487.45	\$409.22	\$409.22	\$367.66	\$367.66
21	\$674.55	\$758.87	\$502.52	\$565.34	\$421.88	\$474.61	\$379.03	\$426.40
22	\$674.55	\$758.87	\$502.52	\$565.34	\$421.88	\$474.61	\$379.03	\$426.40
23	\$674.55	\$758.87	\$502.52	\$565.34	\$421.88	\$474.61	\$379.03	\$426.40
24	\$674.55	\$758.87	\$502.52	\$565.34	\$421.88	\$474.61	\$379.03	\$426.40
25	\$677.25	\$761.91	\$504.53	\$567.60	\$423.56	\$476.51	\$380.54	\$428.11
26	\$690.74	\$777.08	\$514.58	\$578.90	\$432.00	\$486.00	\$388.12	\$436.64
27	\$706.93	\$795.30	\$526.64	\$592.47	\$442.13	\$497.39	\$397.22	\$446.87
28	\$733.24	\$824.89	\$546.24	\$614.52	\$458.58	\$515.90	\$412.00	\$463.50
29	\$754.82	\$849.18	\$562.32	\$632.61	\$472.08	\$531.09	\$424.13	\$477.15
30	\$765.62	\$899.60	\$570.36	\$670.18	\$478.83	\$562.62	\$430.19	\$505.48
31	\$781.81	\$918.62	\$582.42	\$684.35	\$488.95	\$574.52	\$439.29	\$516.17
32	\$797.99	\$937.64	\$594.48	\$698.52	\$499.08	\$586.42	\$448.39	\$526.86
33	\$808.11	\$949.53	\$602.02	\$707.37	\$505.41	\$593.85	\$454.07	\$533.54
34	\$818.91	\$962.21	\$610.06	\$716.82	\$512.16	\$601.79	\$460.14	\$540.66
35	\$824.30	\$968.56	\$614.08	\$721.55	\$515.53	\$605.75	\$463.17	\$544.22
36	\$829.70	\$974.90	\$618.10	\$726.27	\$518.91	\$609.72	\$466.20	\$547.79
37	\$835.09	\$981.24	\$622.12	\$730.99	\$522.28	\$613.68	\$469.23	\$551.35
38	\$840.49	\$987.58	\$626.14	\$735.72	\$525.66	\$617.65	\$472.27	\$554.91
39	\$851.28	\$1,000.26	\$634.18	\$745.16	\$532.41	\$625.58	\$478.33	\$562.04
40	\$862.08	\$1,056.04	\$642.22	\$786.72	\$539.16	\$660.47	\$484.40	\$593.38
41	\$878.27	\$1,075.88	\$654.28	\$801.50	\$549.28	\$672.87	\$493.49	\$604.53
42	\$893.78	\$1,094.88	\$665.84	\$815.65	\$558.99	\$684.76	\$502.21	\$615.21
43	\$915.37	\$1,121.32	\$681.92	\$835.35	\$572.49	\$701.30	\$514.34	\$630.06
44	\$942.35	\$1,154.38	\$702.02	\$859.98	\$589.36	\$721.97	\$529.50	\$648.64
45	\$974.05	\$1,193.21	\$725.64	\$888.91	\$609.19	\$746.26	\$547.31	\$670.46
46	\$1,011.83	\$1,239.49	\$753.78	\$923.38	\$632.81	\$775.20	\$568.54	\$696.46
47	\$1,054.32	\$1,291.55	\$785.44	\$962.17	\$659.39	\$807.76	\$592.42	\$725.71
48	\$1,102.89	\$1,351.04	\$821.62	\$1,006.49	\$689.77	\$844.97	\$619.71	\$759.14
49	\$1,150.79	\$1,409.71	\$857.30	\$1,050.19	\$719.72	\$881.66	\$646.62	\$792.11
50	\$1,204.75	\$1,656.53	\$897.50	\$1,234.07	\$753.47	\$1,036.02	\$676.94	\$930.79
51	\$1,258.04	\$1,729.80	\$937.20	\$1,288.65	\$786.80	\$1,081.85	\$706.88	\$971.96
52	\$1,316.72	\$1,810.50	\$980.92	\$1,348.77	\$823.50	\$1,132.32	\$739.86	\$1,017.31
53	\$1,376.09	\$1,892.12	\$1,025.14	\$1,409.57	\$860.63	\$1,183.36	\$773.21	\$1,063.17
54	\$1,440.17	\$1,980.23	\$1,072.88	\$1,475.21	\$900.71	\$1,238.47	\$809.22	\$1,112.68
55	\$1,504.25	\$2,068.34	\$1,120.62	\$1,540.86	\$940.78	\$1,293.58	\$845.23	\$1,162.19
56	\$1,573.73	\$2,163.88	\$1,172.38	\$1,612.03	\$984.24	\$1,353.33	\$884.27	\$1,215.87
57	\$1,643.88	\$2,260.34	\$1,224.64	\$1,683.89	\$1,028.11	\$1,413.65	\$923.69	\$1,270.07
58	\$1,718.76	\$2,363.29	\$1,280.42	\$1,760.58	\$1,074.94	\$1,478.04	\$965.76	\$1,327.92
59	\$1,755.86	\$2,414.30	\$1,308.06	\$1,798.59	\$1,098.14	\$1,509.95	\$986.60	\$1,356.58
60	\$1,830.73	\$2,517.26	\$1,363.84	\$1,875.28	\$1,144.97	\$1,574.34	\$1,028.68	\$1,414.43
61	\$1,895.49	\$2,606.30	\$1,412.09	\$1,941.62	\$1,185.47	\$1,630.02	\$1,065.06	\$1,464.46
62	\$1,937.99	\$2,664.73	\$1,443.74	\$1,985.15	\$1,212.05	\$1,666.57	\$1,088.94	\$1,497.29
63	\$1,991.28	\$2,738.01	\$1,483.44	\$2,039.73	\$1,245.38	\$1,712.40	\$1,118.88	\$1,538.47
64+	\$2,023.65	\$2,782.53	\$1,507.56	\$2,072.90	\$1,265.63	\$1,740.24	\$1,137.08	\$1,563.48
	3.00000		3.00000		2.99998		2.99997	

Company Name:
Market:
Product:
Effective Date of Rates:

HIOS Plan ID (On Exchange)=>	33871PA0120001		33871PA0120002		33871PA0120003		33871PA0120004	
HIOS Plan ID (Off Exchange)=>	33871PA0120001		33871PA0120002		33871PA0120003		33871PA0120004	
Plan Marketing Name =>	Keystone HMO Platinum		Keystone HMO Gold		Keystone HMO Silver		Keystone HMO Bronze	
Form # =>	KE 650 IND FC EXC-OFF Rev. 1.19		KE 650 IND FC EXC-OFF Rev. 1.19		KE 650 IND FC EXC-OFF Rev. 1.19		KE 650 IND FC EXC-OFF Rev. 1.19	
Rating Area =>	8		8		8		8	
Network =>	KHPE Network		KHPE Network		KHPE Network		KHPE Network	
Metal =>	Platinum		Gold		Silver		Bronze	
Deductible =>	\$0		\$0		\$2,500		\$7,400	
Coinsurance =>	0%		20%		30%		50%	
Copays =>	\$20/\$40		\$35/\$65		\$35/\$70 no ded		\$50/\$100 no ded	
OOP Maximum =>	\$5,000		\$6,500		\$7,000		\$7,900	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$516.03	\$516.03	\$384.43	\$384.43	\$293.26	\$293.26	\$177.37	\$177.37
15	\$561.90	\$561.90	\$418.60	\$418.60	\$319.33	\$319.33	\$193.13	\$193.13
16	\$579.44	\$579.44	\$431.67	\$431.67	\$329.30	\$329.30	\$199.16	\$199.16
17	\$596.98	\$596.98	\$444.73	\$444.73	\$339.27	\$339.27	\$205.19	\$205.19
18	\$615.87	\$615.87	\$458.80	\$458.80	\$350.00	\$350.00	\$211.68	\$211.68
19	\$634.75	\$634.75	\$472.87	\$472.87	\$360.73	\$360.73	\$218.17	\$218.17
20	\$654.32	\$654.32	\$487.45	\$487.45	\$371.85	\$371.85	\$224.89	\$224.89
21	\$674.55	\$758.87	\$502.52	\$565.34	\$383.35	\$431.27	\$231.85	\$260.83
22	\$674.55	\$758.87	\$502.52	\$565.34	\$383.35	\$431.27	\$231.85	\$260.83
23	\$674.55	\$758.87	\$502.52	\$565.34	\$383.35	\$431.27	\$231.85	\$260.83
24	\$674.55	\$758.87	\$502.52	\$565.34	\$383.35	\$431.27	\$231.85	\$260.83
25	\$677.25	\$761.91	\$504.53	\$567.60	\$384.88	\$433.00	\$232.78	\$261.87
26	\$690.74	\$777.08	\$514.58	\$578.90	\$392.55	\$441.62	\$237.41	\$267.09
27	\$706.93	\$795.30	\$526.64	\$592.47	\$401.75	\$451.97	\$242.98	\$273.35
28	\$733.24	\$824.89	\$546.24	\$614.52	\$416.70	\$468.79	\$252.02	\$283.52
29	\$754.82	\$849.18	\$562.32	\$632.61	\$428.97	\$482.59	\$259.44	\$291.87
30	\$765.62	\$899.60	\$570.36	\$670.18	\$435.10	\$511.25	\$263.15	\$309.20
31	\$781.81	\$918.62	\$582.42	\$684.35	\$444.30	\$522.06	\$268.71	\$315.74
32	\$797.99	\$937.64	\$594.48	\$698.52	\$453.50	\$532.87	\$274.28	\$322.28
33	\$808.11	\$949.53	\$602.02	\$707.37	\$459.26	\$539.62	\$277.76	\$326.36
34	\$818.91	\$962.21	\$610.06	\$716.82	\$465.39	\$546.83	\$281.47	\$330.72
35	\$824.30	\$968.56	\$614.08	\$721.55	\$468.46	\$550.44	\$283.32	\$332.90
36	\$829.70	\$974.90	\$618.10	\$726.27	\$471.52	\$554.04	\$285.18	\$335.08
37	\$835.09	\$981.24	\$622.12	\$730.99	\$474.59	\$557.64	\$287.03	\$337.26
38	\$840.49	\$987.58	\$626.14	\$735.72	\$477.66	\$561.25	\$288.89	\$339.44
39	\$851.28	\$1,000.26	\$634.18	\$745.16	\$483.79	\$568.45	\$292.59	\$343.80
40	\$862.08	\$1,056.04	\$642.22	\$786.72	\$489.92	\$600.16	\$296.30	\$362.97
41	\$878.27	\$1,075.88	\$654.28	\$801.50	\$499.12	\$611.43	\$301.87	\$369.79
42	\$893.78	\$1,094.88	\$665.84	\$815.65	\$507.94	\$622.23	\$307.20	\$376.32
43	\$915.37	\$1,121.32	\$681.92	\$835.35	\$520.21	\$637.25	\$314.62	\$385.41
44	\$942.35	\$1,154.38	\$702.02	\$859.98	\$535.54	\$656.04	\$323.89	\$396.77
45	\$974.05	\$1,193.21	\$725.64	\$888.91	\$553.56	\$678.11	\$334.79	\$410.12
46	\$1,011.83	\$1,239.49	\$753.78	\$923.38	\$575.03	\$704.41	\$347.77	\$426.02
47	\$1,054.32	\$1,291.55	\$785.44	\$962.17	\$599.18	\$733.99	\$362.38	\$443.92
48	\$1,102.89	\$1,351.04	\$821.62	\$1,006.49	\$626.78	\$767.81	\$379.07	\$464.37
49	\$1,150.79	\$1,409.71	\$857.30	\$1,050.19	\$654.00	\$801.15	\$395.54	\$484.53
50	\$1,204.75	\$1,656.53	\$897.50	\$1,234.07	\$684.67	\$941.42	\$414.08	\$569.37
51	\$1,258.04	\$1,729.80	\$937.20	\$1,288.65	\$714.95	\$983.06	\$432.40	\$594.55
52	\$1,316.72	\$1,810.50	\$980.92	\$1,348.77	\$748.30	\$1,028.92	\$452.57	\$622.29
53	\$1,376.09	\$1,892.12	\$1,025.14	\$1,409.57	\$782.04	\$1,075.30	\$472.97	\$650.34
54	\$1,440.17	\$1,980.23	\$1,072.88	\$1,475.21	\$818.46	\$1,125.38	\$495.00	\$680.62
55	\$1,504.25	\$2,068.34	\$1,120.62	\$1,540.86	\$854.87	\$1,175.45	\$517.03	\$710.91
56	\$1,573.73	\$2,163.88	\$1,172.38	\$1,612.03	\$894.36	\$1,229.74	\$540.91	\$743.75
57	\$1,643.88	\$2,260.34	\$1,224.64	\$1,683.89	\$934.23	\$1,284.56	\$565.02	\$776.90
58	\$1,718.76	\$2,363.29	\$1,280.42	\$1,760.58	\$976.78	\$1,343.07	\$590.75	\$812.29
59	\$1,755.86	\$2,414.30	\$1,308.06	\$1,798.59	\$997.86	\$1,372.06	\$603.51	\$829.82
60	\$1,830.73	\$2,517.26	\$1,363.84	\$1,875.28	\$1,040.42	\$1,430.57	\$629.24	\$865.21
61	\$1,895.49	\$2,606.30	\$1,412.09	\$1,941.62	\$1,077.22	\$1,481.17	\$651.50	\$895.81
62	\$1,937.99	\$2,664.73	\$1,443.74	\$1,985.15	\$1,101.37	\$1,514.38	\$666.10	\$915.89
63	\$1,991.28	\$2,738.01	\$1,483.44	\$2,039.73	\$1,131.65	\$1,556.02	\$684.42	\$941.08
64+	\$2,023.65	\$2,782.53	\$1,507.56	\$2,072.90	\$1,150.05	\$1,581.32	\$695.55	\$956.38

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Company Name:
Market:
Product:
Effective Date of Rates:

HIOS Plan ID (On Exchange)=>	33871PA0120005		33871PA0120006		33871PA0120007		33871PA0120008	
HIOS Plan ID (Off Exchange)=>	33871PA0120005		33871PA0120006		33871PA0120007		33871PA0120008	
Plan Marketing Name =>	Keystone HMO Gold Proactive		Keystone HMO Silver Proactive		Keystone HMO Silver Proactive Value		Keystone HMO Silver Proactive Select	
Form # =>	KE 650 IND FC EXC-OFF Rev. 1.19		KE 650 IND FC EXC-OFF Rev. 1.19		KE 650 IND FC EXC-OFF Rev. 1.19		KE 650 IND FC EXC-OFF Rev. 1.19	
Rating Area =>	8		8		8		8	
Network =>	Proactive Network		Proactive Network		Proactive Network		Proactive Network	
Metal =>	Gold		Silver		Silver		Silver	
Deductible =>	\$0		\$0/\$6000/\$6000		\$1500/\$6000/\$6000		\$0/\$6000/\$6000	
Coinsurance =>	0%/20%/30%		0%/5%/10%		0%/5%/10%		0%/5%/10%	
Copays =>	\$ 15/40, \$30/60, \$45/80		\$40/80, \$60/120 no ded, \$70/140 no ded		\$40/80, \$60/120 no ded, \$70/140 no ded		\$40/80, \$60/120 no ded, \$70/140 no ded	
OOP Maximum =>	\$7,900		\$7,900		\$7,900		\$7,850	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0-14	\$322.74	\$322.74	\$289.95	\$289.95	\$211.98	\$211.98	\$242.12	\$242.12
15	\$351.42	\$351.42	\$315.73	\$315.73	\$230.82	\$230.82	\$263.65	\$263.65
16	\$362.39	\$362.39	\$325.58	\$325.58	\$238.03	\$238.03	\$271.87	\$271.87
17	\$373.36	\$373.36	\$335.44	\$335.44	\$245.23	\$245.23	\$280.10	\$280.10
18	\$385.17	\$385.17	\$346.05	\$346.05	\$252.99	\$252.99	\$288.97	\$288.97
19	\$396.99	\$396.99	\$356.66	\$356.66	\$260.75	\$260.75	\$297.83	\$297.83
20	\$409.22	\$409.22	\$367.66	\$367.66	\$268.79	\$268.79	\$307.01	\$307.01
21	\$421.88	\$421.88	\$379.03	\$379.03	\$277.10	\$277.10	\$316.50	\$316.50
22	\$421.88	\$421.88	\$379.03	\$379.03	\$277.10	\$277.10	\$316.50	\$316.50
23	\$421.88	\$421.88	\$379.03	\$379.03	\$277.10	\$277.10	\$316.50	\$316.50
24	\$421.88	\$421.88	\$379.03	\$379.03	\$277.10	\$277.10	\$316.50	\$316.50
25	\$423.56	\$423.56	\$380.54	\$380.54	\$278.21	\$278.21	\$317.77	\$317.77
26	\$432.00	\$432.00	\$388.12	\$388.12	\$283.75	\$283.75	\$324.10	\$324.10
27	\$442.13	\$442.13	\$397.22	\$397.22	\$290.40	\$290.40	\$331.69	\$331.69
28	\$458.58	\$458.58	\$412.00	\$412.00	\$301.21	\$301.21	\$338.86	\$338.86
29	\$472.08	\$472.08	\$424.13	\$424.13	\$310.07	\$310.07	\$348.83	\$348.83
30	\$478.83	\$478.83	\$430.19	\$430.19	\$314.51	\$314.51	\$359.55	\$359.55
31	\$488.95	\$488.95	\$439.29	\$439.29	\$321.16	\$321.16	\$377.36	\$377.36
32	\$499.08	\$499.08	\$448.39	\$448.39	\$327.81	\$327.81	\$385.17	\$385.17
33	\$505.41	\$505.41	\$454.07	\$454.07	\$331.96	\$331.96	\$390.06	\$390.06
34	\$512.16	\$512.16	\$460.14	\$460.14	\$336.40	\$336.40	\$395.27	\$395.27
35	\$515.53	\$515.53	\$463.17	\$463.17	\$338.61	\$338.61	\$397.87	\$397.87
36	\$518.91	\$518.91	\$466.20	\$466.20	\$340.83	\$340.83	\$400.48	\$400.48
37	\$522.28	\$522.28	\$469.23	\$469.23	\$343.05	\$343.05	\$403.08	\$403.08
38	\$525.66	\$525.66	\$472.27	\$472.27	\$345.26	\$345.26	\$405.69	\$405.69
39	\$532.41	\$532.41	\$478.33	\$478.33	\$349.70	\$349.70	\$410.90	\$410.90
40	\$539.16	\$539.16	\$484.40	\$484.40	\$354.13	\$354.13	\$433.81	\$433.81
41	\$549.28	\$549.28	\$493.49	\$493.49	\$360.78	\$360.78	\$441.96	\$441.96
42	\$558.99	\$558.99	\$502.21	\$502.21	\$367.16	\$367.16	\$449.77	\$449.77
43	\$572.49	\$572.49	\$514.34	\$514.34	\$376.02	\$376.02	\$460.63	\$460.63
44	\$589.36	\$589.36	\$529.50	\$529.50	\$387.11	\$387.11	\$474.21	\$474.21
45	\$609.19	\$609.19	\$547.31	\$547.31	\$400.13	\$400.13	\$490.16	\$490.16
46	\$632.81	\$632.81	\$568.54	\$568.54	\$415.65	\$415.65	\$509.17	\$509.17
47	\$659.39	\$659.39	\$592.42	\$592.42	\$433.10	\$433.10	\$530.55	\$530.55
48	\$689.77	\$689.77	\$619.71	\$619.71	\$453.06	\$453.06	\$554.99	\$554.99
49	\$719.72	\$719.72	\$646.62	\$646.62	\$472.73	\$472.73	\$579.09	\$579.09
50	\$753.47	\$753.47	\$676.94	\$676.94	\$494.90	\$494.90	\$608.48	\$608.48
51	\$786.80	\$786.80	\$706.88	\$706.88	\$516.79	\$516.79	\$640.58	\$640.58
52	\$823.50	\$823.50	\$739.86	\$739.86	\$540.90	\$540.90	\$674.73	\$674.73
53	\$860.63	\$860.63	\$773.21	\$773.21	\$565.28	\$565.28	\$711.26	\$711.26
54	\$900.71	\$900.71	\$809.22	\$809.22	\$591.60	\$591.60	\$748.46	\$748.46
55	\$940.78	\$940.78	\$845.23	\$845.23	\$617.93	\$617.93	\$785.65	\$785.65
56	\$984.24	\$984.24	\$884.27	\$884.27	\$646.47	\$646.47	\$823.80	\$823.80
57	\$1,028.11	\$1,028.11	\$923.69	\$923.69	\$675.29	\$675.29	\$862.51	\$862.51
58	\$1,074.94	\$1,074.94	\$965.76	\$965.76	\$706.05	\$706.05	\$901.75	\$901.75
59	\$1,098.14	\$1,098.14	\$986.60	\$986.60	\$721.29	\$721.29	\$919.77	\$919.77
60	\$1,144.97	\$1,144.97	\$1,028.68	\$1,028.68	\$752.04	\$752.04	\$1,034.06	\$1,034.06
61	\$1,185.47	\$1,185.47	\$1,065.06	\$1,065.06	\$778.65	\$778.65	\$1,070.64	\$1,070.64
62	\$1,212.05	\$1,212.05	\$1,088.94	\$1,088.94	\$796.10	\$796.10	\$1,094.64	\$1,094.64
63	\$1,245.38	\$1,245.38	\$1,118.88	\$1,118.88	\$817.99	\$817.99	\$1,124.74	\$1,124.74
64+	\$1,265.63	\$1,265.63	\$1,137.08	\$1,137.08	\$831.29	\$831.29	\$1,143.03	\$1,143.03

2.99998

2.99997

2.99996

3.00000

Keystone Health Plan East
Individual
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
33871PA0040001	Keystone HMO Platinum	HMO	Platinum	On	KHPE	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040002	Keystone HMO Gold	HMO	Gold	On	KHPE	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040005	Keystone HMO Gold Proactive	HMO	Gold	On	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0040006	Keystone HMO Silver Proactive	HMO	Silver	On	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120001	Keystone HMO Platinum	HMO	Platinum	Off	KHPE	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120002	Keystone HMO Gold	HMO	Gold	Off	KHPE	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120003	Keystone HMO Silver	HMO	Silver	Off	KHPE	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120004	Keystone HMO Bronze	HMO	Bronze	Off	KHPE	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120005	Keystone HMO Gold Proactive	HMO	Gold	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120006	Keystone HMO Silver Proactive	HMO	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120007	Keystone HMO Silver Proactive Value	HMO	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
33871PA0120008	Keystone HMO Silver Proactive Select	HMO	Silver	Off	Proactive	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

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

02-01-2018 Number of Covered Lives by Rating County					RATING AREA 8				
					31,432	18,879	20,955	36,098	47,175
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Bucks	Chester	Delaware	Montgomery	Philadelphia
33871PA0040001	Keystone HMO Platinum	HMO	Platinum	On	\$674.55	\$674.55	\$674.55	\$674.55	\$674.55
33871PA0040002	Keystone HMO Gold	HMO	Gold	On	\$502.52	\$502.52	\$502.52	\$502.52	\$502.52
33871PA0040005	Keystone HMO Gold Proactive	HMO	Gold	On	\$421.88	\$421.88	\$421.88	\$421.88	\$421.88
33871PA0040006	Keystone HMO Silver Proactive	HMO	Silver	On	\$379.03	\$379.03	\$379.03	\$379.03	\$379.03
33871PA0120001	Keystone HMO Platinum	HMO	Platinum	Off	\$674.55	\$674.55	\$674.55	\$674.55	\$674.55
33871PA0120002	Keystone HMO Gold	HMO	Gold	Off	\$502.52	\$502.52	\$502.52	\$502.52	\$502.52
33871PA0120003	Keystone HMO Silver	HMO	Silver	Off	\$383.35	\$383.35	\$383.35	\$383.35	\$383.35
33871PA0120004	Keystone HMO Bronze	HMO	Bronze	Off	\$231.85	\$231.85	\$231.85	\$231.85	\$231.85
33871PA0120005	Keystone HMO Gold Proactive	HMO	Gold	Off	\$421.88	\$421.88	\$421.88	\$421.88	\$421.88
33871PA0120006	Keystone HMO Silver Proactive	HMO	Silver	Off	\$379.03	\$379.03	\$379.03	\$379.03	\$379.03
33871PA0120007	Keystone HMO Silver Proactive Value	HMO	Silver	Off	\$277.10	\$277.10	\$277.10	\$277.10	\$277.10
33871PA0120008	Keystone HMO Silver Proactive Select	HMO	Silver	Off	\$316.50	\$316.50	\$316.50	\$316.50	\$316.50

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	Unified Rate Review v4.3																						
2																							
3	Company Legal Name:	KHPE				State:	PA																
4	HIOS Issuer ID:	33871				Market:	Individual																
5	Effective Date of Rate Change(s):	1/1/2019																					
6																							
7																							
8	Market Level Calculations (Same for all Plans)																						
9																							
10																							
11	Section I: Experience period data																						
12	Experience Period:	1/1/2017		to	12/31/2017																		
13		<u>Experience Period</u>		<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>																	
14	Premiums (net of MLR Rebate) in Experience Period:	\$ 842,031,248.00		\$484.91	100.00%																		
15	Incurred Claims in Experience Period	\$ 576,470,400.00		331.98	68.46%																		
16	Allowed Claims:	\$ 678,352,254.00		390.65	80.56%																		
17	Index Rate of Experience Period			\$ 390.65																			
18	Experience Period Member Months	1,736,482																					
19																							
20	Section II: Allowed Claims, PMPM basis																						
21		<u>Experience Period</u>		<u>Projection Period:</u> 1/1/2019 to 12/31/2019		Mid-point to Mid-point, Experience to Projection: 24 months																	
22		<u>on Actual Experience Allowed</u>		<u>Adj't. from Experience to Projection Period</u>	<u>Annualized Trend Factors</u>	<u>Projections, before credibility Adjustment</u>			<u>Credibility Manual</u>														
23	<u>Benefit Category</u>	<u>Utilization Description</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Pop'l risk</u>				<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>								
24	Inpatient Hospital	Admits	72.89	\$11,728.86	\$71.24	1.060	1.002	1.033	1.090	91.80	\$12,542.24	\$95.95	0.00	0.00	\$0.00								
25	Outpatient Hospital	Services	2,361.57	339.93	66.90	1.060	1.002	1.032	1.090	2,974.38	362.64	89.89	0.00	0.00	0.00								
26	Professional	Services	8,461.50	105.81	74.61	1.060	1.002	1.013	1.090	10,657.18	108.69	96.53	0.00	0.00	0.00								
27	Other Medical	Services	0.25	0.00	0.00	1.060	1.002	1.013	1.090	0.31	0.00	0.00	0.00	0.00	0.00								
28	Capitation	Services	12,000.00	89.51	89.51	1.060	1.002	1.150	1.000	12,720.00	118.56	125.67	0.00	0.00	0.00								
29	Prescription Drug	Prescriptions	15,952.59	66.49	88.39	1.060	1.002	1.033	1.094	20,247.13	71.10	119.97	0.00	0.00	0.00								
30	Total				\$390.65						\$528.00				\$0.00								
31																							
32	Section III: Projected Experience:		Projected Allowed Claims PMPM (w/applied credibility if applicable)										100.00%	0.00%	\$528.00	\$979,158,261							
33			Paid to Allowed Average Factor in Projection Period												0.884								
34			Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												\$466.63	\$865,357,425							
35			Projected Risk Adjustments PMPM												-49.22	(91,276,063)							
36			Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												\$515.85	\$956,633,489							
37			Projected ACA reinsurance recoveries, net of rein prem, PMPM												0.00	0							
38			Projected Incurred Claims												\$515.85	\$956,633,489							
39			Administrative Expense Load											12.43%	75.39	139,811,338							
40			Profit & Risk Load											2.00%	12.13	22,495,790							
41			Taxes & Fees											0.52%	3.15	5,848,906							
42			Single Risk Pool Gross Premium Avg. Rate, PMPM												\$606.53	\$1,124,789,522							
43			Index Rate for Projection Period												\$ 528.00								
44			% increase over Experience Period												25.08%								
45			% Increase, annualized:												11.84%								
46			Projected Member Months													1,854,468							
47																							
48																							
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																						
50																							

Claims Information	state mandated benefits portion of TAC that are other than EHB	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%
	Other benefits portion of TAC	0.04%	0.00%	0.00%	0.00%	0.00%	0.14%	0.14%	0.14%	0.14%	0.14%	0.14%	0.14%	0.00%
	Allowed Claims which are not the issuer's obligation:	\$102,516,110	\$565,597.78	\$1,492,929.51	\$3,622,634.18	\$57,697,434.88	\$690,175.02	\$2,290,835.47	\$6,519,231.63	\$7,320,696.50	\$2,721,252.21	\$8,938,150.93	\$10,657,171.44	\$0
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0								
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%								
	Total Incurred claims, payable with issuer funds	\$571,186,391	\$7,344,187	\$9,332,940	\$22,217,044	\$388,690,826	\$7,426,782	\$12,298,754	\$31,109,497	\$13,337,624	\$13,750,811	\$36,007,049	\$29,670,878	\$0
	Net Amt of Rein	\$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
Risk Adjustment Transfer Amount	-\$87,700,451.04	\$4,335,344.06	\$1,645,842.46	\$2,232,356.31	-\$58,074,220.26	\$2,663,472.72	\$1,624,906.15	-\$4,133,038.81	-\$14,367,254.50	-\$343,434.81	-\$7,441,795.13	-\$15,842,629.22	\$0.00	
Incurred Claims PMPM	\$328.93	\$1,336.52	\$667.12	\$597.22	\$340.59	\$873.94	\$484.36	\$339.11	\$122.54	\$356.08	\$281.02	\$216.03	#DIV/0!	
Allowed Claims PMPM	\$387.97	\$1,439.45	\$773.83	\$694.60	\$391.15	\$955.16	\$574.57	\$410.17	\$189.79	\$426.55	\$350.78	\$293.62	#DIV/0!	
EHB portion of Allowed Claims, PMPM	\$387.82	\$1,439.45	\$773.83	\$694.60	\$391.15	\$953.79	\$573.75	\$409.58	\$189.52	\$425.94	\$350.27	\$293.20	#DIV/0!	

Section IV: Projected (12 months following effective date)

Premium Information	Plan ID (Standard Component ID):	Total	33871PA0040001	33871PA0040002	33871PA0040005	33871PA0040006	33871PA0120001	33871PA0120002	33871PA0120003	33871PA0120004	33871PA0120005	33871PA0120006	33871PA0120007	33871PA0120008
	Plan Adjusted Index Rate	\$607.51	\$1,127.52	\$839.97	\$705.17	\$633.55	\$1,127.52	\$839.97	\$640.78	\$387.54	\$705.17	\$633.55	\$463.17	\$529.04
	Member Months	1,854,468	4,176	21,924	155,880	1,197,864	4,320	13,308	13,488	123,612	26,616	3,264	185,184	104,832
	Total Premium (TP)	\$1,126,614,390	\$4,708,531	\$18,415,521	\$109,922,141	\$758,902,624	\$4,870,894	\$11,178,332	\$8,642,798	\$47,904,619	\$18,768,846	\$2,067,896	\$85,772,276	\$55,459,913
	EHB Percent of TP, [see instructions]	99.98%	100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%
	state mandated benefits portion of TP that are other than EHB	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%
	Other benefits portion of TP	0.02%	0.00%	0.00%	0.00%	0.00%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%
	Total Allowed Claims (TAC)	\$978,945,486	\$3,745,853	\$14,910,853	\$89,615,569	\$622,703,033	\$3,875,020	\$9,050,978	\$8,494,805	\$63,692,769	\$15,301,565	\$1,696,773	\$91,361,929	\$54,496,340
	EHB Percent of TAC, [see instructions]	99.97%	100.00%	100.00%	100.00%	100.00%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%	99.90%
	state mandated benefits portion of TAC that are other than EHB	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%
	Other benefits portion of TAC	0.03%	0.00%	0.00%	0.00%	0.00%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%	0.10%
	Allowed Claims which are not the issuer's obligation	\$137,365,832	\$363,282	\$1,437,178	\$8,033,150	\$53,946,499	\$375,809	\$872,376	\$2,192,540	\$28,338,889	\$1,371,634	\$146,996	\$27,133,545	\$13,153,934
	Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0								
	Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%								
Total Incurred claims, payable with issuer funds	\$841,579,654	\$3,382,571	\$13,473,675	\$81,582,418	\$568,756,533	\$3,499,211	\$8,178,602	\$6,302,266	\$35,353,879	\$13,929,931	\$1,549,776	\$64,228,384	\$41,342,407	
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Risk Adjustment Transfer Amount	-\$91,276,063	-\$205,541	-\$1,079,089	-\$7,672,342	-\$58,958,316	-\$212,628	-\$655,014	-\$663,873	-\$6,084,126	-\$1,310,027	-\$160,653	-\$9,114,671	-\$5,159,783	
Incurred Claims PMPM	\$453.81	\$810.00	\$614.56	\$523.37	\$474.81	\$810.00	\$614.56	\$467.25	\$286.01	\$523.37	\$474.81	\$346.84	\$394.37	
Allowed Claims PMPM	\$527.88	\$897.00	\$680.12	\$574.90	\$519.84	\$897.00	\$680.12	\$629.80	\$515.26	\$574.90	\$519.84	\$493.36	\$519.84	
EHB portion of Allowed Claims, PMPM	\$527.75	\$897.00	\$680.12	\$574.90	\$519.84	\$896.10	\$679.44	\$629.17	\$514.75	\$574.33	\$519.32	\$492.86	\$519.32	

URRT Part II – Consumer Friendly Justification

Scope and Range of the Rate Increase:

Keystone Health Plan East ("KHPE") is revising premium rates for the Pennsylvania Consumer ACA compliant products, effective from January 1, 2019. The proposed revisions to each plan are shown on the second page of this exhibit.

About 155,000 members will be affected.

Financial Experience of the Product:

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

Changes in Medical Service Costs:

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

Changes include updates for individual mandate penalties and non-funding of CSR payments as well as changes in health care service costs driven by changes to health care provider fees.

Changes in Benefits:

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

Administrative Costs:

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

URRT Part II – Consumer Friendly Justification

HIOS Plan ID	Plan Name	2019 % Change
33871PA0040001	Keystone HMO Platinum	0.7%
33871PA0040002	Keystone HMO Gold	0.6%
33871PA0040005	Keystone HMO Gold Proactive	0.0%
33871PA0040006	Keystone HMO Silver Proactive	4.0%
33871PA0120001	Keystone HMO Platinum	0.7%
33871PA0120002	Keystone HMO Gold	0.6%
33871PA0120003	Keystone HMO Silver	-0.1%
33871PA0120004	Keystone HMO Bronze	-0.8%
33871PA0120005	Keystone HMO Gold Proactive	0.0%
33871PA0120006	Keystone HMO Silver Proactive	4.0%
33871PA0120007	Keystone HMO Silver Proactive Value	-0.6%
33871PA0120008	Keystone HMO Silver Proactive Select	-0.3%

GENERAL OVERVIEW

PURPOSES

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

GENERAL INFORMATION

COMPANY IDENTIFYING INFORMATION

Company Legal Name: Keystone Health Plan East (“KHPE”)
State: Pennsylvania
HIOS Issuer ID (5-digit): 33871
Market: Individual
Effective Date(s): 1/1/2019

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

COMPANY CONTACT INFORMATION

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

PROPOSED RATE INCREASE

The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2017 to calendar year 2019 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 weighted average increase across KHPE plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is 2.6%. The minimum increase is -0.8% and the maximum increase is 4.0%.

WORKSHEET 1: DATA COLLECTION TEMPLATE

SECTION I: EXPERIENCE PERIOD PREMIUM AND CLAIMS

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 2017 and paid through February 2018. Earned premiums and member months are for January through December 2017. The data are for all direct-written individual business of KHPE in the Commonwealth of Pennsylvania, including out-of-network claims written by KHPE but paid by QCC for POS plans.

PREMIUMS (NET OF MLR REBATE) IN EXPERIENCE PERIOD

Earned Premiums (net of MLR Rebate) in Experience Period are developed by summing the earned premium reported in the company's internal data warehouse and adjusting for MLR rebates, if any, for the period. Although 2017 federal MLR rebate calculations are not final as of the writing of this memorandum, no federal MLR rebates are expected for calendar year 2017, so no adjustment to earned premium for MLR rebates is needed.

The calculation for federal minimum loss ratio rebates is based on 2015, 2016, and 2017 experience of earned premium, incurred claims, quality improvement expenses, and taxes. The three years of experience is blended for all segments.

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 2017 through December 2017 and paid through February 2018 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 2017 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2017 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 2017 paid through February 2018.

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: ALLOWED CLAIMS, PMPM BASIS

BENEFIT CATEGORIES

Utilization and Unit Cost data for allowed claims in the experience period are 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. The utilization and unit cost data are provided for the following categories: Inpatient Hospital admits, Outpatient Hospital visits, Professional visits, Other Medical visits, Capitation per member per month (PMPM), and Prescription Drug scripts.

Experience Period capitation is reported as a per member per month (PMPM) value. In order to complete the URRT, the Utilization per 1,000 statistics for capitated services only is reported as 1,000 so that the appropriate capitation PMPM is reported.

PROJECTION FACTORS

The estimated incurred claims experience on an allowed basis for January 2017 through December 2017 is projected to the future rating period by several factors. Factors were calculated from the combined experience of QCC and KHPE.

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.

Changes in Other Factors

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

Trend Factors

a. Annualized Cost Trend

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

b. Annualized Utilization Trend

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

CREDIBILITY MANUAL RATE DEVELOPMENT

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

SECTION III: PROJECTED EXPERIENCE

PAID TO ALLOWED RATIO

The Projected Allowed Experience Claims PMPM shown in Worksheet 1 represents projected allowed claims experience PMPM for the projected portfolio of plans. The Paid to Allowed Average Factor in

Projection Period adjusts the allowed down to Projected Incurred Claims before ACA reinsurance and risk adjustment for the population anticipated to be covered in the projection period. The Projected Incurred Claims before ACA reinsurance and risk adjustment represents the net amount of incurred insurer claim liability expected in the projection period, net of member cost sharing and cost sharing paid by HHS on behalf of low-income members. It reflects the average benefit level anticipated during the projection period. The ratio was calculated using incurred (before ACA reinsurance and risk adjustment) and allowed PMPMs from worksheet two of the URRT.

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustment PMPM

Projected Risk Adjustment is accounted for in Projected Incurred Claims before ACA Reinsurance 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 for IBCFOC 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.

When the projected risk adjustment amounts for KHPE and QCC are combined, the result is consistent with the projection made in our submission. We also considered preliminary 2017 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.

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.

PROJECTED LOSS RATIO

The projected loss ratio for the single risk pool is estimated to exceed 80% reflecting premium adjustments permitted by the federal MLR calculation.

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).

INDEX RATE

The Index Rate is defined as the EHB portion of projected allowed claims divided by all projected single risk pool lives. The Index Rate is the same value for all non-grandfathered plans for KHPE Individual Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2018. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

MARKET ADJUSTED INDEX RATE

The Market Adjusted Index rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules: 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.

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.

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 41.

The Average Age factor is the weighted average age factor based on the projected membership. The Tobacco Factor is calculated as 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.

WORKSHEET 2: PRODUCT-PLAN DATA COLLECTION

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.

AV PRICING VALUES

The AV Pricing Value represents the cumulative effect of adjustments made by plan to move from the Market Adjusted Index Rate to the Plan Adjusted Index Rate.

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 introduction of guarantee issue requirements, the individual mandate, and the introduction of a Basic Health Program.

TERMINATED PLANS

No plans are being terminated during 2019.

WARNING ALERTS

There are no warning alerts in URRT Part 1.

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 147.102);
 - 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.
- 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.
- Geographic rating factors reflect only differences in the costs of delivery of and do not include differences for population morbidity by geographic area.
- The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. If an alternate methodology was used to calculate the AV Metal Value for at least one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.

[REDACTED]
May 20, 2018

2019 Rates Table Template v8.1

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*	33871
Federal TIN*	23-2405376
Rate Effective Date*	1/1/2019
Rate Expiration Date*	12/31/2019
Rating Method*	Age-Based Rates

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
<small>Required: Enter the 14-character Plan ID</small>	<small>Required: Select the Rating Area ID</small>	<small>Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan</small>	<small>Required: Select the age of a subscriber eligible for the rate</small>	<small>Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan</small>	<small>Required: Enter the rate of an Individual tobacco enrollee on a plan</small>
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	516.03	516.03
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	15	561.90	561.90
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	16	579.44	579.44
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	17	596.98	596.98
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	18	615.87	615.87
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	19	634.75	634.75
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	20	654.32	654.32
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	21	674.55	758.87
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	22	674.55	758.87
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	23	674.55	758.87
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	24	674.55	758.87
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	25	677.25	761.91
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	26	690.74	777.08
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	27	706.93	795.30
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	28	733.24	824.89
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	29	754.82	849.18
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	30	765.62	899.60
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	31	781.81	918.62
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	32	797.99	937.64
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	33	808.11	949.53
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33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	35	824.30	968.56
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33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	37	835.09	981.24
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	38	840.49	987.58
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	39	851.28	1000.26
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	40	862.08	1056.04
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	41	878.27	1075.88
33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	42	893.78	1094.88
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33871PA0040001	Rating Area 8	Tobacco User/Non-Tobacco User	44	942.35	1154.38
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33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	51	786.80	1081.85
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	52	823.50	1132.32
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	53	860.63	1183.36
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	54	900.71	1238.47
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	55	940.78	1293.58
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	56	984.24	1353.33
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	57	1028.11	1413.65
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	58	1074.94	1478.04
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	59	1098.14	1509.95
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	60	1144.97	1574.34
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	61	1185.47	1630.02
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	62	1212.05	1666.57
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	63	1245.38	1712.40
33871PA0040005	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1265.63	1740.24
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	289.95	289.95
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	15	315.73	315.73
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	16	325.58	325.58
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	17	335.44	335.44
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	18	346.05	346.05
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	19	356.66	356.66
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	20	367.66	367.66
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	21	379.03	426.40
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	22	379.03	426.40
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	23	379.03	426.40
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	24	379.03	426.40
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	25	380.54	428.11
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	26	388.12	436.64
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	27	397.22	446.87
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	28	412.00	463.50
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	29	424.13	477.15
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	30	430.19	505.48
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	31	439.29	516.17
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	32	448.39	526.86
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	33	454.07	533.54
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	34	460.14	540.66
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	35	463.17	544.22
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	36	466.20	547.79
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	37	469.23	551.35
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	38	472.27	554.91
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	39	478.33	562.04
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	40	484.40	593.38
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	41	493.49	604.53
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	42	502.21	615.21
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	43	514.34	630.06
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	44	529.50	648.64
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	45	547.31	670.46
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	46	568.54	696.46
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	47	592.42	725.71
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	48	619.71	759.14
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	49	646.62	792.11
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	50	676.94	930.79
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	51	706.88	971.96
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	52	739.86	1017.31
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	53	773.21	1063.17
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	54	809.22	1112.68
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	55	845.23	1162.19
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	56	884.27	1215.87
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	57	923.69	1270.07
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	58	965.76	1327.92
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	59	986.60	1356.58
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	60	1028.68	1414.43
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	61	1065.06	1464.46
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	62	1088.94	1497.29

33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	63	1118.88	1538.47
33871PA0040006	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1137.08	1563.48
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	516.03	516.03
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	15	561.90	561.90
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	16	579.44	579.44
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	17	596.98	596.98
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	18	615.87	615.87
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	19	634.75	634.75
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	20	654.32	654.32
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	21	674.55	758.87
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	22	674.55	758.87
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	23	674.55	758.87
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	24	674.55	758.87
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	25	677.25	761.91
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	26	690.74	777.08
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	27	706.93	795.30
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	28	733.24	824.89
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	29	754.82	849.18
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	30	765.62	899.60
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	31	781.81	918.62
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	32	797.99	937.64
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	33	808.11	949.53
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	34	819.91	962.21
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	35	824.30	968.56
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	36	829.70	974.90
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	37	835.09	981.24
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	38	840.49	987.58
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	39	851.28	1000.26
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	40	862.08	1056.04
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	41	878.27	1075.88
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	42	893.78	1094.88
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	43	915.37	1121.32
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	44	942.35	1154.38
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	45	974.05	1193.21
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	46	1011.83	1239.49
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	47	1054.32	1291.55
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	48	1102.89	1351.04
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	49	1150.79	1409.71
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	50	1204.75	1656.53
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	51	1258.04	1729.80
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	52	1316.72	1810.50
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	53	1376.09	1892.12
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	54	1440.17	1980.23
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	55	1504.25	2068.34
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	56	1573.73	2163.88
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	57	1643.88	2260.34
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	58	1718.76	2363.29
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	59	1755.86	2414.30
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	60	1830.73	2517.26
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	61	1895.49	2606.30
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	62	1937.99	2664.73
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	63	1991.28	2738.01
33871PA0120001	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	2023.65	2782.53
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	384.43	384.43
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	15	418.60	418.60
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	16	431.67	431.67
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	17	444.73	444.73
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	18	458.80	458.80
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	19	472.87	472.87
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	20	487.45	487.45
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	21	502.52	565.34
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	22	502.52	565.34
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	23	502.52	565.34
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	24	502.52	565.34
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	25	504.53	567.60
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	26	514.58	578.90
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	27	526.64	592.47
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	28	546.24	614.52
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	29	562.32	632.61
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	30	570.36	670.18
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	31	582.42	684.35
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	32	594.48	698.52
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	33	602.02	707.37
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	34	610.06	716.82
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	35	614.08	721.55
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	36	618.10	726.27
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	37	622.12	730.99
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	38	626.14	735.72
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	39	634.18	745.16
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	40	642.22	786.72
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	41	654.28	801.50
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	42	665.84	815.65
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	43	681.92	835.35
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	44	702.02	859.98
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	45	725.64	888.91
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	46	753.78	923.38
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	47	785.44	962.17
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	48	821.62	1006.49
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	49	857.30	1050.19
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	50	897.50	1234.07
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	51	937.20	1288.65
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	52	980.92	1348.77
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	53	1025.14	1409.57
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	54	1072.88	1475.21
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	55	1120.62	1540.86
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	56	1172.38	1612.03
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	57	1224.64	1683.89
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	58	1280.42	1760.58
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	59	1308.06	1798.59
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	60	1363.84	1875.28
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	61	1412.09	1941.62
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	62	1443.74	1985.15
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	63	1483.44	2039.73
33871PA0120002	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1507.56	2072.90
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	293.26	293.26
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	15	319.33	319.33
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	16	329.30	329.30
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	17	339.27	339.27
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	18	350.00	350.00
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	19	360.73	360.73
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	20	371.85	371.85

33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	21	383.35	431.27
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	22	383.35	431.27
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	23	383.35	431.27
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	24	383.35	431.27
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	25	384.88	433.00
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	26	392.55	441.62
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	27	401.75	451.97
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	28	416.70	468.79
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	29	428.97	482.59
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	30	435.10	511.25
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	31	444.30	522.06
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	32	453.50	532.87
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	33	459.26	539.62
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	34	465.39	546.83
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	35	468.46	550.44
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	36	471.52	554.04
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	37	474.59	557.64
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	38	477.66	561.25
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	39	483.79	568.45
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	40	489.92	600.16
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	41	499.12	611.43
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	42	507.94	622.23
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	43	520.21	637.25
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	44	535.54	656.04
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	45	553.56	678.11
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	46	575.03	704.41
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	47	599.18	733.99
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	48	626.78	767.81
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	49	654.00	801.15
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	50	684.67	941.42
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	51	714.95	983.06
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	52	748.30	1028.92
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	53	782.04	1075.30
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	54	818.46	1125.38
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	55	854.87	1175.45
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	56	894.36	1229.74
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	57	934.23	1284.56
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	58	976.78	1343.07
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	59	997.86	1372.06
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	60	1040.42	1430.57
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	61	1077.22	1481.17
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	62	1101.37	1514.38
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	63	1131.65	1556.02
33871PA0120003	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1150.05	1581.32
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	177.37	177.37
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	15	193.13	193.13
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	16	199.16	199.16
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	17	205.19	205.19
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	18	211.68	211.68
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	19	218.17	218.17
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	20	224.89	224.89
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	21	231.85	260.83
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	22	231.85	260.83
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	23	231.85	260.83
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	24	231.85	260.83
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	25	232.78	261.87
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	26	237.41	267.09
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	27	242.98	273.35
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	28	252.02	283.52
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	29	259.44	291.87
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	30	263.15	309.20
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	31	268.71	315.74
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	32	274.28	322.28
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	33	277.76	326.36
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	34	281.47	330.72
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	35	283.32	332.90
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	36	285.18	335.08
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	37	287.03	337.26
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	38	288.89	339.44
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	39	292.59	343.80
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	40	296.30	362.97
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	41	301.87	369.79
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	42	307.20	376.32
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	43	314.62	385.41
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	44	323.89	396.77
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	45	334.79	410.12
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	46	347.77	426.02
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	47	362.38	443.92
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	48	379.07	464.37
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	49	395.54	484.53
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	50	414.08	509.37
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	51	432.40	534.55
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	52	452.57	562.29
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	53	472.97	600.34
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	54	495.00	640.62
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	55	517.03	683.17
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	56	540.91	729.05
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	57	565.02	776.90
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	58	590.75	827.29
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	59	603.51	829.82
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	60	629.24	865.21
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	61	651.50	895.81
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	62	666.10	915.89
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	63	684.42	941.08
33871PA0120004	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	695.55	956.38
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	322.74	322.74
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	15	351.42	351.42
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	16	362.39	362.39
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	17	373.36	373.36
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	18	385.17	385.17
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	19	396.99	396.99
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	20	409.22	409.22
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	21	421.88	474.61
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	22	421.88	474.61
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	23	421.88	474.61
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	24	421.88	474.61
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	25	423.56	476.51
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	26	432.00	486.00
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	27	442.13	497.39
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	28	458.58	515.90
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	29	472.08	531.09

33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	30	478.83	562.62
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	31	488.95	574.52
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	32	499.08	586.42
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	33	505.41	593.85
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	34	512.16	601.79
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	35	515.53	605.75
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	36	518.91	609.72
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	37	522.28	613.68
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	38	525.66	617.65
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	39	532.41	625.58
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	40	539.16	660.47
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	41	549.28	672.87
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	42	558.99	684.76
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	43	572.49	701.30
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	44	589.36	721.97
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	45	609.19	746.26
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	46	632.81	775.20
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	47	659.39	807.76
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	48	689.77	844.97
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	49	719.72	881.66
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	50	753.47	1036.02
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	51	786.80	1081.85
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	52	823.50	1132.32
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	53	860.63	1183.36
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	54	900.71	1238.47
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	55	940.78	1293.58
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	56	984.24	1353.33
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	57	1028.11	1413.65
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	58	1074.94	1478.04
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	59	1098.14	1509.95
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	60	1144.97	1574.34
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	61	1185.47	1630.02
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	62	1212.05	1666.57
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	63	1245.38	1712.40
33871PA0120005	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1265.63	1740.24
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	289.95	289.95
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	15	315.73	315.73
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	16	325.58	325.58
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	17	335.44	335.44
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	18	346.05	346.05
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	19	356.66	356.66
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	20	367.66	367.66
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	21	379.03	426.40
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	22	379.03	426.40
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	23	379.03	426.40
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	24	379.03	426.40
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	25	380.54	428.11
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	26	388.12	436.64
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	27	397.22	446.87
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	28	412.00	463.50
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	29	424.13	477.15
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	30	430.19	505.48
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	31	439.29	516.17
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	32	448.39	526.86
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	33	454.07	533.54
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	34	460.14	540.66
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	35	463.17	544.22
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	36	466.20	547.79
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	37	469.23	551.35
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	38	472.27	554.91
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	39	478.33	562.04
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	40	484.40	569.38
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	41	493.49	604.53
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	42	502.21	615.21
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	43	514.34	630.06
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	44	529.50	648.64
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	45	547.31	670.46
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	46	568.54	696.46
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	47	592.42	725.71
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	48	619.71	759.14
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	49	646.62	792.11
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	50	676.94	930.79
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	51	706.88	971.96
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	52	739.86	1017.31
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	53	773.21	1063.17
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	54	809.22	1112.68
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	55	845.23	1162.19
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	56	884.27	1215.87
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	57	923.69	1270.07
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	58	965.76	1327.92
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	59	986.60	1356.58
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	60	1028.68	1414.43
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	61	1065.06	1464.46
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	62	1088.94	1497.29
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	63	1118.88	1538.47
33871PA0120006	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1137.08	1563.48
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	211.98	211.98
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	15	230.82	230.82
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	16	238.03	238.03
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	17	245.23	245.23
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	18	252.99	252.99
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	19	260.75	260.75
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	20	268.79	268.79
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	21	277.10	311.74
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	22	277.10	311.74
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	23	277.10	311.74
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	24	277.10	311.74
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	25	278.21	312.98
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	26	283.75	319.22
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	27	290.40	326.70
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	28	301.21	338.86
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	29	310.07	348.83
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	30	314.51	369.55
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	31	321.16	377.36
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	32	327.81	385.17
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	33	331.96	390.06
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	34	336.40	395.27
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	35	338.61	397.87
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	36	340.83	400.48
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	37	343.05	403.08
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	38	345.26	405.69

33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	39	349.70	410.90
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	40	354.13	433.81
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	41	360.78	441.96
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	42	367.16	449.77
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	43	376.02	460.63
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	44	387.11	474.21
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	45	400.13	490.16
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	46	415.65	509.17
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	47	433.10	530.55
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	48	453.06	554.99
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	49	472.73	579.09
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	50	494.90	680.48
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	51	516.79	710.58
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	52	540.90	743.73
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	53	565.28	777.26
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	54	591.60	813.46
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	55	617.93	849.65
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	56	646.47	888.90
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	57	675.29	928.52
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	58	706.05	970.81
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	59	721.29	991.77
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	60	752.04	1034.06
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	61	778.65	1070.64
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	62	796.10	1094.64
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	63	817.99	1124.74
33871PA0120007	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	831.29	1143.03
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	242.12	242.12
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	15	265.65	265.65
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	16	271.87	271.87
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	17	280.10	280.10
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	18	288.97	288.97
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	19	297.83	297.83
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	20	307.01	307.01
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	21	316.50	316.50
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	22	316.50	316.50
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	23	316.50	316.50
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	24	316.50	316.50
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	25	317.77	317.77
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	26	324.10	324.10
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	27	331.69	331.69
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	28	344.04	344.04
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	29	354.17	354.17
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	30	359.23	359.23
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	31	366.83	366.83
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	32	374.42	374.42
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	33	379.17	379.17
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	34	384.23	384.23
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	35	386.76	386.76
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	36	389.30	389.30
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	37	391.83	391.83
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	38	394.36	394.36
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	39	399.42	399.42
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	40	404.49	404.49
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	41	412.08	412.08
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	42	419.36	419.36
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	43	429.49	429.49
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	44	442.15	442.15
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	45	457.03	457.03
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	46	474.75	474.75
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	47	494.69	494.69
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	48	517.48	517.48
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	49	539.95	539.95
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	50	565.27	565.27
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	51	590.28	590.28
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	52	617.81	617.81
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	53	645.66	645.66
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	54	675.73	675.73
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	55	705.80	705.80
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	56	738.40	738.40
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	57	771.31	771.31
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	58	806.45	806.45
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	59	823.85	823.85
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	60	858.98	858.98
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	61	889.37	889.37
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	62	909.31	909.31
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	63	934.31	934.31
33871PA0120008	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	949.50	949.50

The 1.06 factor is the uniform adjustment stated in the 2019 Filing Guidance from the change to the individual mandate.

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 2018 enrollments, to the average age factor calculated in the prior filing, based on February 2017 enrollments.

	2018 Filing	2019 Filing	Change
Age Factor	1.657	1.672	1.009
Change from geography: No change			1.000
Change from tobacco use: No change			1.000
Total change			1.009

The benefits factor was slightly below 1 due to membership movement among plans.

No changes for Other were assumed for this filing.

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

The network factor used for Keystone HMO was 1.100.

The network factor used for Proactive was 1.000.

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

Table 10 factors:	HMO	1.089
	Proactive	0.990

Cover Page

HIOS Issuer ID: 33871

HIOS Product IDs: 33871PA004, 33871PA012

This single PDF file contains two separate actuarial certifications for the unique plan designs under Issuer ID 33871. Please refer to all of the pages contained herein.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 33871

HIOS Product IDs: 33871PA004, 33871PA012

Applicable HIOS Plan IDs (Standard Component): 33871PA0040002, 33871PA0120002, 33871PA0120004, 33871PA0040005, 33871PA0120005, 33871PA0040006, 33871PA0120006, 33871PA0120007, 33871PA0120008.

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 1/1/2019. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population, and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost sharing of inpatient hospital services for these plans is a combination of copays for facility claims and coinsurance for professional claims. Inpatient hospital services account for about 21% of allowed costs in the AV calculation.

The following plans have three in-network tiers: 33871PA0040005, 33871PA0120005, 33871PA0040006, 33871PA0120006, 33871PA0120007 and 33871PA0120008.

33871PA0040005 and 33871PA0120005 have expected utilization of 37% in the third tier. 33871PA0040006, 33871PA0120006, 33871PA0120007 and 33871PA0120008 have expected utilization of 41% in the third tier.

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

Method 156.135(b)(2) was used for the inpatient hospital cost sharing.

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

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

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

Description of the standardized plan population data used:

We used our commercial PPO and HMO data incurred between August 2014 and July 2015.

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

Combination of Copays and Coinsurance for IP Hospital

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

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

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

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

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

					33871PA0040006 33871PA0040006-04 33871PA0120006 33871PA0120007 33871PA0120008	33871PA0040006, 33871PA0040006-04, 33871PA0120006, 33871PA0120007, 33871PA0120008
HIOS IDs	33871PA0040002, 33871PA0120002	33871PA0120004	33871PA0040005, 33871PA0120005	33871PA0040005, 33871PA0120005		

IP Cost Sharing						
Facility	\$750	\$700	\$700	\$1,100	\$900	\$1,300
Professional	20%	50%	20%	30%	5%	10%

AVC Continuanace Table	Gold	Bronze	Gold	Gold	Silver	Silver
PMPY for IP	\$1,201	\$1,142	\$1,201	\$1,201	\$1,192	\$1,192
Admit PMPY	0.06	0.05	0.06	0.06	0.06	0.06
Claim per Admit	\$20,773	\$21,123	\$20,773	\$20,773	\$20,989	\$20,989
Average LOS (days)	4.5	4.2	4.5	4.5	4.3	4.3
Effective Copay Factor for 5 days	0.46	0.50	0.46	0.46	0.49	0.49

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

Calculations						
Professional Claim per Admit	\$3,324	\$3,380	\$3,324	\$3,324	\$3,358	\$3,358
Professional Claim per Day	\$743	\$808	\$743	\$743	\$787	\$787
Equiv. Copay per Day no max	\$149	\$404	\$149	\$223	\$39	\$79
Equiv. Copay per Day, 5-day max	\$321	\$813	\$321	\$481	\$81	\$161
Total Copay per Day, 5-day max	\$1,071	\$1,513	\$1,021	\$1,581	\$981	\$1,461

HIOS IDs	33871PA0040006-05	33871PA0040006-05	33871PA0040006-06	33871PA0040006-06
IP Cost Sharing				
Facility	\$500	\$900	\$250	\$500
Professional	5%	10%	5%	10%

AVC Continuance Table	Gold	Gold	Platinum	Platinum
PMPY for IP	\$1,201	\$1,201	\$1,261	\$1,261
Admit PMPY	0.06	0.06	0.06	0.06
Claim per Admit	\$20,773	\$20,773	\$20,451	\$20,451
Average LOS (days)	4.5	4.5	4.3	4.3
Effective Copay Factor for 5 days	0.46	0.46	0.48	0.48

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

Calculations				
Professional Claim per Admit	\$3,324	\$3,324	\$3,272	\$3,272
Professional Claim per Day	\$743	\$743	\$761	\$761
Equiv. Copay per Day no max	\$37	\$74	\$38	\$76
Equiv. Copay per Day, 5-day max	\$80	\$160	\$80	\$159
Total Copay per Day, 5-day max	\$580	\$1,060	\$330	\$659

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

Using the AV calculator and the methods described above, we calculated the AV for each tier in each plan, as follows. Based on actual tier utilization experience incurred in 2015, we projected expected utilization by tier for the plans. The final AV for the plan was then calculated by taking the weighted average of the tier AVs using the utilization by tier. The following exhibits details this calculation.

Utilization	Tier 1	Tier 2	Tier 3	Total
33871PA0040005, 33871PA0120005	47%	16%	37%	100%
33871PA0040006, 33871PA0120006, 33871PA0040007, 33871PA0120008	50%	9%	41%	100%

HIOS ID	Actuarial Value			Average
	Tier 1	Tier 2	Tier 3	
33871PA0040005, 33871PA0120005	77.78%	75.62%	74.32%	76.16%
33871PA0040006, 33871PA0120006	74.77%	69.16%	68.47%	71.68%
33871PA0040006-04	76.52%	71.78%	71.12%	73.88%
33871PA0040006-05	88.26%	85.81%	85.22%	86.80%
33871PA0040006-06	94.14%	92.37%	91.95%	93.08%
33871PA0120007	73.35%	69.16%	68.47%	70.97%
33871PA0120008	74.82%	69.22%	68.56%	71.75%

Certification Language:

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

The analysis was

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: _____ 5/21/2018 _____

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 33871

HIOS Product IDs: 33871PA012

Applicable HIOS Plan IDs (Standard Component): 33871PA0120003

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 1/1/2019. 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 facility fee varies by site of service. Services rendered at the office or a free standing facility have 70% coinsurance, and services rendered by a hospital have 50% coinsurance. Outpatient facility fee accounts for roughly 12% of allowed costs in the AV calculation.

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

Method 156.135(b)(2) was used for the outpatient facility site of service cost sharing.

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

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

Description of the standardized plan population data used:

For the freestanding and hospital utilization data for outpatient facility, we used our commercial PPO and HMO data incurred between August 2014 and July 2015.

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:

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 weighted average of the 50% coinsurance at the hospital and 70% coinsurance at an ambulatory surgery center. The final coinsurance entered was 54.00%.

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

Not applicable.

Certification Language:

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

The analysis was

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: _____ 5/21/2018 _____

AV screenshots redacted.

REDACTION JUSTIFICATION

DOCUMENT

URRT Part III – Federal Actuarial Memorandum

Redacted Name of opining actuary (page 8)

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

PA Actuarial Memorandum

Redacted Name of opining actuary (pages 6 and 7)

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

Cover Letter

Redacted names and contact information (page 2)

AV Screenshots

Entire File Redacted

Unique AV Justification file

Redacted name of opining actuary (pages 7 and 40)

Redacted AV Screenshots (pages 8-37 and 41)

COVER LETTER
KHPE INDIVIDUAL
JUNE 14 RESPONSES

Below are responses to the questions from the June 14, 2018 objection letter. Included with this cover letter is a workbook that contains additional requested information. Changes made to documents in this rate filing are listed in a separate worksheet included with this letter.

- 1. In Wksh 2 of the URRT, the AV Pricing Values (i.e., row 16) should be equal to the total adjustment from the Market Adjusted Index Rate (MAIR) to the Plan Adjusted Index Rate (PAIR) for each plan (e.g. MAIR x AV Pricing Value = PAIR). However, this does not appear to be the case. Please explain why this is not the case or correct the issue to follow the Part III URRT Instructions Section 2.2.3.**

We entered the AV Pricing Values from the Actuarial Memorandum Rate Exhibit. The attached worksheet shows a calculation by plan of the product of all of the factors used in the calculation of the plan-specific rates. Should PID prefer that those value be entered, we will revise them in the URRT.

- 2. We are unable to replicate the rates on the Rate Data template using the Plan Adjusted Index Rates (PAIRs) entered in the URRT Wksh II section IV. It appears the PAIRs entered in the URRT do not match the Pure Premium values in column AA on tab [III Plan Rates] when removing the aggregate calibration factor. Please explain why these values would be different. If this was done in error, please correct the rate filing documents to be consistent.**

We found that our formula for Plan Adjusted Index Rates was referencing the Age Calibration Factor from the Actuarial Memo Rate Exhibit instead of the Aggregate Calibration Factor; the difference is the Tobacco Calibration Factor. After this correction is made, the Plan Adjusted Index Rates in Section IV are correct.

For example, for Plan 33871PA0040001, the values shown in the filed URRT was \$1,155.94, which is the 2019 Calibrated Plan Adjusted Index Rate (Column AA) multiplied by 1.672. Adjusting by the Aggregate Calibration Factor provides the correct values.

- 3. Please provide the numerical development of the Exchange User Fee of \$14.50 applied to the Market Adjusted Index Rate shown in Table 5 of the file [2019_Indiv_KHPE_PAAMExhibits_052118.xlsm].**

We projected that the same proportion of premium would come from On-Exchange enrollments that we used in our prior 2018 pricing, which was 74.3%. The Exchange user fee is 3.5% of Premium for on exchange plans. Therefore about 2.6% of overall premium would be for exchange use fees. This is about \$14.50 PMPM. (i.e. \$557.15 Required Premium in cell C63 on Table 6 x 0.026).

4. The following questions are related to the proposed annual trend rate equal to 12.8%: a) Please show a numerical development of the assumed annual trend rate being used to project the experience period claims to the projected 2019 coverage year. b) Please provide the trends based on historical allowed claims experience for each benefit category for years 2015, 2016, 2017, and 2018 (year to date). We realize 2018 trends will be partially based on estimated claim costs. c) Please also provide a breakout of the calendar year experience between the first half and second half of each year to demonstrate how much lower the experience observed in the first half of 2017 was than expected, as stated in the Actuarial Memorandum.

Please see below for information on the projected unit cost trends.

	PA Individual				
HMO	Inpatient	Outpatient	Professional	Capitation	RX
2016	4.8%	3.4%	1.6%	1.8%	4.5%
2017	3.3%	2.2%	0.7%	2.5%	4.5%
2018	2.5%	2.3%	1.1%	1.4%	4.5%
2019	3.3%	3.2%	1.3%	15.0%	3.3%
Utilization	9.0%	9.0%	9.0%	0.0%	9.4%
Composite	12.6%	12.5%	10.4%	15.0%	13.1%
Weights	18.2%	17.1%	19.1%	22.9%	22.6%

Annual
Trend 12.82%

5. The following questions are related to the Demographics factors (1.657 and 1.672) shown in the file [ACA KHPE Ind Supporting.xlsx]: a) Please show the quantitative development of the above-referenced factors, making sure to include the membership by age that is used in calculating them. b) Please specify what age curve is being used to determine these factors (e.g. 2019 federal default age curve, internal age curve)?

- (a) The calculation of the 2019 demographic factor is shown in the attached worksheet. This was compared to the factor used in the 2018 rate filing to measure the change in the demographic factor used to calculate 2019 rates.
- (b) We used the 2019 federal default age curve per the PID instructions.

Members Est. 2019	KHPE	Demo		est. 2018 membership	2018 Demo Factors
0-20	18,823	0.821	0-20	19,788	0.818
21-29	22,507	1.040	21-29	21,287	1.039

30-39	26,286	1.207	30-39	24,506	1.207
40-49	26,861	1.464	40-49	25,460	1.465
50-59	36,724	2.213	50-59	34,904	2.210
60-63	17,388	2.842	60-63	20,607	2.876
64+	5,950	3.000	64+	961	3.000
Total	154,539	1.672	Total	147,513	1.657

6. The following questions are in regards to the Single Risk Pool Adjustment factors entered in Table 5 of the PA Actuarial Memorandum Exhibits a) Please explain and provide the numerical development of the Change in Network Factor of 0.999. b) Please explain and provide the numerical development of the Change in Benefits factor of 0.994.

- (a) Please see the calculation in the attached worksheet (Network Factor tab)
- (b) Please see the calculation in the attached worksheet (Change in Benefits tab)

7. We have the following questions regarding the Benefit Richness (induced demand) column in Table 10: a) Please provide numerical support for the Benefit Richness (induced demand) factors shown in Table 10. b) Please confirm and demonstrate in your support that health status was not taken into account when developing these factors. c) Please explain why these values vary so significantly within a given metal level if health status is not taken into account; specifically for Silver plans where the factors range from 0.994 to 1.095 and Gold metal plans where they range from 1.100 to 1.183.

- (a) The PID-required calculation is shown in the attached worksheet.
- (b) Our induced demand factors do not take into account health status.
- (c) We utilized this approach because we are trying to preserve the rate relationship we currently have in the market.

8. Please describe the methodology used to determine the provider network factors used in column N of Table 10. Please also provide the numerical development of the factors in column N of Table 10 and be sure to support (numerically) the underlying network factor values which are provided in Table 14 of the PA Actuarial Memorandum Exhibits.

The provider network factor is calculated based on the expected unit cost differences between the proactive and non-proactive networks. These differences are a combination of different contracting between the networks. (I.e. The same facilities contracted at different rates between the two networks) and facility mix. (I.e. Different facilities being utilized for the same services between the two networks.)

We expect the proactive network to be 10% less expensive than the Non-proactive network. We then normalized so that the weighted average of the factors equals 1.00.

This results in a factor of 0.990 for Proactive and 1.089 for Non-proactive. (I.e. $1.089/0.990 = 1.10$ or a 10% difference).

9. Please explain why the CSR load of 1.28 is being applied to Plan 33871PA0120006 in Table 10 of the PA Actuarial Memorandum Exhibits even though column J specifies that the plan will only be available off-Exchange.

Plan 33871PA0120006 is the off-exchange version of Plan 33871PA0040006 and is rated consistently with it. The benefits in these plans are identical with the exception of an elective abortion benefit contained in the off-exchange version.

10. Please provide the numerical development of the tobacco calibration factor of 1.013 shown in cell T6 of Table 10.

Please see the table below. The calculation uses the expected age distribution and expected % tobacco use by age, as well as our previously approved tobacco factors to determine the impact of tobacco rating.

	2018 Expected Age distribution	Expected % tobacco use	Approved Tobacco Factors
0-20	13%	5.0%	-
21-29	15%	5.0%	0.125
30-39	17%	5.0%	0.175
40-49	18%	6.0%	0.225
50-59	24%	6.0%	0.375
60-63	11%	6.0%	0.375
64+	2%	6.0%	0.375
Total			1.3%

11. Please provide the numerical development of the projected 2019 MLR that shows compliance with the 80% minimum MLR.

Projected Premium from Table 6 = \$557.15

Projected Paid Claims from Table 5 = \$413.12

Projected Risk Adjustment from Table 5 = (\$46.15)

QI = 0.80%; Taxes and fees = 0.52% (From table 6)

$$\text{MLR} = (413.12 + (557.15 \times 0.008)) / (557.15 - 46.15 - (557.15 \times 0.0052)) = 82.2\% > 80\%$$

12. Please explain and provide the quantitative development of the projected risk adjustment payment PMPM equal to \$46.15.

Please see the calculation in the attached worksheet (Risk Adjustment tab).

13. It is stated in the cover letter that the overall rate increase using the state's estimate for the value of the individual mandate and CSRs non being funded is 9.9%, however if you used your internal estimates for these items, the overall rate increase would be 3.1%. Please provide your estimates for these items as well as the quantitative development of those estimates.

The 3.1% estimate was calculated by replacing the 6% morbidity factor with 7%, and the 1.28 CSR factor with 1.15. This value is our projection based on our 2016 CSR reimbursements; 2016 was the last year where we received reimbursement for the entire calendar year. Substituting those values in the Actuarial Memorandum Rate Exhibit produced an overall rate increase of 3.1%.

The following additional questions or comments are from PID.

14. Table 2 – Please correct the Estimated Cost Sharing formula as per our telephone discussion.

We corrected the Cost Sharing formula in Table 2 as requested. This did not impact any of the calculations later on in the Exhibit and therefore had no rate impact.

15. Rate Change Summary - Thank you for your email explaining the discrepancy. However, the medical costs increase should be the same as the annual trend in Table 3 and not taken from the URRT. Please correct it.

We updated the Rate Change Summary to show the medical costs increase equal to the annual trend.

16. Table 10: Please provide the workbook with support data and calculations for the following: a) Age calibration factor of 1.672 b) Tobacco calibration factor of 1.013 c) Pricing Actuarial Value in Column K d) Benefit Richness Factors in Column L – please provide table to support as directed on page 16 of PID Rate Filing Guidance. e) Network factors in Column N.

- (a) We based the age calibration factor on the age distribution shown in the workbook attached to this response. When we submitted the filing, we updated the membership in Tables 1 and 10 to be consistent with the updated data we provided the department for membership by metal tiers but did not recalculate the age calibration factor at that time.
- (b) Please see our response to Item 10 above.
- (c) The pricing actuarial values in Column K were taken from our proprietary internal pricing models.
- (d) The table supporting Benefit Richness Factors is included in the attached workbook.
- (e) Please see our response to Item 8 above.

17. Table 5: Please support the calculations of following factors: a) Change in Network of 0.999 b) Change in Benefits of 0.994 c) Projected Paid Exchange User Fees PMPM of \$14.50. (Please input formula in Cell C32 as per Page 12 of PID Filing Guidelines).

- (a) Please see the calculation in the attached worksheet (Network Factor tab)
- (b) Please see the calculation in the attached worksheet (Change in Benefits tab)
- (c) Please see our response to Item 3 above.

18. 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, Federal Rates Template and the binder are identical.

Confirmed that we made those checks prior to submitting the rate filing.

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

Our average allowed cost per visit for PCP is about \$120. Therefore \$50 PCP copay is less than 50% coinsurance. Specialist copay is set to 2x PCP copay.

20. In the 2019 Guidance published on the Department's website, the Department required that all issuers file uniform factors for the Individual Adjustment of 1.06 and the CSR Defunding Adjustment of 1.28. In addition, the Department indicated that as the rate review process moves forward and federal healthcare reform efforts are clarified, the Department would consider issuer specific requests. We can now advise that the aforementioned factors of 1.06 for the Individual Adjustment and 1.28 for CSR Defunding Adjustment constitute ceilings. If your company desires lower adjustments than those stated in the Department's 2019 Guidance, you may provide updated materials (PA Actuarial Memorandum and Exhibits, Part III Actuarial Memorandum, Part I URRT and corresponding rate tables – State and Federal) and justification for the lower Adjustment factor(s) with your first round response due June 21, 2018. The Department will not consider adjustment factors greater than those stated in the 2019 Guidance.

We have submitted revised exhibits with this response that use a factor of 1.15 for the CSR Defunding Adjustment. This value is our projection based on our 2016 CSR reimbursements; 2016 was the last year where we received reimbursement for the entire calendar year.

We did not revise the Adjustment for the Individual Mandate; it remains at 1.06.

Please note: we reserve the right to revise these proposed rates based on the final risk adjustment information.

COVER LETTER
KHPE INDIVIDUAL
JULY 13 RESPONSES

- 1. Based on the changes noted in the file: 'June 22 PA Revisions List.xlsx' an updated URRT should have been provided. However, the URRT '33871khpeurrt1_ind_2019pid_062118_RV.xlsm' does not appear to include all of these changes. Please upload the June 22nd version of the URRT which we believe should include the changes outlined.**

As discussed in our previous response, we would make the revision should PID prefer that we enter those values instead of the Pricing AV values shown in their exhibit. Nevertheless, we revised the URRT with this response as you requested.

- 2. Please provide the following information related to the proposed annual trend rate equal to 12.8%:
 - a. Please provide a breakout of the calendar year experience between the first half and second half of each year (i.e., for 2016, 2017, and 2018) to demonstrate how much lower the utilization experience observed in the first half of 2017 was than expected, as stated in the Actuarial Memorandum.****

The experience is shown in Table 4 of the Actuarial Memorandum Rate Exhibit on an Incurred Basis, and on an Allowed Claim basis in the Tab "Allowed Claims History" in the "Table For Objection KHPE Ind RV" sent with the previous response.

- b. Please show the historical utilization trends for years 2016, 2017, 2018, and projected 2019 which support the 9.0% projected utilization assumption shown in row 7 of tab [Unit Cost Trends] in the file 'Table For Objection KHPE Ind RV.xlsx'. Note: We realize 2018 trends will be partially based on estimated claim costs.**

The chart below shows the utilization used in rating for 2016, 2017, and 2018.

2016		3.39%
2017		6.51%
2018		3.33%

c. Please explain and show numerical support for the large capitation trend (15.0%) for 2019.

The capitation trend reflects increases in our payments to the providers due to contract revisions.

- 3. In regards to your response to the first round question 5, demographic factors, you show a significant increase in projected 2019 membership for ages 64+ of 5,950 from 2018 membership of 961. Please explain why such a large increase in enrollment in this age bucket is being assumed and provide justification demonstrating that the assumption is appropriate.**

For measurement of the change due to demography, we compare the result of the 2019 projection to the result of the 2018 projection. The member counts shown in the “Demo Summary” compare the projection used in the 2019 rate filing to the projection used in the 2018 filing. What was used in the 2018 filing was the basis for the factor used then. This year’s projection is more consistent with the membership shown in Table 1 of the Actuarial Memorandum Rate Exhibit.

- 4. In regards to your response to the first round question 6b) provided in file ‘Table For Objection KHPE Ind RV.xlsx’, tab [Change in Benefits], the Benefit Factor values in column D do not match those entered in Table 10 (column L) for plans 33871PA0040005, 33871PA0040006, 33871PA0120001, 33871PA0120002, 33871PA0120003, 33871PA0120004, 33871PA0120005, 33871PA0120006, and 33871PA0120007. Please explain why these values would be difference and support numerically the benefit factors included in the response to 6b. If this was done in error, please correct the inconsistency and re-submit supporting calculations.**

We don’t see differences. Below is a table that shows the values from the “Change in Benefits” tab and the values in Table 10 Column L:

HIOS ID	Change in benefits	Column L
33871PA0040005	0.994351	0.994351
33871PA0040006	1.559782	1.559782
33871PA0120001	1.182650	1.182650
33871PA0120002	1.095165	1.095165
33871PA0120003	0.895990	0.895990
33871PA0120004	1.099662	1.099662
33871PA0120005	0.994351	0.994351
33871PA0120006	0.943687	0.943687
33871PA0120007	0.994351	0.994351

5. In regards to your response to the first round question 7c) Benefit Richness factors, you state **“We utilized this approach because we are trying to preserve the rate relationship we currently have in the market.”** Please explain the **“approach”** you are referring to.

Consistent with last year, our induced demand factors do not take into account health status. For 2019 we did not update the induced demand factors, rather we first solved for the induced demand factors that would generate the 2018 rates slope in 2019 before benefit changes.

We utilized this approach because we are trying to preserve the rate relationship we currently have in the market. The approach refers to the relationship of these factors across the plans. We maintained the same relationships used in the 2018 filing, and re-normalized them so that the composite factor would be 1.000.

6. In regards to your response to the first round question 8 you state **“We expect the proactive network to be 10% less expensive than the Non-proactive network”**. Please explain how you determined the 10% assumption and provide any quantitative analysis that was performed in support of this expectation.

Consistent with last year, the provider network factor is calculated based on the expected unit cost differences between the proactive and non-proactive networks. These differences are a combination of different contracting between the networks. (I.e. The same facilities contracted at different rates between the two networks) and facility mix. (I.e. Different facilities being utilized for the same services between the two networks.)

We expect the proactive network to be 10% less expensive than the Non-proactive network. We then normalized so that the weighted average of the factors equals 1.00.

7. In regards to your response to the first round question 12:

a. Please explain in detail the methodology used in developing the “Risk Score PMPM” values provided in column F of the file ‘Table For Objection KHPE Ind RV.xlsx’, tab [Risk Adjustment].

This is the risk adjustment calculation.

$$T_i = \left[\frac{PLRS_i \cdot IDF_i \cdot GCF_i}{\sum_i (s_i \cdot PLRS_i \cdot IDF_i \cdot GCF_i)} - \frac{AV_i \cdot ARF_i \cdot IDF_i \cdot GCF_i}{\sum_i (s_i \cdot AV_i \cdot ARF_i \cdot IDF_i \cdot GCF_i)} \right] \bar{P}_s$$

Where

PS = State average premium * 0.86; PLRS_i = plan i’s plan liability risk score; AV_i = plan i’s metal level AV; ARF_i = allowable rating factor; IDF_i = plan i’s induced demand factor; GCF_i = plan i’s geographic cost factor;

Metal	BMMO	PLRS	ARF	GCF	IDF	AV	Product w Risk	Product w/o Risk	PMPM
Plat	759	3.287	1.545	1.091	1.150	0.900	4.126	1.745	547.74
Gold	18,206	2.246	1.775	1.091	1.080	0.800	2.648	1.674	86.38
Silver	128,691	1.550	1.689	1.091	1.030	0.700	1.743	1.329	(52.00)
Bronze	10,595	1.235	1.680	1.091	1.000	0.600	1.348	1.100	(74.62)
Total	158,251	1.617	1.698	1.091	1.034	0.706	1.832	1.355	
Est. StateWide Average		1.76	\$ 710.49	1.76	1.00	1.034	0.703	1.822	1.277
								Total	(34.72)

Note that this calculation is for the revised assumptions we have made with this filing.

b. Please confirm how the Membership assumptions in column C of the file ‘Table For Objection KHPE Ind RV.xlsx’, tab [Risk Adjustment] were developed.

The membership assumption was membership as of January 2018.

c. Please provide the estimated risk adjustment transfer amount PMPM for calendar year 2017. To the extent the estimate for 2017 is significantly different than the projection for 2019, please reconcile by describing the specific reasons for those differences and by providing justification for any underlying changes being assumed relative to 2017 (e.g., statewide average premium, PLRS) being assumed.

The anticipated risk adjustment payment for 2017 based on the July 9, 2018 Report for KHPE Consumer is a payable of \$66.6M. This is an approximate PMPM impact of (\$38.30).

It varies from the number we are projecting for 2019, (\$34.72), as for 2019, we adjusted statewide and our block of business for the impact of Individual Mandate going away. We also

adjusted our mix for changes developing in 2018. We also adjusted the statewide average premium used in the calculation.

PID's Issues:

- 8. As was communicated in my email of July 3, 2018 the Department has determined that an Individual Adjustment Factor of 1.06 and a CSR Defunding Adjustment Factor of 1.20 will be used in the 2019 rate development for the Individual Market. Issuers overwhelmingly recommended standardization of these factors. As such, issuers may not deviate from these factors. Updated materials (PA Actuarial Memorandum and Exhibits and the Plan Design Summary worksheets, including the State rate tables) reflecting these factors, Risk Adjustment updates (based on the June 30th release of the Federal Risk Adjustment Report) and other Department requested changes must be provided with your second-round response due July 13, 2018. Other than these three preceding changes, no other modifications will be accepted.**

Included with this response is a revised set of exhibits which incorporates the CSR factor of 1.20, the Individual mandate factor of 1.05, and updated Risk Adjustment.



2018 and 2019 Service Area

Issuer: Keystone Health Plan East

Market: Individual



Key (*modify as needed*)

-  : On-exchange service area
-  : Off-exchange only service area

Completeness and Redaction Justification Checklist

Issuer Name: Keystone Health Plan East
 Market: Individual HMO
 SERFF ID: INAC-131476931

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification	X			
	RFJ Part III – Actuarial Memorandum	X	Y	32-39	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			
C.	Rate Change Request Summary	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	Y	9	Y
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N	10	N/A
D.1.C.	Average Rate Change	X	N	10	N/A
D.1.D.	Membership Count	X	N	10	N/A
	<i>PA Act. Exhibits Table 1</i>	X	N	16	N/A
D.1.E.	Benefit Changes	X	N	10	N/A
D.1.F.	Experience Period Claims & Premium	X	N	10-11	N/A
	<i>PA Act. Exhibits Table 2</i>	X	N	16	N/A
D.1.G.	Credibility of Data	X	N	11	N/A
	<i>PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)</i>	N/A	N	N/A	N/A
D.1.H.	Trend Identification	X	N	11	N/A
	<i>PA Act. Exhibits Table 3</i>	X	N	16	N/A
D.1.I.	Historical Experience	X	N	11-12	N/A
	<i>PA Act. Exhibits Table 4</i>	X	N	16	N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N	12	N/A
	<i>PA Act. Exhibits Table 5</i>	X	N	18	N/A
D.2.B.	Retention Items	X	N	13	N/A
	<i>PA Act. Exhibits Table 6</i>	X	N	18	N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	13	N/A
	<i>PA Act. Exhibits Table 7</i>	X	N	18	N/A
D.2.D.	Components of Rate Change	X	N	13-14	N/A
	<i>PA Act. Exhibits Table 8</i>	X	N	18	N/A
	<i>PA Act. Exhibits Table 9</i>	X	N	18	N/A
D.3.	Plan Rate Development	X	N	14	N/A
	<i>PA Act. Exhibits Table 10</i>	X	N	19	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	14	N/A
	<i>PA Act. Exhibits Table 11</i>	X	N	20	N/A
D.5.A.	Age and Tobacco Factors	X	N	14	N/A
	<i>PA Act. Exhibits Table 12</i>	X	N	21	N/A
D.5.B.	Geographic Factors	X	N	14	N/A
	<i>PA Act. Exhibits Table 13</i>	X	N	21	N/A
D.5.C.	Network Factors	X	N	14	N/A
	<i>PA Act. Exhibits Table 14</i>	X	N	21	N/A
D.5.D.	Service Area Composition	N/A	N	N/A	N/A
D.5.E.	Composite Rating	N/A	N	N/A	N/A
D.6.	Actuarial Certifications	X	Y	14-15	Y
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N	22-26	N/A
	Service Area Map	X	N	74	N/A
Redaction Justification (must be submitted if any information is redacted)		X			Y