

Health Partners Plans, Inc. – Individual Plans

Rate Request filing ID # HEAL-134081943 – This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at <https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx>

Overview

Initial requested average rate change:	2.85%
Revised requested average rate change:	2.4%
Range of requested rate change:	-8.00% to 14.21%
Effective date:	January 1, 2025
Mapped members:	9,160
Available in:	Rating Areas 6 and 8

Key Information

Jan. 2023-Dec. 2023 financial experience

Premiums	\$0
Claims	\$0
Administrative Expenses	\$0
Taxes & Fees	\$0
<hr/>	
Insurers made (after taxes)	\$0

How it plans to spend your premium¹

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

Claims:	85%
Administrative:	12%
Taxes & Fees:	3%
Profit:	0%

The insurer expects its annual medical costs to increase **6.3%**.

Our Decision

The insurer requested an average 2.85% rate change in the individual market for enrollees in current 2024 plans who will continue coverage with the insurer in 2025. The insurer later revised its rate filing to request a rate change of 2.4% due to revisions made during the Department’s standard review. The statewide average rate change request across all insurers was originally 9.3% and was revised to 6%. A factor contributing to the rate change is the change in reimbursement from the state reinsurance program. In addition to the reinsurance program, the following have been cited as key rate drivers:

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

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

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

Process and Considerations for the 2025 Plan Year

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

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

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

For each requested plan, the Department reviewed the contract to see if the plan included all the benefits required by state and federal law, if the rates are reasonable in relation to the benefits, and if the insurer will be able to pay projected claims and expenses. The Department also considers factors such as the insurer's revenues, medical and administrative costs, actual and projected profits, and past rate changes, as well as the effect the 2025 rate change will have on Pennsylvania consumers. In approving rates for 2025, the Department focused on making sure that Pennsylvanians in every county in the state continue to have access to healthcare coverage. Ensuring that affordable options remain available to Pennsylvania consumers is a top priority for the Department. The resulting average final rate change approved for this insurer is 2.4%, ranging from -8.00% to 14.21%.

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

What we consider

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

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

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

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

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

Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

Pennsylvania Geographic Rating Areas





July 31, 2024

Lindsay Swartz, MBA, MCM, Director
PA Department of Insurance
1311 Strawberry Square
Harrisburg, PA 17120

**RE: Jefferson Health Plans
NAIC Company ID#: 95066
Rate Filing for Individual Health Plans Effective 1/1/2025
HEAL-134081943**

Dear Ms. Swartz,

This rate filing contains the requested premium rate information for Jefferson Health Plans' (JHP) ACA-compliant individual health plans. The proposed rates are effective January 1, 2025. This filing has been submitted in SERFF under the tracking number HEAL-134081943. **The rates included in this refiling are intended to replace the rates filed on July 17th, 2024.**

The changes included in this refiling relative to the filing submitted on July 17th are all from PID guidance. Changes include the change in reinsurance parameter, coinsurance increased from 50% to 60%. All changes are described in the supporting documentation that follows this letter.

Attached are the 2025 rate filing documents, per Federal and Pennsylvania guidelines. Included within this filing are the United Rate Review Submissions Parts I and III (Part II is not applicable), Rate Tables, Department Plan Design Summary and Rate Tables, Unique Plan Design Justification and Supporting Documentation, Department Standard Questions, PAAM Exhibits, and public rate filing redaction justification and checklist. JHP has elected to submit a single consolidated actuarial memorandum, which fully meets all the standards of both the Federal URRT instructions and the state instructions laid out in the PA 2025 ACA Final Rate Filing Guidance. We have included a crosswalk in the memorandum appendix that outlines in which sections the Federal requirements are satisfied.

Per guidance from the Pennsylvania Insurance Department (PID), this filing reflects a CSR defunding adjustment factor of 1.30 on all silver on-exchange plans, the prescribed induced demand formula, and an adjustment for reinsurance under the 2025 parameters.

As plan year 2025 is JHP's second year in the Pennsylvania Individual Market, we are requesting an overall average rate change of 2.5%.

Information for the Pennsylvania Bulletin:

1. Company Name and NAIC Number	Jefferson Health Plans 95066
2. Market	Individual
3. On/Off or Off Exchange	On and Off
4. Effective Date of Coverage	January 1, 2025 to December 31, 2025
5. Average Rate Change Requested	2.5%
6. Range of Rate Changes Requested	-8% to 14.21%
7. Total Additional Annual Revenue Generated from Proposed Rate Change	\$1,441,384
8. Products	HMO
9. Rating Areas and Any Changes from 2024	Rating Areas 6 and 8, Adding Rating Area 6 from 2024
10. Metal Levels and Catastrophic Plans	Gold, Silver, Bronze
11. Current Covered Lives and Policyholders as of February 1, 2024	9,171
12. Number of Plans Offered in 2025 and Change from 2024	9 Plans in 2025 10 Plans in 2024
13. Corresponding Contract Form Number, SERFF and Binder ID Numbers	Form #: HEAL-134051465 SERFF Filing #: HEAL-134081943 Binder ID #: HEAL-PA25-125118373
14. HIOS Issuer ID Number and Submission Tracking Number	HIOS Issuer ID: 93909 State Tracking #: HEAL-134051465

[REDACTED]

Date: July 31, 2024

Actuarial Memorandum

Jefferson Health Plans

Issuer ID #93909

Pennsylvania Individual Health Insurance 2025 Premium Rate
Filing: CONFIDENTIAL

Date: July 31, 2024

Rates Effective: January 1, 2025

Developed by:

Wakely Consulting Group, LLC, an HMA Company

[REDACTED]

[REDACTED]

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Executive Summary

This actuarial memorandum and the accompanying appendices represent documentation to support the filing of premium rates for Jefferson Health Plans (JHP) individual ACA products effective January 1, 2025. **This actuarial memorandum fulfills the requirements for both the United Rate Review Part III Actuarial Memorandum and the Pennsylvania Actuarial Memorandum.** As such, only one actuarial memorandum has been submitted with this filing. In Appendix A, we provided a crosswalk from the Pennsylvania Actuarial Memorandum to the United Rate Review Part III Actuarial Memorandum to ensure compliance with both sets of instructions and assist with review.

Per Pennsylvania Insurance Department (PID) guidance, the premium rates contained in this memorandum include the impact of the state-based reinsurance program, as defined within the 1332 waiver approved in 2021. Per PID guidance, the 2025 reinsurance parameters to be included in this filing reflect an attachment point of \$60,000, a cap of \$100,000, and a coinsurance percentage of 60%.

The rates included in this refiling are intended to replace the rates filed on July 17th, 2024. The changes included in this refiling relative to the filing submitted on July 17th are to reflect the updated reinsurance parameters per PID guidance. These updates are reflected within this documentation and the filed rates.

This version of the actuarial memorandum is considered **CONFIDENTIAL** as it contains proprietary information related to JHP and Wakely Consulting Group, LLC, an HMA Company (Wakely). A separate actuarial memorandum was submitted and deemed PUBLIC which excluded all information determined to be confidential, according to PID guidance. Per PID instruction, we have submitted a redaction justification form along with this filing.

We believe the premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory based on the provisions of the ACA as currently implemented; however, future modifications in legislation, regulation, and/or court decisions may affect the extent to which the premium rates are neither excessive nor deficient. Wakely and JHP would like to reserve the right to change assumptions that were materially impacted due to a change in the regulatory environment or up until filings are approved, in order to ensure our rates are as accurate as possible, to the extent state and federal rules allow.

[REDACTED]

This filing presents premium rates for renewing and new products. To be compliant with the ACA single risk pool regulation, on- and off-Exchange premium rates were developed together. The JHP products include gold, silver, and bronze plans. In total, JHP is filing 9 plans, plus CSR

variants for all silver plans. Plans will be offered in Rating Areas 6 and 8. All plans will be offered on- and off-Exchange, as shown in Table 1 below.

Plan designs include 2025 EHBs. Plans do not include pediatric dental as there are standalone pediatric dental plans available in JHP's service area. There are no additional non-EHBs included in any plan designs. All plans are HMO, with only emergency services to be covered when incurred out of network.

Table 1: 2025 Proposed Plans

Plan ID	Plan Name	Exchange	Rating Areas
93909PA0010005	Jefferson Health Plans + Total + Silver + HMO	On and Off	6, 8
93909PA0010004	Jefferson Health Plans + Balanced + Silver + HMO	On and Off	6, 8
93909PA0010003	Jefferson Health Plans + \$0 Deductible + Silver + HMO	On and Off	6, 8
93909PA0010001	Jefferson Health Plans + \$0 Deductible + Bronze + HMO	On and Off	6, 8
93909PA0010002	Jefferson Health Plans + Total + Bronze + HMO	On and Off	6, 8
93909PA0010006	Jefferson Health Plans + \$0 Deductible + Gold + HMO	On and Off	6, 8
93909PA0010007	Jefferson Health Plans + Total + Gold + HMO	On and Off	6, 8
93909PA0010011	Jefferson Health Plans + Value + Bronze + HMO	On and Off	6, 8
93909PA0010012	Jefferson Health Plans + Value + Gold + HMO	On and Off	6, 8

JHP products will be sold through an agency/broker model, through the internet, in direct response to incoming inquiries, and through the Pennsylvania Exchange. Products are guaranteed issue, guaranteed renewable, and issued on an issue age basis.

1. Basic Information and Data

A. COMPANY INFORMATION

Company Legal Name: Jefferson Health Plans

State: PA

HIOS Issuer ID: 93909

Market: Individual

Effective Dates: January 1, 2025 – December 31, 2025

Company Contact Information

Primary Contact Name: [REDACTED]

Primary Contact Telephone Number: [REDACTED]

Primary Contact Email Address: [REDACTED]

Secondary Contact Name: [REDACTED]

Secondary Contact Telephone Number: [REDACTED]

Secondary Contact Email Address: [REDACTED]

Responsible Actuary Information

Responsible Actuary Name: [REDACTED]

Company: Wakely Consulting Group, LLC, an HMA Company

Phone Number: [REDACTED]

Email Address: [REDACTED]

SERFF Rate Review Detail

Projected Earned Premium: \$71,441,458.

Projected Incurred Claims: \$60,753,565.

Proposed Rate Premium PMPM: Min: \$149.59. Max: \$1,666.37. Weighted Average: \$466.94.

Please note that the premium PMPMs are indicative of age-specific rates and include a blend of tobacco-rate and non-tobacco rate plans.

Other General Information

Type of Filing: Renewal

Type of Plan: HMO On and Off-Exchange; Renewal and New Plans

Months of Rate Guarantee: These rates will be guaranteed until December 31, 2025.

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

JHP's proposed rate change in 2025 is include in Table 2 below. As JHP was new to the Pennsylvania market in 2024, there are no historical rate increases to report.

Table 2: JHP Rate History

Filing Year	SERFF Filing #	Rate Change (Age 21 non-tobacco)
2025	HEAL-134081943	2.4%

As shown in PAAM Table 10, the proposed rate change varies by plan. The variation in rate change across plans does not reflect variation in plan-specific morbidity. Changes in population morbidity were applied uniformly to the index rate, in accordance with single-risk-pool ACA rating rules. Rather, the variation in rate change by plan is due to changes in plan-level pricing factors such as modifications to the CSR load, administrative expense PMPM, and actuarial values. Variation in plan-level pricing factors can be seen in Table 10.

Quantification of the premium rate drivers are shown in Table 8 and listed below. Per Table 8 there are six main components of the rate change. This breakdown is intended only for explanatory purposes and is distinct from the development of rates.

- A. Change in base period allowed claims (before normalization) = 10.1%
- B. Change in normalization factors = 6.5%
- C. Change in allowed claim adjustment components (trend, morbidity, other, etc.) = 0.3%
- D. Change in plan level adjustment components (pricing AV, network, etc.) = 4.6%
- E. Change in retention = 2.3%
- F. Change in miscellaneous (mix differences) = -3.8%

C. AVERAGE RATE CHANGE

The average rate change in 21-year-old-non-tobacco premium PMPM is 2.4%, as shown in PAAM Table 11. The average rate change, accounting for differences in average age and tobacco usage, is 3.4%, as shown in PAAM Table 10.

D. MEMBERSHIP COUNT

JHP was a new plan in 2024 and, therefore, does not have any experience period membership to report. Current 2024 and projected 2025 membership by age, as well as the average age, is included in Table 1 of the PAAM Exhibits. Actual enrollment is highly dependent on consumer decisions and the competitiveness of rates in the market. Table 3 shows projected 2025 JHP individual enrollment by plan.

Table 3: Estimated JHP Enrollment by Plan (in Member Months)

Plan ID	Plan Name	2025 Projected Member Months
93909PA0010005	Jefferson Health Plans + Total + Silver + HMO	77,965
93909PA0010004	Jefferson Health Plans + Balanced + Silver + HMO	2,877
93909PA0010003	Jefferson Health Plans + \$0 Deductible + Silver + HMO	3,969
93909PA0010001	Jefferson Health Plans + \$0 Deductible + Bronze + HMO	10,336
93909PA0010002	Jefferson Health Plans + Total + Bronze + HMO	11,536
93909PA0010006	Jefferson Health Plans + \$0 Deductible + Gold + HMO	10,939
93909PA0010007	Jefferson Health Plans + Total + Gold + HMO	14,259
93909PA0010011	Jefferson Health Plans + Value + Bronze + HMO	9,910
93909PA0010012	Jefferson Health Plans + Value + Gold + HMO	11,209

E. BENEFIT CHANGES

JHP's 2025 rates assume no change in covered EHB or non-EHBs relative to those offered in 2024. There were, however, updates to cost sharing that are reflected in the 2025 actuarial values for each plan.

A list of key benefit changes by plan are included in Appendix B.

F. EXPERIENCE PERIOD CLAIMS AND PREMIUM

JHP began offering products effective January 1, 2024; therefore, there is no JHP experience to report. For this reason, Tables 2-4 of the PAAM Exhibits and Worksheet I of the URRT have been left blank. The 2024 rates are based entirely on a manual rate as discussed in the next section of this memorandum, and as shown in Tables 2b-4b of the PAAM Exhibits.

Projection Factors

As mentioned in the prior section, because JHP's premiums are manually rated due to lack of experience, projection factors for purposes of moving the experience forward to the projection period are not applicable. In the Rate Development & Change section of this report, we discuss the development of claim costs used within the base periods and factors applied from the base period to the projection period as a basis for the development of the index rate and base rate.

G. CREDIBILITY OF DATA

Given JHP began offering products in 2024 and there is no JHP experience to report, 100% credibility is assigned to the manual rate. The manual rate source is described below.

Base Period Claims

Allowed PMPM medical and pharmacy claim costs were developed using 2022 PA ACA individual statewide incurred claims from 2024 URRTs. This represents the most recent year of Pennsylvania ACA data available publicly. Pharmacy payments are assumed to be reduced for rebates. Claims have been adjusted to exclude non-EHBs. This data is assumed to be complete.

Wakely believes this data is reasonable and actuarially sound for purposes of the rate development. The data presented in Table 2b of the PAAM exhibits represents the 2022 statewide base period data, as used for the rate development, before the adjustments discussed below were applied.

Adjustments Made to the Base Data

The base period allowed PMPMs were adjusted for items including differences in membership mix by metal, risk, average age, geographic service area, utilization and unit cost trends, provider contracts, COVID-19 impact, [REDACTED]. Factors to account for these adjustments were applied to the base period total allowed EHB claims to develop the projected index rate in Table 5 of the PAAM Exhibits. Development of these adjustment factors is detailed in the "Rate Development and Change" section of this memorandum.

H. TREND IDENTIFICATION

As JHP does not have experience to calculate trends from, the trends were developed using public data sources and PA insights from JHP; no experience trends were analyzed. Thus, Table 3 has been intentionally left blank.

An explanation of the trend development for values provided in Table 3b of the PAAM exhibits is provided in section 2, Rate Development & Change.

I. HISTORICAL EXPERIENCE

As 2024 was JHP's first year in the market, there is no historical experience. Table 4 has been intentionally left blank.

The historical experience used to fill out Table 4b is from Pennsylvania Individual URRT data from 2022, as described in section 1G. Please note that the data in the URRT is provided on an annual basis only. The monthly splits shown in Table 4b are for illustrative purposes only. The 2023 section is not able to be filled in as that data is not available yet.

2. Rate Development and Change

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

Please see Table 5 of the PAAM exhibits for the development of the projected index rate. The development of the single risk pool adjustment factors is provided in Appendix C.

Total Allowed Claims

Section 1G describes the source for the base period total allowed EHB claims in cell D11 of Table 5. The adjustment factors described below are used to calculate the projected index rate of \$485.43 in cell C27 of Table 5.

TREND FACTORS

Trend estimates used in the JHP 2025 rate development were based on a review of prospective claim cost trend information published in the 2024 Pennsylvania URRT individual rate filings. A range of reasonable trend assumptions was identified before selecting the used trends.

While the trend factor displayed in cell D12 of Table 5 is excluding the impact of COVID-19, when developing trend estimates, results were reviewed in tandem with the effect of COVID-19 from the base period to the projection period for reasonability. The value in D12 represents a weighted average trend factor for two years assuming the base period is on a 2022 basis.

CHANGES IN MORBIDITY

The impact of morbidity due to the reinsurance program is 0%, as shown in cell D15 of Table 5.

JHP is not applying any changes in morbidity to the risk pool from the base prior to the projection periods that aren't already accounted for in JHP's projected age, metal, and risk mixes. There is no explicit adjustment applied to account for the influx of Medicaid re-determination members transitioning into the ACA merged market. While assumptions have been modeled regarding demographic shifts, there is significant uncertainty regarding the morbidity of this population and how it will impact both JHP and other carriers within the state, which influences both claims costs and risk adjustment. Given this uncertainty, we are not adjusting the morbidity of the base period to the projection period, and the adjustment factor in cell D16 of Table 5 is 1.0.

CHANGES IN DEMOGRAPHICS (MEMBERSHIP MIX AND GEOGRAPHY)

A two-step approach was taken to account for changes in membership mix by age band, metal tier, and geographic location between the base period Pennsylvania Individual market statewide experience and the 2025 JHP estimated membership. Allowed claims were decreased based on changes in membership mix by age band and metal tier between the base period URRT experience and the 2025 JHP estimated membership in Pennsylvania. We took the following steps using relativities based on allowed claims:

- 1) Adjusted from the base year (2022) statewide Pennsylvania enrollment mix by rating area to JHP's projected rating area mix in their 2025 service area.
- 2) Adjusted from the base year statewide Pennsylvania enrollment mix by age band and metal to JHP's projected age band and metal mix in their 2025 service area.
- 3) Adjusted to reflect JHP having less members with an HCC diagnosis compared to the market, at the same age band and metal mix i.e., healthier population resulting in a claim cost reduction.

Adjustment 1) uses the 2023 Interim Risk Adjustment Report (RAR) relativities released by CMS on March 14th to calculate an average statewide geographic cost factor. The corresponding relativities were then weighted by the estimated membership mix in JHP's service area. The ratio of the average cost factor for JHP's distribution within its service area to that of the statewide distribution represents the geographic adjustments.

Adjustment 2) represents utilization differences based on variance between the starting age and metal distribution and the ending age and metal distribution. Utilization differences by age band and metal tier were derived using Wakely's proprietary database which consists of a nationally-representative sample of approximately 53.7 million member months comprised of individual data for ACA-compliant plans. This data set is considered fully credible at each metal level. The database is subsequently referred to as the "Wakely ACA Database" throughout this memorandum.

These adjustments are illustrated in Appendix C. For Adjustments (2) and (3), we are unable to share the actual data underlying the proprietary database, however the exhibit illustrates our methodology for this adjustment using arbitrary numbers.

The factor shown in D18 of Table 5 within the PAAM exhibits represents the product of the adjustments 1), 2), and 3).

CHANGE IN NETWORK (PROVIDER CONTRACTING)

[REDACTED]

CHANGE IN BENEFITS

A multiplicative factor was applied to reduce the base period claims by the average amount of non-EHB claims in the base periods, as defined in the 2024 URRT submissions. The same methodology was used to remove non-EHB claims from our manual base period. A reduction of \$1.78 PMPM is already accounted for in cell D11 of Table 5, so it is not included as an adjustment factor in cells D15:D21.

No other adjustments were made as there have been no changes in EHBs or state mandated benefits in Pennsylvania since before the base period year. JHP is not offering benefits in addition to the EHBs in 2024, so cell C38 of Table 5 is \$0.

CHANGE IN OTHER

[REDACTED]

PEDIATRIC DENTAL COSTS

No adjustments were made to account for pediatric dental costs.

INCLUSION OF CAPITATION PAYMENT

There are no capitated payments in the projection period to consider for the development of the index rate.

Paid to Allowed Ratio

Plan designs were modeled within the Wakely Pricing Valuation Model (WPVM), based on detailed claim data from the Wakely ACA database (described above), to develop paid-to-allowed pricing estimates (as opposed to the actuarial values from the federal AV calculator). The model uses actuarially sound pricing methods to value the impact of deductibles, copays, coinsurance

and maximum out-of-pocket cost sharing parameters. We calibrated the utilization and unit cost assumptions in the model to the plan's prospective allowed costs, adjusting for induced demand by metal tier. The purpose of this is to calculate variation of actuarial values for pricing based on plan-specific cost-sharing.

The mandated CSR load of 30% for individuals enrolled within silver cost-share reduction variant plans was applied to all silver on-Exchange plan pricing AVs. While PID allows for a range between 22% to 30%, we believe that a load of 30% best aligns with JHP's projected silver enrollment distributions.

We then applied the pricing actuarial value for each plan to the JHP 2025 index rate for premium rate development.

Wakely used an override in cell C28 of Table 5 to better reflect our pricing methodology. The value in C28 can be calculated by weighting the pricing AVs, Non-Funding of CSR Adjustment, and Benefit Richness (Induced Demand) factors on tab "III Plan Rates".

Projected Risk Adjustment PMPM

The risk adjustment transfer amount was calculated to arrive at an estimated transfer amount for JHP's population. Various adjustments such as risk adjustment model methodology changes, age and metal mix distribution shifts, geographic differences, and statewide average premium increases from the base period to 2025 were incorporated to obtain an estimated 2025 risk adjustment transfer.

We took the following steps to arrive at a projected risk adjustment transfer:

- At the metal level, each factor of the risk transfer formula was calculated separately for JHP's expected population and the statewide Pennsylvania 2025 estimates.
- **ARF** - Age Rating Factors for JHP and Pennsylvania statewide were calculated based on the same enrollment mix by age band as was assumed in the claims buildup.
- **AV** - Actuarial Value for Pennsylvania statewide was based on the same statewide Pennsylvania metal mix as was assumed in the claims buildup.
- **PLRS** - Plan Liability Risk Score for statewide Pennsylvania and JHP started from the average PLRS in the Wakely ACA database data, specifically for members with the same age and metal mix as either statewide Pennsylvania or JHP's expected population in 2025. **[REDACTED]**
- **GCF** – Geographic Cost Factors for JHP reflect their proposed service area.

- Using the above factors and an estimated statewide average premium, an estimated risk transfer for JHP was calculated at the metal level. This transfer amount was then weighted by JHP's expected metal mix in Pennsylvania in 2025.
- Then, a load was added to the risk adjustment transfer to account for the estimated high-cost risk pooling charge in 2025, calculated as a percent of premium.
- Finally, the risk adjustment transfer PMPM was converted from a paid to an allowed amount (dividing by expected actuarial value) necessary to capture sufficient premiums to cover anticipated transfer payments.

[REDACTED]

The 2025 risk adjustment user fee of \$0.18 PMPM was included in the taxes and fees section of the rate development.

Projected Exchange User Fees PMPM

The projected exchange user fees were calculated using a 3.0% exchange fee, per PID guidance. JHP is projecting that 99.3% of their 2025 membership will be on the exchange, so the effective exchange user fee is 2.98%. The on-exchange enrollment projection is based on 2024 JHP open enrollment distributions.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium

Per state guidance, this filing includes an adjustment for the state-based reinsurance program with an attachment point of \$60,000, a cap of \$100,000, and a coinsurance rate of 60%. Below describes our methodology for quantifying the impact of the state-based reimbursement.

The claims portion of the index rate was reduced to reflect the estimated impact of the state-based reinsurance reimbursement amounts. Because the reinsurance parameters are not projected to vary by region, the geographic factor is not impacted by reinsurance.

The information in Tab IIb was developed using Wakely's ACA database. First, members were assigned to allowed claim buckets based on their total annual allowed spend. Allowed spend from the proprietary database was projected to JHP's projected allowed claims. Paid PMPMs were determined using plan-level cost sharing parameters consistent with the pricing AV development. An effective reinsurance recovery was then calculated for each claim bucket, using the calculated paid PMPMs and the reinsurance program attachment points and coinsurance.

We have intentionally left Tab IIa blank as JHP does not have experience to report.

Market-Adjusted Projected Allowed Total Claims PMPM

As described above, the product of the components above calculates an allowed claims cost estimate for the average age, metal, and risk of JHP's population in the Pennsylvania market. Then, the JHP's risk adjustment transfer estimate is added to the blended allowed claims cost to arrive at a total allowed cost (claims and risk adjustment).

The projected allowed claim costs net of reinsurance was added to the projected risk adjustment transfer and exchange user fees to arrive at the total market-adjusted projected allowed cost PMPM (claims and risk adjustment) equal to \$530.13 PMPM. The MAIR presented between the PAAME, URRT, and Appendix of this memorandum should vary by no more than a penny due to rounding.

Please see Appendix E and Table 5 of the PAAM exhibits for more details.

B. RETENTION ITEMS

The retention items described below are illustrated in Table 6 of the PAAM exhibits. Please note that values in Table 6 vary slightly from those mentioned in this memorandum, as the values used in Table 6 represent the straight average of the retention components across all plans, whereas we report total retention on a projected membership weighted average basis.

Administrative Expense Load

We incorporated a retention load for general administrative expenses, commissions, and quality improvement initiatives. These costs in total are equal to \$55.00 PMPM in the 2025 rate development, which corresponds to 11.8% of premium in aggregate. It was confirmed with JHP that the assumptions for 2025 administrative costs are reasonable estimates based on the estimation of covered members, although per PID guidance, the flat PMPM does not reflect the allocation methodology by plan in which JHP anticipates administrative costs to be spent.

The administrative expense load is split into three components:

- General and claims: 7.7%
- Agent/Broker Fees and Commissions: 3.2%
- Quality Improvement Initiatives: 0.8%

[REDACTED]

Profit / Contribution to Surplus & Risk Margin

Overall, the profit margin is equal to 0.1% of proposed 2025 premium, prior to federal income taxes. This amount was confirmed with JHP to align with the overall company strategy. After accounting for federal income taxes, this amount decreases to 0.08%.

Taxes and Fees

Taxes and regulatory fees included in the development of 2025 rates include the following:

1. Federal Income Tax = 21.0% of taxable income.
2. Risk Adjustment User Fee = \$0.18 PMPM
3. Health Insurance Marketplace User Fee = 3%. We have included this amount in our pricing of premium for all policies sold within the Marketplace. This fee was spread across all plans in the risk pool. We assumed that 99.3% of JHP’s individual policies would be sold within the Marketplace, consistent with JHP’s 2024 open enrollment. This resulted in a Marketplace User Fee of 2.98% of premiums, applied to policies sold in and outside the Marketplace.
4. Premium tax = 0% of premiums
5. PCORI Fee = \$0.28 PMPM

Table 4 below summarizes the non-benefit expenses, regulatory fees, and taxes.

Table 4: Non-Benefit Expenses and Profit & Risk

Component	% of Premium
Commissions	3.2%
Administration	8.5%
Risk Adjustment Fee	0.04%
Exchange User Fee	3.0%
PCORI Fee	0.06%
Profit/Risk Margin	0.10%
Total Retention	15.0%
Target Loss Ratio	85.0%
Federal Loss Ratio	88.6%

Projected Loss Ratio

The Anticipated Loss Ratio (ALR) is defined as being the present value of expected benefits over the present value of expected premiums for the time period that the premiums are effective. Wakely estimates the ALR to be 85.0%. This calculation does not exclude any regulatory fees or taxes from premiums, which is why it is lower than the federal MLR calculation.

Based on the federal MLR methodology, the loss ratio is estimated to be 88.6%; therefore, JHP does not anticipate paying consumer rebates for the 2025 plan year. Regulatory fees and taxes were excluded from premiums in the calculation of this value.

C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Age, geographic, tobacco, and network calibration factors are applied uniformly to all plans and illustrated in Table 7 of the PAAM exhibits. The factors described below also match those in the “Calibration” section of Table 10.

The development of the 2025 normalization factors is included within Appendix F.

Age Calibration

Per the instructions, plan adjusted index rates were next calibrated to age 21. To bring the experience to age 21 rate, we divided the plan adjusted index rate by the weighted average age factor. The age factor was calculated using the Federal ACA age factors, as adopted by Pennsylvania, weighted by the estimated enrollment by age for JHP’s Pennsylvania population in 2025. The age associated with this factor is between 48 and 49 years. Once calibrated, the standard federal age factors can be applied on a multiplicative basis to get to the rates for other ages.

Tobacco Rating

The plan adjusted index rate must be on a non-tobacco user basis. Wakely looked at the proportion of JHP 2024 open enrollees who admitted to smoking and are paying a tobacco loaded premium rate in 2024. This is 2.6% of total membership. The final factor is intended to convert the rates to a non-tobacco basis. To bring the experience to an age 21 rate, we divided the plan adjusted index rate by the weighted average tobacco usage factor of 1.002.

The tobacco rate-up factor is 1.002. We applied the same factor for all ages (21+) that are allowed to have a smoking factor.

Geographic Factors

Geographic rating area factors are required in the CY2025 premium rates given plans are now offered in Rating Areas 8 and 6. The cost differentials by region, not accounting for morbidity differences, are included in the geographic factors. The 2023 Interim Risk Adjustment Report GCF factors by rating area were used as the basis for the geographic factors. The development of the geographic factors by region are shown in Appendix F.

The geographic factors normalize to a 1.0 in total, so the values in cells K50 of Table 7 and T5 of Table 10 are both 1.0.

Network Factor

Per PID guidance following the May 15th filing, the network factors for all plans have been set to 1.0.

D. COMPONENTS OF RATE CHANGE

Please see Tables 8 and 9 of the PAAM Exhibits for the buildup of the components of rate change.

In Table 9, all values in the “2024” column match what was provided in the corresponding 2024 column in the plan year 2024 filing except the Pricing AV value. The pricing AV value in the 2024 filing of 0.740 represented the straight average of the pricing AVs with the CSR load calculated in cell K15 of Table 10. However, the value calculated in K16 of Table 10, 0.752, was more in-line with our 2024 pricing methodology. Therefore, the value in cell J83 of Table 9 shows 0.752 instead of 0.740.

In Table 8, there is a “Change in Miscellaneous Items” for 2024 in cell C97. The “Change in Miscellaneous Items” accounts for the difference in projected 2024 membership mix and current 2024 membership mix by plan that the calculation is derived from. The table below demonstrates the calculation of the reconciling item that leads row H to approximate row 8 of Table 8. The amounts shown in the 2024 column of Table 9 match those provided in the plan year 2024 rate filing.

Component	Value
Average CPAIR from 2024 Rate Filing, Weighted by 2024 Projected Membership	\$264.15

Component	Value
Average CPAIR from 2024 Rate Filing, Weighted by 2024 Current Membership (Cell Z15 of Table 10)	\$274.68
Impact of Membership Mix Changes (Cell C97 of Table 8)	\$10.53

Additional detail on the drivers of the rate change are included in section 1B.

3. Plan Rate Development

Single Risk Pool

JHP has established a single risk pool for all individual market business. All of JHP's its individual business is non-grandfathered, non-transitional, and ACA-compliant.

Of the 21 plans listed on Table 10, 7 are existing, 11 are new, and 3 are discontinued and not being mapped.

Index Rate for Experience Period

JHP has no experience in Pennsylvania in 2023. Therefore, there is no experience period index rate.

Index Rate for Projection Period

The projection period claims portion of the index rate is estimated to be \$485.43 PMPM. This was calculated based on projected allowed claims for essential health benefits for the single risk pool population during the projection period.

Market-Adjusted Index Rate for Projection Period

We then included the impact of risk adjustment, converted to an allowed basis, and the equivalent Marketplace User Fee (as described above), to calculate the 2025 market adjusted index rate. The market adjusted index rate is \$530.13 PMPM.

Plan-Adjusted Index Rate for Projection Period

Plan adjusted index rates were developed by applying allowable plan level adjustments to the market adjusted index rate. The section below describes the components included in Table 10 of the PAAM exhibit which build up to the plan adjusted index rate.

AV Metal Levels

The 2025 Federal Actuarial Value Calculator (AVC) was used to generate the AV metal tiers (URRT, Worksheet 2). We have incorporated the 2025 de minimus range to the allowed plans.

The final AV is calculated in the Federal AV Calculator by inputting the cost-sharing components for each plan (deductible, MOOP, coinsurance, etc.). To accommodate certain benefit designs, we made the following adjustments:

1. Tiers of Generic Drugs
 - a. On a subset of plans, JHP will offer two generic drug tiers with varying copays. As a result, a blended effective generic copay was input into the AV calculator to reflect the expected utilization between the two generic tiers.
2. \$0 Medical Deductible Plans
 - a. A subset of JHP's two-tier plans have a \$0 medical deductible and exclusively copays for medical cost sharing on the first tier only. Per CMS guidance provided in the 2025 Federal AV Calculator FAQ page, all plans of this structure may be run using the combined continuance tables. For these plans, we ran tiers one and two separately in the federal AV calculator, and then blended the resulting AVs using a projected utilization split to arrive at our effective federal AV for these plans.

The federal AVs for the plans are shown in Appendix G and in column H of Table 10 of the PAAM exhibits. In the event where both Approach 1 and Approach 2 were made to the Federal AVC inputs for the same plan to accommodate our benefit designs, we input Approach 2 in column I. More information regarding the adjustments have been included in unique plan design justification and documentation.

AV Pricing Values

The methodology for development of the AV Pricing Values is included in the Projected Index Rate, Market-Adjusted Index Rate & Total Allowed Claims section above. Only allowable modifiers were used in the development of these values.

Differences in morbidity across metal tiers were not included in the pricing development for each metal tier plan.

The pricing AVs differ from the Federal AVC outputs primarily because the estimated allowed PMPMs used in developing pricing AVs are different than those underlying the Federal AV

calculator. This is due to a leveraging effect for fixed cost sharing elements (e.g. copays, deductibles and MOOPs). The other variance is differences in the methodology of the pricing models and underlying data of the modeling. AV pricing values, prior to the addition of the CSR defunding adjustments for on exchange silver plans, are presented in column K of Table 10 of the PAAM exhibits.

We have included an adjustment to the filed plans to reflect the impact of cost share reduction subsidies (CSRs) no longer being funded by the federal government. The regulation still requires CSR variant plans to be offered to low-income members, under the same Federal AV requirements (keeping similar plan design and cost sharing structures as the current regulations), but the subsidy amounts will instead be a liability to the insurers and not the government. To reflect the additional cost of the CSRs for all JHP silver plans, we have increased the pricing AVs. This translates to the mandated increase of 30% (multiplicative) to silver plan pricing AVs offered on the Exchange. The CSR defunding adjustments are shown in column P of Table 10.

Benefit Richness Factors

Per PID guidance, the benefit richness factors in column L of Table 10 of the PAAM exhibits were calculated using the IU formula of $(\text{Plan AV})^2 - \text{Plan AV} + 1.24$. The benefit richness factors shown here are normalized to a 1.0 using projected membership. These values are also shown in Appendix H. The benefit richness factors are calculated using the product of both the pricing AV and the non-funding of the CSR adjustment.

Together, the product of the pricing AV, non-funding of CSR adjustment, and benefit richness factors are equivalent to the “AV and Cost Sharing” line within Worksheet 2 of the URRT. Any minor deviations from URRT Worksheet 2 are due to rounding.

Adjustments for Benefits in Addition to EHB

JHP is not offering any benefits in addition to EHBs, so all factors in column M of Table 10 are 1.0.

Adjustments for Provider Network

Per PID guidance, there are no network adjustments being applied. The factors in column N of Table 10 are 1.0.

Adjustments for Catastrophic Eligibility

JHP is not offering catastrophic plans, so all factors in column O of Table 10 are 1.0.

Adjustment for Administrative Costs, Taxes and Fees, and Profit or Contingency

Administrative costs vary by plan as discussed in section 2B above. The retention components are shown in columns R:T in Table 10 and in rows 2.6-2.8 of Worksheet 2 of the URRT. These components are reported as a percent of gross premium, per instructions.

Calibrated Plan Adjusted Index Rate

The calibrated plan adjusted index rates PMPM calculated in row AA use the calibration factors described in section 2C. The values calculated in Table 10 match the values calculated in row 3.14 of Worksheet 2 of the URRT.

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

Consumer Adjusted Index Rate

The consumer adjusted index rates were calculated by multiplying the calibrated plan adjusted index rates by the consumer's specific age factor (subject to maximum allowable rating of 3 dependents under age 21), area factor, and tobacco load as applicable.

We used the Federal ACA age factors, as adopted by Pennsylvania, for all members and geographic factors that were discussed previously. For tobacco factors, we used a level rating factor of 1.100 for all adult ages.

The rating factors are shown in Appendix I and the consumer adjusted index rates are provided in Table 11 of the PAAM Exhibits.

Plans 10-18 in Table 11 (Excel rows 24:32) are offered in Rating Area 8 only, yet rates for these plans are pre-populating in Rating Area 6. Please note that these plan IDs will not be available to Rating Area 6 consumers. With the exception of the plans listed above, the values in column AA of Table 11 match the age 21 non-tobacco rates provided in the federal and state rate tables.

5. Plan Factors

A. AGE AND TOBACCO FACTORS

A description of these factors is included in section 2C. See table 12 of the PAAM exhibits for the age and tobacco factors used in the rate development process.

B. GEOGRAPHIC FACTORS

A description of these factors is included in section 2C. See table 13 of the PAAM exhibits for the geographic factors used in the rate development process.

C. NETWORK FACTORS

A description of these factors is included in section 2C. See table 14 of the PAAM exhibits for the network factors used in the rate development process.

D. RATE CHANGE SUMMARY

See the “Overview” and “Key Information” sections of tab “VI Rate Change Summary” of the PAAM exhibits for a summary of the requested rate change. The requested average rate change is 2.4%, with variation by plan ranging from -8.0% to 14.2%.

We confirm that the information in the “How It Plans to Spend Your Premium” section matches the retention and claims components in Tables 5 and 6, with the exception of the exchange user fees. As mentioned in section 2B above, the retention values shown in these tables are not necessarily reflective of our average projected retention due to enrollment weighting differences.

E. SERVICE AREA COMPOSITION

In addition to their existing service area of Philadelphia, Montgomery, and Bucks counties, JHP will be entering Delaware, Lehigh, and Northampton counties in 2025. This is reflected in the service area map.

F. COMPOSITE RATING

JHP is not using composite rating in 2025.

G. CONNECTIVITY FACTORS

JHP’s 2025 products do not include connectivity features, and as such no connectivity factors are included in this rate filing.

6. Terminated Plans and Products

JHP has 3 terminated plans in 2025. The plan IDs of the terminated plans are 93909PA0010008, 93909PA0010009, and 93909PA0010010. These plans are reflected in URRT Worksheet 2 and Table 10 of the PAAM exhibits.

7. URRT Warnings

There are two warnings appearing in the URRT:

WARNING - Wksh 2 - Plan Product Info - Cell W34 - Section II - Experience Period and Current Plan Level Information - Current Enrollment is typically a whole number greater than 0 for Terminated Plans. Please double check your entry.

WARNING - Wksh 2 - Plan Product Info - Cell W35 - Section II - Experience Period and Current Plan Level Information - Current Premium PMPM is typically a dollar amount greater than 0 for Terminated Plans. Please double check your entry.

These warnings are due to terminated plan 93909PA0010009 having no current experience. We included this plan in Worksheet 2 to be comprehensive and consistent with Table 10. This warning does not affect finalization of the URRT.

8. Effective Rate Review Information

Additional information available upon request.

9. Reliance

Jefferson Partner Plans (JHP) has provided Wakely Consulting Group, LLC, an HMA Company, 8000 South Chester Street, Suite 650, Centennial, CO 80112 (Wakely) with information used to develop the 2025 Pennsylvania individual commercial product premium rates. This information includes, but is not limited to, the following:

- Estimated 2025 enrollment figures by rating area, metal, variant, network, and exchange status; and
- Geographic region to be covered in 2025; and
- Benefit designs illustrating Federal metal level compliance and compliance with Pennsylvania specific regulations; and

- Federal actuarial value calculator (AVC) inputs; and
- General administrative expenses, broker commission schedules and utilization, profit margin, and other retention components, resulting in an estimated federal MLR equal to 88.6%; and
- Quality initiatives (QI) allowed to be treated as QI under regulatory rules; and
- Product design information including a statement that 2025 coverage will only include EHBs, and will not cover pediatric dental, and
- Estimated contract reimbursements for tiers 1 and 2 providers; and
- PBM contracts and assumptions for items not yet determined; and
- Out-of-network (OON) utilization and unit cost assumptions; and
- Proportion of CSR members estimated to be enrolled in JHP plans in 2025; and
- Plan design documentation and the method of plan adjudication; and
- Annual utilization trends for 2022-2025 by category of service.

10. Actuarial Certification

[REDACTED]

We both meet the Qualification Standards of Actuarial Opinion as adopted by the American Academy of Actuaries for preparing premium rate filings for insurers. This actuarial certification applies to the Jefferson Health Plans Individual products.

1. The premium rates filed are in compliance with applicable laws, rules and guidelines of the State of Pennsylvania.
2. The premium rates filed are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory based on the provisions of the ACA as currently implemented. The actuarial soundness of the block of business is dependent on projected membership distribution by plan, which we received from JHP.
3. The premium rates are calculated on the basis of sound actuarial principles.
4. The premium rates are reasonable when related to the applicable coverage and characteristics of the applicable class of enrollees.

5. The projected index rates are developed in accordance with all applicable State and federal statutes and regulations (45 CFR 156.80 and 147.102) and with allowable modifiers used in the development of plan specific premium rates.
6. The premium rates filed are in compliance with the Actuarial Standards of Practice (ASOPs) promulgated by the Actuarial Standards Board that are listed below:
 - ASOP No. 5, Incurred Health and Disability Claims
 - ASOP No. 8, Regulatory Filings for Health Plan Entities
 - ASOP No. 12, Risk Classification
 - ASOP No. 23, Data Quality
 - ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
 - ASOP No. 41, Actuarial Communication
 - ASOP No. 42, Determining Health and Disability Liabilities Other Than Liabilities for Incurred Claims
 - ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act
 - ASOP No. 56, Modeling

In our opinion, the premiums are reasonable in relation to the benefits provided and the population anticipated to be covered. Further, the premiums are not estimated to be either excessive or deficient based on the provisions of the ACA as currently implemented. Actual experience will vary from the estimates given the inherent uncertainty in developing premium rates under the ACA.

The index rate, allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2), and Pennsylvania's mandated CSR load and HHS induced utilization formula 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 ASOPs.

The Federal AV Calculator (with some modification) was used to determine the AV Metal Values shown in Worksheet 2 of the Unified Rate Review Template for all plans.

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

Sincerely,

[REDACTED]

Date: July 31, 2024

CONFIDENTIAL

Appendices

Appendix A – URRT III Actuarial Memorandum to Pennsylvania Actuarial Memorandum Crosswalk

Appendix B – Key Benefit Changes by Plan

Appendix C – Development of Single Risk Pool Adjustment Factors

Appendix D – Development of the Projected Risk Adjustment Transfer

Appendix E – Development of the 2025 Index Rate

Appendix F – Development of the 2025 Normalization Factors

Appendix G – Federal Actuarial Values

Appendix H – Induced Utilization Factors

Appendix I – Rate Manual and Rate Formula

Appendix J – Projected Reinsurance Impact

Appendix A

URRT III Actuarial Memorandum to Pennsylvania Actuarial Memorandum Crosswalk

Federal Memorandum Requirements	Corresponding Federal Memo Section	Pennsylvania Memo Requirement	Pennsylvania Section Number
General Information	Company Identifying Information	Basic Information and Data - Company	1A
	Company Contact Information		
Proposed Rate Changes	Reason for Rate Increase(s)	Basic Information and Data - Rate History and Proposed Variations in Rate Changes	1B
		Basic Information and Data - Average Rate Change	1C
		Rate Development & Change - Components of Rate Change	2D
		Plan actors - Rate Change Summary	5D
Experience and Current Period Premium, Claims, and Enrollment	Paid through Date	Basic Information and Data - Experience Period Claims and Premium	1F
	Current Date		
	Allowed and Incurred Claims Incurred During the Experience Period		
Benefit Categories	Benefit Categories	Basic Information and Data - Benefit Changes	1E
Projection Factors	Trend Factors (Cost and utilization)	Basic Information and Data - Trend Identification	1H/2A
	Morbidity Adjustment	Rate Development & Change - Projected Index Rate, Market-Adjusted Index Rate & Total Allowed Claims	2A
	Demographic Shift		
	Plan Design Changes Other Adjustments		
Manual Rate Adjustments	Source and Appropriateness of Experience Data Used	Basic Information and Data - Historical Experience	1G
	Adjustments Made to the Data	Rate Development & Change - Projected Index Rate, Market-	2A
	Inclusion of Capitation Payments		
Credibility of Experience	Description of the credibility methodology used	Basic Information and Data - Credibility of Data	1G
	Resulting credibility level assigned to the base period experience		
Establishing the Index Rate	Establishing the Index Rate	Plan Rate Development	3
	Small Group Quarterly Rate Filings	N/A	N/A
Development of the Market-wide Adjusted Index Rate	Development of the Market-wide Adjusted Index Rate	Rate Development & Change - Projected Index Rate, Market-Adjusted Index Rate & Total Allowed Claims	2A
	Reinsurance		
	Risk Adjustment Payment/Charge		
	Exchange User Fees		
Plan Level Adjusted Index Rate	Plan Level Adjusted Index Rate	Rate Development & Change - Retention Items	2B
		Plan Rate Development	3
Calibration	Age Curve Calibration	Rate Development & Change - Normalized Market-Adjusted Projected Allowed Total Claims	2C
	Geographic Factor Calibration		
	Tobacco Use Rating Factor Calibration		
	The Calibration Adjustments are to be applied Uniformly to all plans		
Consumer Adjusted Premium Rate Development	Consumer Adjusted Premium Rate Development	Plan Premium Development for 21-Year-Old Non-Tobacco User	4
		Plan Factors	5A-C
Projected Loss Ratio	Projected Loss Ratio	Rate Development & Change - Retention Items	2B
Plan Product Information	AV Metal Values	Plan Rate Development	3
	Membership Projections	Basic Information and Data - Membership Count	1D
	Plan Type	Basic Information and Data - Company Information	1A
Miscellaneous Instructions	Reliance	N/A	9
	Actuarial Certification	Actuarial Certification	10

Appendix B

Key Benefit Changes by Plan

The tables below illustrate key benefit differences for each plan between 2024 and 2025. Benefits that changed are highlighted in yellow. Coinsurance percentages represent the portion paid by the member. Benefits for each plan are presented as Tier 1 / Tier 2.

Base Plans

Plan ID	93909PA0010001		93909PA0010002		93909PA0010003		93909PA0010004		93909PA0010005		93909PA0010006		93909PA0010007	
Plan Name	\$0 Deductible + Bronze + HMO		Total + Bronze + HMO		\$0 Deductible + Silver + HMO		Balanced + Silver + HMO		Total + Silver + HMO		\$0 Deductible + Gold + HMO		Total + Gold + HMO	
Benefit	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
Medical Deductible	\$0 / na	na / \$2000	n/a	n/a	\$0 / \$2000	\$0 / \$2000	\$2400 / \$6900	\$2500 / \$6900	\$4900 / \$8000	\$4900 / \$8000	n/a	n/a	\$500 / \$1000	\$500 / \$1000
Rx Deductible	\$5000 / na	na / \$5000	n/a	n/a	\$5000 / \$5000	\$5000 / \$5000	\$500 / \$500	\$600 / \$600	\$600 / \$600	\$600 / \$600	n/a	n/a	\$1000 / \$1000	\$1000 / \$1000
Integrated Deductible	na / \$5000	\$5000 / na	\$7900 / \$9450	\$7900 / \$9200	n/a	n/a	n/a	n/a	n/a	n/a	\$0 / \$500	\$0 / \$500	n/a	n/a
MOOP	\$9450 / \$9450	\$9200 / \$9200	\$9450 / \$9450	\$9200 / \$9200	\$9450 / \$9450	\$9200 / \$9200	\$9450 / \$9450	\$9200 / \$9200	\$9450 / \$9450	\$9200 / \$9200	\$9450 / \$9450	\$9200 / \$9200	\$9450 / \$9450	\$9200 / \$9200
Primary Care Visit	\$55 / \$100	\$95 / \$150	\$45 / \$95	\$60 / \$95	\$45 / \$100	\$50 / \$95	\$45 / \$95	\$45 / \$90	\$35 / \$90	\$40 / \$85	\$25 / \$60	\$25 / \$75	\$20 / \$60	\$20 / \$60
Specialist Visit	\$100 / \$150	\$150 / \$175	\$95 / \$150	\$95 / \$150	\$95 / \$130	\$95 / \$130	\$95 / \$130	\$90 / \$130	\$85 / \$125	\$85 / \$125	\$70 / \$100	\$75 / \$100	\$65 / \$100	\$65 / \$100
ER	\$1200 / \$1200	\$1250 / \$1250	50% / 50%	50% / 50%	\$975 / \$975	\$975 / \$975	\$950 / \$950	\$950 / \$950	\$950 / \$950	\$950 / \$950	\$450 / \$450	\$450 / \$450	\$400 / \$400	\$400 / \$400
Urgent Care	\$100 / \$150	\$150 / \$175	\$95 / \$150	\$95 / \$150	\$95 / \$130	\$95 / \$130	\$95 / \$130	\$90 / \$130	\$85 / \$125	\$85 / \$125	\$70 / \$100	\$75 / \$100	\$65 / \$100	\$65 / \$100
Outpatient Surgery	\$990 / 50%	\$1000 / \$1200	\$700 / \$1000	\$750 / \$900	\$400 / \$800	\$450 / \$800	\$250 / \$750	\$400 / \$750	\$250 / \$750	\$400 / \$750	\$150 / \$250	\$200 / \$300	\$150 / \$250	\$150 / \$250
Inpatient Facility	\$1800 / \$3000	\$2000 / \$3000	\$650 / \$900	\$850 / \$1000	\$595 / \$1200	\$595 / \$1000	\$550 / \$850	\$550 / \$850	\$450 / \$800	\$500 / \$800	\$350 / \$550	\$350 / \$550	\$300 / \$500	\$300 / \$500
SNF	\$1800 / \$1800	\$2000 / \$3000	\$650 / \$650	\$850 / \$1000	\$595 / \$595	\$595 / \$1000	\$550 / \$550	\$550 / \$850	\$450 / \$450	\$500 / \$800	\$350 / \$350	\$350 / \$550	\$300 / \$300	\$300 / \$500
Maternity	\$1800 / \$3000	\$2000 / \$3000	\$650 / \$900	\$850 / \$1000	\$595 / \$1200	\$595 / \$1000	\$550 / \$850	\$550 / \$850	\$450 / \$800	\$500 / \$800	\$350 / \$550	\$350 / \$550	\$300 / \$500	\$300 / \$500
PT/OT/ST	\$150 / \$200	\$150 / \$250	\$150 / \$150	\$135 / \$150	\$100 / \$100	\$100 / \$130	\$100 / \$100	\$100 / \$100	\$100 / \$100	\$100 / \$100	\$70 / \$80	\$75 / \$100	\$65 / \$75	\$65 / \$100
MH/SA	\$100 / \$100	\$150 / \$150	\$95 / \$95	\$95 / \$95	\$95 / \$95	\$95 / \$95	\$95 / \$95	\$90 / \$90	\$85 / \$85	\$85 / \$85	\$70 / \$70	\$75 / \$75	\$65 / \$65	\$65 / \$65
Lab	\$350 / \$350	\$150 / \$250	\$300 / \$300	\$75 / \$150	\$300 / \$300	\$60 / \$100	\$300 / \$300	\$50 / \$100	\$250 / \$250	\$50 / \$100	\$65 / \$65	\$5 / \$65	\$60 / \$60	0% / \$60
X-Rays	\$250 / \$250	\$200 / \$350	\$250 / \$250	\$175 / \$250	\$150 / \$150	\$175 / \$300	\$150 / \$150	\$100 / \$300	\$150 / \$150	\$150 / \$300	\$80 / \$80	\$80 / \$120	\$100 / \$100	\$60 / \$80
Chiropractor	\$100 / \$150	\$150 / \$175	\$95 / \$150	\$95 / \$150	\$95 / \$130	\$95 / \$130	\$95 / \$130	\$90 / \$130	\$85 / \$125	\$85 / \$125	\$70 / \$100	\$75 / \$100	\$65 / \$100	\$65 / \$100
Rx - Generics Tier 1	\$35 / \$35	\$35 / \$35	\$30 / \$30	\$35 / \$35	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	0% / 0%
Rx - Generics Tier 2	\$35 / \$35	\$35 / \$35	\$30 / \$30	\$35 / \$35	\$20 / \$20	\$20 / \$20	\$20 / \$20	\$20 / \$20	\$20 / \$20	\$20 / \$20	\$20 / \$20	\$20 / \$20	\$20 / \$20	\$20 / \$20
Rx - Preferred Brand	\$200 / \$200	\$150 / \$150	\$150 / \$150	\$150 / \$150	\$100 / \$100	\$100 / \$100	50% / 50%	50% / 50%	50% / 50%	50% / 50%	\$100 / \$100	\$100 / \$100	\$100 / \$100	\$100 / \$100
Rx - Non-Preferred Brand	\$250 / \$250	\$250 / \$250	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%
Rx - Specialty	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%	50% / 50%

Appendix B

Key Benefit Changes by Plan

CSR Variants

Plan ID	93909PA0010003-04		93909PA0010003-05		93909PA0010003-06		93909PA0010004-04		93909PA0010004-05		93909PA0010004-06		93909PA0010005-04		93909PA0010005-05		93909PA0010005-06	
	\$0 Deductible + Silver + HMO + 73%		\$0 Deductible + Silver + HMO + 87%		\$0 Deductible + Silver + HMO + 94%		Balanced + Silver + HMO + 73%		Balanced + Silver + HMO + 87%		Balanced + Silver + HMO + 94%		Total + Silver + HMO + 73%		Total + Silver + HMO + 87%		Total + Silver + HMO + 94%	
	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
Medical Deductible	\$0 / \$2500	na / \$2000	\$0 / \$1000	na / \$1500	\$0 / \$0	n/a	\$1600 / \$5500	\$2400 / \$5500	\$500 / \$1500	\$500 / \$2000	\$0 / \$0	n/a	\$4000 / \$7000	\$4500 / \$7000	\$1000 / \$2000	\$1500 / \$2500	\$0 / \$0	n/a
Rx Deductible	\$5000 / \$5000	na / \$5000	\$500 / \$500	na / \$500	\$500 / \$500	n/a	\$500 / \$500	\$500 / \$500	\$500 / \$500	\$500 / \$500	\$500 / \$500	n/a	\$600 / \$600	\$600 / \$600	\$500 / \$500	\$500 / \$500	\$500 / \$500	n/a
Integrated Deductible	n/a	\$5000 / na	n/a	\$500 / na	n/a	\$500 / \$500	n/a	n/a	n/a	n/a	\$500 / \$500	n/a	n/a	n/a	n/a	n/a	n/a	\$500 / \$500
MOOP	\$7550 / \$7550	\$7350 / \$7350	\$3150 / \$3150	\$3050 / \$3050	\$1250 / \$1250	\$1250 / \$1250	\$7550 / \$7550	\$7350 / \$7350	\$3150 / \$3150	\$3050 / \$3050	\$1250 / \$1250	\$1250 / \$1250	\$7550 / \$7550	\$7350 / \$7350	\$3150 / \$3150	\$3050 / \$3050	\$1250 / \$1250	\$1250 / \$1250
Primary Care Visit	\$45 / \$100	\$50 / \$95	\$25 / \$60	\$25 / \$40	\$5 / \$25	\$5 / \$20	\$45 / \$95	\$40 / \$85	\$20 / \$55	\$15 / \$35	0% / \$15	\$5 / \$20	\$35 / \$90	\$40 / \$85	\$10 / \$50	\$10 / \$25	0% / \$10	\$5 / \$20
Specialist Visit	\$95 / \$135	\$95 / \$130	\$40 / \$85	\$40 / \$90	\$10 / \$30	\$20 / \$40	\$90 / \$125	\$85 / \$120	\$40 / \$80	\$35 / \$75	\$5 / \$20	\$20 / \$40	\$80 / \$120	\$85 / \$120	\$30 / \$80	\$25 / \$75	0% / \$20	\$20 / \$45
ER	\$975 / \$975	\$975 / \$975	\$600 / \$600	\$700 / \$700	\$250 / \$250	\$450 / \$450	\$950 / \$950	\$950 / \$950	\$600 / \$600	\$700 / \$700	\$200 / \$200	\$450 / \$450	\$950 / \$950	\$950 / \$950	\$600 / \$600	\$600 / \$600	\$150 / \$150	\$300 / \$300
Urgent Care	\$95 / \$135	\$95 / \$130	\$40 / \$85	\$40 / \$90	\$10 / \$30	\$20 / \$40	\$90 / \$125	\$85 / \$120	\$40 / \$80	\$35 / \$75	\$5 / \$20	\$20 / \$40	\$80 / \$120	\$85 / \$120	\$30 / \$80	\$25 / \$75	0% / \$20	\$20 / \$45
Outpatient Surgery	\$400 / \$800	\$450 / \$750	\$150 / \$650	\$300 / \$450	\$75 / \$250	\$200 / \$250	\$250 / \$750	\$350 / \$750	\$150 / \$650	\$300 / \$450	\$75 / \$250	\$200 / \$250	\$250 / \$750	\$350 / \$750	\$150 / \$650	\$300 / \$450	\$75 / \$250	\$150 / \$300
Inpatient Facility	\$595 / \$1200	\$595 / \$1000	\$200 / \$500	\$400 / \$500	\$100 / \$350	\$250 / \$350	\$550 / \$850	\$500 / \$800	\$200 / \$500	\$400 / \$500	\$50 / \$250	\$250 / \$350	\$450 / \$800	\$500 / \$800	\$200 / \$500	\$400 / \$550	\$50 / \$150	\$250 / \$400
SNF	\$595 / \$595	\$595 / \$1000	\$200 / \$200	\$400 / \$500	\$100 / \$100	\$250 / \$350	\$550 / \$550	\$500 / \$800	\$200 / \$200	\$400 / \$500	\$50 / \$50	\$250 / \$350	\$450 / \$450	\$500 / \$800	\$200 / \$200	\$400 / \$550	\$50 / \$50	\$250 / \$400
Maternity	\$595 / \$1200	\$595 / \$1000	\$200 / \$500	\$400 / \$500	\$100 / \$350	\$250 / \$350	\$550 / \$850	\$500 / \$800	\$200 / \$500	\$400 / \$500	\$50 / \$250	\$250 / \$350	\$450 / \$800	\$500 / \$800	\$200 / \$500	\$400 / \$550	\$50 / \$150	\$250 / \$400
PT/OT/ST	\$100 / \$100	\$100 / \$130	\$45 / \$90	\$45 / \$90	\$15 / \$35	\$20 / \$40	\$100 / \$100	\$100 / \$100	\$45 / \$85	\$40 / \$75	\$10 / \$25	\$20 / \$40	\$100 / \$100	\$100 / \$100	\$35 / \$85	\$25 / \$75	\$5 / \$25	\$20 / \$45
MH/SA	\$95 / \$95	\$95 / \$95	\$40 / \$40	\$40 / \$40	\$10 / \$10	\$20 / \$20	\$90 / \$90	\$85 / \$85	\$40 / \$40	\$35 / \$35	\$5 / \$5	\$20 / \$20	\$80 / \$80	\$85 / \$85	\$30 / \$30	\$25 / \$25	0% / \$0	\$20 / \$20
Lab	\$300 / \$300	\$60 / \$60	\$100 / \$100	\$50 / \$55	\$50 / \$50	\$10 / \$50	\$300 / \$300	\$50 / \$60	\$100 / \$100	\$50 / \$50	\$50 / \$50	\$10 / \$50	\$250 / \$250	\$50 / \$60	\$100 / \$100	\$50 / \$50	\$50 / \$50	\$15 / \$50
X-Rays	\$150 / \$150	\$150 / \$175	\$135 / \$135	\$150 / \$150	\$75 / \$75	\$75 / \$125	\$150 / \$150	\$100 / \$175	\$135 / \$135	\$100 / \$150	\$75 / \$75	\$75 / \$125	\$150 / \$150	\$150 / \$150	\$135 / \$135	\$150 / \$150	\$75 / \$75	\$75 / \$125
Chiropractor	\$95 / \$135	\$95 / \$130	\$40 / \$85	\$40 / \$90	\$15 / \$30	\$20 / \$40	\$90 / \$125	\$85 / \$120	\$40 / \$80	\$35 / \$75	\$5 / \$20	\$20 / \$40	\$80 / \$120	\$85 / \$120	\$30 / \$80	\$25 / \$75	0% / \$20	\$20 / \$45
Rx - Generics Tier 1	\$5 / \$5	\$5 / \$5	0% / 0%	0% / 0%	0% / 0%	0% / 0%	\$5 / \$5	\$5 / \$5	0% / 0%	0% / 0%	0% / 0%	0% / 0%	\$5 / \$5	\$5 / \$5	0% / 0%	0% / 0%	0% / 0%	0% / 0%
Rx - Generics Tier 2	\$20 / \$20	\$20 / \$20	\$8 / \$8	\$8 / \$8	0% / 0%	0% / 0%	\$20 / \$20	\$20 / \$20	\$8 / \$8	\$8 / \$8	0% / 0%	0% / 0%	\$20 / \$20	\$20 / \$20	\$8 / \$8	\$8 / \$8	0% / 0%	0% / 0%
Rx - Preferred Brand	\$100 / \$100	\$100 / \$100	\$55 / \$55	\$55 / \$55	\$30 / \$30	\$25 / \$25	0% / \$0	0% / \$0	\$50 / \$50	\$50 / \$50	\$25 / \$25	\$25 / \$25	0% / \$0	0% / \$0	\$50 / \$50	\$50 / \$50	\$20 / \$20	\$20 / \$20
Rx - Non-Preferred Brand	50% / 50%	50% / 50%	\$125 / \$125	\$125 / \$125	\$60 / \$60	\$55 / \$55	50% / 50%	50% / 50%	\$125 / \$125	\$125 / \$125	\$55 / \$55	\$55 / \$55	50% / 50%	50% / 50%	\$125 / \$125	\$125 / \$125	\$50 / \$50	\$50 / \$50
Rx - Specialty	50% / 50%	50% / 50%	25% / 25%	75% / 75%	25% / 25%	75% / 75%	50% / 50%	50% / 50%	25% / 25%	75% / 75%	25% / 25%	75% / 75%	50% / 50%	50% / 50%	25% / 25%	75% / 75%	25% / 25%	75% / 75%

Appendix C

Development of Single Risk Pool Adjustment Factors

CHANGES IN DEMOGRAPHICS (GEOGRAPHIC MIX)

Rating Area	2023 Statewide Distribution	2023 Interim GCF	JHP 2025 Projected Membership
Rating Area 1	4.7%	0.925	0%
Rating Area 2	0.4%	1.286	0%
Rating Area 3	8.3%	1.139	0%
Rating Area 4	23.1%	0.844	0%
Rating Area 5	3.9%	1.015	0%
Rating Area 6	7.5%	1.251	2%
Rating Area 7	9.6%	1.338	0%
Rating Area 8	36.7%	0.978	98%
Rating Area 9	5.8%	1.319	0%
Total Statewide Factor		1.035	0.983
JHP Geographic Adjustment		= 0.983 / 1.035	0.949

Appendix C

Development of Single Risk Pool Adjustment Factors

CHANGES IN DEMOGRAPHICS (MEMBERSHIP MIX)

The allowed claim cost adjustment for demographic shift was calculated using allowed PMPM relativities between the base period and projection periods. We used average allowed PMPM claims by metal and age band from Wakely’s proprietary individual ACA database and calculated an effective total allowed PMPM for the base and projection periods using the corresponding metal and age distributions.

While we are unable to share the actual data underlying the proprietary database, we created an exhibit that illustrates our methodology for this adjustment using arbitrary PMPMs.

Change in Demographic Factor

Allowed PMPM from Wakely Proprietary ACA Data										
	Catastrophic	Bronze	Bronze Zero	Bronze Limited	Silver 70%	Silver 73%	Silver 87%	Silver 94%	Gold	Platinum
Age_0_17	\$171.85	\$106.54	\$106.54	\$106.54	\$203.36	\$167.94	\$189.87	\$146.83	\$246.96	\$496.32
Age_18_25	\$150.77	\$100.92	\$100.92	\$100.92	\$257.26	\$18.35	\$179.67	\$165.40	\$244.39	\$440.61
Age_26_34	\$133.30	\$132.63	\$132.63	\$132.63	\$393.53	\$42.91	\$299.28	\$288.22	\$410.22	\$1,122.54
Age_35_44	\$375.25	\$170.16	\$170.16	\$170.16	\$447.09	\$74.07	\$373.60	\$368.97	\$471.66	\$1,147.98
Age_45_54	\$348.01	\$246.25	\$246.25	\$246.25	\$593.10	\$125.49	\$499.21	\$516.97	\$605.62	\$1,330.58
Age_55_64	\$483.82	\$430.15	\$430.15	\$430.15	\$836.22	\$205.14	\$758.08	\$733.10	\$862.51	\$1,665.41
Age_GE65	\$422.74	\$482.59	\$482.59	\$482.59	\$1,145.98	\$252.63	\$850.90	\$798.27	\$1,258.43	\$2,403.09

Adjustment Factors	Base Period PMPM	Projection Period PMPM	Adjustment Factor
Membership Mix Adjust	\$474.51	\$428.23	0.9029

Please note these factors will not tie to table 5 of the PAAM exhibits. To maintain the confidentiality of Wakely’s proprietary national ACA database we have used arbitrary numbers for the allowed PMPM amounts in order to illustrate the build up of this factor.

PA Individual Statewide 2022										
	Catastrophic	Bronze	Bronze Zero	Bronze Limited	Silver 70%	Silver 73%	Silver 87%	Silver 94%	Gold	Platinum
Metal Mix	0%	24%	0%	0%	7%	5%	15%	14%	35%	0%
Age_0_17	6%	6%	6%	6%	5%	5%	5%	5%	6%	6%
Age_18_25	7%	7%	7%	7%	7%	7%	7%	7%	6%	6%
Age_26_34	17%	17%	17%	17%	16%	16%	16%	16%	14%	14%
Age_35_44	15%	15%	15%	15%	17%	17%	17%	17%	14%	14%
Age_45_54	18%	18%	18%	18%	20%	20%	20%	20%	17%	17%
Age_55_64	35%	35%	35%	35%	34%	34%	34%	34%	41%	41%
Age_GE65	1%	1%	1%	1%	2%	2%	2%	2%	1%	1%

PA Individual Statewide 2022										
Catastrophic	Bronze	Bronze Zero	Bronze Limited	Silver 70%	Silver 73%	Silver 87%	Silver 94%	Gold	Platinum	
\$0.05	\$1.58	\$0.00	\$0.00	\$0.68	\$0.40	\$1.38	\$0.99	\$5.33	\$0.00	
\$0.05	\$1.74	\$0.00	\$0.00	\$1.17	\$0.05	\$1.84	\$1.58	\$5.27	\$0.00	
\$0.10	\$5.48	\$0.00	\$0.00	\$4.16	\$0.33	\$7.09	\$6.36	\$20.37	\$0.00	
\$0.25	\$6.21	\$0.00	\$0.00	\$5.02	\$0.60	\$9.41	\$8.66	\$23.42	\$0.00	
\$0.27	\$10.16	\$0.00	\$0.00	\$7.94	\$1.21	\$14.91	\$14.30	\$38.45	\$0.00	
\$0.74	\$36.42	\$0.00	\$0.00	\$18.96	\$3.36	\$38.33	\$34.57	\$124.58	\$0.00	
\$0.02	\$1.33	\$0.00	\$0.00	\$1.42	\$0.23	\$2.36	\$2.06	\$5.05	\$0.00	

PA Individual JHP Projected 2025										
	Catastrophic	Bronze	Bronze Zero	Bronze Limited	Silver 70%	Silver 73%	Silver 87%	Silver 94%	Gold	Platinum
Metal Mix	0%	21%	0%	0%	1%	2%	11%	42%	24%	0%
Age_0_17	0%	4%	0%	0%	10%	4%	2%	5%	6%	0%
Age_18_25	0%	8%	0%	0%	7%	3%	10%	10%	7%	0%
Age_26_34	0%	27%	0%	0%	14%	8%	15%	18%	23%	0%
Age_35_44	0%	18%	0%	0%	18%	18%	22%	22%	18%	0%
Age_45_54	0%	18%	0%	0%	21%	24%	23%	20%	19%	0%
Age_55_64	0%	23%	0%	0%	28%	33%	27%	20%	25%	0%
Age_GE65	0%	1%	0%	0%	2%	3%	3%	5%	1%	0%

PA Individual JHP Projected 2025										
Catastrophic	Bronze	Bronze Zero	Bronze Limited	Silver 70%	Silver 73%	Silver 87%	Silver 94%	Gold	Platinum	
\$0.00	\$0.87	\$0.00	\$0.00	\$0.23	\$0.11	\$0.41	\$3.21	\$3.73	\$0.00	
\$0.00	\$1.76	\$0.00	\$0.00	\$0.19	\$0.03	\$1.95	\$7.02	\$4.34	\$0.00	
\$0.00	\$7.33	\$0.00	\$0.00	\$0.59	\$0.06	\$4.87	\$21.30	\$22.02	\$0.00	
\$0.00	\$6.71	\$0.00	\$0.00	\$0.93	\$0.24	\$7.47	\$33.62	\$21.20	\$0.00	
\$0.00	\$9.32	\$0.00	\$0.00	\$1.34	\$0.53	\$12.28	\$42.89	\$27.06	\$0.00	
\$0.00	\$20.42	\$0.00	\$0.00	\$2.51	\$1.19	\$21.67	\$63.21	\$51.45	\$0.00	
\$0.00	\$1.02	\$0.00	\$0.00	\$0.19	\$0.11	\$2.54	\$17.62	\$2.67	\$0.00	

Appendix C

Development of Single Risk Pool Adjustment Factors

CHANGE IN NETWORK (PROVIDER CONTRACTING)

[REDACTED]

CHANGE IN OTHER (COVID-19 IMPACT)

[REDACTED]

Appendix D

Development of the Projected Risk Adjustment Transfer

[REDACTED]

Appendix E

Development of the 2025 Index Rate

Step	Formula	Description	Statewide PA 2022 URRT
1		Base Period Claims Allowed PMPM, with IBNR, Net of Rx Rebates	\$614.01
2		Allowed Claim Cost and Geographic Adjustment (to JHP Projected Age, Metal, and Risk, in JHP Service Area)	0.786
4		Claims COVID Adjustment	
5a		Average Annual Trend, Medical + Rx	6.3%
5b		Number of Years of Trend	3
5c		Final Trend Adjustment	1.202
6		Provider Contracting	
7	= [1] * [2] * [3] * [4] * [5c] * [6]	2025 Allowed Claim Cost PMPM, Gross of State Based Reinsurance	\$485.43
8		2025 State Based Reinsurance Recovery on an Allowed Basis	\$23.20
9	= [7] - [8]	2025 JHP Allowed Claim Cost and Risk Adjustment Transfer and Reinsurance PMPM (Market Adj Index Rate)	
10		2025 Paid Risk Adjustment Transfer PMPM	
11		High Cost Risk Pool Fee	
12	= [10] + [11]	2025 Risk Adjustment Transfer PMPM Post-HCRP	
13		Projection Period AV	
14	= 1 / [13]	Convert Paid to Allowed	
15	= [12] * [14]	2025 Risk Adjustment Component of Allowed Costs	
0			
16	= [9] + [15]	2025 JHP Allowed Claim Cost and Risk Adjustment Transfer and Reinsurance PMPM (Market Adj Index Rate)	
17		Exchange Fee	3.4%
18	= [19] / (1 - [20])	Final Market Adjusted Index Rate	\$530.12

Appendix F

Development of the 2025 Normalization Factors

Age Calibration

Age	Age Curve	Projected Age	Average Age Calibration
0	0.765	0.2%	1.6711
1	0.765	0.2%	
2	0.765	0.3%	
3	0.765	0.2%	
4	0.765	0.2%	
5	0.765	0.3%	
6	0.765	0.3%	
7	0.765	0.2%	
8	0.765	0.3%	
9	0.765	0.2%	
10	0.765	0.3%	
11	0.765	0.3%	
12	0.765	0.3%	
13	0.765	0.3%	
14	0.765	0.3%	
15	0.833	0.4%	
16	0.859	0.3%	
17	0.885	0.3%	
18	0.913	0.5%	
19	0.941	0.9%	
20	0.970	0.9%	
21	1.000	1.4%	
22	1.000	1.4%	
23	1.000	1.5%	
24	1.000	1.4%	
25	1.004	1.4%	
26	1.024	2.4%	
27	1.048	2.0%	
28	1.087	2.0%	
29	1.119	2.1%	
30	1.135	1.9%	
31	1.159	2.0%	
32	1.183	2.3%	
33	1.198	2.4%	
34	1.214	2.5%	
35	1.222	2.3%	
36	1.230	2.2%	
37	1.238	2.2%	
38	1.246	1.8%	
39	1.262	2.3%	
40	1.278	1.9%	
41	1.302	1.9%	
42	1.325	1.9%	
43	1.357	1.9%	
44	1.397	1.9%	
45	1.444	1.9%	
46	1.500	1.9%	
47	1.563	1.5%	
48	1.635	2.1%	
49	1.706	1.9%	
50	1.786	2.1%	
51	1.865	1.7%	
52	1.952	2.3%	
53	2.040	2.3%	
54	2.135	2.1%	
55	2.230	2.2%	
56	2.333	2.2%	
57	2.437	2.3%	
58	2.548	2.1%	
59	2.603	2.2%	
60	2.714	2.5%	
61	2.810	2.7%	
62	2.873	2.2%	
63	2.952	2.2%	
64	3.000	2.3%	
65+	3.000	3.3%	

Appendix F

Development of the 2025 Normalization Factors

Tobacco Calibration

Age	Projected Age	Tobacco Factor
0	0.2%	1.000
1	0.2%	1.000
2	0.3%	1.000
3	0.2%	1.000
4	0.2%	1.000
5	0.3%	1.000
6	0.3%	1.000
7	0.2%	1.000
8	0.3%	1.000
9	0.2%	1.000
10	0.3%	1.000
11	0.3%	1.000
12	0.3%	1.000
13	0.3%	1.000
14	0.3%	1.000
15	0.4%	1.000
16	0.3%	1.000
17	0.3%	1.000
18	0.5%	1.000
19	0.9%	1.000
20	0.9%	1.000
21	1.4%	1.100
22	1.4%	1.100
23	1.5%	1.100
24	1.4%	1.100
25	1.4%	1.100
26	2.4%	1.100
27	2.0%	1.100
28	2.0%	1.100
29	2.1%	1.100
30	1.9%	1.100
31	2.0%	1.100
32	2.3%	1.100
33	2.4%	1.100
34	2.5%	1.100
35	2.3%	1.100
36	2.2%	1.100
37	2.2%	1.100
38	1.8%	1.100
39	2.3%	1.100
40	1.9%	1.100
41	1.9%	1.100
42	1.9%	1.100
43	1.9%	1.100
44	1.9%	1.100
45	1.9%	1.100
46	1.9%	1.100
47	1.5%	1.100
48	2.1%	1.100
49	1.9%	1.100
50	2.1%	1.100
51	1.7%	1.100
52	2.3%	1.100
53	2.3%	1.100
54	2.1%	1.100
55	2.2%	1.100
56	2.2%	1.100
57	2.3%	1.100
58	2.1%	1.100
59	2.2%	1.100
60	2.5%	1.100
61	2.7%	1.100
62	2.2%	1.100
63	2.2%	1.100
64	2.3%	1.100
65+	3.3%	1.100

Component	Value
Tobacco rating factor (for smokers only)	1.093
% of people who can be rated for tobacco	2.6%
Total rate-up based on admitted tobacco usage	1.002

Appendix F

Development of the 2025 Normalization Factors

Geographic and Network Calibration

Rating Area	Geographic Factors
Rating Area 6	1.463
Rating Area 8	0.991
Total, Membership Weighted	1.000

[REDACTED]

Appendix G

Federal Actuarial Values

Plan ID	Federal AV
93909PA0010001	64.9%
93909PA0010002	63.8%
93909PA0010003	71.5%
93909PA0010004	70.0%
93909PA0010005	70.2%
93909PA0010006	79.5%
93909PA0010007	78.1%
93909PA0010011	61.8%
93909PA0010012	78.1%

Appendix H

Induced Utilization Factors

Per PID guidance, the induced demand factors were calculated based on the HHS induced demand formula using the following formula: $(\text{Plan AV})^2 - (\text{Plan AV}) + 1.24$.

The induced demand factors shown below are normalized to JHP's 2025 estimated membership mix by metal, averaging a 1.0 in total, and are applied to the base rate in order to develop member premiums.

Plan ID	Induced Demand Factor	Induced Demand Factor (Normalized)
93909PA0010001	1.001	0.932
93909PA0010002	0.998	0.929
93909PA0010003	1.159	1.080
93909PA0010004	1.110	1.034
93909PA0010005	1.096	1.021
93909PA0010006	1.096	1.021
93909PA0010007	1.076	1.003
93909PA0010011	0.994	0.926
93909PA0010012	1.068	0.995
Total	1.073	1.000

Appendix I

Rate Manual and Rate Formula

Rates Tables / Manual	
HIOS #93909 - Jefferson Health Plan - Individual	

Consumer Plan Adjusted Index Rate	
HIOS ID	Rate
93909PA0010001	211.14
93909PA0010002	205.97
93909PA0010003	345.09
93909PA0010004	310.28
93909PA0010005	300.06
93909PA0010006	300.36
93909PA0010007	285.21
93909PA0010011	197.38
93909PA0010012	278.75

Age Factors		
Age	Age Factor	Tobacco Factor
0-14	0.765	1.000
15	0.833	1.000
16	0.859	1.000
17	0.885	1.000
18	0.913	1.000
19	0.941	1.000
20	0.970	1.000
21	1.000	1.100
22	1.000	1.100
23	1.000	1.100
24	1.000	1.100
25	1.004	1.100
26	1.024	1.100
27	1.048	1.100
28	1.087	1.100
29	1.119	1.100
30	1.135	1.100
31	1.159	1.100
32	1.183	1.100
33	1.198	1.100
34	1.214	1.100
35	1.222	1.100
36	1.230	1.100
37	1.238	1.100
38	1.246	1.100
39	1.262	1.100
40	1.278	1.100
41	1.302	1.100
42	1.325	1.100
43	1.357	1.100
44	1.397	1.100
45	1.444	1.100
46	1.500	1.100
47	1.563	1.100
48	1.635	1.100
49	1.706	1.100
50	1.786	1.100
51	1.865	1.100
52	1.952	1.100
53	2.040	1.100
54	2.135	1.100
55	2.230	1.100
56	2.333	1.100
57	2.437	1.100
58	2.548	1.100
59	2.603	1.100
60	2.714	1.100
61	2.810	1.100
62	2.873	1.100
63	2.952	1.100
64+	3.000	1.100

Area Factors	
Area Number	Factor
Rating Area 8	0.991
Rating Area 6	1.463

Appendix I

Rate Manual and Rate Formula

RATE Formula:

CPAIR * Age Factor * Area Factor * Tobacco Factor

Example: 21 year old with plan 93909PA0010001 in Rating Area 8, non-smoker = 211.1398920 * 1.000 * 0.990734 * 1.00 = \$209.1836

Family Structure – Family rates can be determined by adding up the rates for an individual. However, when calculating the total family rate, the charge is limited to the first three children under the plan.

Appendix J

Projected Reinsurance Impact

Per PID guidance, this filing should reflect rates with the proposed 2025 reinsurance parameters. The final parameters and our calculated impact are below.

Rating Area	Attachment Point	Cap	Coinsurance	Impact to Market Adjusted Index Rate
All	\$60,000	\$100,000	60%	-4.8%

Standard Questions

1. Membership:

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

Projected membership for plan year 2025 does not significantly differ from current 2/1/2024 membership, aside from the continued growth due to Medicaid unwinding and the inclusion of expansion regions, Rating Area 6 and Delaware County.

2. Experience Period Claims:

- a. Please confirm that all claims which are capitated have been removed from the experience period claims.

JHP entered the market in plan year 2024 and does not have a full year of experience period claims. Since the manual claims are based on statewide costs across all ACA individual products, we do not know the proportion of costs that were capitated vs fee for service in the base period. We believe that our base period allowed claims should capture all claims data, as reported on Worksheet 1 of the URRT. Excluding these claims would result in an artificially low allowed base rate. This methodology relies on accurate carrier reporting in the URRTs.

JHP does not have any capitation contracts in 2025, so we are not adjusting further for capitation payments in the projection period.

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

JHP entered the market in plan year 2024 and does not have a full year of experience period claims. We confirm that all non-EHB claims have been removed from the manual claims, based on reported data within the URRT.

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

JHP entered the market in plan year 2024 and does not have a full year of experience period claims. We are assuming that JHP's drug rebates will be equivalent to market levels in 2025. For that reason, no adjustment has been applied to the rate development to account for projected drug rebates.

3. COVID:

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

We confirm there are no COVID adjustments in Tables 2-4 of the PAAM Exhibits. We confirm that the COVID adjustment factor is reflected in Table 5 of the PAAM Exhibits.

- b. If there is a COVID adjustment factor other than 1.0, please provide a quantitative exhibit supporting the factor.

[REDACTED]

Please see Appendix C of the Actuarial Memorandum for the COVID-19 adjustment. The factor shown in D21 of Table 5 represents the COVID-19 adjustment factors applied to the base period data.

- c. Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY25. Within your response, please clarify if these services will be considered preventative and covered at 100%.

JHP will be covering 100% of COVID vaccinations and testing.

4. Trend:

- a. [SG. Only] If the Total Annual Trend in Table 3 (weighted by credibility) and the Annual Trend used to calculate quarterly rates in Table 5A differ, please provide an explanation and exhibit in support of the variation.
- b. [SG. Only] In Table 5A, if cells K32:M32 are left to equal J32, please explain why that is a reasonable assumption.

This question is not applicable as JHP is only filing in the individual market.

5. Table 6 – Retention:

- a. Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.

[REDACTED]

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

[REDACTED]

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

[REDACTED]

6. Pricing AVs:

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

We confirm that the Pricing AVs were calculated using a single risk pool.

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

The pricing AVs differ from the Federal AVC outputs primarily because the estimated allowed PMPMs used in developing pricing AVs are different than those underlying the Federal AV calculator. This is due to a leveraging effect for fixed cost sharing elements (e.g. copays, deductibles and MOOPs). The other variance is differences in the methodology of the pricing models and underlying data of the modeling, which ultimately results in varying service category distributions and continuance tables. The pricing AV model also includes more detail in cost-sharing inputs compared to the Federal AVC. Finally, due to mandated factors, we have included a 30% load to silver on exchange plans.

7. Expanded Bronze Plans:

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

Per our understanding, to qualify as an expanded bronze, a plan must pay for at least one major service before the deductible is met. All three bronze plans that JHP is offering in 2025 offer one free PCP visit before cost sharing begins and cover PCP visits, specialist visits, generic drugs, and preferred brand drugs pre-deductible. Please see the Federal AV screenshots incorporated with this filing for an exhibit of this benefit coverage.

8. PAAM Exhibits – Consumer Factors:

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

The CY2024 rates had a 1.0 geographic factor given JHP only filed rates in one region. Geographic rating area factors are required in the CY2025 premium rates given plans are now offered in Rating Areas 8 and 6. The cost differentials by region, not accounting for morbidity differences, are included in the geographic factors. The 2023 Interim Risk Adjustment Report GCF factors by rating area were used as the basis for the geographic factors.

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

[REDACTED]

9. MLR Exhibit:

- a. Please complete table below which summarizes the most recent three years of complete MLR information.
 - i. Actual is the final information which was filed for the specified calendar year
 - ii. Projected is the information which was projected in the final annual filing for the given year (i.e., 2021 projected information is from the plan year

2021 annual filing submitted in 2020) MLR Member Months Calendar
Year Actual Projected Actual Projected 21 2020 2021 2022

Calendar Year	MLR		Member Months	
	Actual	Projected	Actual	Projected
2020	N/A	N/A	N/A	N/A
2021	N/A	N/A	N/A	N/A
2022	N/A	N/A	N/A	N/A

- b. Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.
- c. Does the insurer expect to pay MLR rebates for the 3-year period above?

These questions are not applicable as JHP entered the market in 2024.

10. Plan of Withdrawal:

- a. Please confirm that a Plan of Withdrawal has been submitted if any plans are being discontinued.
- b. For further information regarding the Plan of Withdrawal process, click here. Please send all Plan of Withdrawals to Jeff Rohaly, wrohaly@pa.gov.

JHP is not submitting a Plan of Withdrawal as no plans are being withdrawn midway through the filing period.

11. Transitional Plans:

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

This question is not applicable as JHP has no transitional plans.

12. Copay Adjustment Programs

- a. Does the company use a copay adjustment program (also known as a copay accumulator program)?
- b. How does the company handle copay assistance coupons? For example, does the coupon apply to the MOOP?
- c. If any change to such a program has resulted in a pricing impact, please include a detailed quantitative exhibit supporting the pricing impact.

JHP does not use a copay adjustment program. Assistance coupons do not apply to the MOOP and there is no pricing impact of this program.

PA Rate Template Part I
Data Relevant to the Rate Filing

Table 0. Identifying Information

Center Name:	Jefferson Health Plan		
Product(s):	INDV		
Market Segment:	Individual		
Rate Effective Date:	1/1/2023	to	12/31/2023
Base Period Start Date:	1/1/2023	to	12/31/2023
Date of Most Recent Membership:	2/1/2024		

Table 1. Number of Members

Average Age	Member-months	Members	Member-months
	Experience Period	Current Period (as of 12/31/2023)	Projected Rating Period
	0	9,171	553,000
<18		443	7,493
18-24		696	11,992
25-29		891	15,192
30-34		1,037	18,650
35-39		973	16,381
40-44		882	14,629
45-49		861	14,171
50-54		970	15,897
55-59		1,033	18,038
60-63		871	14,461
64+		134	8,034

Table 2. Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											5
Loss Ratio											0.88%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization**	Indexed Denials**	Composite Trend	Weight**
Inpatient Hospital				0.00%	
Outpatient Hospital				0.00%	
Professional				0.00%	
Other Medical				0.00%	
Capitation				0.00%	
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, Indexed Utilization and Weight as percentages

** Should equal 100% Trend

Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-20				INDV01		INDV01				INDV01
Feb-20				INDV01		INDV01				INDV01
Mar-20				INDV01		INDV01				INDV01
Apr-20				INDV01		INDV01				INDV01
May-20				INDV01		INDV01				INDV01
Jun-20				INDV01		INDV01				INDV01
Jul-20				INDV01		INDV01				INDV01
Aug-20				INDV01		INDV01				INDV01
Sep-20				INDV01		INDV01				INDV01
Oct-20				INDV01		INDV01				INDV01
Nov-20				INDV01		INDV01				INDV01
Dec-20				INDV01		INDV01				INDV01
Jan-21				INDV01		INDV01				INDV01
Feb-21				INDV01		INDV01				INDV01
Mar-21				INDV01		INDV01				INDV01
Apr-21				INDV01		INDV01				INDV01
May-21				INDV01		INDV01				INDV01
Jun-21				INDV01		INDV01				INDV01
Jul-21				INDV01		INDV01				INDV01
Aug-21				INDV01		INDV01				INDV01
Sep-21				INDV01		INDV01				INDV01
Oct-21				INDV01		INDV01				INDV01
Nov-21				INDV01		INDV01				INDV01
Dec-21				INDV01		INDV01				INDV01
Jan-22				INDV01		INDV01				INDV01
Feb-22				INDV01		INDV01				INDV01
Mar-22				INDV01		INDV01				INDV01
Apr-22				INDV01		INDV01				INDV01
May-22				INDV01		INDV01				INDV01
Jun-22				INDV01		INDV01				INDV01
Jul-22				INDV01		INDV01				INDV01
Aug-22				INDV01		INDV01				INDV01
Sep-22				INDV01		INDV01				INDV01
Oct-22				INDV01		INDV01				INDV01
Nov-22				INDV01		INDV01				INDV01
Dec-22				INDV01		INDV01				INDV01
Jan-23				INDV01		INDV01				INDV01
Feb-23				INDV01		INDV01				INDV01
Mar-23				INDV01		INDV01				INDV01
Apr-23				INDV01		INDV01				INDV01
May-23				INDV01		INDV01				INDV01
Jun-23				INDV01		INDV01				INDV01
Jul-23				INDV01		INDV01				INDV01
Aug-23				INDV01		INDV01				INDV01
Sep-23				INDV01		INDV01				INDV01
Oct-23				INDV01		INDV01				INDV01
Nov-23				INDV01		INDV01				INDV01
Dec-23				INDV01		INDV01				INDV01

*Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

Carrier Name: Jefferson Health Plan
 Product(s): HRB
 Market Segment: Individual
 Rate Effective Date: 1/1/2025

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HRB)	Allowed Claims (Non-Capitated)	Non-ERB portion of Allowed Claims	Total Prescription Drug Rebates**	Total ERB Capitation	Total Non-ERB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 1,034,494,792.77	\$ 2,502,183,947.95	\$ 2,509,181,947.95	5,119,720	\$ 495,824,770.48	\$ 1,931,188,118.11	\$ 9,088,398.90	\$ (240,497,810.71)				\$ 156,025,510.72
Experience Period Total Allowed ERB Claims + ERB Capitation PMPM (net of prescription drug rebates)											\$ 614.01
Loss Ratio											82.56%

**Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Indexed Demand*	Composite Trend	Weight*
Inpatient Hospital	10.64%	1.75%		12.57%	18.34%
Outpatient Hospital	10.02%	2.00%		12.22%	20.93%
Professional	3.68%	1.99%		5.73%	34.45%
Other Medical	3.69%	1.99%		5.76%	0.00%
Capitation				0.00%	
Prescription Drugs	6.82%	1.73%		8.77%	21.28%
Total Annual Trend				8.64%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.202	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factor*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HRB)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-20				RDV/01		RDV/01				RDV/01
Feb-20				RDV/01		RDV/01				RDV/01
Mar-20				RDV/01		RDV/01				RDV/01
Apr-20				RDV/01		RDV/01				RDV/01
May-20				RDV/01		RDV/01				RDV/01
Jun-20				RDV/01		RDV/01				RDV/01
Jul-20				RDV/01		RDV/01				RDV/01
Aug-20				RDV/01		RDV/01				RDV/01
Sep-20				RDV/01		RDV/01				RDV/01
Oct-20				RDV/01		RDV/01				RDV/01
Nov-20				RDV/01		RDV/01				RDV/01
Dec-20				RDV/01		RDV/01				RDV/01
Jan-21				RDV/01		RDV/01				RDV/01
Feb-21				RDV/01		RDV/01				RDV/01
Mar-21				RDV/01		RDV/01				RDV/01
Apr-21				RDV/01		RDV/01				RDV/01
May-21				RDV/01		RDV/01				RDV/01
Jun-21				RDV/01		RDV/01				RDV/01
Jul-21				RDV/01		RDV/01				RDV/01
Aug-21				RDV/01		RDV/01				RDV/01
Sep-21				RDV/01		RDV/01				RDV/01
Oct-21				RDV/01		RDV/01				RDV/01
Nov-21				RDV/01		RDV/01				RDV/01
Dec-21				RDV/01		RDV/01				RDV/01
Jan-22	\$ 208,168,609.20	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01		
Feb-22	\$ 208,168,609.20	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01		
Mar-22	\$ 208,168,609.20	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01		
Apr-22	\$ 208,168,609.20	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01		
May-22	\$ 208,168,609.20	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01		
Jun-22	\$ 208,168,609.20	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01		
Jul-22	\$ 208,168,609.20	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01		
Aug-22	\$ 208,168,609.20	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01		
Sep-22	\$ 208,168,609.20	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01		
Oct-22	\$ 208,168,609.20	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01		
Nov-22	\$ 208,168,609.20	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01		
Dec-22	\$ 1,034,494,792.77	1,000%	\$ 208,168,609.20	426,650	\$ 487.91	\$ 645,538,820.48	\$ (20,041,067.61)	\$ 261,965,177.97	\$ 614.01	
Jan-23				RDV/01		RDV/01				RDV/01
Feb-23				RDV/01		RDV/01				RDV/01
Mar-23				RDV/01		RDV/01				RDV/01
Apr-23				RDV/01		RDV/01				RDV/01
May-23				RDV/01		RDV/01				RDV/01
Jun-23				RDV/01		RDV/01				RDV/01
Jul-23				RDV/01		RDV/01				RDV/01
Aug-23				RDV/01		RDV/01				RDV/01
Sep-23				RDV/01		RDV/01				RDV/01
Oct-23				RDV/01		RDV/01				RDV/01
Nov-23				RDV/01		RDV/01				RDV/01
Dec-23				RDV/01		RDV/01				RDV/01

*Express Completion Factor as a percentage

**Express Prescription Drug Rebates as a negative number

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

Carrier Name: Jefferson Health Plan
 Product(s): HMO
 Market Segment: Individual
 Rate Effective Date: 1/1/2025
 Incurred Dates: 1/1/2023 to 12/31/2023

Attachment Point: \$60,000
 Reinsurance Cap: \$100,000
 Coinsurance Rate: 60%
 Proj. Incurred Claim Impact: 0.0%

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2023 to 12/31/2023					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999				\$0
\$30,000	\$34,999				\$0
\$35,000	\$39,999				\$0
\$40,000	\$44,999				\$0
\$45,000	\$49,999				\$0
\$50,000	\$54,999				\$0
\$55,000	\$59,999				\$0
\$60,000	\$64,999				\$0
\$65,000	\$69,999				\$0
\$70,000	\$74,999				\$0
\$75,000	\$79,999				\$0
\$80,000	\$84,999				\$0
\$85,000	\$89,999				\$0
\$90,000	\$94,999				\$0
\$95,000	\$99,999				\$0
\$100,000	\$109,999				\$0
\$110,000	\$119,999				\$0
\$120,000	\$129,999				\$0
\$130,000	\$139,999				\$0
\$140,000	\$149,999				\$0
\$150,000	\$159,999				\$0
\$160,000	\$169,999				\$0
\$170,000	\$179,999				\$0
\$180,000	\$189,999				\$0
\$190,000	\$199,999				\$0
\$200,000	\$209,999				\$0
\$210,000	\$219,999				\$0
\$220,000	\$229,999				\$0
\$230,000	\$239,999				\$0
\$240,000	\$249,999				\$0
\$250,000	\$259,999				\$0
\$260,000	\$269,999				\$0
\$270,000	\$279,999				\$0
\$280,000	\$289,999				\$0
\$290,000	\$299,999				\$0
\$300,000	\$324,999				\$0
\$325,000	\$349,999				\$0
\$350,000	\$374,999				\$0
\$375,000	\$399,999				\$0
\$400,000	\$424,999				\$0
\$425,000	\$449,999				\$0
\$450,000	\$474,999				\$0
\$475,000	\$499,999				\$0
\$500,000	\$599,999				\$0
\$600,000	\$699,999				\$0
\$700,000	\$799,999				\$0
\$800,000	\$899,999				\$0
\$900,000	\$999,999				\$0
\$1,000,000+					\$0
Total		0	0	\$0	\$0

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

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

Attachment Point: \$60,000
 Reinsurance Cap: \$100,000
 Coinsurance Rate: 60%

Proj. Incurred Claim Impact: -4.8%
 Proj. Morbidity Impact: 0.0%

Reinsurance Program Impact Continuance Table Development - Plan Year 2025					
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance
\$0	\$29,999				\$9,457,593,772
\$30,000	\$34,999				\$739,726,265
\$35,000	\$39,999				\$703,251,511
\$40,000	\$44,999				\$629,569,771
\$45,000	\$49,999				\$548,505,565
\$50,000	\$54,999				\$480,814,483
\$55,000	\$59,999				\$450,287,103
\$60,000	\$64,999				\$422,766,735
\$65,000	\$69,999				\$375,660,403
\$70,000	\$74,999				\$335,537,977
\$75,000	\$79,999				\$285,044,928
\$80,000	\$84,999				\$246,668,963
\$85,000	\$89,999				\$225,972,272
\$90,000	\$94,999				\$205,095,345
\$95,000	\$99,999				\$177,551,866
\$100,000	\$109,999				\$323,091,996
\$110,000	\$119,999				\$292,189,708
\$120,000	\$129,999				\$267,091,511
\$130,000	\$139,999				\$265,417,390
\$140,000	\$149,999				\$242,662,049
\$150,000	\$159,999				\$229,618,484
\$160,000	\$169,999				\$216,675,116
\$170,000	\$179,999				\$193,785,288
\$180,000	\$189,999				\$187,341,623
\$190,000	\$199,999				\$179,702,391
\$200,000	\$209,999				\$155,036,071
\$210,000	\$219,999				\$142,358,150
\$220,000	\$229,999				\$148,934,777
\$230,000	\$239,999				\$120,499,726
\$240,000	\$249,999				\$123,570,949
\$250,000	\$259,999				\$113,879,204
\$260,000	\$269,999				\$98,453,938
\$270,000	\$279,999				\$99,696,237
\$280,000	\$289,999				\$97,887,971
\$290,000	\$299,999				\$90,261,467
\$300,000	\$324,999				\$210,999,940
\$325,000	\$349,999				\$182,299,909
\$350,000	\$374,999				\$165,776,060
\$375,000	\$399,999				\$124,589,477
\$400,000	\$424,999				\$122,826,837
\$425,000	\$449,999				\$112,539,869
\$450,000	\$474,999				\$90,342,235
\$475,000	\$499,999				\$78,028,094
\$500,000	\$599,999				\$251,053,454
\$600,000	\$699,999				\$185,926,005
\$700,000	\$799,999				\$139,035,996
\$800,000	\$899,999				\$115,734,112
\$900,000	\$999,999				\$61,362,654
\$1,000,000+					\$362,627,719
Total		5,911,645	53,725,331	\$22,133,279,102	\$21,075,343,367

PA Rate Template Part II
Rate Development and Change

Client Name: **Jefferson Health Plan**
Product#: **HMO**
Market Segment: **Individual**
Rate Effective Date: **1/1/2025**

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

Development of the Projected Index Rate	Actual Experience Data	Manual Data
Total Allowed DIB Claims + DIB Continuation PMPM (net of prescription drug related PMPM)	\$ -	\$ 634.01
Two year trend stabilization factor	\$ 1.000	\$ 1.202
Unadjusted Projected Allowed DIB Claims PMPM	\$ -	\$ 737.83
Single Risk Float Adjustment Factor	\$ -	\$ 1.000
Change in Mortality - Impact of Reinsurance Program	1.000	1.000
Change in Mortality - All Other	1.000	0.000
Total Non-Mortality Changes	1.000	0.000
Change in Demographics	1.000	0.000
Change in Network	1.000	0.000
Change in Benefits	1.000	0.000
Change in Other	1.000	0.000
Total Adjusted Projected Allowed DIB Claims PMPM	\$ -	\$ 495.43
Credibility Factors	2%	100%
Standard Projected DIB Claims PMPM	\$ -	\$ 495.43
Development of the Market-Adjusted Index Rate and Total Allowed Claims	\$ 495.43	\$ -
Adjusted Projected Allowed DIB Claims PMPM	\$ 495.43	\$ -
Projected Paid to Allowed Ratio	0.97%	\$ -
Projected Incurred DIB Claims PMPM	\$ 495.43	\$ -
Market-Adjusted Index Rate	100%	100%
Projected Incurred Risk Adjustment PMPM	\$ 138.71	\$ -
Projected Incurred Exchange User Fees PMPM	\$ 133.50	\$ -
Projected Incurred Reinsurance Recoveries PMPM	\$ 127.88	\$ -
Market-Adjusted Projected Incurred DIB Claims PMPM	\$ 435.99	\$ -
Market-Adjusted Projected Allowed DIB Claims PMPM	\$ 130.13	\$ -
Projected Allowed Non-DIB Claims PMPM	\$ 1.000	\$ -
Catastrophic Eligibility Adjustment	\$ 435.99	\$ 435.99
Market-Adjusted Projected Total Claims PMPM	\$ 130.13	\$ -

Table 6. Retention

Retention Items - Exposed in percentages	Percentage	PMPM Amount
Administrative Expenses	0.12%	\$0.06
General and Claims	7.74%	\$39.14
Agent/Broker Fee and Commission	3.46%	\$16.82
Quality Improvement Initiatives	2.82%	\$13.74
Base and Fee	0.21%	\$0.10
Risk Adjustment User Fee	0.04%	\$0.18
FCB/OT	0.00%	\$0.00
PA Premiums & Other Taxes (if applicable)	0.00%	\$0.00
Federal Income Tax	0.00%	\$0.00
Health Insurance Providers Fee (For rated for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	0.08%	\$0.37
Total Retention	11.99%	\$55.99
Projected Required Revenue PMPM		\$ 466.58

Table 8. Components of Rate Change

Rate Components	2024	2025	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 276.68	\$ 283.91	\$ 7.23	3.4%
B. Base period allowed claims before normalization	\$ 634.01	\$ 634.01	\$ 0.00	0.0%
C. Normalization factor component of change	\$ -	\$ 217.42	\$ 217.42	34.3%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 320.88	\$ 360.54	\$ 39.66	12.4%
D2. UCR Ratio	\$ 0.00	\$ 0.00	\$ 0.00	0.0%
D3. UCR Other	\$ -	\$ -	\$ -	0.0%
D4. UCR Other	\$ 0.00	\$ 0.00	\$ 0.00	0.0%
D5. Normalized UCR Risk Adjustment on an allowed basis	\$ 55.12	\$ 20.82	\$ (34.30)	-62.2%
D6. Normalized UCR Risk Adjustment on an allowed basis	\$ 7.51	\$ 20.74	\$ 13.23	176.3%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ (13.80)	\$ (13.80)	\$ 0.00	0.0%
D8. Subtotal - (D5)-(D7)	\$ 41.83	\$ 7.76	\$ (34.07)	-81.5%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	\$ -	\$ -	0.0%
E2. Pricing AV	\$ (78.20)	\$ (88.16)	\$ (9.96)	-12.9%
E3. Catastrophic Eligibility	\$ 0.00	\$ 1.20	\$ 1.20	0.0%
E4. Catastrophic Eligibility	\$ -	\$ -	\$ -	0.0%
E5. Benefits in Addition to DIB	\$ -	\$ -	\$ -	0.0%
E6. Subtotal - (E1)-(E5)	\$ (78.20)	\$ (86.96)	\$ (8.76)	-11.2%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 24.66	\$ 31.48	\$ 6.82	27.7%
F2. Taxes and Fees	\$ 0.61	\$ 0.84	\$ (0.23)	-37.7%
F3. Profit and/or Contingency	\$ 2.17	\$ 0.32	\$ (1.85)	-85.3%
F4. Subtotal - (F1)-(F3)	\$ 27.44	\$ 32.64	\$ 5.20	18.9%
G. Change in Miscellaneous Items	\$ 16.51	\$ (10.51)	\$ (27.02)	-163.6%
H. Sum of Components of Rate Change (Should approximate the change shown in line A)	\$ 276.67	\$ 283.57	\$ 6.90	2.5%

For Informational Purposes only - No input required.

Standard Base Period Unadjusted Claims before Normalization	\$ 634.01
Standard Allowed Claims	\$ 1,334,442,762.17
Standard Loss Ratio	82.85%

Table 9A. Small Group Projected Index Rate with Quarterly Trend

Projection Date	3/1/2023	6/1/2023	9/1/2023	12/1/2023	Total Single Risk Pool
Per Member Monthly Revenues in Quarter	\$ 495.43	\$ 495.43	\$ 495.43	\$ 495.43	\$ 495.43
Adjusted Projected Allowed DIB Claims PMPM	\$ -	\$ -	\$ -	\$ -	\$ -
Monthly Trend	0.00%	0.00%	0.00%	0.00%	0.00%
Annual Trend	0.00%	0.00%	0.00%	0.00%	0.00%
Single Risk Pool Projected Allowed Claims	\$ 495.43	\$ 495.43	\$ 495.43	\$ 495.43	\$ 495.43
Quarterly Trend Factor	1.001	1.001	1.001	1.001	0.000

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2024	2025
Average Age Factor	1.000	1.000
Average Catastrophic Factor	1.000	1.000
Average Tobacco Use Factor	1.000	1.000
Average Benefit Richness (Included demand)	1.000	1.000
Average Temporal Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 138.71	\$ 138.11
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 342.72	\$ 316.47

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

	2024	2025
Paid-to-Allowed	0.75%	0.77%
UCR Trend (Trend Applied Trend Factor)	1.000	1.000
UCR Catastrophic	1.000	1.000
UCR Other	0.858	0.858
Risk Adjustment	\$ 76.01	\$ 38.73
Exchange User Fee	\$ 64.41	\$ 12.81
Reinsurance Recoveries	\$ 18.38	\$ 17.09
Catastrophic	\$ -	\$ -
Network	1.000	1.000
Pricing AV	0.752	0.785
Benefit Richness	1.000	1.000
Catastrophic Eligibility	1.000	1.000
Benefits in Addition to DIB	1.000	1.000
Administrative Expenses	0.08%	11.70%
Taxes and Fees	0.31%	0.31%
Profit and/or Contingency	0.08%	0.08%

Northumberland	Schuylkill	Snyder	Union	6	Adams	Berks	Lancaster	York	7	Bucks	Chester	Delaware	Montgomery	Philadelphia	8	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry	9	
0	0	0	0	Match	0	0	0	0	Match	1357	0	0	1520	6294	Match	0	0	0	0	0	0	0	0	Match

				Match					Match	601			653	4,266	Match									Match
				Match					Match	20			35	73	Match									Match
				Match					Match	38			34	128	Match									Match
				Match					Match	149			173	411	Match									Match
				Match					Match	142			172	518	Match									Match
				Match					Match	161			203	378	Match									Match
				Match					Match	242			248	515	Match									Match
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PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	0.024026788
Revised Requested Average Rate Change:	2.40%
Minimum Requested Rate Change:	-8.00%
Maximum Requested Rate Change:	14.21%
Mapped Members:	9,160
Available in Rating Areas:	Rating Areas 6 and 8

Key Information

Jan. 2023 - Dec. 2023 Financial Experience

Premium	\$	-
Claims	\$	-
Administrative Expenses	\$	-
Taxes & Fees	\$	-
Company Made After Taxes	\$	-

The company expects its annual medical costs to increase:

0.00%

Explanation of requested rate change:

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

How It Plans to Spend Your Premium

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

Claims:	85%
Administrative Expenses:	12%
Taxes & Fees:	3%
Profit:	0%

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

Table 16. Risk Adjustment Calculation

Component	Statewide	Insurer Specific
State Average Monthly Premium Before Adjustment	\$658.94	
Administrative Cost Adjustment	0.86	
State Average Monthly Premium	566.69	
Actuarial Value (AV)	0.72	
Plan Liability Risk Score (PLRS)	1.25	
Allowable Rating Factor (ARF)	1.82	
Induced Demand Factor (IDF)	1.04	
Geographic Cost Factor (GCF)	1.00	
Factors Including Risk Score	1.31	
Factors Excluding Risk Score	1.37	
Risk Adjustment Transfer PMPM		
Insurer Specific Manual Adjustment PMPM		
High Cost Risk Pool Adjustment PMPM		
Total Risk Adjustment Transfer		

<-- Negative implies payer of RA

<-- Please provide explanation and calculation if value provided.

Company Name: Affiliation Health Plans
Market: Individual
Product: HMO
Effective Date of Rates: January 1, 2025

Ending Date of Rates: December 31, 2025

Table with columns for HHS Plan ID, Plan Name, Rating Area, Network, Metal, Cost-sharing, Copay, OOP Maximum, and a grid of rates for various age bands (0-14 to 64) across different tobacco and tobacco-free categories.

**Jefferson Health Plans
Individual
Plan Design Summary**

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
93909PA0010005	Jefferson Health Plans + Total + Silver + HMO	HMO	Silver	On/Off	JHP Network	Rating Area 6 and 8	Philadelphia, Montgomery, Bucks, Lehigh, Northampton, Delaware
93909PA0010004	Jefferson Health Plans + Balanced + Silver + HMO	HMO	Silver	On/Off	JHP Network	Rating Area 6 and 8	Philadelphia, Montgomery, Bucks, Lehigh, Northampton, Delaware
93909PA0010003	Jefferson Health Plans + \$0 Deductible + Silver + HMO	HMO	Silver	On/Off	JHP Network	Rating Area 6 and 8	Philadelphia, Montgomery, Bucks, Lehigh, Northampton, Delaware
93909PA0010001	Jefferson Health Plans + \$0 Deductible + Bronze + HMO	HMO	Bronze	On/Off	JHP Network	Rating Area 6 and 8	Philadelphia, Montgomery, Bucks, Lehigh, Northampton, Delaware
93909PA0010002	Jefferson Health Plans + Total + Bronze + HMO	HMO	Bronze	On/Off	JHP Network	Rating Area 6 and 8	Philadelphia, Montgomery, Bucks, Lehigh, Northampton, Delaware
93909PA0010006	Jefferson Health Plans + \$0 Deductible + Gold + HMO	HMO	Gold	On/Off	JHP Network	Rating Area 6 and 8	Philadelphia, Montgomery, Bucks, Lehigh, Northampton, Delaware
93909PA0010007	Jefferson Health Plans + Total + Gold + HMO	HMO	Gold	On/Off	JHP Network	Rating Area 6 and 8	Philadelphia, Montgomery, Bucks, Lehigh, Northampton, Delaware
93909PA0010011	Jefferson Health Plans + Value + Bronze + HMO	HMO	Bronze	On/Off	JHP Network	Rating Area 6 and 8	Philadelphia, Montgomery, Bucks, Lehigh, Northampton, Delaware
93909PA0010012	Jefferson Health Plans + Value + Gold + HMO	HMO	Gold	On/Off	JHP Network	Rating Area 6 and 8	Philadelphia, Montgomery, Bucks, Lehigh, Northampton, Delaware

Company Name Jefferson Health Plans
 Market Individual

RATES FOR AGE 21, NON-TOBACCO USER, BY RATING AREA AND COUNTY

02-01-2024 Number of Covered Lives by Rating County					RATING AREA 1								RATING AREA 2			RATING AREA 3				
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
					Crawford	Clarion	Erie	Forest	Mckean	Mercer	Venango	Warren	Elk	Cameron	Potter	Bradford	Carbon	Clinton	Lackawanna	Luzerne
93909PA0010005	Jefferson Health Plans + Total + Silver + HMO	HMO	Silver	On/Off																
93909PA0010004	Jefferson Health Plans + Balanced + Silver + HMO	HMO	Silver	On/Off																
93909PA0010003	Jefferson Health Plans + \$0 Deductible + Silver + HMO	HMO	Silver	On/Off																
93909PA0010001	Jefferson Health Plans + \$0 Deductible + Bronze + HMO	HMO	Bronze	On/Off																
93909PA0010002	Jefferson Health Plans + Total + Bronze + HMO	HMO	Bronze	On/Off																
93909PA0010006	Jefferson Health Plans + \$0 Deductible + Gold + HMO	HMO	Gold	On/Off																
93909PA0010007	Jefferson Health Plans + Total + Gold + HMO	HMO	Gold	On/Off																
93909PA0010011	Jefferson Health Plans + Value + Bronze + HMO	HMO	Bronze	On/Off																
93909PA0010012	Jefferson Health Plans + Value + Gold + HMO	HMO	Gold	On/Off																

0	0	0	0	0	0	0	0
Lycoming	Monroe	Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming

RATING AREA 4

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

RATING AREA 5

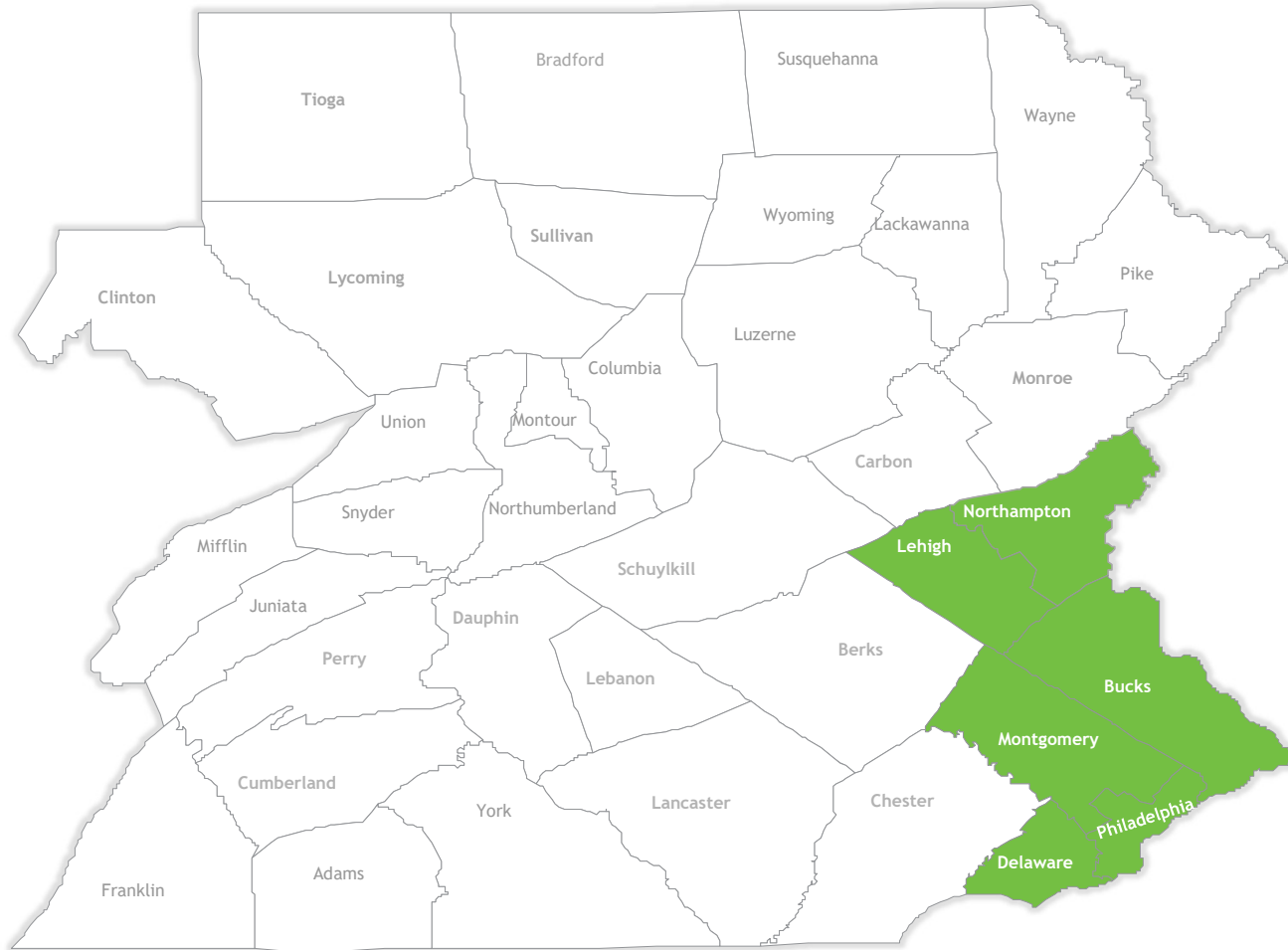
0	0	0	0	0	0	0
Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset

RATING AREA 6

0
Centre

EA 6									RATING AREA 7				RATING AREA 8					RATING AREA 9						
0	0	0	0	0	0	0	0	0	0	0	0	0	1,357	0	0	1,520	6,294	0	0	0	0	0	0	0
Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York	Bucks	Chester	Delaware	Montgomery	Philadelphia	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
	\$439.07			\$439.07									\$297.28		\$297.28	\$297.28	\$297.28							
	\$454.03			\$454.03									\$307.41		\$307.41	\$307.41	\$307.41							
	\$504.96			\$504.96									\$341.89		\$341.89	\$341.89	\$341.89							
	\$308.96			\$308.96									\$209.18		\$209.18	\$209.18	\$209.18							
	\$301.40			\$301.40									\$204.07		\$204.07	\$204.07	\$204.07							
	\$439.51			\$439.51									\$297.58		\$297.58	\$297.58	\$297.58							
	\$417.34			\$417.34									\$282.57		\$282.57	\$282.57	\$282.57							
	\$288.81			\$288.81									\$195.55		\$195.55	\$195.55	\$195.55							
	\$407.88			\$407.88									\$276.16		\$276.16	\$276.16	\$276.16							

ACA HPP1 HMO



Unified Rate Review v6.0

Company Legal Name:	Jefferson Health Plan		
HIOS issuer ID:	93909	State:	PA
Effective Date of Rate Change(s):	1/1/2025	Market:	Individual

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

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period:	1/1/2023	to	12/31/2023	PMPM
Allowed Claims			\$0.00	#DIV/0!
Reinsurance			\$0.00	#DIV/0!
Incurred Claims in Experience Period			\$0.00	#DIV/0!
Risk Adjustment			\$0.00	#DIV/0!
Experience Period Premium			\$0.00	#DIV/0!
Experience Period Member Months			0	

Section II: Projections

Benefit Category	Experience Period Index Rate PMPM	Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims PMPM
		Cost	Utilization	Cost	Utilization	
Inpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Outpatient Hospital	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Professional	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Other Medical	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Prescription Drug	\$0.00	1.000	1.000	1.000	1.000	\$0.00
Total	\$0.00	1.000	1.000	1.000	1.000	\$0.00

Morbidity Adjustment	1.000
Demographic Shift	1.000
Plan Design Changes	1.000
Other	1.000
Adjusted Trended EHB Allowed Claims PMPM for 1/1/2025	\$0.00
Manual EHB Allowed Claims PMPM	\$485.43
Applied Credibility %	0.00%

Projected Period Totals		
Projected Index Rate for 1/1/2025	\$485.43	\$74,270,790.00
Reinsurance	\$23.20	\$3,550,036.62
Risk Adjustment Payment/Charge	-\$49.96	-\$7,643,358.45
Exchange User Fees	3.38%	\$2,744,856.85
Market Adjusted Index Rate	\$530.12	\$81,108,968.68
Projected Member Months		153,000

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

Product-Plan Data Collection

Company Legal Name: **Jefferson Health Plan**
 HIOS Issuer ID: **93909** State: **PA**
 Effective Date of Rate Change(s): **1/1/2025** Market: **Individual**

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

Product/Plan Level Calculations

Field # Section I: General Product and Plan Information

1.1 Product Name		Individual HMO																				
1.2 Product ID		93909PA001																				
1.3 Plan Name		Plans + Balanced +		Plans + SO		Plans + Total +		Plans + SO		Plans + Total +		Plans + Value +		Plans + Value +		Plans + Balanced		Plans + Total Value		Plans + SO		
93909PA0010005	93909PA0010004	93909PA0010003	93909PA0010001	93909PA0010002	93909PA0010006	93909PA0010007	93909PA0010011	93909PA0010012	93909PA0010009	93909PA0010010	93909PA0010008											
1.5 Metal	Silver	Silver	Silver	Bronze	Bronze	Gold	Gold	Bronze	Gold	Silver	Silver											
1.6 AV Metal Value	0.702	0.700	0.715	0.649	0.638	0.795	0.781	0.619	0.781	0.705	0.709											
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	New	New	Terminated	Terminated											
1.8 Plan Type	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO											
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No											
1.10 Effective Date of Proposed Rates	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025											
1.11 Cumulative Rate Change % (over 12 mos prior)	4.97%	5.05%	14.21%	-8.00%	-3.43%	-1.56%	-1.62%	0.00%	0.00%	0.00%	0.00%											
1.12 Product Rate Increase %																						
1.13 Submission Level Rate Increase %																						

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

2.1 Plan ID (Standard Component ID)		Total	93909PA0010005	93909PA0010004	93909PA0010003	93909PA0010001	93909PA0010002	93909PA0010006	93909PA0010007	93909PA0010011	93909PA0010012	93909PA0010009	93909PA0010010	93909PA0010008
2.2 Allowed Claims		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.3 Reinsurance		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.4 Member Cost Sharing		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.5 Cost Sharing Reduction		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.6 Incurred Claims		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.7 Risk Adjustment Transfer Amount		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.8 Premium		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.9 Experience Period Member Months		0	0	0	0	0	0	0	0	0	0	0	0	0
2.10 Current Enrollment		9,507	5,769	138	220	742	833	773	1,022	0	0	0	3	7
2.11 Current Premium PMPM		\$459.53	\$476.00	\$512.34	\$492.81	\$375.08	\$338.60	\$492.16	\$485.32	\$0.00	\$0.00	\$0.00	\$304.55	\$831.15
2.12 Loss Ratio		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month														
2.13 Allowed Claims		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.14 Reinsurance		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.15 Member Cost Sharing		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.16 Cost Sharing Reduction		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.17 Incurred Claims		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.18 Risk Adjustment Transfer Amount		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2.19 Premium		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors

3.1 Plan ID (Standard Component ID)		93909PA0010005 93909PA0010004 93909PA0010003 93909PA0010001 93909PA0010002 93909PA0010006 93909PA0010007 93909PA0010011 93909PA0010012 93909PA0010009 93909PA0010010 93909PA0010008												
3.2 Market Adjusted Index Rate		5530.12												
3.3 AV and Cost Sharing Design of Plan		0.8425	0.8748	0.9845	0.5621	0.5458	0.8435	0.7957	0.5187	0.7753	0.0000	0.0000	0.0000	0.0000
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Administrative Costs														
3.6 Administrative Expense		10.94%	10.58%	9.51%	15.55%	15.94%	10.93%	11.51%	16.64%	11.78%	0.00%	0.00%	0.00%	0.00%
3.7 Taxes and Fees		0.12%	0.12%	0.12%	0.12%	0.12%	0.12%	0.12%	0.12%	0.12%	0.00%	0.00%	0.00%	0.00%
3.8 Profit & Risk Load		0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.08%	0.00%	0.00%	0.00%	0.00%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$502.65	\$519.77	\$378.08	\$353.69	\$345.04	\$503.15	\$477.77	\$330.63	\$466.94	\$0.00	\$0.00	\$0.00	\$0.00
3.11 Age Calibration Factor		0.5984					0.5984							
3.12 Geographic Calibration Factor		1.0000					1.0000							
3.13 Tobacco Calibration Factor		0.9976					0.9976							
3.14 Calibrated Plan Adjusted Index Rate		\$300.06	\$310.28	\$345.09	\$211.14	\$205.97	\$300.36	\$285.21	\$197.38	\$278.75	\$0.00	\$0.00	\$0.00	\$0.00

Section IV: Projected Plan Level Information

4.1 Plan ID (Standard Component ID)		Total	93909PA0010005	93909PA0010004	93909PA0010003	93909PA0010001	93909PA0010002	93909PA0010006	93909PA0010007	93909PA0010011	93909PA0010012	93909PA0010009	93909PA0010010	93909PA0010008
4.2 Allowed Claims		\$74,270,390	\$38,679,209	\$1,446,474	\$2,089,399	\$4,658,264	\$5,182,621	\$5,429,046	\$6,940,639	\$4,433,327	\$5,412,011	\$0	\$0	\$0
4.3 Reinsurance		\$2,532,240	\$1,402,473	\$51,753	\$71,396	\$185,929	\$207,515	\$196,776	\$256,698	\$138,286	\$201,633	\$0	\$0	\$0
4.4 Member Cost Sharing		\$16,690,858	\$6,642,408	\$216,584	\$168,630	\$1,901,698	\$2,202,669	\$928,783	\$1,424,896	\$2,011,603	\$1,193,587	\$0	\$0	\$0
4.5 Cost Sharing Reduction		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims		\$54,827,892	\$30,634,328	\$1,178,137	\$1,849,372	\$2,570,637	\$2,772,437	\$4,303,487	\$5,259,245	\$2,243,458	\$4,016,791	\$0	\$0	\$0
4.7 Risk Adjustment Transfer Amount		-\$5,925,673	-\$3,019,576	-\$111,426	-\$153,719	-\$400,312	-\$446,788	-\$423,666	-\$552,250	-\$383,813	-\$434,173	\$0	\$0	\$0
4.8 Premium		\$71,441,438	\$39,186,760	\$1,495,372	\$2,294,381	\$3,665,736	\$3,980,338	\$5,503,904	\$6,812,676	\$3,275,544	\$5,233,925	\$0	\$0	\$0
4.9 Projected Member Months		153,000	77,965	2,877	3,969	10,336	11,536	10,939	14,259	9,910	11,209	0	0	0
4.10 Loss Ratio		83.69%	84.70%	85.13%	86.39%	78.96%	78.46%	84.71%	84.01%	77.55%	83.69%	#DIV/0!	#DIV/0!	#DIV/0!
Per Member Per Month														
4.11 Allowed Claims		\$485.43	\$496.11	\$502.77	\$526.43	\$450.88	\$449.26	\$496.30	\$486.75	\$447.36	\$482.83	#DIV/0!	#DIV/0!	#DIV/0!
4.12 Reinsurance		\$17.99	\$17.99	\$17.99	\$17.99	\$17.99	\$17.99	\$17.99	\$17.99	\$17.99	\$17.99	#DIV/0!	#DIV/0!	#DIV/0!
4.13 Member Cost Sharing		\$109.09	\$85.20	\$75.28	\$42.49	\$183.99	\$190.94	\$84.91	\$99.93	\$202.99	\$106.48	#DIV/0!	#DIV/0!	#DIV/0!
4.14 Cost Sharing Reduction		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!	#DIV/0!
4.15 Incurred Claims		\$358.35	\$392.92	\$409.50	\$465.95	\$248.71	\$240.33	\$393.41	\$368.84	\$226.38	\$358.35	#DIV/0!	#DIV/0!	#DIV/0!
4.16 Risk Adjustment Transfer Amount		-\$38.73	-\$38.73	-\$38.73	-\$38.73	-\$38.73	-\$38.73	-\$38.73	-\$38.73	-\$38.73	-\$38.73	#DIV/0!	#DIV/0!	#DIV/0!
4.17 Premium		\$466.94	\$502.65	\$519.77	\$378.08	\$353.69	\$345.04	\$503.15	\$477.77	\$330.63	\$466.94	#DIV/0!	#DIV/0!	#DIV/0!

Rating Area Data Collection

Specify the total number of Rating Areas in your State by selecting the Create Rating Areas button or Ctrl + Shift + R.

Select only the Rating Areas you are offering plans within and add a factor for each area.

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

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

Rating Area	Rating Factor
Rating Area 8	0.9907
Rating Area 6	1.4633

SERFF Inputs:

153,000 Projected member months

REQUESTED RATE CHANGE INFORMATION

Change Period: 1/1/2025 - 12/31/2025

Projected Period Covered Lives: 12,750

% Rate change requested – Min%, Max%, Weighted Avg% **BELOW** <--- only applied this to in-force premiums

Min: -8.00%

Max: 14.21%

Wtd Avg: 2.51%

Written Premium Change: \$1,441,384

PRIOR RATE:

Total Earned Premium \$57,393,400

Total Incurred Claims \$50,423,160

Annualized PMPM - \$ Min, \$ Max, \$Weighted Avg

Min: \$161.66

Max: \$997.52

Wtd Avg: \$459.53

REQUESTED RATE

Projected Earned Premium \$71,441,458 << matches URRT WS2

Projected Incurred Claims \$60,753,565

Annualized PMPM - \$ Min, \$ Max, \$Weighted Avg. **BELOW**

Min: \$149.59 << 93909PA0010011, Rating Area 8, Age 0-14, Non-Smoker

Max: \$1,666.37 << 93909PA0010003, Rating Area 6, Age 64 and Older, Smoker

Wtd Avg: \$466.94 << Smoker and non-smoker average premium

2025 Rates Table Template v14.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.			
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.			
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.			
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.			
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.			
HIOS Issuer ID*	93909				
Rate Effective Date*	1/1/2025				
Rate Expiration Date*	12/31/2025				
Rating Method*	Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	227.42	227.42
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	15	247.64	247.64
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	16	255.36	255.36
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	17	263.09	263.09
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	18	271.42	271.42
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	19	279.74	279.74
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	20	288.36	288.36
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	21	297.28	327.01
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	22	297.28	327.01
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	23	297.28	327.01
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	24	297.28	327.01
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	25	298.47	328.32
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	26	304.42	334.86
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	27	311.55	342.71
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	28	323.14	355.45
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	29	332.66	365.93
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	30	337.41	371.15
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	31	344.55	379.01
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	32	351.68	386.85
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	33	356.14	391.75
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	34	360.90	396.99
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	35	363.28	399.61
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	36	365.66	402.23
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	37	368.03	404.83
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	38	370.41	407.45
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	39	375.17	412.69
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	40	379.93	417.92
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	41	387.06	425.77
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	42	393.90	433.29
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	43	403.41	443.75
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	44	415.30	456.83
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	45	429.27	472.20
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	46	445.92	490.51
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	47	464.65	511.12
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	48	486.05	534.66
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	49	507.16	557.88
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	50	530.94	584.03
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	51	554.43	609.87
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	52	580.29	638.32
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	53	606.45	667.10
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	54	634.69	698.16
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	55	662.94	729.23
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	56	693.56	762.92
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	57	724.47	796.92
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	58	757.47	833.22
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	59	773.82	851.20
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	60	806.82	887.50
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	61	835.36	918.90
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	62	854.09	939.50
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	63	877.57	965.33
93909PA0010005	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	891.84	981.02
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	235.17	235.17
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	15	256.07	256.07
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	16	264.06	264.06
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	17	272.06	272.06
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	18	280.66	280.66
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	19	289.27	289.27
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	20	298.19	298.19
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	21	307.41	338.15
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	22	307.41	338.15
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	23	307.41	338.15
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	24	307.41	338.15
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	25	308.64	339.50
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	26	314.79	346.27
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	27	322.16	354.38
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	28	334.15	367.57
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	29	343.99	378.39
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	30	348.91	383.80
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	31	356.29	391.92
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	32	363.66	400.03
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	33	368.27	405.10
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	34	373.19	410.51
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	35	375.65	413.22
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	36	378.11	415.92
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	37	380.57	418.63
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	38	383.03	421.33
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	39	387.95	426.75
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	40	392.87	432.16
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	41	400.24	440.26
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	42	407.32	448.05
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	43	417.15	458.87
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	44	429.45	472.40
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	45	443.90	488.29
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	46	461.11	507.22
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	47	480.48	528.53
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	48	502.61	552.87
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	49	524.44	576.88
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	50	549.03	603.93
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	51	573.32	630.65
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	52	600.06	660.07
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	53	627.11	689.82
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	54	656.32	721.95
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	55	685.52	754.07
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	56	717.18	788.90
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	57	749.15	824.07
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	58	783.28	861.61
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	59	800.18	880.20
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	60	834.30	917.73
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	61	863.82	950.20
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	62	883.18	971.50
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	63	907.47	998.22
93909PA0010004	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	922.22	1014.44
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	261.55	261.55
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	15	284.80	284.80
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	16	293.69	293.69
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	17	302.57	302.57
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	18	312.15	312.15
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	19	321.72	321.72
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	20	331.64	331.64
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	21	341.89	376.08
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	22	341.89	376.08
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	23	341.89	376.08

93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	24	341.89	376.08
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	25	343.26	377.59
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	26	350.10	385.11
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	27	358.30	394.13
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	28	371.64	408.80
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	29	382.58	420.84
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	30	388.05	426.86
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	31	396.25	435.88
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	32	404.46	444.91
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	33	409.59	450.55
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	34	415.06	456.57
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	35	417.79	459.57
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	36	420.53	462.58
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	37	423.26	465.59
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	38	426.00	468.60
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	39	431.47	474.62
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	40	436.94	480.63
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	41	445.14	489.65
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	42	453.01	498.31
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	43	463.95	510.35
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	44	477.62	525.38
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	45	493.69	543.06
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	46	512.84	564.12
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	47	534.38	587.82
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	48	558.99	614.89
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	49	583.27	641.60
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	50	610.62	671.68
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	51	637.63	701.39
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	52	667.37	734.11
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	53	697.46	767.21
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	54	729.94	802.93
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	55	762.42	838.66
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	56	797.64	877.40
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	57	833.19	916.51
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	58	871.14	958.25
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	59	889.95	978.95
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	60	927.90	1020.69
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	61	960.72	1056.79
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	62	982.26	1080.49
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	63	1009.27	1110.20
93909PA0010003	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1025.67	1128.24
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	160.03	160.03
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	15	174.25	174.25
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	16	179.69	179.69
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	17	185.13	185.13
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	18	190.98	190.98
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	19	196.84	196.84
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	20	202.91	202.91
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	21	209.18	230.10
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	22	209.18	230.10
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	23	209.18	230.10
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	24	209.18	230.10
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	25	210.02	231.02
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	26	214.20	235.62
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	27	219.22	241.14
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	28	227.38	250.12
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	29	234.08	257.49
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	30	237.42	261.16
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	31	242.44	266.68
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	32	247.46	272.21
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	33	250.60	275.66
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	34	253.95	279.35
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	35	255.62	281.18
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	36	257.30	283.03
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	37	258.97	284.87
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	38	260.64	286.70
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	39	263.99	290.39
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	40	267.34	294.07
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	41	272.36	299.60
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	42	277.17	304.89
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	43	283.86	312.25
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	44	292.23	321.45
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	45	302.06	332.27
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	46	313.78	345.16
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	47	326.95	359.65
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	48	342.02	376.22
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	49	356.87	392.56
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	50	373.60	410.96
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	51	390.13	429.14
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	52	408.33	449.16
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	53	426.73	469.40
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	54	446.61	491.27
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	55	466.48	513.13
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	56	488.03	536.83
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	57	509.78	560.76
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	58	533.00	586.30
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	59	544.50	598.95
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	60	567.72	624.49
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	61	587.81	646.59
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	62	600.98	661.08
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	63	617.51	679.26
93909PA0010001	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	627.54	690.29
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	156.11	156.11
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	15	169.99	169.99
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	16	175.29	175.29
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	17	180.60	180.60
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	18	186.31	186.31
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	19	192.03	192.03
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	20	197.94	197.94
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	21	204.07	224.48
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	22	204.07	224.48
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	23	204.07	224.48
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	24	204.07	224.48
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	25	204.88	225.37
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	26	208.96	229.86
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	27	213.86	235.25
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	28	221.82	244.00
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	29	228.35	251.19
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	30	231.61	254.77
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	31	236.51	260.16
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	32	241.41	265.55
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	33	244.47	268.92
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	34	247.74	272.51
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	35	249.37	274.31
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	36	251.00	276.10
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	37	252.63	277.89
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	38	254.27	279.70
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	39	257.53	283.28
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	40	260.80	286.88
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	41	265.69	292.26
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	42	270.39	297.43
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	43	276.92	304.61
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	44	285.08	313.59
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	45	294.67	324.14
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	46	306.10	336.71
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	47	318.95	350.85
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	48	333.65	367.02
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	49	348.14	382.95
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	50	364.46	400.91
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	51	380.58	418.64

93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	52	398.34	438.17
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	53	416.29	457.92
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	54	435.68	479.25
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	55	455.07	500.58
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	56	476.09	523.70
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	57	497.31	547.04
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	58	519.96	571.96
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	59	531.18	584.30
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	60	553.83	609.21
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	61	573.42	630.76
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	62	586.28	644.91
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	63	602.40	662.64
93909PA0010002	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	612.20	673.42
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	227.65	227.65
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	15	247.88	247.88
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	16	255.62	255.62
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	17	263.36	263.36
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	18	271.69	271.69
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	19	280.02	280.02
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	20	288.65	288.65
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	21	297.58	327.34
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	22	297.58	327.34
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	23	297.58	327.34
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	24	297.58	327.34
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	25	298.77	328.65
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	26	304.72	335.19
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	27	311.86	343.05
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	28	323.47	355.82
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	29	332.99	366.29
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	30	337.75	371.53
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	31	344.89	379.38
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	32	352.03	387.23
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	33	356.50	392.15
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	34	361.26	397.39
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	35	363.64	400.00
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	36	366.02	402.62
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	37	368.40	405.24
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	38	370.78	407.86
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	39	375.54	413.09
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	40	380.30	418.33
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	41	387.44	426.18
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	42	394.29	433.72
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	43	403.81	444.19
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	44	415.71	457.28
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	45	429.70	472.67
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	46	446.36	491.00
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	47	465.11	511.62
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	48	486.54	535.19
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	49	507.67	558.44
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	50	531.47	584.62
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	51	554.98	610.48
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	52	580.87	638.96
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	53	607.06	667.77
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	54	635.33	698.86
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	55	663.60	729.96
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	56	694.25	763.68
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	57	725.19	797.71
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	58	758.22	834.04
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	59	774.59	852.05
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	60	807.62	888.38
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	61	836.19	919.81
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	62	854.94	940.43
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	63	878.45	966.30
93909PA0010006	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	892.73	982.00
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	216.16	216.16
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	15	235.38	235.38
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	16	242.72	242.72
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	17	250.07	250.07
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	18	257.98	257.98
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	19	265.90	265.90
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	20	274.09	274.09
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	21	282.57	310.83
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	22	282.57	310.83
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	23	282.57	310.83
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	24	282.57	310.83
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	25	283.70	312.07
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	26	289.35	318.29
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	27	296.13	325.74
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	28	307.15	337.87
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	29	316.19	347.81
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	30	320.71	352.78
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	31	327.50	360.25
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	32	334.28	367.71
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	33	338.52	372.37
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	34	343.04	377.34
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	35	345.30	379.83
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	36	347.56	382.32
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	37	349.82	384.80
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	38	352.08	387.29
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	39	356.60	392.26
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	40	361.12	397.23
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	41	367.90	404.69
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	42	374.40	411.84
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	43	383.44	421.78
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	44	394.75	434.23
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	45	408.03	448.83
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	46	423.85	466.24
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	47	441.65	485.82
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	48	462.00	508.20
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	49	482.06	530.27
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	50	504.66	555.13
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	51	526.99	579.69
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	52	551.57	606.73
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	53	576.44	634.08
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	54	603.28	663.61
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	55	630.12	693.13
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	56	659.23	725.15
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	57	688.62	757.48
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	58	719.98	791.98
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	59	735.52	809.07
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	60	766.89	843.58
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	61	794.01	873.41
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	62	811.81	892.99
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	63	834.14	917.55
93909PA0010007	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	847.70	932.47
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	149.59	149.59
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	15	162.89	162.89
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	16	167.97	167.97
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	17	173.06	173.06
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	18	178.53	178.53
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	19	184.01	184.01
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	20	189.68	189.68
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	21	195.55	215.11
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	22	195.55	215.11
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	23	195.55	215.11
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	24	195.55	215.11
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	25	196.33	215.96
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	26	200.24	220.26
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	27	204.93	225.42
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	28	212.56	233.82

93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	29	218.82	240.70
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	30	221.95	244.15
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	31	226.64	249.30
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	32	231.33	254.46
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	33	234.26	257.69
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	34	237.39	261.13
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	35	238.96	262.86
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	36	240.52	264.57
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	37	242.09	266.30
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	38	243.65	268.02
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	39	246.78	271.46
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	40	249.91	274.90
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	41	254.60	280.06
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	42	259.10	285.01
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	43	265.36	291.90
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	44	273.18	300.50
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	45	282.37	310.61
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	46	293.32	322.65
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	47	305.64	336.20
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	48	319.72	351.69
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	49	333.60	366.96
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	50	349.25	384.18
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	51	364.69	401.16
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	52	381.71	419.88
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	53	398.92	438.81
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	54	417.49	459.24
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	55	436.07	479.68
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	56	456.21	501.83
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	57	476.55	524.21
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	58	498.25	548.08
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	59	509.01	559.91
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	60	530.71	583.78
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	61	549.49	604.44
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	62	561.81	617.99
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	63	577.25	634.98
93909PA0010011	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	586.64	645.30
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	211.26	211.26
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	15	230.04	230.04
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	16	237.22	237.22
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	17	244.40	244.40
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	18	252.14	252.14
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	19	259.87	259.87
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	20	267.88	267.88
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	21	276.16	303.78
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	22	276.16	303.78
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	23	276.16	303.78
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	24	276.16	303.78
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	25	277.27	305.00
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	26	282.79	311.07
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	27	289.42	318.36
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	28	300.19	330.21
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	29	309.03	339.93
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	30	313.45	344.80
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	31	320.07	352.08
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	32	326.70	359.37
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	33	330.84	363.92
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	34	335.26	368.79
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	35	337.47	371.22
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	36	339.68	373.65
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	37	341.89	376.08
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	38	344.10	378.51
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	39	348.52	383.37
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	40	352.94	388.23
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	41	359.56	395.52
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	42	365.92	402.51
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	43	374.75	412.23
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	44	385.80	424.38
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	45	398.78	438.66
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	46	414.24	455.66
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	47	431.64	474.80
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	48	451.53	496.68
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	49	471.13	518.24
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	50	493.23	542.55
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	51	515.04	566.54
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	52	539.07	592.98
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	53	563.37	619.71
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	54	589.61	648.57
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	55	615.84	677.42
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	56	644.29	708.72
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	57	673.01	740.31
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	58	703.66	774.03
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	59	718.85	790.74
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	60	749.51	824.46
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	61	776.02	853.62
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	62	793.42	872.76
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	63	815.23	896.75
93909PA0010012	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	828.48	911.33
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	335.89	335.89
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	15	365.75	365.75
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	16	377.16	377.16
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	17	388.58	388.58
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	18	400.87	400.87
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	19	413.17	413.17
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	20	425.90	425.90
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	21	439.07	482.98
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	22	439.07	482.98
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	23	439.07	482.98
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	24	439.07	482.98
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	25	440.83	484.91
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	26	449.61	494.57
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	27	460.15	506.17
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	28	477.27	525.00
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	29	491.32	540.45
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	30	498.35	548.19
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	31	508.89	559.78
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	32	519.42	571.36
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	33	526.01	578.61
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	34	533.03	586.33
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	35	536.55	590.21
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	36	540.06	594.07
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	37	543.57	597.93
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	38	547.08	601.79
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	39	554.11	609.52
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	40	561.13	617.24
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	41	571.67	628.84
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	42	581.77	639.95
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	43	595.82	655.40
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	44	613.38	674.72
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	45	634.02	697.42
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	46	658.61	724.47
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	47	686.27	754.90
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	48	717.88	789.67
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	49	749.06	823.97
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	50	784.18	862.60
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	51	818.87	900.76
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	52	857.07	942.78
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	53	895.71	985.28
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	54	937.42	1031.16
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	55	979.13	1077.04
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	56	1024.36	1126.80

93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	57	1070.02	1177.02
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	58	1118.76	1230.64
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	59	1142.91	1257.20
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	60	1191.64	1310.80
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	61	1233.79	1357.17
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	62	1261.46	1387.61
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	63	1296.14	1425.75
93909PA0010005	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1317.21	1448.93
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	347.33	347.33
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	15	378.21	378.21
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	16	390.01	390.01
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	17	401.82	401.82
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	18	414.53	414.53
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	19	427.24	427.24
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	20	440.41	440.41
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	21	454.03	499.43
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	22	454.03	499.43
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	23	454.03	499.43
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	24	454.03	499.43
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	25	455.85	501.44
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	26	464.93	511.42
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	27	475.82	523.40
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	28	493.53	542.88
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	29	508.06	558.87
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	30	515.32	566.85
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	31	526.22	578.84
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	32	537.12	590.83
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	33	543.93	598.32
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	34	551.19	606.31
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	35	554.82	610.30
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	36	558.46	614.31
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	37	562.09	618.30
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	38	565.72	622.29
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	39	572.99	630.29
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	40	580.25	638.28
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	41	591.15	650.27
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	42	601.59	661.75
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	43	616.12	677.73
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	44	634.28	697.71
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	45	655.62	721.18
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	46	681.04	749.14
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	47	709.65	780.62
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	48	742.34	816.57
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	49	774.57	852.03
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	50	810.90	891.99
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	51	846.76	931.44
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	52	886.27	974.90
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	53	926.22	1018.84
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	54	969.35	1066.29
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	55	1012.49	1113.74
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	56	1059.25	1165.18
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	57	1106.47	1217.12
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	58	1156.87	1272.56
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	59	1181.84	1300.02
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	60	1232.24	1355.46
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	61	1275.82	1403.40
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	62	1304.43	1434.87
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	63	1340.29	1474.32
93909PA0010004	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1362.09	1498.30
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	386.30	386.30
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	15	420.63	420.63
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	16	433.76	433.76
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	17	446.89	446.89
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	18	461.03	461.03
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	19	475.17	475.17
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	20	489.81	489.81
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	21	504.96	555.46
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	22	504.96	555.46
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	23	504.96	555.46
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	24	504.96	555.46
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	25	506.98	557.68
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	26	517.08	568.79
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	27	529.20	582.12
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	28	548.89	603.78
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	29	565.05	621.56
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	30	573.13	630.44
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	31	585.25	643.78
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	32	597.37	657.11
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	33	604.94	665.43
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	34	613.02	674.32
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	35	617.06	678.77
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	36	621.10	683.21
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	37	625.14	687.65
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	38	629.18	692.10
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	39	637.26	700.99
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	40	645.34	709.87
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	41	657.46	723.21
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	42	669.07	735.98
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	43	685.23	753.75
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	44	705.43	775.97
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	45	729.17	802.09
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	46	757.44	833.18
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	47	789.26	868.19
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	48	825.61	908.17
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	49	861.47	947.62
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	50	901.86	992.05
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	51	941.75	1035.93
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	52	985.69	1084.26
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	53	1030.12	1133.13
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	54	1078.09	1185.90
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	55	1126.07	1238.68
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	56	1178.08	1295.89
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	57	1230.59	1353.65
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	58	1286.64	1415.30
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	59	1314.42	1445.86
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	60	1370.47	1507.52
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	61	1418.94	1560.83
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	62	1450.76	1595.84
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	63	1490.65	1639.72
93909PA0010003	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1514.88	1666.37
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	236.35	236.35
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	15	257.36	257.36
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	16	265.39	265.39
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	17	273.43	273.43
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	18	282.08	282.08
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	19	290.73	290.73
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	20	299.69	299.69
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	21	308.96	339.86
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	22	308.96	339.86
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	23	308.96	339.86
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	24	308.96	339.86
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	25	310.19	341.21
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	26	316.37	348.01
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	27	323.79	356.17
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	28	335.84	369.42
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	29	345.72	380.29
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	30	350.67	385.74
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	31	358.08	393.89
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	32	365.49	402.04
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	33	370.13	407.14

93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	34	375.07	412.58
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	35	377.54	415.29
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	36	380.02	418.02
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	37	382.49	420.74
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	38	384.96	423.46
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	39	389.90	428.89
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	40	394.85	434.34
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	41	402.26	442.49
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	42	409.37	450.31
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	43	419.25	461.18
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	44	431.61	474.77
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	45	446.13	490.74
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	46	463.43	509.77
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	47	482.90	531.19
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	48	505.14	555.65
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	49	527.08	579.79
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	50	551.80	606.98
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	51	576.20	633.82
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	52	603.08	663.39
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	53	630.27	693.30
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	54	659.62	725.58
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	55	688.97	757.87
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	56	720.79	792.87
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	57	752.93	828.22
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	58	787.22	865.94
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	59	804.21	884.63
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	60	838.51	922.36
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	61	868.17	954.99
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	62	887.63	976.39
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	63	912.04	1003.24
93909PA0010001	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	926.87	1019.56
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	230.57	230.57
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	15	251.06	251.06
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	16	258.90	258.90
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	17	266.74	266.74
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	18	275.18	275.18
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	19	283.61	283.61
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	20	292.36	292.36
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	21	301.40	331.54
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	22	301.40	331.54
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	23	301.40	331.54
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	24	301.40	331.54
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	25	302.60	332.86
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	26	308.63	339.49
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	27	315.86	347.45
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	28	327.62	360.38
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	29	337.26	370.99
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	30	342.09	376.30
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	31	349.32	384.25
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	32	356.55	392.21
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	33	361.07	397.18
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	34	365.90	402.49
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	35	368.31	405.14
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	36	370.72	407.79
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	37	373.13	410.44
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	38	375.54	413.09
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	39	380.36	418.40
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	40	385.19	423.71
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	41	392.42	431.66
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	42	399.35	439.29
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	43	409.00	449.90
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	44	421.05	463.16
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	45	435.22	478.74
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	46	452.10	497.31
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	47	471.08	518.19
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	48	492.78	542.06
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	49	514.18	565.60
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	50	538.30	592.13
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	51	562.11	618.32
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	52	588.33	647.16
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	53	614.85	676.34
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	54	643.48	707.83
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	55	672.12	739.33
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	56	703.16	773.48
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	57	734.50	807.95
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	58	767.96	844.76
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	59	784.54	862.99
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	60	817.99	899.79
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	61	846.93	931.62
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	62	865.91	952.50
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	63	889.72	978.69
93909PA0010002	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	904.19	994.61
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	336.22	336.22
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	15	366.11	366.11
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	16	377.54	377.54
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	17	388.97	388.97
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	18	401.27	401.27
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	19	413.58	413.58
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	20	426.32	426.32
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	21	439.51	483.46
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	22	439.51	483.46
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	23	439.51	483.46
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	24	439.51	483.46
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	25	441.27	485.40
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	26	450.06	495.07
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	27	460.61	506.67
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	28	477.75	525.53
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	29	491.81	540.99
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	30	498.84	548.72
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	31	509.39	560.33
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	32	519.94	571.93
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	33	526.53	579.18
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	34	533.56	586.92
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	35	537.08	590.79
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	36	540.60	594.66
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	37	544.11	598.52
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	38	547.63	602.39
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	39	554.66	610.13
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	40	561.69	617.86
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	41	572.24	629.46
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	42	582.35	640.59
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	43	596.41	656.05
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	44	613.99	675.39
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	45	634.65	698.12
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	46	659.26	725.19
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	47	686.95	755.65
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	48	718.60	790.46
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	49	749.80	824.78
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	50	784.96	863.46
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	51	819.68	901.65
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	52	857.92	943.71
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	53	896.60	986.26
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	54	938.35	1032.19
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	55	980.10	1078.11
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	56	1025.37	1127.91
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	57	1071.08	1178.19
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	58	1119.87	1231.86
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	59	1144.04	1258.44
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	60	1192.83	1312.11
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	61	1235.02	1358.52

93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	62	1262.71	1388.98
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	63	1297.43	1427.17
93909PA0010006	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1318.53	1450.38
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	319.27	319.27
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	15	347.64	347.64
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	16	358.50	358.50
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	17	369.35	369.35
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	18	381.03	381.03
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	19	392.72	392.72
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	20	404.82	404.82
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	21	417.34	459.07
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	22	417.34	459.07
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	23	417.34	459.07
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	24	417.34	459.07
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	25	419.01	460.91
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	26	427.36	470.10
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	27	437.37	481.11
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	28	453.65	499.02
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	29	467.00	513.70
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	30	473.68	521.05
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	31	483.70	532.07
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	32	493.71	543.08
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	33	499.97	549.97
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	34	506.65	557.32
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	35	509.99	560.99
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	36	513.33	564.66
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	37	516.67	568.34
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	38	520.01	572.01
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	39	526.68	579.35
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	40	533.36	586.70
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	41	543.38	597.72
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	42	552.98	608.28
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	43	566.33	622.96
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	44	583.02	641.32
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	45	602.64	662.90
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	46	626.01	688.61
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	47	652.30	717.53
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	48	682.35	750.59
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	49	711.98	783.18
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	50	745.37	819.91
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	51	778.34	856.17
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	52	814.65	896.12
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	53	851.37	936.51
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	54	891.02	980.12
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	55	930.67	1023.74
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	56	973.66	1071.03
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	57	1017.06	1118.77
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	58	1063.38	1169.72
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	59	1086.34	1194.97
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	60	1132.66	1245.93
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	61	1172.73	1290.00
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	62	1199.02	1318.92
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	63	1231.99	1355.19
93909PA0010007	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1252.02	1377.22
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	220.94	220.94
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	15	240.58	240.58
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	16	248.09	248.09
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	17	255.60	255.60
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	18	263.69	263.69
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	19	271.77	271.77
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	20	280.15	280.15
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	21	288.81	317.69
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	22	288.81	317.69
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	23	288.81	317.69
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	24	288.81	317.69
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	25	289.97	318.97
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	26	295.75	325.33
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	27	302.68	332.95
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	28	313.94	345.33
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	29	323.18	355.50
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	30	327.80	360.58
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	31	334.74	368.21
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	32	341.67	375.84
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	33	346.00	380.60
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	34	350.62	385.68
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	35	352.93	388.22
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	36	355.24	390.76
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	37	357.55	393.31
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	38	359.86	395.85
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	39	364.48	400.93
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	40	369.11	406.02
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	41	376.04	413.64
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	42	382.68	420.95
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	43	391.92	431.11
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	44	403.47	443.82
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	45	417.05	458.76
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	46	433.22	476.54
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	47	451.42	496.56
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	48	472.21	519.43
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	49	492.72	541.99
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	50	515.82	567.40
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	51	538.64	592.50
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	52	563.77	620.15
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	53	589.18	648.10
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	54	616.62	678.28
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	55	644.06	708.47
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	56	673.80	741.18
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	57	703.84	774.22
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	58	735.90	809.49
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	59	751.78	826.96
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	60	783.84	862.22
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	61	811.57	892.73
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	62	829.76	912.74
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	63	852.58	937.84
93909PA0010011	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	866.43	953.07
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	312.03	312.03
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	15	339.77	339.77
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	16	350.37	350.37
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	17	360.98	360.98
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	18	372.40	372.40
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	19	383.82	383.82
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	20	395.65	395.65
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	21	407.88	448.67
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	22	407.88	448.67
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	23	407.88	448.67
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	24	407.88	448.67
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	25	409.51	450.46
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	26	417.67	459.44
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	27	427.46	470.21
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	28	443.37	487.71
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	29	456.42	502.06
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	30	462.95	509.25
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	31	472.74	520.01
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	32	482.53	530.78
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	33	488.64	537.50
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	34	495.17	544.69
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	35	498.43	548.27
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	36	501.70	551.87
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	37	504.96	555.46
93909PA0010012	Rating Area 6	Tobacco User/Non-Tobacco User	38	508.22	559.04

93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	39	514.75	566.23
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	40	521.27	573.40
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	41	531.06	584.17
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	42	540.44	594.48
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	43	553.50	608.85
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	44	569.81	626.79
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	45	588.98	647.88
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	46	611.82	673.00
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	47	637.52	701.27
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	48	666.89	733.58
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	49	695.85	765.44
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	50	728.48	801.33
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	51	760.70	836.77
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	52	796.19	875.81
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	53	832.08	915.29
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	54	870.83	957.91
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	55	909.58	1000.54
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	56	951.59	1046.75
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	57	994.01	1093.41
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	58	1039.28	1143.21
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	59	1061.72	1167.89
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	60	1106.99	1217.69
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	61	1146.15	1260.77
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	62	1171.85	1289.04
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	63	1204.07	1324.48
93909PA0010012 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1223.64	1346.00

FEDERAL AV CALCULATOR SCREENSHOTS

Unique Plan Design Supporting Documentation and Justification

HIOS Issuer ID: 93909

HIOS Product IDs: 93909PA001

Applicable HIOS Plan IDs (standard Component): 93909PA0010001, 93909PA0010003, 93909PA0010004, 93909PA0010005, 93909PA0010006, 93909PA0010007, 93909PA0010012

Reasons the plan design is unique, that is, the reason benefits are incompatible with the parameters of the Actuarial Value Calculator (AVC) and their materiality:

1. JHP is offering two generic drug tiers across select plans, a preferred generic and a non-preferred generic. In the Federal AVC, an effective copay was input to reflect these two tiers. Given JHP does not have experience data, an assumed utilization split was calculated using Wakely's proprietary database of nationally-representative ACA data. This was then applied to the corresponding copays to develop the effective generic copay.
2. Per the CMS 2025 Federal AVC instructions, when a medical deductible is equal to zero dollars and has all copays for medical services, a combined deductible may be applied. This applies to several of JHP's plan designs. Although, we are not considering this adjustment a unique plan design when both Tiers are run under a combined deductibles instead of separate deductibles. We are considering this a unique plan design if there is an inconsistency in how we run each Tier due to varying deductibles and not all cost-sharing being copays.

The Federal AVC does not allow for functionality in situations where Tier 1 is run as a combined deductible, but separate deductibles on Tier 2. For these plans, we ran Tiers 1 and 2 separately in the Federal AVC, and then blended the resulting AVs outside of the calculator using a projected tier split to arrive at our effective Federal AV for these plans.

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

156.135(b)(2) was used for the generic drug copay adjustment.

156.135(b)(3) was used for the \$0 medical deductible two-tier adjustment.

FEDERAL AV CALCULATOR SCREENSHOTS

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

We confirm that only in-network cost sharing, including multitier networks, was considered.

Description of the standardized plan population data used:

Wakely’s proprietary database of nationally-representative Individual ACA data was used to calculate the utilization split between the two generic tiers. JHP’s emerging experience on tier utilization as well as market intel was used to estimate an appropriate tier split for the \$0 medical deductible plans. We did not adjust the backing continuance tables.

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:

Generic Drug Copay Differential

On the following plans, JHP intends to offer two generic drug tiers with different copay amounts. For purposes of fitting this plan design into the Federal AVC, the two copay amounts were weighted by a projected utilization split to arrive at an effective copay for the AV input. Wakely’s proprietary ACA data indicates that the Tier 1/Tier 2 generic utilization split based on an analysis using JHP’s proposed formulary was 35%/65%. Results were rounded to the nearest dollar.

Any plans not included in the exhibit below only have one generic drug Tier.

Plan ID	Member Cost Sharing		
	Preferred Generic (Tier 1)	Generic (Tier 2)	AV Input
93909PA0010003	\$5	\$20	\$14.75
93909PA0010003-04	\$5	\$20	\$14.75
93909PA0010003-05	\$0	\$8	\$5.20
93909PA0010004	\$5	\$20	\$14.75
93909PA0010004-04	\$5	\$20	\$14.75
93909PA0010004-05	\$0	\$8	\$5.20
93909PA0010005	\$5	\$20	\$14.75
93909PA0010005-04	\$5	\$20	\$14.75
93909PA0010005-05	\$0	\$8	\$5.20
93909PA0010006	\$5	\$20	\$14.75
93909PA0010007	\$0	\$20	\$13.00
93909PA0010012	\$0	\$20	\$13.00

FEDERAL AV CALCULATOR SCREENSHOTS

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

\$0 Medical Deductible tiered plan design

We are blending the tier 1 and tier 2 AVs after the AVs are calculated within the Federal AVC in order to calculate the combined effective AV. The projected utilization split of 90% on tier 1 and 10% on tier 2 is from JHP's emerging experience as well as market intel. The effective AV is the only AV that should be tested for de minimis compliance, not the tier 1 and tier 2 AVs in isolation. The below table represents the plans for which this applies.

Plan ID	Federal AV		
	Tier 1	Tier 2	Blended
93909PA0010001	65.4%	57.8%	64.7%
93909PA0010003-04	74.2%	69.6%	73.7%
93909PA0010003-05	87.1%	85.9%	87.0%
93909PA0010003-06	94.2%	92.9%	94.1%
93909PA0010004-06	94.2%	92.9%	94.1%
93909PA0010005-06	94.3%	92.9%	94.1%

Below is a summary of the adjustment methodology used for each plan. On/off-exchange variants are not detailed because the methodology is identical for the on/off-exchange variants of the same plan ID. The far-right column is reflective of the input in column I of Table 10 of the PAAM exhibits for the non-CSR variant plans. In the event where both approach 1 and approach 2 are applicable to a plan, we input approach 2.

FEDERAL AV CALCULATOR SCREENSHOTS

Plan ID	Approach 1?	Approach 2?	AV Input for Table 10
93909PA0010001	N	Y	Approach 2
93909PA0010002	N	N	Standard AV
93909PA0010003	Y	N	Approach 1
93909PA0010003-04	Y	Y	Approach 2
93909PA0010003-05	Y	Y	Approach 2
93909PA0010003-06	N	Y	Approach 2
93909PA0010004	Y	N	Approach 1
93909PA0010004-04	Y	N	Approach 1
93909PA0010004-05	Y	N	Approach 1
93909PA0010004-06	N	Y	Approach 2
93909PA0010005	Y	N	Approach 1
93909PA0010005-04	Y	N	Approach 1
93909PA0010005-05	Y	N	Approach 1
93909PA0010005-06	N	Y	Approach 2
93909PA0010006	Y	N	Approach 1
93909PA0010007	Y	N	Approach 1
93909PA0010011	N	N	Standard AV
93909PA0010012	Y	N	Approach 1

Certification Language:

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

The analysis was:

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

The following pages show the screenshots from the Federal AV calculator of the plan designs. We have only included one screenshot for each respective plan design, with the applicable PLAN IDs listed.

As described above, we made unique plan design adjustments per 156.135(b)(3) to split out plans with two tiers. Screenshots for each tier have been provided for those plans.

[REDACTED]



June 18, 2024

Michael Gurgiolo
Pennsylvania Insurance Department

**RE: Jefferson Health Plans
NAIC Company ID#: 95066
OBJECTION LETTER FOR 2025 INDIVIDUAL PLAN RATES
HEAL- 134081943**

Dear Mr. Gurgiolo,

This submission contains the requested responses to the objection letter received on June 5th, 2024.

There are a few items identified in this round of rate review that will affect either premium rates or supporting documentation submitted with the initial filing on May 15th. Wakely intends to resubmit filing materials with the appropriate assumption updates in the July 17th filing, unless requested by the PID sooner.

Several items contained in the responses are considered TRADE SECRET as they contain proprietary information related to JHP and Wakely Consulting Group (Wakely). TRADE SECRET information includes the following but is not limited to: assumptions developed based on Wakely proprietary data and assumptions and methodologies that could provide insight into JHP's pricing strategy. Only allowable redactions per Pennsylvania Insurance Department's 2025 rate filing guidance have been removed from the public version of this document. A corresponding redaction justification has been submitted along with this response.

Sincerely,

[REDACTED]

Date: June 18, 2024



June 18, 2024

Michael Gurgiolo
Pennsylvania Insurance Department

RE: OBJECTION LETTER FOR JEFFERSON HEALTH PLANS, 2025 INDIVIDUAL PLAN RATES, HEAL- 134081943

Below are our responses on behalf of the Jefferson Health Plan's Objection letter dated June 6th, 2024. These objections pertain to JHP's 2025 individual rate filing. Any references to Excel exhibits can be found within the file "93909_JHP Objection Exhibits_2024.06.19_REDACTED.xlsx" accompanying this response.

Several items contained in the responses are considered TRADE SECRET as they contain proprietary information related to JHP and Wakely Consulting Group (Wakely). A separate actuarial memorandum was submitted and deemed PUBLIC which excluded all information determined to be confidential, according to PID guidance. Per PID instruction, a public version of this document has been uploaded with this response, along with a redaction justification document and cover letter.

There are a few items identified in this round of rate review that will affect either premium rates or supporting documentation submitted with the initial filing on May 15th. Wakely intends to resubmit filing materials with the appropriate updates to premium rates and supporting documentation in the July 17th filing, unless requested by PID sooner. All exhibits within this response are associated with the filing premium rates and supporting documentation from the initial May 15th filing, unless otherwise noted in the response.

Objection 1:

Please provide quantitative and qualitative support for the each of the trend components shown in Table 3b, which result in the trend utilized in the Table 5 rate development. Clarify whether any of the trends show reflect 3 years of trend spread over a two-year period in order to facilitate use of the PAAME exhibits.

Objection 1: Wakely's Response

The trends shown in table 3b are carrier reported prospective 2022 to 2024 trend rates from Worksheet 1 of the 2024 PA individual URRTs. These are 3-year trends that we have adjusted to be on an annual 2-year trend basis, per the PAAME instructions. Please see tab "Obj 1" for the formulas used to convert the annual 3-year trend into an annual 2-year trend.

Objection 2:

Please provide Appendices C through F in Excel format, with formulas intact.

Objection 2: Wakely's Response

Please see the associated exhibits file, tabs "Obj 2c" – "Obj 2f" for Appendices C, E and F with formulas. The buildup for Appendix D is shown on tab "Obj 18" in response to Objection 18.

The change in demographic factor, which is part of the allowed claim cost adjustment, relies on Wakely proprietary ACA data. We have provided the exhibit on tab "Obj 2c" for illustrative support of the factors. We sent the exhibits with pricing values containing proprietary data directly to PID via email. Please see Objection 22 for more support on the change in demographic factor.

Objection 3:

Please provide the quantitative development and sources of data, as necessary, for all other factors and adjustments in steps 1-9 of Appendix E. This information should be provided in an Excel file with working formulas with explanations, support, source of data, etc. provided for any hard-coded values, and support should also be provided for how these adjustments tie to the values provided in Table 5 of the PA Rate Template.

Objection 3: Wakely's Response

The majority of these values are provided within other objection responses in the associated workbook. Please see the list below for the applicable tab for each step calculation. On the "Obj 2e" tab, which shows Appendix E with live formulas, we have linked up to the listed tabs.

- Step 1: Please see the associated exhibits file, tab "Obj 3"
- Step 2: Please see the associated exhibits file, tab "Obj 2c"
- Step 3: Please see the associated exhibits file, tab "Obj 2c"
- Step 4: Further support can be found in Objection 28.
- Step 5a-5c: Please see the associated exhibits file, tab "Obj 1"
- Step 6: Please see the associated exhibits file, tab "Obj 14"
- Step 8: Please see the associated exhibits file, tab "Obj 3"

Objection 4:

Please clarify how the area factors in Table 13 were determined, as the differential between the two rating areas is far greater than the difference between the factors for the two areas as shown in Appendix C of the actuarial memorandum.

Objection 4: Wakely's Response

Please note that the area and network factors will be revised as a result of objection 5 below. The following response explains the revised methodology.

JHP's geographic factors were developed starting with PA geographic cost factors by rating area from the 2023 CMS Interim Risk Adjustment Report (IRAR), which represent average market costs by region. Note that this was the same data source as used in the 2024

geographic factor development for the existing rating area 8, although the 2024 premium rate development relied on 2022 rather than 2023 as it was the most current data source.

[REDACTED]

Objection 5:

It appears that the company has filed identical plans in Area 8, with one set for sale in Delaware County and the other set for sale in Bucks, Montgomery, and Philadelphia counties. Please clarify how the area factors in Table 14 were determined, as Delaware County is being assigned a higher network factor than all other counties in Areas 6 and 8. The company has not submitted a new Network for network adequacy review, so as it stands these identical plans seem to be utilizing identical networks. Will Delaware County members in fact have access to a different network of providers that supports a different network factor, or will all members have access to the same provider network (i.e. the JHP Network, as shown). Please note that rates are not to vary by county within a rating area solely because reimbursement rates may differ between the counties in the rating area.

Objection 5: Wakely's Response

[REDACTED]

Objection 6:

Plans 8 and 18 have identical AVs though they were developed using different approaches. Please verify the information provided regarding the AVs and approach used for these plans.

Objection 6: Wakely's Response

This is a display error in table 10. We will revise so the plans have the same approach in the resubmission.

Objection 7:

In cases where prescription drug tiers are utilized, please show the development of the AVs for each tier and the weightings used to combined them into one plan-wide AV.

Objection 7: Wakely's Response

Please see the "Obj 7" tab of the referenced workbook for the numerical development of the blended Generic Drug tiered copay.

Objection 8:

The Non-Funding of CSR Adjustment factor applied to on-exchange silver plans is 1.22 for PIC and 1.30 for HPP. What is the rationale for having differing factors for PPO and HMO business, i.e. what are the differences between the product types, service areas, expected insured

demographics, and/or other factors that would indicate that differing adjustment factors are appropriate?

Objection 8: Wakely’s Response

There are a few reasons why JHP believes it is justified to price for different CSR adjustments between the PPO and HMO business.

1. CSR enrollment is typically a function of silver premium competitiveness. Plans with low silver premiums, which could be free or low cost for low-income members with high APTC subsidies, tend to enroll a higher proportion of members eligible for 87% and 94% CSR plans. JHP offers lean HMO plans which are expected to be on par with other low silver competitors in the market, so it is anticipated that JHP will enroll a higher proportion of 87% and 94% members (who would receive both premium and CSR subsidies) relative to an equivalent higher premium silver plan. The 1.30 factor is intended to cover the cost of enrolling more 87% and 94% members than the average market in the HMO product. PIC offers PPO products, which are not anticipated to be as attractive of an option to low-income members due to the higher monthly net premium after APTC. Wakely determined that a 1.22 load was sufficient to cover the anticipated mix of CSR members for the PPO product.
2. Even under the same CSR distribution, the effective CSR load will be lower for a product with a higher base 70% AV (the PPO product) relative to a product with a lower base 70% AV. This is the case for the PPO and HMO products as we anticipate members will hit their deductibles and MOOPs faster in regions with higher costs.

See the illustrative example below. Even if JHP assumed the membership amongst the CSR variants were identical for HMO and PPO, the CSR load for HMO would be higher than that of the PPO product purely as a function of the lower starting point.

Silver CSR	Distribution	HMO AV	PPO AV
Silver 70%	20%	68%	72%
Silver 73%	25%	72%	76%
Silver 87%	30%	85%	89%
Silver 94%	25%	93%	97%

(a) Base 70 AV	68%	72%
(b) Average AV	80%	84%
(c) CSR Load = (b) / (a) -1	18.2%	17.2%

Objection 9:

The total Administrative Expenses percentage and PMPM amount as shown in Table 6 is not consistent with figures cited in the actuarial memorandum. Please review and revise as

appropriate, and note that the PID is not prescribing a fixed administrative expense percentage; a fixed PMPM for all plans is also acceptable.

Objection 9: Wakely's Response

The total Administrative Expenses shown in cell C62 of Table 6 includes general admin expenses, taxes and fees, and profit for a total of 11.9%. In the actuarial memorandum we separate these components from each other and record administrative expenses exclusive of taxes/fees and profit which equates to cell C49 of Table 6 (11.7%). On a PMPM basis, administrative expenses (inclusive of commissions) are \$55.00 PMPM, which differs from the sum of cells D50:D52 of Table 6 of (\$55.01) due to rounding only.

Objection 10:

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

Objection 10: Wakely's Response

We are not finding an MLR development exhibit from our filing that includes projected premium information. Please clarify which exhibit this question is referring to.

Objection 11:

A statement referencing ongoing reimbursement negotiations with providers is included in the actuarial memorandum. I note that this statement was also included in last year's HPP filing; please clarify the significance of this statement and discuss how this uncertainty impacted the rates for 2024 as well as the potential impact on 2025 rates.

Objection 11: Wakely's Response

[REDACTED]

Objection 12:

Please clarify the reference to the Change in Demographics factor reflecting JHP having less members with an HCC diagnosis compared to the market, at the same age band and metal mix i.e., healthier population resulting in a claim cost reduction. Discuss the impact of the expected HCC diagnosis percentage on the risk adjustment results as well as on the Change in Demographics factor.

Objection 12: Wakely's Response

[REDACTED]

Objection 13:

Please clarify how the change in base period allowed claims of 10.1% shown in the actuarial memorandum was determined; in particular, what is the source of the current and future allowed claims used in determining this percentage?

Objection 13: Wakely's Response

The 10.1% change in base period allowed claims is automatically calculated in PAAME table 8, components of rate change. It represents the PMPM change in base period allowed claims before normalization relative to the 2024 CPAIR.

The base period allowed claims from the 2024 and 2025 rate filings both use statewide URRT data as the starting point, however different years of data were utilized in the two filings. The 2024 filing used a blend of 2019 and 2021 URRT data, while the 2025 filing uses 2022 URRT data as the latest available.

Objection 14:

Please provide in Excel format a detailed numerical development of the Change in Network adjustment factor as shown in cell D19 of Table 5, with formulas intact, including the impact of the greater proportion of out-of-network claims for the company relative to the market as well as the company's referenced in-network cost-sharing tiers, relative to market averages. Discuss the drivers of the difference from last year's factor.

Objection 14: Wakely's Response

[REDACTED]

Objection 15:

Please verify the statement that there have been no changes in EHBs and state-mandated benefits since 2022.

Objection 15: Wakely's Response

According to our understanding of the information on CMS's website and that released by PID, there have been no changes in EHBs and state-mandated benefits in Pennsylvania since 2022. Please clarify if this is not the case.

Objection 16:

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

Objection 16: Wakely's Response

The trends utilized in all three places are consistent. However, the trends shown in the PAAME exhibits are on a 2-year basis and the annual trend in the actuarial memorandum are on a 3-

year basis so they may appear different. Please see exhibit 1 for the reconciliation of the 2-year trends to the 3-year trends.

Objection 17:

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

Objection 17: Wakely's Response

Profit ties exactly between table 15 and table 6. The difference between the Taxes & Fees is driven by the fact table 15 included the exchange fee and table 6 is exclusive of the exchange fee. If the exchange fee percentage is added to the taxes and fees in Table 6, then the total will tie with Table 15. The total administrative expense is consistent across the two sources, however, the sum of the administrative components is slightly off due to rounding, as mentioned in response to Objection 9.

Objection 18:

Please provide additional quantitative support for the development of the projected 2024 risk transfer payment. This exhibit should provide the support and detail for all factors and adjustments applied in Appendix D for each metal level, and should also provide the development of the high-cost risk pool adjustment.

Objection 18: Wakely's Response

[REDACTED]

Objection 19:

Please compare the projected 2025 risk adjustment transfer amount PMPM to the projected 2024 amount, identifying the specific driver(s) of any differences between the two values and providing detailed support for those differences.

Objection 19: Wakely's Response

[REDACTED]

Objection 20:

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

Objection 20: Wakely's Response

Please see the "Obj 20" tab for the calculation of the Exchange User Fee amount shown in cell C32 of Table 5.

Objection 21:

Please provide the rationale for the direction and magnitude of the differences between the pricing AVs and the metal AVs for each plan included in the 'III Plan Rates' tab of the PA Rate Template.

Objection 21: Wakely's Response

The Federal AV calculator and our internal Pricing AV calculator utilize varying methodologies, assumptions, and backing data. While the Federal AV calculator is much more simplistic and only accounts for a few services, our Pricing AV calculator has a more robust listing of service categories, with more detailed continuance tables backing the AV calculations. Also, while the Federal AV calculator has one set of national backing data regardless of state or market, our internal model has the ability to vary the data underlying the model based on costs we actually believe to exist in that market. For these reasons, there is variation by plan between the two models.

Given the limited number of plans offered, it is not unlikely that the bronze and silver pricing AVs are below and the gold pricing AVs are above the corresponding Federal AVs. We do not believe our Pricing AV model to consistently over or under-project relative to the Federal AVC and that our Pricing AVs are more representative of paid to allowed expectations.

Objection 22:

Please provide in Excel format a detailed numerical development of the Change in Demographics adjustment factor of 0.786 as shown in cell D18 of Table 5, breaking out each factor indicated below, with formulas intact. I note that this factor includes an adjustment to account for differences between (1) the manual enrollment mix by rating area and the company's expected enrollment mix by rating area, as well as for differences between the manual enrollment mix by (2) age band and (3) metal and the company's expected enrollment mix by age band and metal. I further note that this factor was .836 in the previous filing; describe the reason(s) for the decrease in the factor in the current filing.

Objection 22: Wakely's Response

The support for this objection has been emailed directly to PID as it contains confidential information. The difference in factor is due to changes in the expected enrollment mix by age and metal for 2025 which was developed using 2024 emerging experience.

Objection 23:

Please provide an explanation of and support for the level of the General & Claims Administrative Expenses as shown in Table 6, as well as the reasons for any changes in the level of these expenses from the plan year 2023 filing. I note that the total expenses have increased significantly from the previous filing.

Objection 23: Wakely's Response

The primary reason for the increase in General & Claims Administrative Expense is the refinement of administrative costs using an updated membership base. The 2024 plan year filing was budgeted with an estimate of 2024 enrolled membership and prior to running ACA operations. With emerging 2024 membership, which was higher than initially estimated, and more information regarding admin costs, JHP has further refined the anticipated administrative costs for their ACA products.

Objection 24:

Please provide a further explanation and calculation of the methodology used to determine the override amount shown in cell C28 of Table 5, as opposed to using the value shown in cell K15 of Table 10.

Objection 24: Wakely's Response

Wakely's development of the average AV relies on weighting both by projected membership and benefit richness. The AV calculated in K15 of Table 10 weights by only the covered lives as of 2/1/2024. Please see the "Obj 24" tab for the calculation of the override amount shown in cell C28 of Table 5.

Objection 25:

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

Objection 25: Wakely's Response

Please see the "Obj 25" tab for actual 2024 member months and experience data paid and incurred through April in the format of Table 2. We have left the risk adjustment blank as that information is not yet known. The ultimate incurred claims have also been set equal to paid as the IBNR is unknown. Please note that the allowed claims PMPM and loss ratio are lower than anticipated due to these limitations.

Objection 26:

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

Objection 26: Wakely's Response

Please see the "Obj 26" tab for the number of silver members with a CSR load on-exchange vs off-exchange as of February 1, 2024.

Objection 27:

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

Objection 27: Wakely's Response

Confirmed testing for identical rates among the three filing forms. The discrepancy in rates from Table 11 PAAME is a result of rounding within an earlier step. Please see the "Obj 27" tab for an example of these rates.

Objection 28:

Please provide further justification for the assumed Covid-19 adjustment factors, identifying and quantifying the considerations and components that result in the final assumed adjustment factor.

Objection 28: Wakely's Response

[REDACTED]

Objection 29:

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

Objection 29: Wakely's Response

Please see Objection 9 response.

Objection 30:

The provided Service Area Map does not include Delaware County; please revise.

Objection 30: Wakely's Response

JHP provided two Service Area Maps for their HMO business – HPP1 and HPP2 – which correspond to their two service areas. Delaware County is on the HPP2 map. We're including these again for completeness. Please let us know if this is acceptable or if all service areas should be shown on the same map.

Objection 31:

Please note that a Plan of Withdrawal is required for all plans that were available in 2024 but are not being offered in 2025.

Objection 31: Wakely's Response

JHP will submit a Plan of Withdrawal for all plans being terminated in 2025 along with this objection response.

Please let us know if you would like to discuss.

Sincerely,

[REDACTED]

Trend Components

Trend Category	Service Group	3 Year Annual Trend	Convert to 2 Year Annual Trend
Unit Cost	Inpatient Hospital	6.97%	10.64%
Unit Cost	Outpatient Hospital	6.57%	10.02%
Unit Cost	Professional	2.45%	3.69%
Unit Cost	Prescription Drugs	4.56%	6.92%
Unit Cost	Total	4.96%	7.53%
Utilization	Inpatient Hospital	1.16%	1.75%
Utilization	Outpatient Hospital	1.33%	2.00%
Utilization	Professional	1.32%	1.99%
Utilization	Prescription Drugs	1.15%	1.73%
Utilization	Total	1.26%	1.89%
Total	Total	6.31%	9.62%

Development of Single Risk Pool Adjustment Factor

Change in Demographic Factor

Allowed PMPM from Wavely Proprietary ACA Data										
	Catastrophic	Bronze	Bronze Zero	Bronze Limited	Silver 70%	Silver 72%	Silver 87%	Silver 94%	Gold	Platinum
Apr. 1-17	\$121.06	\$105.54	\$105.54	\$105.54	\$105.54	\$105.54	\$105.54	\$105.54	\$105.54	\$105.54
Apr. 18-25	\$109.92	\$109.92	\$109.92	\$109.92	\$109.92	\$109.92	\$109.92	\$109.92	\$109.92	\$109.92
Apr. 26-34	\$120.30	\$120.30	\$120.30	\$120.30	\$120.30	\$120.30	\$120.30	\$120.30	\$120.30	\$120.30
Apr. 35-44	\$129.26	\$129.26	\$129.26	\$129.26	\$129.26	\$129.26	\$129.26	\$129.26	\$129.26	\$129.26
Apr. 45-54	\$166.01	\$166.01	\$166.01	\$166.01	\$166.01	\$166.01	\$166.01	\$166.01	\$166.01	\$166.01
Apr. 55-64	\$459.02	\$459.02	\$459.02	\$459.02	\$459.02	\$459.02	\$459.02	\$459.02	\$459.02	\$459.02
Apr. 65-69	\$127.19	\$127.19	\$127.19	\$127.19	\$127.19	\$127.19	\$127.19	\$127.19	\$127.19	\$127.19

Adjustment Factors	Base Period PMPM	Projection PMPM	Adjustment Factor
Membership Mix Adjustment	\$214.51	\$202.23	0.9423

Please note these factors will not be to table for the PMPM analysis. To maintain the confidentiality of Wavely's proprietary actuarial ACA database we have used arbitrary numbers for the allowed PMPM amounts in order to illustrate the build-up of this factor.

PA Individual Statewide 2022										
	Catastrophic	Bronze	Bronze Zero	Bronze Limited	Silver 70%	Silver 72%	Silver 87%	Silver 94%	Gold	Platinum
Market Mix	0%	20%	0%	0%	7%	0%	5%	14%	25%	0%
Apr. 1-17	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Apr. 18-25	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%
Apr. 26-34	17%	17%	17%	17%	17%	17%	17%	17%	17%	17%
Apr. 35-44	15%	15%	15%	15%	15%	15%	15%	15%	15%	15%
Apr. 45-54	18%	18%	18%	18%	18%	18%	18%	18%	18%	18%
Apr. 55-64	35%	35%	35%	35%	35%	35%	35%	35%	35%	35%
Apr. 65-69	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%

PA Individual Statewide 2022										
	Catastrophic	Bronze	Bronze Zero	Bronze Limited	Silver 70%	Silver 72%	Silver 87%	Silver 94%	Gold	Platinum
Market Mix	\$0.00	\$1.58	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.38	\$0.00	\$0.00
Apr. 1-17	\$0.00	\$1.74	\$0.00	\$0.00	\$1.17	\$0.00	\$1.88	\$1.00	\$1.00	\$0.00
Apr. 18-25	\$0.00	\$4.48	\$0.00	\$0.00	\$4.50	\$0.00	\$7.09	\$0.00	\$0.00	\$0.00
Apr. 26-34	\$0.00	\$5.11	\$0.00	\$0.00	\$4.02	\$0.00	\$9.41	\$0.00	\$20.42	\$0.00
Apr. 35-44	\$0.00	\$0.76	\$0.00	\$0.00	\$7.81	\$1.71	\$16.63	\$14.00	\$00.00	\$0.00
Apr. 45-54	\$0.00	\$18.42	\$0.00	\$0.00	\$18.00	\$18.33	\$18.33	\$18.33	\$18.33	\$0.00
Apr. 55-64	\$0.00	\$1.53	\$0.00	\$0.00	\$1.41	\$0.00	\$1.00	\$1.00	\$0.00	\$0.00

Allowed PMPM \$416.51

PA Individual JRP Projected 2025										
	Catastrophic	Bronze	Bronze Zero	Bronze Limited	Silver 70%	Silver 72%	Silver 87%	Silver 94%	Gold	Platinum
Market Mix	0%	21%	0%	0%	1%	0%	11%	4%	24%	0%
Apr. 1-17	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Apr. 18-25	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Apr. 26-34	0%	27%	0%	0%	0%	0%	0%	0%	0%	0%
Apr. 35-44	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Apr. 45-54	0%	28%	0%	0%	21%	24%	29%	29%	39%	0%
Apr. 55-64	0%	2%	0%	0%	2%	3%	3%	3%	3%	0%
Apr. 65-69	0%	1%	0%	0%	1%	1%	1%	1%	1%	0%

PA Individual JRP Projected 2025										
	Catastrophic	Bronze	Bronze Zero	Bronze Limited	Silver 70%	Silver 72%	Silver 87%	Silver 94%	Gold	Platinum
Market Mix	\$0.00	\$0.87	\$0.00	\$0.00	\$0.00	\$0.11	\$0.41	\$1.21	\$0.73	\$0.00
Apr. 1-17	\$0.00	\$1.73	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Apr. 18-25	\$0.00	\$0.75	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Apr. 26-34	\$0.00	\$0.32	\$0.00	\$0.00	\$1.34	\$0.33	\$22.28	\$47.09	\$27.06	\$0.00
Apr. 35-44	\$0.00	\$0.45	\$0.00	\$0.00	\$2.25	\$1.31	\$21.67	\$02.21	\$25.45	\$0.00
Apr. 45-54	\$0.00	\$1.02	\$0.00	\$0.00	\$0.10	\$0.11	\$0.54	\$17.02	\$0.87	\$0.00

Allowed PMPM \$426.28

Geographic Factor

Rating Area	2022 Statewide Distribution		2022 Intra-DCF		JRP 2025 Projection	
	2022 Intra-DCF	2022 Intra-DCF	2022 Intra-DCF	2022 Intra-DCF	2025 Intra-DCF	2025 Intra-DCF
Rating Area 1	4.7%	0.025	0%			
Rating Area 2	5.4%	1.286	0%			
Rating Area 3	8.3%	1.139	0%			
Rating Area 4	21.1%	0.844	0%			
Rating Area 5	3.9%	1.015	0%			
Rating Area 6	7.9%	1.011	0%			
Rating Area 7	5.0%	1.030	0%			
Rating Area 8	36.7%	0.976	0%			
Rating Area 9	8.8%	1.039	0%			
Legal Statistic Factor		1.036	0.983			
JRP Geographic Adjustment	+ 0.983 - 1.036		0.949			

Contracting Factor

Method	Method	In	Out
Method 1			

Other Adjustments/COVID

Method	Adjustment
Method 1	

Development of 2025 Index Rate

Step	Formula	Description	Statewide PA 2022 URRT
1		Base Period Claims Allowed PMPM, with IBNR, Net of Rx Rebates	\$614.01
2		Allowed Claim Cost and Geographic Adjustment (to JHP Projected Age, Metal, and Risk, in JHP Service Area)	0.786
4		Claims COVID Adjustment	
5a		Average Annual Trend, Medical + Rx	6.3%
5b		Number of Years of Trend	3
5c		Final Trend Adjustment	1.202
6		Provider Contracting	
7	= [1] * [2] * [3] * [4] * [5c] * [6]	2025 Allowed Claim Cost PMPM, Gross of State Based Reinsurance	\$485.10
8		2025 State Based Reinsurance Recovery on an Allowed Basis	(\$19.32)
9	= [7] - [8]	2025 JHP Allowed Claim Cost and Risk Adjustment Transfer and Reinsurance PMPM (Market Adj Index Rate)	\$465.78
10		2025 Paid Risk Adjustment Transfer PMPM	
11		High Cost Risk Pool Fee	
12	= [10] + [11]	2025 Risk Adjustment Transfer PMPM Post-HCRP	
13		Projection Period AV	78%
14	= 1 / [13]	Convert Paid to Allowed	1.290
15	= [12] * [14]	2025 Risk Adjustment Component of Allowed Costs	
16	= [9] + [15]	2025 JHP Allowed Claim Cost and Risk Adjustment Transfer and Reinsurance PMPM (Market Adj Index Rate)	
17		Exchange Fee	3.38%
18	= [16] / (1 - [17])	Final Market Adjusted Index Rate	

Development of the Normalization Factors

Geographic Factors

Rating Area	Geographic Factor
Rating Area 6	1.463
Rating Area 8	0.991
Total Membership Weighted	1.000

Network Factors

Network	Network Factor
JHP Network (Service Area ID: PAS002)	
JHP Network (Service Area ID: PAS001)	
Total Membership Weighted	1.000

Age Factor

Age	Age Curve	2024 Projected Age Distribution
0	0.765	0.2%
1	0.765	0.2%
2	0.765	0.3%
3	0.765	0.2%
4	0.765	0.2%
5	0.765	0.3%
6	0.765	0.3%
7	0.765	0.2%
8	0.765	0.3%
9	0.765	0.2%
10	0.765	0.3%
11	0.765	0.3%
12	0.765	0.3%
13	0.765	0.3%
14	0.765	0.3%
15	0.833	0.4%
16	0.859	0.3%
17	0.885	0.3%
18	0.913	0.5%
19	0.941	0.9%
20	0.970	0.9%
21	1.000	1.4%
22	1.000	1.4%
23	1.000	1.5%
24	1.000	1.4%
25	1.024	2.4%
27	1.048	2.0%
28	1.087	2.0%
29	1.119	2.1%
30	1.135	1.9%
31	1.159	2.0%
32	1.183	2.3%
33	1.198	2.4%
34	1.214	2.5%
35	1.222	2.3%
36	1.230	2.2%
37	1.238	2.2%
38	1.246	1.8%
39	1.252	2.3%
40	1.278	1.9%
41	1.302	1.9%
42	1.335	1.9%
43	1.357	1.9%
44	1.397	1.9%
45	1.444	1.9%
46	1.500	1.9%
47	1.563	1.9%
48	1.635	2.1%
49	1.706	1.9%
50	1.788	2.1%
51	1.869	1.7%
52	1.992	2.3%
53	2.040	2.3%
54	2.135	2.1%
55	2.230	2.2%
56	2.333	2.2%
57	2.437	2.3%
58	2.548	2.3%
59	2.603	2.2%
60	2.714	2.5%
61	2.810	2.7%
62	2.873	2.2%
63	2.952	2.2%
64	3.000	2.3%
65+	3.000	3.3%

Weighted Average Age	1.6711
Calibration Factor	

Tobacco Factor

Age	Age Distribution	Tobacco
0	0.2%	1.000
1	0.2%	1.000
2	0.3%	1.000
3	0.2%	1.000
4	0.2%	1.000
5	0.3%	1.000
6	0.3%	1.000
7	0.2%	1.000
8	0.3%	1.000
9	0.2%	1.000
10	0.3%	1.000
11	0.3%	1.000
12	0.3%	1.000
13	0.3%	1.000
14	0.3%	1.000
15	0.4%	1.000
16	0.3%	1.000
17	0.3%	1.000
18	0.5%	1.000
19	0.9%	1.000
20	0.9%	1.000
21	1.4%	1.100
22	1.4%	1.100
23	1.5%	1.100
24	1.4%	1.100
25	2.4%	1.100
27	2.0%	1.100
28	2.0%	1.100
29	2.1%	1.100
30	1.9%	1.100
31	2.0%	1.100
32	2.3%	1.100
33	2.4%	1.100
34	2.5%	1.100
35	2.3%	1.100
36	2.2%	1.100
37	2.2%	1.100
38	1.8%	1.100
39	2.3%	1.100
40	1.9%	1.100
41	1.9%	1.100
42	1.9%	1.100
43	1.9%	1.100
44	1.9%	1.100
45	1.9%	1.100
46	1.9%	1.100
47	1.5%	1.100
48	2.1%	1.100
49	1.9%	1.100
50	2.1%	1.100
51	1.7%	1.100
52	2.3%	1.100
53	2.3%	1.100
54	2.1%	1.100
55	2.2%	1.100
56	2.2%	1.100
57	2.3%	1.100
58	2.1%	1.100
59	2.2%	1.100
60	2.5%	1.100
61	2.7%	1.100
62	2.2%	1.100
63	2.2%	1.100
64	2.3%	1.100
65+	3.3%	1.100

Calibration	Value
Tobacco rating factor (for smokers only)	1.093
% of people who can be rated for tobacco	2.6%
Total rate-up based on admitted tobacco usage	1.002

Development of Step 1 of Appendix E - Base Period Allowed Claims PMPM

Component	Statewide PA 2022
	URRT
Base Period Allowed Claims PMPM	\$615.79
Non-EHB Adjustment	1.0029
Step 1 - Base Period Allowed Claims PMPM, Reduced for Non-EHBs	\$614.01

2024 URRT with 2022 data

1.0029

HIOS ID	Carrier	Allowed PMPM	Member Months	Non-EHB Factor
13401	Cigna Health and Life Insurance Company	\$432.88	28,393	1.0000
16322	UPMC HEALTH OPTIONS INC.	\$555.02	1,218,438	1.0017
22444	Geisinger Health Plan	\$784.03	200,654	1.0000
31609	QCC Insurance Company, Inc.	\$699.27	436,775	1.0003
33709	Highmark Inc.	\$726.13	620,344	1.0087
33871	Keystone Health Plan East	\$531.69	1,348,764	1.0001
45127	Capital Advantage Assurance Company	\$789.38	623,495	1.0000
53789	Keystone Health Plan Central	\$435.94	5,196	1.0000
62560	UPMC HEALTH COVERAGE INC.	\$878.11	27,450	1.0017
75729	Geisinger Quality Options	\$869.62	51,685	1.0000
79279	Highmark Coverage Advantage	\$390.27	184,994	1.0230
79962	Highmark Benefits Group	\$692.64	222,770	1.0077
86199	Pennsylvania Health & Wellness Inc.	\$256.74	103,006	1.0106
93909	Jefferson Health Plans	\$0.00	-	-
98517	Oscar Health Plan of Pennsylvania, Inc.	\$363.71	47,831	1.0000

Development of Step 8 of Appendix E - Reinsurance Impact

Proj. Incurred Claim Impact: (Cell E7 II.b. Reins Table - Proj) tab)	-3.98%
Step 7 of Appendix E (2025 Allowed Claim Cost PMPM)	\$485.10
2025 State Based Reinsurance Recovery on an Allowed Basis	-\$19.32

Generic Tier Federal AV Input Buildup

Plan ID	Member Cost Sharing		
	Preferred Generic (Tier 1)	Generic (Tier 2)	AV Input
93909PA0010003	\$5	\$20	\$14.75
93909PA0010003-04	\$5	\$20	\$14.75
93909PA0010003-05	\$0	\$8	\$5.20
93909PA0010004	\$5	\$20	\$14.75
93909PA0010004-04	\$5	\$20	\$14.75
93909PA0010004-05	\$0	\$8	\$5.20
93909PA0010005	\$5	\$20	\$14.75
93909PA0010005-04	\$5	\$20	\$14.75
93909PA0010005-05	\$0	\$8	\$5.20
93909PA0010006	\$5	\$20	\$14.75
93909PA0010007	\$0	\$20	\$13.00
93909PA0010012	\$0	\$20	\$13.00
93909PA0010016	\$5	\$20	\$14.75
93909PA0010016-04	\$5	\$20	\$14.75
93909PA0010016-05	\$0	\$8	\$5.20
93909PA0010017	\$5	\$20	\$14.75
93909PA0010017-04	\$5	\$20	\$14.75
93909PA0010017-05	\$0	\$8	\$5.20
93909PA0010018	\$5	\$20	\$14.75
93909PA0010018-04	\$5	\$20	\$14.75
93909PA0010018-05	\$0	\$8	\$5.20
93909PA0010019	\$5	\$20	\$14.75
93909PA0010020	\$0	\$20	\$13.00
93909PA0010021	\$0	\$20	\$13.00

Utilization Split	
Preferred Generic	35%
Generic	65%

Development of the Change in Network Factor

[REDACTED]

Reconciliation of Administrative Expenses

Component	Table 6 components	Rate Summary Change Table
General and Claims	7.69%	
Agent/broker Fees and Commissions	3.22%	
Quality improvement Initiatives	0.80%	
Total Administrative expenses	11.71%	11.74%
Taxes and Fees	0.12%	3.10%
Exchange Fee	2.98%	
Total Taxes and fees	3.10%	3.10%
Profit	0.08%	0.08%

Development of the Projected 2025 Risk Transfer Payment

[REDACTED]

Development of the Exchange User Fee PMPM

Adjusted Projected Allowed EHB Claims PMPM	\$ 485.10
Projected Paid to Allowed Ratio	0.775
Projected Incurred EHB Claims PMPM	\$ 376.07
<u>Market-wide Adjustments</u>	
Projected Incurred Risk Adjustment PMPM	
Projected Incurred Exchange User Fees PMPM*	\$14.00
Projected Incurred Reinsurance Recoveries PMPM	\$14.98
Market-Adjusted Projected Incurred EHB Claims PMPM	

*99.3% of projected membership is off-exchange

**11.94% is projected total retention (C62 in Table 6 of PAAME)

Development of the Projected AV

Cell K15 of Table 10	0.771
Cell K16 of Table 10	0.785
Cell C28 of Table 5 (Wakely Override)	0.775

HIOS Plan ID (Standard Component)	Covered Lives as of 2/1/2024	Projected Membership	Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Non-Funding of CSR Adjustment
93909PA0010005	5,520	6,443	0.635	1.021	1.300
93909PA0010004	128	186	0.651	1.034	1.300
93909PA0010003	200	277	0.701	1.080	1.300
93909PA0010001	733	848	0.604	0.932	1.000
93909PA0010002	832	948	0.587	0.929	1.000
93909PA0010006	742	896	0.826	1.021	1.000
93909PA0010007	1,005	1,173	0.793	1.002	1.000
93909PA0010011	-	812	0.560	0.926	1.000
93909PA0010012	-	918	0.779	0.995	1.000
93909PA0010018	-	54	0.635	1.021	1.300
93909PA0010017	-	54	0.651	1.034	1.300
93909PA0010016	-	54	0.701	1.080	1.300
93909PA0010013	-	14	0.604	0.932	1.000
93909PA0010014	-	14	0.587	0.929	1.000
93909PA0010019	-	16	0.826	1.021	1.000
93909PA0010020	-	16	0.793	1.002	1.000
93909PA0010021	-	16	0.779	0.995	1.000
93909PA0010015	-	14	0.560	0.926	1.000

Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 16,364,804	\$ 4,603,997	\$ 4,603,997	36,068	\$ 280,016	\$ 4,884,014	\$ -	\$ (447,180)	\$ -	\$ -		\$ 20,000
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 123.01
Loss Ratio											25.28%

*Express Prescription Drug Rebates as a negative number

Silver CSR Members On vs Off Exchange as of February 2024

	\$0 Deductible Silver	Balanced Silver	Total Silver	Total
On Exchange	200	128	5,520	5,848
Off Exchange	0	0	0	0
Total	200	128	5,520	5,848

Development Age 21 Rates Across Filing Forms are Identical

Example for Plan 93909PA0010005, Age 21, Non-Tobacco User, Rating Area 8

93909PA0010005	
Data Source	Jefferson Total Silver
Table 11 PAAM	\$298.57 =III Plan Rates'!\$AA\$18*URRT Rating Area 8 Factor
PA Plan Design Summary and Rate Table	\$298.59 =Rate Table'!\$E\$21
Federal Rate Table/Binder	\$298.59 =Rate Pages'!\$C\$26



July 17, 2024

Michael Gurgiolo
Pennsylvania Insurance Department

**RE: Jefferson Health Plans
NAIC Company ID#: 95066
OBJECTION LETTER FOR 2025 INDIVIDUAL PLAN RATES
HEAL- 134081943**

Dear Mr. Gurgiolo,

This submission contains the requested responses to the objection letter received on July 4th, 2024.

Several items contained in the responses are considered TRADE SECRET as they contain proprietary information related to JHP and Wakely Consulting Group (Wakely). TRADE SECRET information includes the following but is not limited to: assumptions developed based on Wakely proprietary data and assumptions and methodologies that could provide insight into JHP's pricing strategy. Only allowable redactions per Pennsylvania Insurance Department's 2025 rate filing guidance have been removed from the public version of this document. A corresponding redaction justification has been submitted along with this response.

[REDACTED]

Date: July 17, 2024



July 17, 2024

Michael Gurgiolo
Pennsylvania Insurance Department

RE: OBJECTION LETTER FOR JEFFERSON HEALTH PLANS, 2025 INDIVIDUAL PLAN RATES, HEAL- 134081943

Below are our responses on behalf of the Jefferson Health Plan's Objection letter dated July 4th, 2024. These objections pertain to JHP's 2025 individual rate filing. Any references to Excel exhibits can be found within the file "93909_JHP Objection Exhibits_2024.07.17.xlsx" accompanying this response.

Several items contained in the responses are considered TRADE SECRET as they contain proprietary information related to JHP and Wakely Consulting Group (Wakely). A public version of this document has been uploaded with this response, along with a redaction justification document and cover letter, based on information determined to be confidential, according to Pennsylvania Insurance Department (PID) guidance.

With this response, we are also submitting the full set of filing materials to account for the PID revised filing deadline of July 17th, 2024. Changes made in the refiling include removing nine plan IDs offered in Delaware county and expanding the service area for the remaining plan IDs in Rating Area 8 to include Delaware county. As such, we also removed the network factors as they are no longer necessary. Additionally, we have reflected minimal changes to some plan ID benefits, specifically for MHSA and ER Tier 2 / OON cost-sharing, that arose from a separate set of form filing objections. These changes minimally changed pricing AVs (maximum change 0.05%) and their corresponding induced demand factors (maximum change 0.02%). All changes are discussed in the document below and/or updated in the supporting documentation.

Objection 1:

Please comment on the drivers of the variations in the rate adjustment by plan as shown in PAAME Tables 10 and 11, given that there are no benefit design changes from 2024.

Objection 1: Wakely's Response

The variation in rate adjustments by plan, as shown in Tables 10 and 11, reflects the shift of pricing factors from 2024 to 2025. The biggest driver in the difference between silver plans and other metal levels is the additional CSR load included in 2025 pricing. Most of the remaining variation is due to shifts in pricing AVs (benefit design changes) and the resulting induced demand factors. There were benefit changes from PY2024. Please see Appendix B for the key benefit changes by plan and Section B of the actuarial memorandum for the drivers of rate changes from 2024 to 2025.

If the question is instead asking why there is variation in rate changes by plan shown in Tables 10 and 11, that is due to differences in comparison. Table 10 is comparing the average premium across rating areas 6 and 8 at age 21 to the 2024 rating area 8 age 21 premium for each plan. Conversely, the rate changes by plan in Table 11 are comparing the 2025 rating area 8 age 21 premium to the 2024 rating area 8 age 21 premium.

Objection 2:

Given that the company anticipates its risk adjustment payment decreasing in 2025 compared to 2024, provide an explanation and support for the assumption of a lower Change in Demographics factor in 2025 compared to the 2024 factor.

Objection 2: Wakely's Response

The Change in Demographics factor is driven by the difference in JHP's 2025 estimated geographic, metal mix, and average age relative to 2022 PA statewide. The comparison to the prior year filing would be both on a different year basis for PA statewide base period data, and the JHP projected metal mix and average age, adjusting to reflect emerging experience.

The geographic cost factor for Rating Area 8, where JHP has a majority of membership, continues to decrease year-over-year. Additionally, the proportion of members in gold statewide continues to increase and the average age in the market and for JHP has reduced more compared to 2024 estimations. For JHP, this translates to a relatively lower Change in Demographics Factor than assumed in 2024.

It's also worth noting that the risk adjustment transfer compares 2025 estimated JHP mix to a 2025 statewide amount, not a prior base period mix which is the basis of the Change in Demographics factor.

Objection 3:

I note that membership is emerging at a higher level than anticipated in the 2024 filing. Discuss how this higher membership impacts membership mix as well as risk adjustment and reinsurance results.

Objection 3: Wakely's Response

The 2024 emerging experience regarding metal mix and age, has been incorporated in the assumptions used in 2025 rate development for claim costs and risk adjustment. There is not enough emerging experience to develop an updated reinsurance assumption.

Objection 4:

The response to Objection 4 references proximity to providers for the Area 6 counties, in addition to geographic cost differences. Please demonstrate the impact of differences in proximity to providers on the rate differential between Area 6 and Area 8, and indicate the impact that the offering of a PPO product in this rating is assumed to have on the morbidity/reimbursement rates in Area 6 as well as between Area 6 and Area 8.

Objection 4: Wakely's Response

The primary contracted hospital and provider network in Rating Area 8 is Jefferson Health and in Rating Area 6 is the Lehigh Valley Health Network. But, as mentioned in the previous response, there is only one network for all JHP's regions. Therefore, all members, regardless of the region they live in, will have access to all providers in the network. Due to distances between the hospitals and providers in the different rating areas, if a member in Lehigh valley needs to visit a doctor, they are more likely to visit a doctor or facility in the Lehigh Valley network rather than travel to Jefferson Health locations due to convenience. The same logic would apply to a member living in Philadelphia (they would be more likely to visit a doctor at Jefferson due to convenience). This is proven in publicly available data, which was used in the development of the mix of hospitals and providers, by network and tier, in the provider contracting assumption.

The relative reimbursement cost of Jefferson Health is more favorable than the Lehigh Valley network. As such, an adjustment is built into the Rating Area 6 and 8 area factors to account for the expectation of a more favorable average reimbursement in Rating Area 8 than Rating Area 6. See tab "Obj 4" for the quantitative development of the adjustment to the area factors.

The development of the HMO premium rates does not adjust for the PPO product as that build-up is separate. The HMO reimbursement rates are in comparison to the market average given we are starting from the URRT market base period data. The differences in geographic cost factors are based solely on anticipated average reimbursements due to member proximity to providers of different negotiated rates, not due to member morbidity.

Objection 5:

Regarding Objection 5, 42 U.S. Code Section 300gg indicates that rates may vary by geographic rating area along with by age, tobacco, and family composition, but does not allow for variation within a geographic rating area.

Objection 5: Wakely's Response

Thank you for providing the relevant regulation. We will revise our filing to propose a unified set of plans within the same network and rating area.

We did want to note that our interpretation of this regulation and allowable ACA rating rules differs. This regulation does not explicitly cover varying network factors within the same geographic region under separate PlanIDs. The regulation suggests that for any given PlanID offering, rates may vary only by area, age, tobacco use, and family composition, which we agree with and adhere by. In the initial filing, we proposed two distinct plans with different reimbursement rates, given there are varying provider network utilization assumptions by county, while ensuring that rate variations follow ACA allowable specified variables.

As the URRT Instructions state:

- The Plan Adjusted Index Rate (PAIR) is the MAIR Rate further adjusted for ONLY the plan specific factors allowed by 45 CFR 156.80(d)(2), which are....The plan's provider network, delivery system characteristics, and utilization management practices.
- Rating Area: Geographic rating areas are specific to each state, and all issuers in the state are required to follow them. Issuers may only set one rating factor per rating area, per

state, per market, and that factor must apply uniformly to all plans the issuer has in that rating area. **If an issuer has multiple networks within a given rating area and wants to develop premiums specific for each network, the issuer must have a separate plan for each network in the rating area.**

Our interpretation of a pricing network factor does not necessarily correspond to the network definition within the Plan and Benefits Template. The former reflects varying utilization network usage and reimbursements from an estimated cost standpoint where the latter reflects access to a network. Even if members are allowed the same access to a network, utilization patterns will inherently vary due to proximity to providers. Being able to price accurately by PlanID is more preferred rather than a broad assumption that includes cross subsidization and higher risk of mispricing if actual enrollment projections are not aligned with the rate filing estimates.

Nevertheless, we remain committed to adjusting JHP's 2025 rate filing accordingly, as directed by PID. We would be open to discussing our interpretation of the regulation in future conversations.

Objection 6:

I note that the example provided in Item 8 demonstrates a differential that would result if metal level distributions were equivalent but AVs were at the high end of the allowable range for one issuer and the low end for the other; this results in a difference of less than 1% applicable to the CSR load. Please provide a demonstration that supports the proposed CSR load differential, which is approximately 6.55%.

Objection 6: Wakely's Response

The difference of less than 1% is representing the differences in plan designs of an HMO and PPO plan.

As mentioned in bullet point 1 of Objection 8, the remaining differential of 6.55% is a result of a difference in distribution of expected membership amongst the silver CSR variants. See response pasted below for reference:

1. CSR enrollment is typically a function of silver premium competitiveness. Plans with low silver premiums, which could be free or low cost for low-income members with high APTC subsidies, tend to enroll a higher proportion of members eligible for 87% and 94% CSR plans. JHP offers lean HMO plans which are expected to be on par with other low silver competitors in the market, so it is anticipated that JHP will enroll a higher proportion of 87% and 94% members (who would receive both premium and CSR subsidies) relative to an equivalent higher premium silver plan. The 1.30 factor is intended to cover the cost of enrolling more 87% and 94% members than the average market in the HMO product. PIC offers PPO products, which are not anticipated to be as attractive of an option to low-income members due to the higher monthly net premium after APTC. Wakely determined that a 1.22 load was sufficient to cover the anticipated mix of CSR members for the PPO product.

Objection 7:

Objection 12 indicates that morbidity lowers as premiums decrease in a market. Discuss how this consideration is or is not already accounted for via the Benefit Richness factor, and indicate the extent to which the claims reduction and increase in the expected risk adjustment payment offset, particularly in light of the significant reduction in risk adjustment from the prior filing.

Objection 7: Wakely's Response

Morbidity is not included in the benefit richness factor. The benefit richness factor is purely a measure of plan actuarial value and induced utilization, which indicates at higher levels of actuarial value, members are more inclined to use their benefits, regardless of their level of morbidity.

The claims and risk adjustment estimates are developed in tandem such that the sum of the two components makes JHP whole. We developed an appropriate split between claims and risk adjustment using the manual data that is available to us, adjusted for JHP's anticipated mix by age and metal. While the claims reduction and increase in risk adjustment do not entirely offset each other, their sum represents an estimated average allowed cost in which the extent of JHP's liabilities are expected to be covered and rates are actuarially sound.

As experience emerges, it may be appropriate to adjust this split of claims and risk adjustment, although the expectation of JHP's loss ratio remains largely the same.

Objection 8:

Regarding Objection 14, the supporting exhibit assumes that 90.2% of allowed claims will be in-network, which is equivalent to the statewide average. Please provide the proportion of in-network allowed claims and Distribution of Services All percentages, and JHP 2025 In-Network Contracts figures in the prior filing as well as the emerging numbers in 2024, and indicate how the comparison to the statewide average considers that this is HMO coverage while coverage statewide includes PPO and other product types as well as HMOs.

Objection 8: Wakely's Response

[REDACTED]

Objection 9:

Regarding Objections 18 and 19, please provide an exhibit that details the differences between the 2024 and 2025 Risk Transfer Payment calculations, single risk pool adjustment factors, and Change in Demographics factors.

Objection 9: Wakely's Response

Please see the "Obj 9" tab for the exhibit containing the differences between the 2024 and 2025 Risk Transfer Payment calculations, single risk pool adjustment factors, and Change in Demographics factors. Note that the underlying manual data source was the same year over year, but the data was updated from 2019 in the CY2024 filing to 2021 in the CY2025 filing. Also, the transfer payments shifted due to different assumptions regarding risk scores, average age, average metal level mix, and statewide average premium.

Objection 10:

For Objection 20, the footnote of the supporting exhibit reads that 99.3% of business is off-exchange. Please verify or revise.

Objection 10: Wakely's Response

This was displayed incorrectly in the exhibit for Objection 20. We are revising to state that 99.3% of business is on-exchange. Please see the "Obj 10" tab for the updated exhibit.

Objection 11:

Regarding Objection 25, please comment on any aspects of the emerging experience that are significantly deviating from expectations.

Objection 11: Wakely's Response

The prior Objection 25 response only represents four months of emerging claims experience, and there are still large unknowns as to how the remaining year of claims will unfold. Based on the preliminary data, claims are coming in lower than expected leading to the potential for a higher risk adjustment payable. However, as the lower claims and higher risk adjustment payable are offsetting, we still anticipate a loss ratio on par or lower than expected for 2024.

Objection 12:

Regarding Objection 26, please provide projected silver enrollment by CSR variant as well as current silver enrollment by CSR variant as of the most recent date available.

Objection 12: Wakely's Response

Please see the "Obj 12" tab for the projected silver enrollment by CSR variant as well as current silver enrollment by CSR variant as of July 2024.

Objection 13:

Objection 28 indicates that a 0.6% COVID-19 reduction results from reduced inpatient admits in 2025 compared to 2022, and 0.7% results from reduced testing costs. No adjustment is made for care that may have been deferred in 2022 that is no longer being deferred in 2025. Please discuss the possibility of care being deferred in 2022, given the assumption that COVID-19 was resulting in higher hospital admits in 2022, compared to utilization reaching post-pandemic levels in 2025.

Objection 13: Wakely's Response

[REDACTED]

Objection 14:

Regarding Objection 30, since the plans and provider networks are identical, one map should be provided which includes all networks and service areas.

Objection 14: Wakely's Response

An updated map including all networks and service areas will be included with the filing submitted on July 17th.

Objection 15:

Please expand the Single Risk Pool Adjustment Factor exhibit to show actual data as of May in addition to projected data, to development a factor that is calculated based on the actual data accrued to date. Clarify the basis of the projected data previously provided.

Objection 15: Wakely's Response

[REDACTED]

Please let us know if you would like to discuss.

Sincerely,

[REDACTED]

Area Factor Adjustments for Proximity to Providers

[REDACTED]

2024 vs 2025 Risk Transfer Payment, Risk Pool Factors, and Change in Demographics Factors

[REDACTED]

Development of the Exchange User Fee PMPM

Adjusted Projected Allowed EHB Claims PMPM	\$ 485.10
Projected Paid to Allowed Ratio	0.775
Projected Incurred EHB Claims PMPM	\$ 376.07
<u>Market-wide Adjustments</u>	
Projected Incurred Risk Adjustment PMPM	
Projected Incurred Exchange User Fees PMPM*	\$14.00
Projected Incurred Reinsurance Recoveries PMPM	\$14.98
Market-Adjusted Projected Incurred EHB Claims PMPM	

*99.3% of projected membership is on-exchange

**11.94% is projected total retention (C62 in Table 6 of PAAME)

Silver CSR Members Current as of July 2024 and Projected

Current Members as of July 2024:

	Silver 70%	Silver 73%	Silver 87%	Silver 94%	Total
Total	174	200	1,463	5,572	7,409

Projected:

	Silver 70%	Silver 73%	Silver 87%	Silver 94%	Total Silver
Total	139	221	1,345	5,363	7,068

Development of Single Risk Pool Adjustment Factor Using Emerging JHP Experience

[REDACTED]



July 31, 2024

Michael Gurgiolo
Pennsylvania Insurance Department

**RE: Jefferson Health Plans
NAIC Company ID#: 95066
OBJECTION LETTER FOR 2025 INDIVIDUAL PLAN RATES
HEAL- 134081943**

Dear Mr. Gurgiolo,

This submission contains the requested responses to the objection letter received on July 24th, 2024.

Several items contained in the responses are considered TRADE SECRET as they contain proprietary information related to JHP and Wakely Consulting Group (Wakely). TRADE SECRET information includes the following but is not limited to: assumptions developed based on Wakely proprietary data and assumptions and methodologies that could provide insight into JHP's pricing strategy. Only allowable redactions per Pennsylvania Insurance Department's 2025 rate filing guidance have been removed from the public version of this document. A corresponding redaction justification has been submitted along with this response.

[REDACTED]

Date: July 31, 2024



July 31, 2024

Michael Gurgiolo
Pennsylvania Insurance Department

RE: OBJECTION LETTER FOR JEFFERSON HEALTH PLANS, 2025 INDIVIDUAL PLAN RATES, HEAL- 134081943

Below are our responses on behalf of the Jefferson Health Plan's Objection letter dated July 24th, 2024. These objections pertain to JHP's 2025 individual rate filing. Any references to Excel exhibits can be found within the file "93909_JHP Objection Exhibits_2024.07.31.xlsx" accompanying this response.

Several items contained in the responses are considered TRADE SECRET as they contain proprietary information related to JHP and Wakely Consulting Group (Wakely). A public version of this document has been uploaded with this response, along with a redaction justification document and cover letter, based on information determined to be confidential, according to Pennsylvania Insurance Department (PID) guidance.

Objection 1:

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

Objection 1: Wakely's Response

The revised filing submitted 7/31 is inclusive of this change.

Objection 2:

Discuss the degree to which the GCF decrease in Area 8 has impacted the development of the expected claims and risk adjustment for the rating period.

Objection 2: Wakely's Response

The GCF directly impacts the development of both our claims and risk adjustment, since we must consider how the geography of JHP's population compares to the PA individual market used as our base period data. In 2024, JHP's geographic cost relativity compared to the statewide population relied on the 2022 interim GCF equal to 0.98. In 2025, the same buildup using 2023 interim GCFs produced a geographic relativity of 0.95. This adjustment reflects the market average cost to move from a statewide to a region-specific estimated cost. The provider contracting factor further compares JHP estimated reimbursements to the market in their respective rating area. The GCF is also used in the risk adjustment formula for JHP.

Objection 3:

Please provide an exhibit showing the expected 2024 enrollment in total and by percentage at each metal level from the previous filing, including enrollment at each silver variant level, compared to the emerging enrollment figures for 2024.

Objection 3: Wakely's Response

Please see the "Obj 3" tab for the projected 2024 enrollment as well as current enrollment as of July 2024.

Objection 4:

In Table 16 of PAAME, the Administrative Cost Adjustment should be 0.86 and the State Average Monthly Premium Before Adjustment could be calculated as the State Average Monthly Premium / 0.86. Please revise.

Objection 4: Wakely's Response

This has been revised in the updated filing material.

Objection 5:

Please provide the requested revised service area map.

Objection 5: Wakely's Response

Please see the file named "93909_JHP_Revised_Service_Map.PDF" for the requested service map. This has also been included in the revised filings dated 7/17 and 7/31.

Objection 6:

Please confirm that you have tested to ensure that the rates in Table 11 of the Actuarial Memorandum Exhibits, PA Plan Design Summary and Rate Tables, and Federal Rate Templates are identical.

Objection 6: Wakely's Response

We confirm that we've tested for identical rates among the three filing forms. The discrepancy in rates from Table 11 PAAME is a result of rounding within an earlier step. Please see the "Obj 6" tab for an example of these rates.

Objection 7:

Please ensure that the 7/31/24 versions of the following items are posted in SERFF with your July 31st response to this data call.

1. Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.
2. PA Actuarial Memorandum
3. PA Actuarial Memorandum Exhibits
4. Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values – no "NA")
5. URRT
6. Federal Rate Template
7. Part III: Actuarial Memorandum
8. Rate Change Summary information included on the VI Rate Change Summary tab of the PA Actuarial Memorandum Exhibits
9. Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).

Objection 7: Wakely's Response

We confirm that all the named files are posted in SERFF with the response to this data call.

Please let us know if you would like to discuss.

Sincerely,

[REDACTED]

Members Current as of July 2024 vs Projected 2024

Current Members as of July 2024:

	Bronze	Silver 70%	Silver 73%	Silver 87%	Silver 94%	Gold	Total
Total	1,900	174	200	1,463	5,572	2,212	11,521
Percent of Total	16.5%	1.5%	1.7%	12.7%	48.4%	19.2%	100.0%

Projected 2024 Membership:

	Bronze	Silver 70%	Silver 73%	Silver 87%	Silver 94%	Gold	Total
Total	810	798	159	445	459	330	3,000
Percent of Total	27.0%	26.6%	5.3%	14.8%	15.3%	11.0%	100.0%

Development Age 21 Rates Across Filing Forms are Identical

Example for Plan 93909PA0010005, Age 21, Non-Tobacco User, Rating Area 8

93909PA0010005	
Data Source	Jefferson Total Silver
Table 11 PAAM	\$297.27 =III Plan Rates!\$AA\$18*URRT Rating Area 8 Factor
PA Plan Design Summary and Rate Table	\$297.28 =Rate Table!\$E\$21
Federal Rate Table/Binder	\$297.28 =Rate Pages!\$C\$26

Jefferson Health Plans Redaction Justification – May 15th, 2024 filing

Cover Letter

- Redacted names and contact information (page 2)

URRT Part III – Federal Actuarial Memorandum / PA Actuarial Memorandum

- Redacted Name of opining actuary (page 7, 26, 28)
- Redated COVID-19 impact (page 13, 35, 37) – confidential and proprietary information
- Redacted Company Contact Information (page 7) – name, telephone number, email address
- Redacted Projected Risk Adjustment Transfers – confidential and proprietary information specifying a company’s anticipated risk level in relation to the state average risk level (page 14, 35, 36, 37)
- Specific provider contracting information (page 5, 13, 35, 37, 40) – confidential and proprietary information
- Commission schedules (page 16) – confidential and proprietary information

PA Actuarial Memo Rate Exhibits

- Redacted column C through E in Tabs “II.a. Reins Table – Exp” and “II.a. Reins Table – Prof” – confidential and proprietary information
- Redacted Network Factors in tabs “II Rate Development & Change” and “V Consumer Factors” – confidential and proprietary information
- Redacted Other Factor in tab “II Rate Development & Change” – confidential and proprietary information
- Redacted Projected Risk Adjustment Transfers and PLRS on tabs “II Rate Development & Change” and “VII Risk Adjustment” – confidential and proprietary information specifying a company’s anticipated risk level in relation to the state average risk level

Standard Questions

- Redated question 3b of standard questions, COVID-19 impact (page 47) – confidential and proprietary information
- Redacted question 5 of standard questions, commission schedules (page 47) – confidential and proprietary information
- Redacted question 8b pf standard questions, specific provider contracting information (page 48) – confidential and proprietary information

Unique Plan Design Supporting Documentation and Justification

- Federal AV screenshots (page 85)

Jefferson Health Plans Redaction Justification – June 19th, 2024 objection responses

Objection Cover Letter

- Redacted names and contact information (page 86)

Objection Response Letter

- Specific provider contracting information (objection 4 and 5, page 89) – confidential and proprietary information
- Specific provider contracting information (objection 11, page 91) – confidential and proprietary information
- Confidential and proprietary information specifying a company’s anticipated risk level in relation to the state average risk level (objection 12, page 91)
- Specific provider contracting information (objection 14, page 92) – confidential and proprietary information
- Confidential and proprietary information specifying a company’s anticipated risk level in relation to the state average risk level (objection 18 and 19, page 93)
- COVID-19 Impact (objection 28, page 96)
- Redacted Company Contact Information (page 97) – name, telephone number, email address

Objection Exhibits File

- Specific provider contracting information - confidential and proprietary information
 - Tab “Obj 2c” cells D66:F66
 - Tab “Obj 2e” cell E12
 - Tab “Obj 2f” cells C13:C14
 - Tab “Obj 14”
- Redacted Projected Risk Adjustment Transfers – confidential and proprietary information specifying a company’s anticipated risk level in relation to the state average risk level
 - Tab “Obj 2e” cells E17:E19, E22
 - Tab “Obj 18”
 - Tab “Obj 20” cell C8
- COVID-19 Impact
 - Tab “Obj 2c” cell D74
 - Tab “Obj 2e” cell E8

Jefferson Health Plans Redaction Justification – July 31st, 2024 objection responses

Objection Cover Letter

- Redacted names and contact information (page 112)

Objection Response Letter

- Specific provider contracting information (objection 8, page 117) – confidential and proprietary information
- Confidential and proprietary information specifying a company’s anticipated risk level in relation to the state average risk level (objection 15, page 119)
- COVID-19 Impact (objection 13, page 118)
- Redacted Company Contact Information (page 119) – name, telephone number, email address

Objection Exhibits File

- Specific provider contracting information
 - Tab “Obj 4”
- Redacted Projected Risk Adjustment Transfers – confidential and proprietary information specifying a company’s anticipated risk level in relation to the state average risk level
 - Tab “Obj 9”
 - Tab “Obj 10” cells E8 and E11
 - Tab “Obj 15”

Jefferson Health Plans Redaction Justification – July 31st, 2024 objection responses

Objection Cover Letter

- Redacted names and contact information (page 125)

Objection Response Letter

- Redacted Company Contact Information (page 128) – name, telephone number, email address

Completeness and Redaction Justification Checklist

Issuer Name: Jefferson Health Plans
 Market: Individual
 SERFF ID: HEAL-134081943

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification				
	RFJ Part III – Actuarial Memorandum	X	Y	3	Y
	Federal Rates Template	X			
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X			
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	Y	6	Y
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N	8	NA
D.1.C.	Average Rate Change	X	N	8	NA
D.1.D.	Membership Count	X	N	9	NA
	<i>PA Act. Exhibits Table 1</i>	X	N	50	NA
D.1.E.	Benefit Changes	X	N	9	NA
D.1.F.	Experience Period Claims & Premium	X	N	9	NA
	<i>PA Act. Exhibits Table 2</i>	X	N	50	NA
D.1.G.	Credibility of Data	X	N	10	NA
	<i>PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)</i>	X	N	51	NA
D.1.H.	Trend Identification	X	N	10	NA
	<i>PA Act. Exhibits Table 3</i>	X	N	50	NA
D.1.I.	Historical Experience	X	N	11	NA
	<i>PA Act. Exhibits Table 4</i>	X	N	50	NA
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	Y	11	Y
	<i>PA Act. Exhibits Table 5</i>	X	Y	54	Y
D.2.B.	Retention Items	X	Y	16	Y
	<i>PA Act. Exhibits Table 6</i>	X	N	54	NA
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	18	NA
	<i>PA Act. Exhibits Table 7</i>	X	N	54	NA
D.2.D.	Components of Rate Change	X	N	19	NA
	<i>PA Act. Exhibits Table 8</i>	X	N	54	NA
	<i>PA Act. Exhibits Table 9</i>	X	N	54	NA
D.3.	Plan Rate Development	X	N	20	NA
	<i>PA Act. Exhibits Table 10</i>	X	N	55	NA
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	23	NA
	<i>PA Act. Exhibits Table 11</i>	X	N	56	NA
D.5.A.	Age and Tobacco Factors	X	N	23	NA
	<i>PA Act. Exhibits Table 12</i>	X	N	61	NA
D.5.B.	Geographic Factors	X	N	24	NA
	<i>PA Act. Exhibits Table 13</i>	X	N	61	NA
D.5.C.	Network Factors	X	N	24	NA
	<i>PA Act. Exhibits Table 14</i>	X	Y	61	Y
D.5.D.	<i>Rate Change Request Summary</i>	X	N	24	NA
	<i>PA Act. Exhibits Table 15</i>	X	N	62	NA
D.5.E.	Service Area Composition	X	N	24	NA
D.5.F.	Composite Rating	X	N	24	NA
D.6.	Actuarial Certifications	X	Y	26	Y
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N	64	NA
	Service Area Map	X	N	69	NA
Redaction Justification (must be submitted if any information is redacted)		X			Y