1901 Market Street
Philadelphia, PA 19103-1480

Independence

May 18, 2021

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

SUBMITTED VIA SERFF

RE: **QCC Insurance Company, Inc.**
Individual PPO Rate Filing effective 1/1/2022
INAC-132818429

Dear Ms. Gray:

Attached is the 2022 annual rate filing for PPO plans of QCC Insurance Company, Inc. (QCC) in the Individual (non-group) marketplace in the Commonwealth of Pennsylvania. Rates for new and renewing plans are being filed and satisfy market reform requirements of the Affordable Care Act (ACA).

This rate filing includes rates for these plans and specifies compliance with rating requirements of the ACA. The enclosed is for rating periods effective from January 1, 2022 through December 31, 2022.

Per the guidance provided in the 2022 ACA-Compliant Health Insurance Rate Filing Guidance provided by the Pennsylvania Insurance Department, we applied a factor of 1.01 to all individual plans. We also applied a factor of 1.22 to Silver plans for the impact of non-payment of CSR costs per the guidance. The rates also consider the impact of the state's reinsurance program, including a Reinsurance Morbidity Adjustment of 0.999 (-0.1%).

The proposed rates represent a 1.7% increase over the previously approved 2021 rates.

Information for the Pennsylvania Bulletin:

1.	Company Name and NAIC Number:	QCC Insurance Company, Inc. 93688
2.	Market	Individual
3.	On or Off Exchange	On and Off
4.	Effective Date of Coverage	January 1, 2022
5.	Average Rate Change Requested	1.7%

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6.	Range of Rate Changes Requested	-4.4% to 2.4%
7.	Total Annual Revenue Generated from the Proposed Rate Change	$5,134,860
8.	Products	PPO
9.	Rating Areas and Change from 2021	Rating Area 8; No Change
10.	Metal Levels and Catastrophic Plans	Gold, Silver, Bronze
11.	Current covered lives and policyholders as of February 1, 2021	41,995 lives
12.	Number of plans offered in 2022 and change from 2021	14 plans in 2022; 14 plans in 2021
13.	Corresponding contract form number, SERFF, and binder numbers	INLG-132821879, INLG-132821890, INLG-132821893 See appendix for form numbers
14.	HIOS Issuer ID # and submission tracking Number	HIOS Issuer ID # 31609; Tracking # 31609-201525093799993037 6

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

Sincerely,

[redacted]

cc: [redacted]

Independence

APPENDIX

Form Numbers

08535.ON Rev. 1.22
08535-OC.ON Rev. 1.22
08535.OFF Rev. 1.22
08535-OC.OFF Rev. 1.22
08537.ON.PDEN Rev. 1.22
08537-OC.ON.PDEN Rev. 1.22
08537.OFF Rev. 1.22
08537-OC.OFF Rev. 1.22
08537.ON.PDEN.HSA Rev. 1.22
08537-OC.ON.PDEN.HSA Rev. 1.22
08537.OFF.PDEN.HSA Rev. 1.22
08537-OC.OFF.PDEN.HSA Rev. 1.22
PREV/SCH-II Rev. 1.22

Attachment I

Rate Change Summary

QCC Insurance Company, Inc. – Individual Plans

Rate request filing ID # INAC-132818429 - This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at http://www.insurance.pa.gov/Consumers/ACARelatedFilings/

Overview

Initial requested average rate change:	1.7%
Revised requested average rate change:	N/A
Range of requested rate change:	-4.4% to 2.4%
Effective date:	January 1, 2022
Mapped Members:	41,995
Available in:	Area 8

Key information

Jan. 2020-Dec. 2020 financial experience

Premiums	$331,428,722
Claims	$216,300,857
Administrative expenses	$34,917,456
Taxes & fees	$22,532,210
Company made (after taxes)	**$57,678,200**

How it plans to spend your premium
This is how the insurance company plans to spend the premium it collects in 2022:

Claims:	87.7%
Administrative:	7.8%
Taxes & fees:	2.5%
Profit:	2.0%

The company expects its annual medical costs to increase **20.5%**.

Explanation of requested rate change

QCC Insurance Company ("QCC") is revising premium rates for the Pennsylvania Consumer ACA compliant products, effective from January 1, 2022.

About 42,000 members will be affected.

Changes in Taxes and Fees:

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

Changes in Medical Service Costs:

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

Financial Experience of the Product:

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

Changes in Benefits:

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

Administrative Costs:

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

PENNSYLVANIA ACTUARIAL MEMORANDUM

PURPOSES

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

1. BASIC INFORMATION AND DATA

A. COMPANY INFORMATION

Company Legal Name:	QCC Insurance Co., Inc. ("QCC")
State:	Pennsylvania
NAIC #:	93688
Market:	Individual
Marketplace:	On and Off Exchange
Effective Date(s):	1/1/2022 – 12/31/2022
Average Rate Change:	1.7%
Range of Rate Changes:	-4.4% to 2.4%
Products:	PPO
Rating Areas:	Rating Area 8
Metal Levels:	Gold, Silver, Bronze, Catastrophic
Current Members:	41,995
Number of 2022 Plans:	14
HIOS Issuer ID (5-digit):	31609

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

COMPANY CONTACT INFORMATION

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

B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES

January 1, 2015	14.90%	INAC- 129626643
January 1, 2016	4.53%	INAC- 129938930
January 1, 2017	28.38%	INAC- 130539917
January 1, 2018	28.80%	INAC- 131146005
January 1, 2019	0.00%	INAC- 131478475
January 1, 2020	5.10%	INAC- 131927222
January 1, 2021	-3.90%	INAC- 132358777

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

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

C. AVERAGE RATE CHANGE

The average proposed rate change shown in Cell AC15 of Table 10 is 1.7%. The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2020 to calendar year 2022 are incorporated into the pricing and reflected in the Unified Rate Review Template.

The change in 21-year-old Non-Tobacco Premium PMPM calculated in Table 11, Cell AN13 is 1.7%.

D. MEMBERSHIP COUNT

Table 1 illustrates the Experience Period member-months, Current Period members as of February 1, 2021, and Projected Rating Period Member-months by ages.

E. BENEFIT CHANGES

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

F. EXPERIENCE PERIOD CLAIMS AND PREMIUMS

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

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2020

and paid through February 2021. Earned premiums and member months are for January through December 2020. The data are for all direct-written individual business of QCC in the Commonwealth of Pennsylvania, including out-of-network claims written by QCC but paid by QCC for POS plans. No private reinsurance was applicable.

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

Projected Risk Adjustment PMPM

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

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2020 risk transfer results.

In the URRT v5.3, it is necessary to divide Risk Adjustment by the Paid to Allowed factor when it is used in calculations based on Allowed Claims to produce calculations that are consistent with the Actuarial Memo Rate Exhibit.

G. CREDIBILITY OF DATA

The experience period data is considered 100% credible.

H. TREND IDENTIFICATION

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

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

I. HISTORICAL EXPERIENCE

Table 4 illustrates historical experience from 2017 through 2020 for the product line.

a. Annualized Cost Trend

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

b. Annualized Utilization Trend

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

c. Rebates

Rebate payments will be made as appropriate for 2020 for QCC in Consumer. Rebate payments will be made if applicable for the 2021 policy period. We do not anticipate 2022 rebates for QCC Consumer.

J. TERMINATED PLANS

No plans are being terminated in 2022.

2. RATE DEVELOPMENT AND CHANGE

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

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

Changes in Population Risk Morbidity

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

COVID-19 Impact

[redacted]

Development of Reinsurance Tables

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information was populated using 2020 QCC Individual claims data by individual member. 2020 claims paid through February 2021 were completed and complied into the Annual Incurred Claims Ranges shown on Tab II.a. of the Actuarial Memorandum Exhibit.

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information was populated by trending the data from the Experience Period table to 2022 using a 7% trend assumption on the incurred claims. The resulting impact is shown in Cell E7 of Tab II.b. of the Actuarial Memorandum Exhibit.

Changes in Other Factors

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

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

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

B. RETENTION ITEMS

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

Administrative Expenses		13.07%
General and Claims	10.40%	
Agent/Broker Fees and Commissions	1.87%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		2.50%
RA User Fee	0.04%	
PCORI Fee	0.04%	
PA Premium Tax	2.00%	
Federal Income Tax	0.42%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		2.00%
Total Retention		17.57%

C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Table 7 compares the normalization factors used in this filing to those used in the 2021 filing. The changes in the factors reflect small differences from the projected populations in 2021 and 2022.

D. COMPONENTS OF RATE CHANGE

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

Data in Table 9 is consistent with the 2021 and 2022 URRT with the exceptions of Risk Adjustment and Reinsurance which were revised to project company-specific values.

3. PLAN RATE DEVELOPMENT

Table 10 is populated with plan information consistent with entries in the 2022 URRT. Plan mappings, where applicable, are illustrated in Column F of Table 10.

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

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

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

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

5. PLAN FACTORS

Tables 12, 13, and 14 illustrate the factors used in pricing for age, tobacco, geographic rating area, and network. The tobacco factors match the previously approved tobacco factors from the 2021 filing.

6. ACTUARIAL CERTIFICATION

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

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

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

- The projected index rate is:
  - —In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.08(d)(1) and 147.106);
  - —Developed in compliance with applicable Actuarial Standards of Practice;

—Reasonable in relation to the benefits provided and the population anticipated to be covered; and
—Neither excessive nor deficient.

- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values illustrated in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. If an alternate methodology was used to calculate the AV Metal Value for at least one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.
- All factor, benefit, and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2022 Rate Filing Justification.

[redacted]
May 18, 2021

PA Rate Template Part I

Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	QCC Insurance Company, Inc.		
Product(s):	PPO		
Market Seament:	Individual		
Rate Effective Date:	1/1/2022	to	12/31/2022
Base Period Start Date:	1/1/2020	to	12/31/2020
Date of Most Recent Membership:	2/1/2021		

Table 1. Number of Members

	Member-months Experience Period	Members Current Period (as of 02-01-2021)	Member-months Projected Rating Period
Average Age	41.9	41.9	41.9
Total	468,369	41,995	503,940
<18	48,285	4,045	48,540
18-24	38,201	3,377	40,524
25-29	40,171	3,887	46,644
30-34	39,854	3,734	44,808
35-39	33,458	3,136	37,632
40-44	31,688	2,912	34,944
45-49	36,315	3,225	38,700
50-54	46,715	4,281	51,372
55-59	62,592	5,382	64,644
60-63	67,566	5,876	70,512
64+	23,523	2,135	25,620

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
$ 302,517,236.44	$ 228,258,872.99	$ 230,612,730.98	468,369	$ 57,420,685.10	$ 288,033,416.08	$ -	$ (16,430,125.53)	$ 2,026,330.62	$ 43,730.55	$ 29,242,811.21	$ -
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											$ 584.22
Loss Ratio											65.18%

**Express Prescription Drug Rebates as a negative number*

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	3.22%	13.71%	0.00%	17.43%	21.78%
Outpatient Hospital	2.94%	13.71%	0.00%	17.05%	22.14%
Professional	2.50%	13.71%	0.00%	16.56%	28.98%
Other Medical	2.50%	13.71%	0.00%	16.56%	0.00%
Capitation				29.99%	0.75%
Prescription Drugs	10.46%	13.71%	0.00%	25.61%	26.35%
Total Annual Trend				19.41%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.426	

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

*** Should equal UIRRT 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-17		$ 24,025,351.08	1.0000	$ 24,025,351.08	50,174	$ 478.84		$ (467,872.84)	$ 32,147,010.52	$ 640.71
Feb-17		$ 24,520,437.37	1.0000	$ 24,520,437.37	50,984	$ 480.94		$ (440,451.65)	$ 31,121,642.55	$ 610.42
Mar-17		$ 29,363,127.43	1.0000	$ 29,363,127.43	52,008	$ 564.59		$ (468,476.58)	$ 36,798,093.63	$ 707.55
Apr-17		$ 24,744,851.77	1.0000	$ 24,744,851.77	51,389	$ 481.52		$ (476,669.33)	$ 30,520,874.14	$ 593.93
May-17		$ 27,870,511.84	1.0000	$ 27,870,511.84	50,480	$ 552.11		$ (541,996.81)	$ 34,148,440.16	$ 676.47
Jun-17		$ 27,040,321.28	1.0000	$ 27,040,321.28	49,805	$ 542.92		$ (530,459.41)	$ 32,051,955.05	$ 643.55
Jul-17		$ 25,234,093.77	1.0000	$ 25,234,093.77	49,228	$ 512.60		$ (510,424.58)	$ 29,781,143.99	$ 605.00
Aug-17		$ 27,599,223.82	1.0000	$ 27,599,223.82	48,658	$ 567.21		$ (547,874.43)	$ 32,396,202.82	$ 665.79
Sep-17		$ 26,153,167.01	1.0000	$ 26,153,167.01	48,178	$ 542.84		$ (508,012.94)	$ 30,316,985.55	$ 629.27
Oct-17		$ 27,055,657.17	1.0000	$ 27,055,657.17	47,625	$ 568.10		$ (555,024.67)	$ 31,173,933.53	$ 654.57
Nov-17		$ 26,520,026.83	1.0000	$ 26,520,026.83	46,983	$ 564.46		$ (551,444.55)	$ 30,846,421.57	$ 656.54
Dec-17	$ 329,835,945.00	$ 27,179,286.47	1.0000	$ 27,179,286.47	45,547	$ 596.73	$ 70,585,139.02	$ (610,263.12)	$ 30,377,368.54	$ 666.95
Jan-18		$ 23,201,123.56	1.0000	$ 23,201,123.56	41,421	$ 560.13		$ (492,081.47)	$ 32,138,104.92	$ 775.89
Feb-18		$ 20,285,165.17	1.0000	$ 20,285,165.17	40,642	$ 499.12		$ (467,968.49)	$ 26,499,924.97	$ 652.03
Mar-18		$ 22,125,756.29	1.0000	$ 22,125,756.29	39,969	$ 553.57		$ (511,959.75)	$ 27,538,418.83	$ 688.99
Apr-18		$ 22,324,735.61	1.0000	$ 22,324,735.61	39,491	$ 565.31		$ (522,139.31)	$ 27,346,986.77	$ 692.49
May-18		$ 25,260,102.30	1.0000	$ 25,260,102.30	38,908	$ 649.23		$ (539,381.03)	$ 30,222,853.86	$ 776.78
Jun-18		$ 22,303,415.98	1.0000	$ 22,303,415.98	38,420	$ 580.52		$ (512,644.59)	$ 26,570,643.38	$ 691.58
Jul-18		$ 22,668,311.38	1.0000	$ 22,668,311.38	38,033	$ 596.02		$ (539,271.49)	$ 26,500,949.21	$ 696.79
Aug-18		$ 25,491,626.63	1.0000	$ 25,491,626.63	37,703	$ 676.12		$ (581,228.87)	$ 29,285,592.48	$ 776.74
Sep-18		$ 23,837,750.06	1.0000	$ 23,837,750.06	37,328	$ 638.60		$ (539,305.07)	$ 27,149,704.58	$ 727.33
Oct-18		$ 26,575,057.81	1.0000	$ 26,575,057.81	36,938	$ 719.45		$ (599,651.49)	$ 30,149,784.23	$ 816.23
Nov-18		$ 22,752,278.32	1.0000	$ 22,752,278.32	36,511	$ 623.16		$ (574,049.62)	$ 25,818,312.96	$ 707.14
Dec-18	$ 345,713,051.75	$ 22,493,533.87	1.0000	$ 22,493,533.87	35,983	$ 625.12	$ 61,696,428.60	$ (610,191.59)	$ 25,304,134.64	$ 703.27
Jan-19		$ 18,051,259.87	1.0000	$ 18,051,259.87	42,000	$ 429.79		$ (492,291.09)	$ 26,719,003.95	$ 636.17
Feb-19		$ 17,757,623.26	1.0000	$ 17,757,623.26	41,254	$ 430.45		$ (448,797.58)	$ 23,646,973.79	$ 573.20
Mar-19		$ 20,097,530.80	1.0000	$ 20,097,530.80	40,467	$ 496.64		$ (492,899.97)	$ 25,704,687.46	$ 635.20
Apr-19		$ 21,363,236.17	1.0000	$ 21,363,236.17	39,991	$ 534.20		$ (522,688.96)	$ 26,577,913.64	$ 664.60
May-19		$ 21,292,942.55	1.0000	$ 21,292,942.55	39,398	$ 540.46		$ (530,540.85)	$ 26,108,279.99	$ 662.68
Jun-19		$ 18,968,106.13	1.0000	$ 18,968,106.13	38,925	$ 487.30		$ (498,859.07)	$ 22,890,077.30	$ 588.06
Jul-19		$ 21,065,054.35	1.0000	$ 21,065,054.35	38,397	$ 548.61		$ (543,604.99)	$ 25,120,826.42	$ 654.24
Aug-19		$ 19,823,589.29	1.0000	$ 19,823,589.29	37,984	$ 521.89		$ (527,901.06)	$ 23,594,536.49	$ 621.17
Sep-19		$ 18,789,229.31	1.0000	$ 18,789,229.31	37,566	$ 500.17		$ (514,777.60)	$ 22,173,279.96	$ 590.25
Oct-19		$ 21,050,632.47	1.0000	$ 21,050,632.47	37,195	$ 565.95		$ (574,250.76)	$ 24,637,132.01	$ 662.38
Nov-19		$ 18,913,443.67	1.0000	$ 18,913,443.67	36,757	$ 514.55		$ (544,966.97)	$ 22,031,859.28	$ 599.45
Dec-19	$ 304,626,833.47	$ 20,684,025.67	1.0000	$ 20,684,025.67	36,150	$ 572.17	$ 61,241,780.13	$ (581,994.57)	$ 23,618,309.98	$ 653.34
Jan-20		$ 17,375,862.16	1.0000	$ 17,375,862.16	40,990	$ 423.90		$ (1,398,796.57)	$ 24,609,450.01	$ 600.38
Feb-20		$ 17,580,123.00	0.9994	$ 17,590,255.16	40,211	$ 437.45		$ (1,314,629.23)	$ 23,331,354.72	$ 580.22
Mar-20		$ 17,639,478.91	0.9992	$ 17,652,392.72	39,657	$ 445.14		$ (1,505,634.90)	$ 21,514,066.03	$ 542.50
Apr-20		$ 16,051,160.88	0.9988	$ 16,070,366.31	39,462	$ 407.24		$ (1,360,897.49)	$ 17,891,519.04	$ 453.39
May-20		$ 16,798,593.09	0.9982	$ 16,828,666.04	39,339	$ 427.79		$ (1,331,794.28)	$ 19,146,869.73	$ 486.71
Jun-20		$ 19,155,299.42	0.9969	$ 19,214,526.05	39,094	$ 491.50		$ (1,372,517.15)	$ 22,245,916.89	$ 569.04
Jul-20		$ 19,779,333.55	0.9952	$ 19,875,440.91	38,887	$ 511.11		$ (1,323,398.45)	$ 22,993,448.14	$ 591.29
Aug-20		$ 19,046,708.63	0.9921	$ 19,198,053.12	38,849	$ 494.17		$ (1,334,633.86)	$ 22,128,737.82	$ 569.61
Sep-20		$ 20,811,204.50	0.9874	$ 21,087,692.01	38,663	$ 545.68		$ (1,324,883.84)	$ 24,170,334.33	$ 625.15
Oct-20		$ 21,720,375.61	0.9826	$ 22,104,539.44	38,287	$ 577.34		$ (1,380,511.59)	$ 25,072,837.31	$ 654.87
Nov-20		$ 20,877,249.84	0.9754	$ 21,402,819.19	37,770	$ 566.66		$ (1,329,664.72)	$ 23,929,050.18	$ 633.55
Dec-20	$ 302,517,236.44	$ 21,403,483.40	0.9641	$ 22,201,527.85	37,160	$ 597.46	$ 57,420,685.10	$ (1,452,763.48)	$ 24,569,706.39	$ 661.19

** Express Completion Factor as a percentage*

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

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2022

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
$ 1,100,254,427.85	$ 700,055,802.50	$ 709,111,652.21	1,774,624	$ 141,139,186.31	$ 850,250,838.52	$ -	$ (53,676,381,700)	$ 126,178,174.14	$ 310,073.26	$ 6,793,871.24	$ -
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											$ 519.97
Loss Ratio											70.63%

**Express Prescription Drug Rebates as a negative number*

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	3.27%	5.51%	0.00%	8.96%	20.43%
Outpatient Hospital	2.94%	5.51%	0.00%	8.61%	18.71%
Professional	2.50%	5.51%	0.00%	8.15%	24.02%
Other Medical	2.50%	5.51%	0.00%	8.15%	0.00%
Capitation				3.84%	13.84%
Prescription Drugs	10.96%	5.51%	0.00%	16.55%	23.01%
Total Annual Trend				8.84%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.185	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-17		$ 66,756,130.90	1.0000	$ 66,756,130.90	196,183	$ 340.27		$ (1,268,494.35)	$ 82,793,413.15	$ 422.02
Feb-17		$ 65,715,842.54	1.0000	$ 65,715,842.54	198,399	$ 331.21		$ (1,253,945.39)	$ 78,635,110.33	$ 401.39
Mar-17		$ 78,036,360.47	1.0000	$ 78,036,360.47	202,585	$ 385.20		$ (1,289,159.57)	$ 93,516,664.85	$ 461.62
Apr-17		$ 67,665,496.01	1.0000	$ 67,665,496.01	200,893	$ 336.82		$ (1,365,097.32)	$ 80,603,498.49	$ 400.23
May-17		$ 76,587,017.46	1.0000	$ 76,587,017.46	198,171	$ 386.47		$ (1,576,409.71)	$ 89,631,473.83	$ 452.29
Jun-17		$ 75,699,190.32	1.0000	$ 75,699,190.32	196,127	$ 385.97		$ (1,516,278.82)	$ 87,274,502.80	$ 444.99
Jul-17		$ 71,277,680.98	1.0000	$ 71,277,680.98	194,079	$ 367.26		$ (1,460,688.80)	$ 81,805,244.11	$ 421.50
Aug-17		$ 77,998,007.07	1.0000	$ 77,998,007.07	192,081	$ 406.07		$ (1,575,584.45)	$ 88,806,207.57	$ 462.34
Sep-17		$ 72,216,900.09	1.0000	$ 72,216,900.09	190,398	$ 379.29		$ (1,457,114.28)	$ 81,708,888.15	$ 429.15
Oct-17		$ 77,352,467.74	1.0000	$ 77,352,467.74	188,318	$ 410.75		$ (1,621,579.84)	$ 87,114,340.80	$ 462.59
Nov-17		$ 72,450,925.98	1.0000	$ 72,450,925.98	186,084	$ 389.35		$ (1,599,266.60)	$ 82,107,793.65	$ 441.24
Dec-17	$ 1,161,213,189.88	$ 74,273,901.67	1.0000	$ 74,273,901.67	181,683	$ 408.83	$ 158,336,250.12	$ (1,734,448.04)	$ 81,830,986.45	$ 450.41
Jan-18		$ 70,277,373.36	1.0000	$ 70,277,373.36	197,695	$ 355.48		$ (1,707,680.35)	$ 89,044,562.18	$ 450.41
Feb-18		$ 61,592,506.86	1.0000	$ 61,592,506.86	194,446	$ 316.76		$ (1,578,439.59)	$ 75,802,508.02	$ 389.84
Mar-18		$ 68,763,828.95	1.0000	$ 68,763,828.95	192,628	$ 356.98		$ (1,718,361.20)	$ 81,871,798.44	$ 425.04
Apr-18		$ 67,830,526.05	1.0000	$ 67,830,526.05	191,822	$ 353.61		$ (1,788,080.72)	$ 80,531,275.01	$ 419.82
May-18		$ 74,343,513.83	1.0000	$ 74,343,513.83	190,002	$ 391.28		$ (1,812,826.71)	$ 87,066,618.38	$ 458.24
Jun-18		$ 68,641,930.70	1.0000	$ 68,641,930.70	187,828	$ 365.45		$ (1,744,290.37)	$ 79,836,888.26	$ 425.06
Jul-18		$ 68,062,961.49	1.0000	$ 68,062,961.49	186,976	$ 364.02		$ (1,865,507.76)	$ 78,809,169.11	$ 421.49
Aug-18		$ 77,224,009.63	1.0000	$ 77,224,009.63	185,943	$ 415.31		$ (1,949,171.72)	$ 88,230,062.90	$ 474.50
Sep-18		$ 68,903,056.70	1.0000	$ 68,903,056.70	185,386	$ 371.67		$ (1,818,957.13)	$ 78,283,815.37	$ 422.27
Oct-18		$ 83,576,670.64	1.0000	$ 83,576,670.64	184,215	$ 453.69		$ (2,042,040.54)	$ 93,811,284.91	$ 509.25
Nov-18		$ 74,649,128.43	1.0000	$ 74,649,128.43	182,922	$ 408.09		$ (1,966,569.62)	$ 83,712,446.31	$ 457.64
Dec-18	$ 1,425,444,705.56	$ 71,281,833.40	1.0000	$ 71,281,833.40	180,911	$ 394.02	$ 163,483,601.18	$ (2,013,726.67)	$ 79,604,859.95	$ 440.02
Jan-19		$ 65,389,230.08	1.0000	$ 65,389,230.08	185,284	$ 352.91		$ (1,815,551.91)	$ 83,897,970.44	$ 452.81
Feb-19		$ 60,245,055.88	1.0000	$ 60,245,055.88	174,902	$ 344.45		$ (1,654,114.16)	$ 73,835,407.08	$ 422.15
Mar-19		$ 63,441,764.65	1.0000	$ 63,441,764.65	172,399	$ 367.99		$ (1,799,653.13)	$ 76,790,620.62	$ 445.42
Apr-19		$ 68,059,818.77	1.0000	$ 68,059,818.77	170,556	$ 399.05		$ (1,882,730.80)	$ 80,801,591.23	$ 473.75
May-19		$ 65,794,913.58	1.0000	$ 65,794,913.58	168,379	$ 390.75		$ (1,897,526.06)	$ 77,858,658.63	$ 462.40
Jun-19		$ 63,914,521.07	1.0000	$ 63,914,521.07	166,481	$ 383.91		$ (1,773,681.00)	$ 74,254,087.00	$ 446.02
Jul-19		$ 66,675,216.67	1.0000	$ 66,675,216.67	163,990	$ 406.58		$ (1,932,853.38)	$ 76,829,498.81	$ 468.56
Aug-19		$ 64,623,605.92	1.0000	$ 64,623,605.92	161,867	$ 399.24		$ (1,889,095.01)	$ 74,304,149.20	$ 459.04
Sep-19		$ 60,888,728.83	1.0000	$ 60,888,728.83	159,965	$ 380.64		$ (1,830,172.42)	$ 69,647,574.74	$ 435.39
Oct-19		$ 70,569,555.56	1.0000	$ 70,569,555.56	158,163	$ 446.10		$ (2,051,899.53)	$ 80,117,716.47	$ 506.56
Nov-19		$ 62,434,859.97	1.0000	$ 62,434,859.97	156,554	$ 398.81		$ (1,926,821.45)	$ 70,794,966.40	$ 452.21
Dec-19	$ 1,205,683,829.87	$ 64,254,361.38	1.0000	$ 64,254,361.38	153,816	$ 417.74	$ 157,653,337.06	$ (2,047,680.65)	$ 72,308,949.28	$ 470.10
Jan-20		$ 61,105,603.16	1.0000	$ 61,105,603.16	157,551	$ 387.85		$ (4,642,183.17)	$ 75,958,623.94	$ 482.12
Feb-20		$ 55,059,282.05	0.9976	$ 55,191,256.85	152,254	$ 362.49		$ (4,226,348.07)	$ 66,806,060.25	$ 438.78
Mar-20		$ 52,548,752.94	0.9973	$ 52,680,370.33	150,593	$ 349.82		$ (4,800,202.27)	$ 60,799,189.79	$ 403.73
Apr-20		$ 47,514,050.76	0.9964	$ 47,686,231.14	149,729	$ 318.48		$ (4,458,306.71)	$ 51,578,027.26	$ 344.48
May-20		$ 50,098,724.27	0.9959	$ 50,305,156.22	149,621	$ 336.22		$ (4,341,502.96)	$ 55,336,116.65	$ 369.84
Jun-20		$ 57,676,248.08	0.9942	$ 58,012,082.72	148,292	$ 391.20		$ (4,439,934.66)	$ 64,617,063.21	$ 435.74
Jul-20		$ 60,874,048.78	0.9922	$ 61,353,771.46	147,512	$ 415.92		$ (4,430,474.81)	$ 68,168,977.14	$ 462.12
Aug-20		$ 60,826,575.05	0.9887	$ 61,519,446.16	146,747	$ 419.22		$ (4,418,646.22)	$ 67,810,519.69	$ 462.09
Sep-20		$ 62,523,092.68	0.9842	$ 63,525,323.09	145,817	$ 435.65		$ (4,382,841.54)	$ 70,140,573.36	$ 481.02
Oct-20		$ 65,930,513.89	0.9795	$ 67,307,154.28	144,459	$ 465.93		$ (4,492,052.05)	$ 73,918,726.88	$ 511.69
Nov-20		$ 63,824,028.83	0.9712	$ 63,658,387.28	142,273	$ 447.44		$ (4,326,171.11)	$ 69,174,340.83	$ 486.14
Dec-20	$ 1,100,254,427.85	$ 64,074,882.01	0.9597	$ 66,766,869.70	139,776	$ 477.67	$ 141,139,186.31	$ (4,717,518.13)	$ 72,066,237.79	$ 515.58

** Express Completion Factor as a percentage*

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

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

Carrier Name:	**QCC Insurance Company, Inc.**	**Attachment Point:**	**$60,000**
Product(s):	**PPO**	**Reinsurance Cap:**	**$100,000**
Market Segment:	**Individual**	**Coinsurance Rate:**	**45%**
Rate Effective Date:	**1/1/2022**		
Incurred Dates:	**1/1/2020 to 12/31/2020**	**Proj. Incurred Claim Impact:**	**-4.9%**

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2020 to 12/31/2020					
Annual Incurred Claims Range		**Unique Members**	**Member Months**	**Total Incurred Claims**	**Total Incurred Claims with Reinsurance**
$0	$29,999	46,922	450,299	$68,379,093	$68,379,093
$30,000	$34,999	184	2,014	$5,962,285	$5,962,285
$35,000	$39,999	175	1,957	$6,519,287	$6,519,287
$40,000	$44,999	128	1,432	$5,470,184	$5,470,184
$45,000	$49,999	98	1,119	$4,651,383	$4,651,383
$50,000	$54,999	92	1,042	$4,842,745	$4,842,745
$55,000	$59,999	59	650	$3,404,947	$3,404,947
$60,000	$64,999	74	837	$4,619,539	$4,538,746
$65,000	$69,999	83	915	$5,578,416	$5,309,129
$70,000	$74,999	66	747	$4,792,413	$4,417,827
$75,000	$79,999	55	631	$4,268,769	$3,832,823
$80,000	$84,999	41	443	$3,386,451	$2,969,548
$85,000	$89,999	34	376	$2,971,730	$2,552,452
$90,000	$94,999	41	445	$3,779,592	$3,185,775
$95,000	$99,999	36	399	$3,507,788	$2,901,283
$100,000	$109,999	47	514	$4,938,330	$4,092,330
$110,000	$119,999	46	531	$5,252,745	$4,424,745
$120,000	$129,999	26	297	$3,252,180	$2,784,180
$130,000	$139,999	36	394	$4,839,722	$4,191,722
$140,000	$149,999	23	262	$3,312,393	$2,898,393
$150,000	$159,999	16	182	$2,465,951	$2,177,951
$160,000	$169,999	22	260	$3,611,862	$3,215,862
$170,000	$179,999	18	193	$3,149,234	$2,825,234
$180,000	$189,999	23	274	$4,233,421	$3,819,421
$190,000	$199,999	17	194	$3,325,026	$3,019,026
$200,000	$209,999	20	225	$4,100,612	$3,740,612
$210,000	$219,999	13	153	$2,800,237	$2,566,237
$220,000	$229,999	11	118	$2,471,033	$2,273,033
$230,000	$239,999	7	77	$1,635,287	$1,509,287
$240,000	$249,999	13	150	$3,187,197	$2,953,197
$250,000	$259,999	7	73	$1,778,333	$1,652,333
$260,000	$269,999	10	110	$2,653,611	$2,473,611
$270,000	$279,999	5	60	$1,376,769	$1,286,769
$280,000	$289,999	8	94	$2,280,339	$2,136,339
$290,000	$299,999	4	48	$1,180,582	$1,108,582
$300,000	$324,999	13	139	$4,004,341	$3,770,341
$325,000	$349,999	14	145	$4,711,215	$4,459,215
$350,000	$374,999	6	55	$2,189,270	$2,081,270
$375,000	$399,999	3	36	$1,176,721	$1,122,721
$400,000	$424,999	3	36	$1,242,055	$1,188,055
$425,000	$449,999	4	41	$1,752,210	$1,680,210
$450,000	$474,999	3	36	$1,394,375	$1,340,375
$475,000	$499,999	3	26	$1,478,400	$1,424,400
$500,000	$599,999	12	144	$6,556,416	$6,340,416
$600,000	$699,999	4	48	$2,592,653	$2,520,653
$700,000	$799,999	6	64	$4,501,896	$4,393,896
$800,000	$899,999	3	36	$2,614,390	$2,560,390
$900,000	$999,999	1	12	$905,013	$887,013
$1,000,000+		3	36	$3,540,622	$3,486,622
Total		**48,538**	**468,369**	**$232,639,062**	**$221,341,948**

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

Carrier Name:	**QCC Insurance Company, Inc.**	**Attachment Point:**	**$60,000**
Product(s):	**PPO**	**Reinsurance Cap:**	**$100,000**
Market Segment:	**Individual**	**Coinsurance Rate:**	**45%**
Rate Effective Date:	**1/1/2022**		
		Proj. Incurred Claim Impact:	**-5.0%**
		Proj. Morbidity Impact:	**-0.1%**

Reinsurance Program Impact Continuance Table Development - Plan Year 2022					
Annual Incurred Claims Range		**Unique Members**	**Member Months**	**Total Incurred Claims**	**Total Incurred Claims with Reinsurance**
$0	$29,999	46,726	448,149	$72,041,380	$72,041,380
$30,000	$34,999	220	2,391	$7,079,314	$7,079,314
$35,000	$39,999	157	1,744	$5,872,664	$5,872,664
$40,000	$44,999	158	1,768	$6,674,625	$6,674,625
$45,000	$49,999	106	1,192	$5,040,288	$5,040,288
$50,000	$54,999	101	1,122	$5,267,912	$5,267,912
$55,000	$59,999	80	922	$4,595,549	$4,595,549
$60,000	$64,999	71	794	$4,419,968	$4,347,983
$65,000	$69,999	55	611	$3,726,128	$3,534,371
$70,000	$74,999	67	764	$4,851,846	$4,477,515
$75,000	$79,999	73	796	$5,634,219	$5,069,820
$80,000	$84,999	59	667	$4,882,976	$4,278,637
$85,000	$89,999	47	538	$4,116,940	$3,533,317
$90,000	$94,999	40	440	$3,695,885	$3,112,737
$95,000	$99,999	34	377	$3,314,157	$2,740,786
$100,000	$109,999	68	738	$7,144,406	$5,920,406
$110,000	$119,999	48	527	$5,502,273	$4,638,273
$120,000	$129,999	45	505	$5,631,446	$4,821,446
$130,000	$139,999	33	383	$4,424,443	$3,830,443
$140,000	$149,999	23	263	$3,351,675	$2,937,675
$150,000	$159,999	30	327	$4,624,774	$4,084,774
$160,000	$169,999	23	262	$3,771,451	$3,357,451
$170,000	$179,999	15	176	$2,622,572	$2,352,572
$180,000	$189,999	21	242	$3,911,059	$3,533,059
$190,000	$199,999	14	154	$2,739,498	$2,487,498
$200,000	$209,999	20	231	$4,129,495	$3,769,495
$210,000	$219,999	11	130	$2,349,411	$2,151,411
$220,000	$229,999	21	242	$4,724,943	$4,346,943
$230,000	$239,999	13	141	$3,056,127	$2,822,127
$240,000	$249,999	13	155	$3,173,424	$2,939,424
$250,000	$259,999	13	140	$3,321,913	$3,087,913
$260,000	$269,999	6	72	$1,588,903	$1,480,903
$270,000	$279,999	9	100	$2,488,954	$2,326,954
$280,000	$289,999	9	94	$2,567,372	$2,405,372
$290,000	$299,999	5	58	$1,470,701	$1,380,701
$300,000	$324,999	17	192	$5,280,261	$4,974,261
$325,000	$349,999	16	191	$5,418,213	$5,130,213
$350,000	$374,999	8	79	$2,911,053	$2,767,053
$375,000	$399,999	11	110	$4,246,815	$4,048,815
$400,000	$424,999	7	67	$2,907,013	$2,781,013
$425,000	$449,999	1	12	$438,968	$420,968
$450,000	$474,999	4	48	$1,845,517	$1,773,517
$475,000	$499,999	4	41	$1,978,828	$1,906,828
$500,000	$599,999	10	110	$5,537,305	$5,357,305
$600,000	$699,999	10	120	$6,468,683	$6,288,683
$700,000	$799,999	3	36	$2,269,872	$2,215,872
$800,000	$899,999	6	64	$5,154,221	$5,046,221
$900,000	$999,999	2	24	$1,964,679	$1,928,679
$1,000,000+		5	60	$6,118,343	$6,028,343
Total		**48,538**	**468,369**	**$266,348,462**	**$253,009,508**

PA Rate Template Part II
Rate Development and Change

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2022

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

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	$ 584.22	$ 519.97	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two-year trend projection Factor	1.426	1.185	
Unadjusted Projected Allowed EHB Claims PMPM	$ 832.97	$ 615.96	
Single Risk Pool Adjustment Factors			
Change in Morbidity - Impact of Reinsurance Program	0.999	0.999	
Change in Morbidity - All Other	1.063	1.063	<- See URRT Instructions
Total Non-Morbidity Changes	0.991	1.340	
Change in Demographics	0.991	0.998	<- See URRT Instructions
Change in Network	0.999	1.343	
Change in Benefits	1.000	1.000	<- See URRT Instructions
Change in Other	1.000	1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	$ 875.90	$ 875.90	
Credibility Factors	0%	100%	<- See Instructions
Blended Projected EHB Claims PMPM		$ 875.90	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims			
Adjusted Projected Allowed EHB Claims PMPM	$ 875.90		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.859		
Projected Incurred EHB Claims PMPM	$ 577.34		
Market-wide Adjustments:			
Projected Incurred Risk Adjustment PMPM	$62.00		
Projected Incurred Exchange User Fees PMPM	$16.33		
Projected Incurred Reinsurance Recoveries PMPM	$28.92		
Market-Adjusted Projected Incurred EHB Claims PMPM	$ 502.75		
Market-Adjusted Projected Allowed EHB Claims PMPM	$ 762.74		<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	$ 0.25		
Market-Adjusted Projected Incurred Total Claims PMPM	$ 502.91		
Market-Adjusted Projected Allowed Total Claims PMPM	$ 762.99		

For Informational Purposes only - No input required.

Blended Base Period Unadjusted Claims before Normalization	$ 519.97	<- Index Rate of Experience Period on URRT
Blended Earned Premium	$ 1,100,254,427.85	
Blended Loss Ratio	70.63%	

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

Effective Date	1/1/2022	4/1/2022	7/1/2022	10/1/2022	Total Single Risk Pool
# of Member Months Renewing in Quarter					-
Adjusted Projected Allowed EHB Claims PMPM	$ 875.90	$ 875.90	$ 875.90	$ 875.90	$ 875.90
Months of Trend	-	3	6	9	
Annual Trend	8.84%	8.84%	8.84%	8.84%	
Single Risk Pool Projected Allowed Claims	$ 875.90	$ 894.65	$ 913.80	$ 933.35	$ -
Quarterly Trend Factor	1.000	1.021	1.043	1.066	0.000

Table 6. Retention

Retention Items - *Express in percentages*	Percentages	PMPM Amounts
Administrative Expenses	13.07%	$79.72
General and Claims	10.40%	$63.45
Agent/Broker Fees and Commissions	1.87%	$11.40
Quality Improvement Initiatives	0.80%	$4.88
Taxes and Fees	2.59%	$15.78
Risk Adjustment User Fee	0.04%	$0.25
PCORI Fee	0.04%	$0.23
PA Premium & Other Taxes (if applicable)	2.00%	$12.20
Federal Income Tax	0.51%	$3.10
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	$0.00
Profit/Contingency (after tax)	1.91%	$11.66
Total Retention	17.57%	$107.18
Projected Required Revenue PMPM	$ 610.09	

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2021	2022
Average Age Factor	1.720	1.721
Average Geographic Factor	1.000	1.000
Average Tobacco Factor	1.014	1.004
Average Benefit Richness (Induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	$ 760.22	$ 762.99
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	$ 424.55	$ 441.50

Table 8. Components of Rate Change

Rate Components	2021	2022	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	$ 353.51	$ 359.41	$ 5.90	1.7%
B. Base period allowed claims before normalization	$ 635.64	$ 519.97	$ (115.67)	-22.7%
C. Normalization factor component of change	$ (271.07)	$ (219.09)	$ 51.98	14.7%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	$ 364.57	$ 300.88	$ (63.69)	-18.0%
D2. URRT Trend	$ 105.49	$ 55.55	$ (49.94)	-14.1%
D3. URRT Morbidity	$ 8.97	$ 21.90	$ 12.94	3.7%
D4. URRT Other	$ 1.06	$ 126.51	$ 125.45	35.5%
D5. Normalized URRT Risk Adjustment on an allowed basis	$ (37.79)	$ (54.43)	$ (16.64)	-4.7%
D6. Normalized Exchange User Fee on an allowed basis	$ 11.32	$ 14.34	$ 3.01	0.9%
D7. Normalized Reinsurance Recoveries on an allowed basis	$ -	$ (25.39)	$ (25.39)	-7.2%
D8. Subtotal - Sum(D1:D7)	$ 455.63	$ 441.36	$ (14.27)	-4.0%
E. Change in Allowable Plan Adjusted Level Components			-	
E1. Network	$ -	$ -	$ -	0.0%
E2. Pricing AV	$ (144.71)	$ (150.44)	$ (5.73)	-1.6%
E3. Benefit Richness	$ 0.00	$ 0.01	$ 0.01	0.0%
E4. Catastrophic Eligibility	$ -	$ -	$ -	0.0%
E5. Subtotal - Sum(E1:E4)	$ (144.71)	$ (150.43)	$ (5.73)	-1.6%
F. Change in Retention Components				
F1. Administrative Expenses	$ 45.29	$ 46.97	$ 1.68	0.5%
F2. Taxes and Fees	$ 8.81	$ 9.30	$ 0.49	0.1%
F3. Profit and/or Contingency	$ 7.07	$ 6.87	$ (0.20)	-0.1%
F4. Subtotal - Sum(F1:F3)	$ 61.18	$ 63.14	$ 1.96	0.6%
G. Change in Miscellaneous Items	$ -	$ -	$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	$ 372.09	$ 354.06	$ (18.03)	-5.1%

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

	2021	2022	
Paid-to-Allowed	0.682	0.659	
URRT Trend (Total Applied Trend Factor)	1.289	1.185	<- URRT W1, S2
URRT Morbidity	1.019	1.061	<- URRT W1, S2
URRT "Other"	1.006	1.340	<- URRT W1, S2
Risk Adjustment	$ (44.96)	$ (62.00)	<- URRT W1, S3
Exchange User Fee	$ 13.47	$ 16.33	<- URRT W1, S3
Reinsurance Recoveries	$ -	$ 28.92	<- URRT W1, S3
Capitation	$ -	$ -	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.682	0.659	<- For 2021 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	1.000	1.000	
Catastrophic Eligibility	1.000	1.000	
Administrative Expenses	12.81%	13.07%	
Taxes and Fees	2.49%	2.59%	
Profit and/or Contingency	2.00%	1.91%	

PA Rate Template Part III

Table 10. Plan Rates

Carrier Name: QCC Insurance Company, Inc.
Product(s): PPO
Market Segment: Individual
Rate Effective Date: 1/1/2022
Base Period Start Date 1/1/2020
Date of Most Recent Membership: 2/1/2021
Market Adjusted Index Rate: $ 762.74

Calibration	
Age Calibration Factor	1.721
Geographic Calibration Factor	1.000
Tobacco Calibration Factor	1.004
Aggregate Calibration Factor	1.728

Total Covered Lives @ 02-01-2021
41,995

Plan Number	HIOS Plan ID (Standard Component)	Product Type (HMO, POS, PPO, EPO, Indemnity, Other)	1/1/2021 Plan Marketing Name	Existing, Modified, New, Discontinued & Mapped, Discontinued & Not Mapped (E,M,N,DM, DNM) for 2022	1/1/2022 HIOS Plan ID (If 1/1/2021 Plan Discontinued & Mapped)	Metallic Tier	Metallic Tier Actuarial Value	Standard AV, Approach (1), Approach (2)	Exchange On/Off or Off
Totals - Current Membership							0.669		
Total - Projected Membership							0.669		
Transitional Plans	TRANSITIONAL	N/A	TRANSITIONAL	DNM	TRANSITIONAL	N/A	N/A	N/A	N/A
Plan 1	31609PA0160007	EPO	Personal Choice EPO Gold	E		Gold	0.7764	Approach 1	On
Plan 2	31609PA0070002	PPO	Personal Choice PPO Gold	E		Gold	0.7832	Approach 1	On
Plan 3	31609PA0070003	PPO	Personal Choice PPO Silver	E		Silver	0.7081	Approach 1	On
Plan 4	31609PA0070004	PPO	Personal Choice PPO Bronze	E		Bronze	0.63984481	Approach 1	On
Plan 5	31609PA0160005	EPO	Personal Choice EPO Bronze Reserve	E		Bronze	0.6449	Standard AV	On
Plan 6	31609PA0160001	EPO	Personal Choice EPO Catastrophic	E		Catastrophic	0.62712518	Approach 1	On
Plan 7	31609PA0180005	EPO	Personal Choice EPO Bronze Basic	E		Bronze	0.63290312	Approach 1	Off
Plan 8	31609PA0180007	EPO	Personal Choice EPO Gold	E		Gold	0.7764	Approach 1	Off
Plan 9	31609PA0190002	PPO	Personal Choice PPO Gold	E		Gold	0.7832	Approach 1	Off
Plan 10	31609PA0190003	PPO	Personal Choice PPO Silver	E		Silver	0.7081	Approach 1	Off
Plan 11	31609PA0190004	PPO	Personal Choice PPO Bronze	E		Bronze	0.63984481	Approach 1	Off
Plan 12	31609PA0180001	EPO	Personal Choice Catastrophic	E		Catastrophic	0.62712518	Approach 1	Off
Plan 13	31609PA0180004	EPO	Personal Choice EPO Bronze Reserve	E		Bronze	0.6449	Standard AV	Off
Plan 14	31609PA0160006	EPO	Personal Choice EPO Bronze Basic	E		Bronze	0.63290312	Approach 1	On
Plan 15									
Plan 16									
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Plan Number	45 CFR Part 156.8 (d) (2) Allowable Factors: Pricing AV (company-determined AV)	Benefit Richness (induced demand)	Benefits in addition to EHB	Provider Network	Catastrophic Eligibility	Non-Funding of CSR Adjustment	Pure Premium	Admin Costs	Taxes & Fees (not including Exchange fees)	Profit or Contingency	Total Covered Lives Mapped into 2022 Plans @ 02-01-2021	Total Projected Lives
Totals - Current Membership	0.659	1.000	1.000	1.000	1.000	1.023	$ 511.99	13.1%	2.6%	1.9%	41,995	41,995
Total - Projected Membership	0.659	1.000	1.000	1.000	1.000	1.023	$ 511.99	13.1%	2.6%	1.9%		
Transitional Plans	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	-	
Plan 1	0.896	1.109	1.000	1.029	1.000	1.000	$779.93	13.1%	2.6%	1.9%	124	124
Plan 2	0.912	1.121	1.000	1.029	1.000	1.000	$802.80	13.1%	2.6%	1.9%	2,239	2,239
Plan 3	0.682	1.064	1.000	1.029	1.000	1.220	$694.71	13.1%	2.6%	1.9%	2,851	4,127
Plan 4	0.616	0.970	1.000	1.029	1.000	1.000	$469.53	13.1%	2.6%	1.9%	4,540	6,273
Plan 5	0.599	0.967	1.000	0.978	1.000	1.000	$431.88	13.1%	2.6%	1.9%	5,890	8,598
Plan 6	0.533	0.958	1.000	0.978	1.000	1.000	$380.67	13.1%	2.6%	1.9%	250	307
Plan 7	0.547	0.959	1.001	0.978	1.000	1.000	$391.75	13.1%	2.6%	1.9%	1,506	310
Plan 8	0.895	1.108	1.001	1.029	1.000	1.000	$779.93	13.1%	2.6%	1.9%	599	599
Plan 9	0.911	1.121	1.001	1.029	1.000	1.000	$802.80	13.1%	2.6%	1.9%	3,896	3,896
Plan 10	0.681	1.063	1.001	1.029	1.000	1.220	$694.71	13.1%	2.6%	1.9%	1,616	340
Plan 11	0.616	0.970	1.001	1.029	1.000	1.000	$469.53	13.1%	2.6%	1.9%	2,193	460
Plan 12	0.532	0.958	1.001	0.978	1.000	1.000	$380.67	13.1%	2.6%	1.9%	67	10
Plan 13	0.599	0.967	1.001	0.978	1.000	1.000	$431.88	13.1%	2.6%	1.9%	3,418	710
Plan 14	0.547	0.959	1.000	0.978	1.000	1.000	$391.75	13.1%	2.6%	1.9%	12,806	14,002
Plan 15							$0.00				-	
Plan 16							$0.00				-	
Plan 17							$0.00				-	
Plan 18							$0.00				-	
Plan 19							$0.00				-	
Plan 20							$0.00				-	
Plan 21							$0.00				-	
Plan 22							$0.00				-	
Plan 23							$0.00				-	
Plan 24							$0.00				-	
Plan 25							$0.00				-	
Plan 26							$0.00				-	
Plan 27							$0.00				-	
Plan 28							$0.00				-	
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Plan 74							$0.00				-	
Plan 75							$0.00				-	
Plan 76							$0.00				-	
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Plan 78							$0.00				-	
Plan 79							$0.00				-	
Plan 80							$0.00				-	
Plan 81							$0.00				-	
Plan 82							$0.00				-	
Plan 83							$0.00				-	

Plan Number	2021 Calibrated Plan Adjusted Index Rate PMPM	2022 Calibrated Plan Adjusted Index Rate PMPM	Proposed Rate Change Compared to Prior 12 months	% of Total Covered Lives	02-01-2021 Number of Covered Lives by Rating Area: 1	2	3	4	5	6	7	8	9	Total	2022 Continued/ Discontinued Plans Indicator
Totals - Current Membership	$ 353.51	$ 359.41	1.7%		-	-	-	-	-	-	-	41,995	-	41,995	
Total - Projected Membership															
Transitional Plans	N/A	N/A	N/A	N/A										-	0
Plan 1	$ 572.74	$ 547.50	-4.4%	0.3%								124		124	1
Plan 2	$ 550.38	$ 563.55	2.4%	5.3%								2,239		2,239	1
Plan 3	$ 481.30	$ 487.68	1.3%	6.8%								2,851		2,851	1
Plan 4	$ 322.38	$ 329.60	2.2%	10.8%								4,540		4,540	1
Plan 5	$ 296.65	$ 303.17	2.2%	14.0%								5,890		5,890	1
Plan 6	$ 264.18	$ 267.22	1.2%	0.6%								250		250	1
Plan 7	$ 271.78	$ 275.01	1.2%	3.6%								1,506		1,506	1
Plan 8	$ 572.74	$ 547.50	-4.4%	1.4%								599		599	1
Plan 9	$ 550.38	$ 563.55	2.4%	9.3%								3,896		3,896	1
Plan 10	$ 481.30	$ 487.68	1.3%	3.8%								1,616		1,616	1
Plan 11	$ 322.38	$ 329.60	2.2%	5.2%								2,193		2,193	1
Plan 12	$ 264.18	$ 267.22	1.2%	0.2%								67		67	1
Plan 13	$ 296.65	$ 303.17	2.2%	8.1%								3,418		3,418	1
Plan 14	$ 271.78	$ 275.01	1.2%	30.5%								12,806		12,806	1
Plan 15		$ -	0.0%	0.0%										-	0
Plan 16		$ -	0.0%	0.0%										-	0
Plan 17		$ -	0.0%	0.0%										-	0
Plan 18		$ -	0.0%	0.0%										-	0
Plan 19		$ -	0.0%	0.0%										-	0
Plan 20		$ -	0.0%	0.0%										-	0
Plan 21		$ -	0.0%	0.0%										-	0
Plan 22		$ -	0.0%	0.0%										-	0
Plan 23		$ -	0.0%	0.0%										-	0
Plan 24		$ -	0.0%	0.0%										-	0
Plan 25		$ -	0.0%	0.0%										-	0
Plan 26		$ -	0.0%	0.0%										-	0
Plan 27		$ -	0.0%	0.0%										-	0
Plan 28		$ -	0.0%	0.0%										-	0
Plan 29		$ -	0.0%	0.0%										-	0
Plan 30		$ -	0.0%	0.0%										-	0
Plan 31		$ -	0.0%	0.0%										-	0
Plan 32		$ -	0.0%	0.0%										-	0
Plan 33		$ -	0.0%	0.0%										-	0
Plan 34		$ -	0.0%	0.0%										-	0
Plan 35		$ -	0.0%	0.0%										-	0
Plan 36		$ -	0.0%	0.0%										-	0
Plan 37		$ -	0.0%	0.0%										-	0
Plan 38		$ -	0.0%	0.0%										-	0
Plan 39		$ -	0.0%	0.0%										-	0
Plan 40		$ -	0.0%	0.0%										-	0
Plan 41		$ -	0.0%	0.0%										-	0
Plan 42		$ -	0.0%	0.0%										-	0
Plan 43		$ -	0.0%	0.0%										-	0
Plan 44		$ -	0.0%	0.0%										-	0
Plan 45		$ -	0.0%	0.0%										-	0
Plan 46		$ -	0.0%	0.0%										-	0
Plan 47		$ -	0.0%	0.0%										-	0
Plan 48		$ -	0.0%	0.0%										-	0
Plan 49		$ -	0.0%	0.0%										-	0
Plan 50		$ -	0.0%	0.0%										-	0
Plan 51		$ -	0.0%	0.0%										-	0
Plan 52		$ -	0.0%	0.0%										-	0
Plan 53		$ -	0.0%	0.0%										-	0
Plan 54		$ -	0.0%	0.0%										-	0
Plan 55		$ -	0.0%	0.0%										-	0
Plan 56		$ -	0.0%	0.0%										-	0
Plan 57		$ -	0.0%	0.0%										-	0
Plan 58		$ -	0.0%	0.0%										-	0
Plan 59		$ -	0.0%	0.0%										-	0
Plan 60		$ -	0.0%	0.0%										-	0
Plan 61		$ -	0.0%	0.0%										-	0
Plan 62		$ -	0.0%	0.0%										-	0
Plan 63		$ -	0.0%	0.0%										-	0
Plan 64		$ -	0.0%	0.0%										-	0
Plan 65		$ -	0.0%	0.0%										-	0
Plan 66		$ -	0.0%	0.0%										-	0
Plan 67		$ -	0.0%	0.0%										-	0
Plan 68		$ -	0.0%	0.0%										-	0
Plan 69		$ -	0.0%	0.0%										-	0
Plan 70		$ -	0.0%	0.0%										-	0
Plan 71		$ -	0.0%	0.0%										-	0
Plan 72		$ -	0.0%	0.0%										-	0
Plan 73		$ -	0.0%	0.0%										-	0
Plan 74		$ -	0.0%	0.0%										-	0
Plan 75		$ -	0.0%	0.0%										-	0
Plan 76		$ -	0.0%	0.0%										-	0
Plan 77		$ -	0.0%	0.0%										-	0
Plan 78		$ -	0.0%	0.0%										-	0
Plan 79		$ -	0.0%	0.0%										-	0
Plan 80		$ -	0.0%	0.0%										-	0
Plan 81		$ -	0.0%	0.0%										-	0
Plan 82		$ -	0.0%	0.0%										-	0
Plan 83		$ -	0.0%	0.0%										-	0

PA Rate Template Part IV A - Individual

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

Carrier Name: OCC Insurance Company, Inc.
Product(s): PPO
Market Segment: Individual
Rate Effective Date: 1/1/2022

Plan Number	HIOS Plan ID (Standard Component)	1/1/2021 Plan Marketing Name	Discontinued, New, Modified, Existing (D,N,M,E) for 2022	1/1/2022 Plan HIOS Plan ID (If 1/1/2021 Plan Discontinued & Mapped)	Metallic Tier	Exchange On/Off or Off	2021 21-year-old, Non-Tobacco Premium PMPM										2022 21-year-old, Non-Tobacco Premium PMPM										Change in 21-year-old Non-Tobacco Premium PMPM									
							1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6	7	8	9	Average (weighted by enrollment by rating area)
Totals	These cells auto-fill using the data entered in Table 10.						$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 353.51	$ -	$ 353.51	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 359.41	$ -	$ 359.41	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	1.7%
Plan 1	31609PA0160007	Personal Choice EPO Gold	E		Gold	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 572.74	$ -	$ 572.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 547.50	$ -	$ 547.50								-4.4%		-4.4%
Plan 2	31609PA0070002	Personal Choice PPO Gold	E		Gold	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 550.38	$ -	$ 550.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 563.55	$ -	$ 563.55								2.4%		2.4%
Plan 3	31609PA0070003	Personal Choice PPO Silve	E		Silver	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 481.30	$ -	$ 481.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 487.68	$ -	$ 487.68								1.3%		1.3%
Plan 4	31609PA0070004	ersonal Choice PPO Bronz	E		Bronze	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 322.38	$ -	$ 322.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 329.60	$ -	$ 329.60								2.2%		2.2%
Plan 5	31609PA0160005	nal Choice EPO Bronze Re	E		Bronze	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 296.65	$ -	$ 296.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 303.17	$ -	$ 303.17								2.2%		2.2%
Plan 6	31609PA0160001	onal Choice EPO Catastro	E		Catastrophic	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 264.18	$ -	$ 264.18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 267.22	$ -	$ 267.22								1.2%		1.2%
Plan 7	31609PA0180005	onal Choice EPO Bronze R	E		Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 271.78	$ -	$ 271.78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 275.01	$ -	$ 275.01								1.2%		1.2%
Plan 8	31609PA0180007	Personal Choice EPO Gold	E		Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 572.74	$ -	$ 572.74	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 547.50	$ -	$ 547.50								-4.4%		-4.4%
Plan 9	31609PA0190002	Personal Choice PPO Gold	E		Gold	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 550.38	$ -	$ 550.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 563.55	$ -	$ 563.55								2.4%		2.4%
Plan 10	31609PA0190003	Personal Choice PPO Silve	E		Silver	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 481.30	$ -	$ 481.30	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 487.68	$ -	$ 487.68								1.3%		1.3%
Plan 11	31609PA0190004	ersonal Choice PPO Bronz	E		Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 322.38	$ -	$ 322.38	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 329.60	$ -	$ 329.60								2.2%		2.2%
Plan 12	31609PA0180001	ersonal Choice Catastroph	E		Catastrophic	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 264.18	$ -	$ 264.18	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 267.22	$ -	$ 267.22								1.2%		1.2%
Plan 13	31609PA0180004	nal Choice EPO Bronze Re	E		Bronze	Off	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 296.65	$ -	$ 296.65	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 303.17	$ -	$ 303.17								2.2%		2.2%
Plan 14	31609PA0160006	onal Choice EPO Bronze S	E		Bronze	On	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 271.78	$ -	$ 271.78	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 275.01	$ -	$ 275.01								1.2%		1.2%
Plan 15	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 16	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 17	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 18	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 19	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 20	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 21	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 22	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 23	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 24	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 25	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 26	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 27	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 28	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 29	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 30	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 31	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 32	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 33	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 34	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 35	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 36	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 37	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 38	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 39	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 40	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 41	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 42	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 43	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 44	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 45	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 46	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 47	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 48	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 49	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 50	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 51	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 52	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 53	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 54	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 55	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 56	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 57	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 58	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 59	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 60	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 61	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 62	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 63	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 64	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 65	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 66	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 67	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 68	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 69	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 70	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 71	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 72	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 73	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 74	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 75	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 76	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 77	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 78	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 79	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 80	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 81	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 82	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 83	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 84	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 85	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										
Plan 86	0	0	0	0	0	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -										

PA Rate Quarterly Template Part V
Consumer Factors

Carrier Name:	**QCC Insurance Company, Inc.**
Product(s):	**PPO**
Market Segment:	**Individual**
Rate Effective Date:	**1/1/2022**

Table 12. Age and Tobacco Factors

Projection Period Age and Tobacco Factors						
Age Band	Age Factor	Tobacco Factor		Age Band	Age Factor	Tobacco Factor
0-14	0.765			40	1.278	1.225
15	0.833			41	1.302	1.225
16	0.859			42	1.325	1.225
17	0.885			43	1.357	1.225
18	0.913	1.000		44	1.397	1.225
19	0.941	1.000		45	1.444	1.225
20	0.970	1.000		46	1.500	1.225
21	1.000	1.125		47	1.563	1.225
22	1.000	1.125		48	1.635	1.225
23	1.000	1.125		49	1.706	1.225
24	1.000	1.125		50	1.786	1.375
25	1.004	1.125		51	1.865	1.375
26	1.024	1.125		52	1.952	1.375
27	1.048	1.125		53	2.040	1.375
28	1.087	1.125		54	2.135	1.375
29	1.119	1.125		55	2.230	1.375
30	1.135	1.175		56	2.333	1.375
31	1.159	1.175		57	2.437	1.375
32	1.183	1.175		58	2.548	1.375
33	1.198	1.175		59	2.603	1.375
34	1.214	1.175		60	2.714	1.375
35	1.222	1.175		61	2.810	1.375
36	1.230	1.175		62	2.873	1.375
37	1.238	1.175		63	2.952	1.375
38	1.246	1.175		64+	3.000	1.375
39	1.262	1.175				

*PA follows the federal default age curve.

Table 13. Geographic Factors

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

Table 14. Network Factors

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

Comoanv Name: QCC Insurance Company
Market: Individual
Product: PPO
Effective Date of Rates: January 1, 2022 **Ending date of Rates:** December 31, 2022

HIOS Plan ID (On Exchange)=>	31609PA0070002		31609PA0070003		31609PA0070004		31609PA0160001		31609PA0160005		31609PA0160006		31609PA0160007				31609PA0180004		31609PA0180005		31609PA0180007		31609PA0190002		31609PA0190003		31609PA0190004	
HIOS Plan ID (Off Exchange)=>															31609PA0180001													
Plan Marketing Name =>	Personal Choice PPO Gold		Personal Choice PPO Silver		Personal Choice PPO Bronze		Personal Choice EPO Catastrophic		Personal Choice EPO Bronze Basic		Personal Choice EPO Bronze Basic		Personal Choice EPO Gold		Personal Choice EPO Catastrophic		Personal Choice EPO Bronze Basic		Personal Choice EPO Bronze Basic		Personal Choice EPO Gold		Personal Choice PPO Gold		Personal Choice PPO Silver		Personal Choice PPO Bronze	
Form # =>	08535.ON Rev. 1.22		08535.ON Rev. 1.22		08535.ON Rev. 1.22		08537.ON.PDEN Rev. 1.22		08537.ON.PDEN.HSA Rev. 1.22		08537.ON.PDEN Rev. 1.22		08537.ON.PDEN Rev. 1.22		08537.OFF Rev. 1.22		08537.OFF.PDEN.HSA Rev. 1.22		08537.OFF Rev. 1.22		08537.OFF Rev. 1.22		08535.OFF Rev. 1.22		08535.OFF Rev. 1.22		08535.OFF Rev. 1.22	
Rating Area =>	8		8		8		8		8		8		8		8		8		8		8		8		8		8	
Network =>	Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network		Personal Choice Network	
Metal =>	Gold		Silver		Bronze		Catastrophic		Bronze		Bronze		Gold		Catastrophic		Bronze		Bronze		Gold		Gold		Silver		Bronze	
Deductible =>	$0		$3,000		$6,000		$8,700		$7,050		$8,700		$0		$8,700		$7,050		$8,700		$0		$0		$3,000		$6,000	
Coinsurance =>	20%		30%		50%		0%		0%		0%		20%		0%		0%		0%		20%		20%		30%		50%	
Copays =>	$30/565		$30/$70 no ded		$50 no ded/50% after ded		1-3 no ded (0% after ded)/0%		0% after ded/0% after ded		1-3 no ded (0% after ded)/0%		$20/$50		1-3 no ded (0% after ded)/0%		0% after ded/0% after ded		1-3 no ded (0% after ded)/0%		$35/$65		$30/$65		$30/$70 no ded		$50 no ded/50% after ded	
OOP Maximum =>	$7,500		$8,000		$8,650		$8,700		$7,050		$8,700		$7,000		$8,700		$7,050		$8,700		$8,000		$7,500		$8,000		$8,650	
Pediatric Dental (Yes/No) =>	Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
0 - 14	$431.12	$431.12	$373.08	$373.08	$252.14	$252.14	$204.42	$204.42	$231.93	$231.93	$210.38	$210.38	$418.84	$418.84	$204.42	$204.42	$231.93	$231.93	$210.38	$210.38	$418.84	$418.84	$431.12	$431.12	$373.08	$373.08	$252.14	$252.14
15	$469.44	$469.44	$406.24	$406.24	$274.56	$274.56	$222.59	$222.59	$252.54	$252.54	$229.08	$229.08	$456.07	$456.07	$222.59	$222.59	$252.54	$252.54	$229.08	$229.08	$456.07	$456.07	$469.44	$469.44	$406.24	$406.24	$274.56	$274.56
16	$484.09	$484.09	$418.92	$418.92	$283.13	$283.13	$229.54	$229.54	$260.42	$260.42	$236.23	$236.23	$470.30	$470.30	$229.54	$229.54	$260.42	$260.42	$236.23	$236.23	$470.30	$470.30	$484.09	$484.09	$418.92	$418.92	$283.13	$283.13
17	$498.74	$498.74	$431.60	$431.60	$291.70	$291.70	$236.49	$236.49	$268.31	$268.31	$243.38	$243.38	$484.54	$484.54	$236.49	$236.49	$268.31	$268.31	$243.38	$243.38	$484.54	$484.54	$498.74	$498.74	$431.60	$431.60	$291.70	$291.70
18	$514.52	$514.52	$445.25	$445.25	$300.92	$300.92	$243.97	$243.97	$276.79	$276.79	$251.08	$251.08	$499.87	$499.87	$243.97	$243.97	$276.79	$276.79	$251.08	$251.08	$499.87	$499.87	$514.52	$514.52	$445.25	$445.25	$300.92	$300.92
19	$530.30	$530.30	$458.91	$458.91	$310.15	$310.15	$251.45	$251.45	$285.28	$285.28	$258.78	$258.78	$515.20	$515.20	$251.45	$251.45	$285.28	$285.28	$258.78	$258.78	$515.20	$515.20	$530.30	$530.30	$458.91	$458.91	$310.15	$310.15
20	$546.64	$546.64	$473.05	$473.05	$319.71	$319.71	$259.20	$259.20	$294.07	$294.07	$266.76	$266.76	$531.08	$531.08	$259.20	$259.20	$294.07	$294.07	$266.76	$266.76	$531.08	$531.08	$546.64	$546.64	$473.05	$473.05	$319.71	$319.71
21	$563.55	$633.99	$487.68	$548.64	$329.60	$370.80	$267.22	$300.62	$303.17	$341.07	$275.01	$309.39	$547.50	$615.94	$267.22	$300.62	$303.17	$341.07	$275.01	$309.39	$547.50	$615.94	$563.55	$633.99	$487.68	$548.64	$329.60	$370.80
22	$563.55	$633.99	$487.68	$548.64	$329.60	$370.80	$267.22	$300.62	$303.17	$341.07	$275.01	$309.39	$547.50	$615.94	$267.22	$300.62	$303.17	$341.07	$275.01	$309.39	$547.50	$615.94	$563.55	$633.99	$487.68	$548.64	$329.60	$370.80
23	$563.55	$633.99	$487.68	$548.64	$329.60	$370.80	$267.22	$300.62	$303.17	$341.07	$275.01	$309.39	$547.50	$615.94	$267.22	$300.62	$303.17	$341.07	$275.01	$309.39	$547.50	$615.94	$563.55	$633.99	$487.68	$548.64	$329.60	$370.80
24	$563.55	$633.99	$487.68	$548.64	$329.60	$370.80	$267.22	$300.62	$303.17	$341.07	$275.01	$309.39	$547.50	$615.94	$267.22	$300.62	$303.17	$341.07	$275.01	$309.39	$547.50	$615.94	$563.55	$633.99	$487.68	$548.64	$329.60	$370.80
25	$565.80	$636.53	$489.63	$550.83	$330.92	$372.28	$268.29	$301.82	$304.38	$342.43	$276.11	$310.62	$549.69	$618.40	$268.29	$301.82	$304.38	$342.43	$276.11	$310.62	$549.69	$618.40	$565.80	$636.53	$489.63	$550.83	$330.92	$372.28
26	$577.08	$649.21	$499.38	$561.81	$337.51	$379.70	$273.63	$307.84	$310.45	$349.25	$281.61	$316.81	$560.64	$630.72	$273.63	$307.84	$310.45	$349.25	$281.61	$316.81	$560.64	$630.72	$577.08	$649.21	$499.38	$561.81	$337.51	$379.70
27	$590.60	$664.43	$511.09	$574.97	$345.42	$388.60	$280.05	$315.05	$317.72	$357.44	$288.21	$324.24	$573.78	$645.50	$280.05	$315.05	$317.72	$357.44	$288.21	$324.24	$573.78	$645.50	$590.60	$664.43	$511.09	$574.97	$345.42	$388.60
28	$612.58	$689.15	$530.11	$596.37	$358.28	$403.06	$290.47	$326.78	$329.55	$370.74	$298.94	$336.30	$595.13	$669.52	$290.47	$326.78	$329.55	$370.74	$298.94	$336.30	$595.13	$669.52	$612.58	$689.15	$530.11	$596.37	$358.28	$403.06
29	$630.61	$709.44	$545.71	$613.93	$368.82	$414.93	$299.02	$336.40	$339.25	$381.65	$307.74	$346.20	$612.65	$689.23	$299.02	$336.40	$339.25	$381.65	$307.74	$346.20	$612.65	$689.23	$630.61	$709.44	$545.71	$613.93	$368.82	$414.93
30	$639.63	$751.56	$553.52	$650.38	$374.10	$439.56	$303.29	$356.37	$344.10	$404.32	$312.14	$366.76	$621.41	$730.16	$303.29	$356.37	$344.10	$404.32	$312.14	$366.76	$621.41	$730.16	$639.63	$751.56	$553.52	$650.38	$374.10	$439.56
31	$653.15	$767.46	$565.22	$664.13	$382.01	$448.86	$309.71	$363.91	$351.37	$412.86	$318.74	$374.52	$634.55	$745.60	$309.71	$363.91	$351.37	$412.86	$318.74	$374.52	$634.55	$745.60	$653.15	$767.46	$565.22	$664.13	$382.01	$448.86
32	$666.68	$783.35	$576.93	$677.89	$389.92	$458.15	$316.12	$371.44	$358.65	$421.41	$325.34	$382.27	$647.69	$761.04	$316.12	$371.44	$358.65	$421.41	$325.34	$382.27	$647.69	$761.04	$666.68	$783.35	$576.93	$677.89	$389.92	$458.15
33	$675.13	$793.28	$584.24	$686.48	$394.86	$463.96	$320.13	$376.15	$363.20	$426.76	$329.46	$387.12	$655.91	$770.69	$320.13	$376.15	$363.20	$426.76	$329.46	$387.12	$655.91	$770.69	$675.13	$793.28	$584.24	$686.48	$394.86	$463.96
34	$684.15	$803.88	$592.04	$695.65	$400.13	$470.16	$324.41	$381.18	$368.05	$432.46	$333.86	$392.29	$664.67	$780.98	$324.41	$381.18	$368.05	$432.46	$333.86	$392.29	$664.67	$780.98	$684.15	$803.88	$592.04	$695.65	$400.13	$470.16
35	$688.66	$809.17	$595.94	$700.24	$402.77	$473.26	$326.54	$383.69	$370.47	$435.31	$336.06	$394.87	$669.05	$786.13	$326.54	$383.69	$370.47	$435.31	$336.06	$394.87	$669.05	$786.13	$688.66	$809.17	$595.94	$700.24	$402.77	$473.26
36	$693.17	$814.47	$599.85	$704.82	$405.41	$476.35	$328.68	$386.20	$372.90	$438.16	$338.26	$397.46	$673.43	$791.27	$328.68	$386.20	$372.90	$438.16	$338.26	$397.46	$673.43	$791.27	$693.17	$814.47	$599.85	$704.82	$405.41	$476.35
37	$697.67	$819.77	$603.75	$709.40	$408.04	$479.45	$330.82	$388.71	$375.32	$441.01	$340.46	$400.04	$677.81	$796.42	$330.82	$388.71	$375.32	$441.01	$340.46	$400.04	$677.81	$796.42	$697.67	$819.77	$603.75	$709.40	$408.04	$479.45
38	$702.18	$825.07	$607.65	$713.99	$410.68	$482.55	$332.96	$391.22	$377.75	$443.86	$342.66	$402.63	$682.19	$801.57	$332.96	$391.22	$377.75	$443.86	$342.66	$402.63	$682.19	$801.57	$702.18	$825.07	$607.65	$713.99	$410.68	$482.55
39	$711.20	$835.66	$615.45	$723.16	$415.96	$488.75	$337.23	$396.25	$382.60	$449.56	$347.06	$407.80	$690.95	$811.86	$337.23	$396.25	$382.60	$449.56	$347.06	$407.80	$690.95	$811.86	$711.20	$835.66	$615.45	$723.16	$415.96	$488.75
40	$720.22	$882.27	$623.26	$763.49	$421.23	$516.01	$341.51	$418.35	$387.45	$474.63	$351.46	$430.54	$699.71	$857.14	$341.51	$418.35	$387.45	$474.63	$351.46	$430.54	$699.71	$857.14	$720.22	$882.27	$623.26	$763.49	$421.23	$516.01
41	$733.74	$898.83	$634.96	$777.83	$429.14	$525.70	$347.92	$426.20	$394.73	$483.54	$358.06	$438.63	$712.85	$873.24	$347.92	$426.20	$394.73	$483.54	$358.06	$438.63	$712.85	$873.24	$733.74	$898.83	$634.96	$777.83	$429.14	$525.70
42	$746.70	$914.75	$646.18	$791.57	$436.72	$534.98	$354.07	$433.73	$401.70	$492.08	$364.39	$446.38	$725.44	$888.66	$354.07	$433.73	$401.70	$492.08	$364.39	$446.38	$725.44	$888.66	$746.70	$914.75	$646.18	$791.57	$436.72	$534.98
43	$764.74	$936.80	$661.78	$810.68	$447.27	$547.90	$362.62	$444.21	$411.40	$503.97	$373.19	$457.16	$742.96	$910.12	$362.62	$444.21	$411.40	$503.97	$373.19	$457.16	$742.96	$910.12	$764.74	$936.80	$661.78	$810.68	$447.27	$547.90
44	$787.28	$964.42	$681.29	$834.58	$460.45	$564.05	$373.31	$457.30	$423.53	$518.82	$384.19	$470.63	$764.86	$936.95	$373.31	$457.30	$423.53	$518.82	$384.19	$470.63	$764.86	$936.95	$787.28	$964.42	$681.29	$834.58	$460.45	$564.05
45	$813.77	$996.86	$704.21	$862.66	$475.94	$583.03	$385.87	$472.69	$437.78	$536.28	$397.11	$486.47	$790.59	$968.47	$385.87	$472.69	$437.78	$536.28	$397.11	$486.47	$790.59	$968.47	$813.77	$996.86	$704.21	$862.66	$475.94	$583.03
46	$845.33	$1,035.52	$731.52	$896.11	$494.40	$605.64	$400.83	$491.02	$454.76	$557.07	$412.52	$505.33	$821.25	$1,006.03	$400.83	$491.02	$454.76	$557.07	$412.52	$505.33	$821.25	$1,006.03	$845.33	$1,035.52	$731.52	$896.11	$494.40	$605.64
47	$880.83	$1,079.02	$762.24	$933.75	$515.16	$631.08	$417.66	$511.64	$473.85	$580.47	$429.84	$526.55	$855.74	$1,048.28	$417.66	$511.64	$473.85	$580.47	$429.84	$526.55	$855.74	$1,048.28	$880.83	$1,079.02	$762.24	$933.75	$515.16	$631.08
48	$921.40	$1,128.72	$797.36	$976.76	$538.90	$660.15	$436.90	$535.21	$495.68	$607.21	$449.64	$550.81	$895.16	$1,096.57	$436.90	$535.21	$495.68	$607.21	$449.64	$550.81	$895.16	$1,096.57	$921.40	$1,128.72	$797.36	$976.76	$538.90	$660.15
49	$961.42	$1,177.73	$831.98	$1,019.18	$562.30	$688.81	$455.88	$558.45	$517.21	$633.58	$469.17	$574.73	$934.04	$1,144.19	$455.88	$558.45	$517.21	$633.58	$469.17	$574.73	$934.04	$1,144.19	$961.42	$1,177.73	$831.98	$1,019.18	$562.30	$688.81
50	$1,006.50	$1,383.94	$871.00	$1,197.62	$588.67	$809.42	$477.25	$656.23	$541.46	$744.51	$491.17	$675.36	$977.84	$1,344.52	$477.25	$656.23	$541.46	$744.51	$491.17	$675.36	$977.84	$1,344.52	$1,006.50	$1,383.94	$871.00	$1,197.62	$588.67	$809.42
51	$1,051.02	$1,445.15	$909.52	$1,250.59	$614.70	$845.22	$498.37	$685.25	$565.41	$777.44	$512.89	$705.23	$1,021.09	$1,404.00	$498.37	$685.25	$565.41	$777.44	$512.89	$705.23	$1,021.09	$1,404.00	$1,051.02	$1,445.15	$909.52	$1,250.59	$614.70	$845.22
52	$1,100.05	$1,512.57	$951.95	$1,308.93	$643.38	$884.65	$521.61	$717.22	$591.79	$813.71	$536.82	$738.13	$1,068.72	$1,469.49	$521.61	$717.22	$591.79	$813.71	$536.82	$738.13	$1,068.72	$1,469.49	$1,100.05	$1,512.57	$951.95	$1,308.93	$643.38	$884.65
53	$1,149.64	$1,580.76	$994.87	$1,367.94	$672.38	$924.53	$545.13	$749.55	$618.47	$850.39	$561.02	$771.40	$1,116.90	$1,535.74	$545.13	$749.55	$618.47	$850.39	$561.02	$771.40	$1,116.90	$1,535.74	$1,149.64	$1,580.76	$994.87	$1,367.94	$672.38	$924.53
54	$1,203.18	$1,654.37	$1,041.20	$1,431.65	$703.70	$967.58	$570.51	$784.46	$647.27	$889.99	$587.15	$807.33	$1,168.91	$1,607.25	$570.51	$784.46	$647.27	$889.99	$587.15	$807.33	$1,168.91	$1,607.25	$1,203.18	$1,654.37	$1,041.20	$1,431.65	$703.70	$967.58
55	$1,256.72	$1,727.99	$1,087.53	$1,495.35	$735.01	$1,010.64	$595.90	$819.36	$676.07	$929.60	$613.27	$843.25	$1,220.93	$1,678.77	$595.90	$819.36	$676.07	$929.60	$613.27	$843.25	$1,220.93	$1,678.77	$1,256.72	$1,727.99	$1,087.53	$1,495.35	$735.01	$1,010.64
56	$1,314.76	$1,807.80	$1,137.76	$1,564.42	$768.96	$1,057.32	$623.42	$857.21	$707.30	$972.53	$641.60	$882.20	$1,277.32	$1,756.31	$623.42	$857.21	$707.30	$972.53	$641.60	$882.20	$1,277.32	$1,756.31	$1,314.76	$1,807.80	$1,137.76	$1,564.42	$768.96	$1,057.32
57	$1,373.37	$1,888.39	$1,188.48	$1,634.15	$803.24	$1,104.45	$651.22	$895.42	$738.83	$1,015.88	$670.20	$921.52	$1,334.26	$1,834.60	$651.22	$895.42	$738.83	$1,015.88	$670.20	$921.52	$1,334.26	$1,834.60	$1,373.37	$1,888.39	$1,188.48	$1,634.15	$803.24	$1,104.45
58	$1,435.93	$1,974.40	$1,242.61	$1,708.59	$839.82	$1,154.75	$680.88	$936.21	$772.48	$1,062.16	$700.73	$963.50	$1,395.03	$1,918.17	$680.88	$936.21	$772.48	$1,062.16	$700.73	$963.50	$1,395.03	$1,918.17	$1,435.93	$1,974.40	$1,242.61	$1,708.59	$839.82	$1,154.75
59	$1,466.92	$2,017.02	$1,269.43	$1,745.47	$857.95	$1,179.68	$695.57	$956.41	$789.15	$1,085.08	$715.85	$984.30	$1,425.14	$1,959.57	$695.57	$956.41	$789.15	$1,085.08	$715.85	$984.30	$1,425.14	$1,959.57	$1,466.92	$2,017.02	$1,269.43	$1,745.47	$857.95	$1,179.68
60	$1,529.47	$2,103.03	$1,323.56	$1,819.90	$894.53	$1,229.98	$725.24	$997.20	$822.80	$1,131.35	$746.38	$1,026.27	$1,485.92	$2,043.13	$725.24	$997.20	$822.80	$1,131.35	$746.38	$1,026.27	$1,485.92	$2,043.13	$1,529.47	$2,103.03	$1,323.56	$1,819.90	$894.53	$1,229.98
61	$1,583.58	$2,177.42	$1,370.38	$1,884.27	$926.18	$1,273.49	$750.89	$1,032.47	$851.91	$1,171.37	$772.78	$1,062.57	$1,538.48	$2,115.40	$750.89	$1,032.47	$851.91	$1,171.37	$772.78	$1,062.57	$1,538.48	$2,115.40	$1,583.58	$2,177.42	$1,370.38	$1,884.27	$926.18	$1,273.49
62	$1,619.08	$2,226.25	$1,401.10	$1,926.52	$946.94	$1,302.04	$767.72	$1,055.62	$871.01	$1,197.64	$790.10	$1,086.39	$1,572.97	$2,162.83	$767.72	$1,055.62	$871.01	$1,197.64	$790.10	$1,086.39	$1,572.97	$2,162.83	$1,619.08	$2,226.23	$1,401.10	$1,926.52	$946.94	$1,302.04
63	$1,663.60	$2,287.45	$1,439.63	$1,979.49	$972.98	$1,337.85	$788.83	$1,084.65	$894.96	$1,230.57	$811.83	$1,116.27	$1,616.22	$2,222.30	$788.83	$1,084.65	$894.96	$1,230.57	$811.83	$1,116.27	$1,616.22	$2,222.30	$1,663.60	$2,287.45	$1,439.63	$1,979.49	$972.98	$1,337.85
64+	$1,690.65	$2,324.64	$1,463.04	$2,011.68	$988.80	$1,359.60	$801.66	$1,102.28	$909.51	$1,250.58	$825.03	$1,134.42	$1,642.50	$2,258.44	$801.66	$1,102.28	$909.51	$1,250.58	$825.03	$1,134.42	$1,642.50	$2,258.44	$1,690.65	$2,324.64	$1,463.04	$2,011.68	$988.80	$1,359.60

QCC Insurance Company
Individual
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
31609PA0070002	Personal Choice PPO Gold	PPO	Gold	On	Personal Cho	8	Bucks, Chester, Delaware, Montgomery,
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0070004	Personal Choice PPO Bronze	PPO	Bronze	On	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0160007	Personal Choice EPO Gold	EPO	Gold	On	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180001	Personal Choice EPO Catastrophic	EPO	Catastrophic	Off	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Bronze	Off	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	Off	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0180007	Personal Choice EPO Gold	EPO	Gold	Off	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190002	Personal Choice PPO Gold	PPO	Gold	Off	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190003	Personal Choice PPO Silver	PPO	Silver	Off	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	Off	Personal Cho	8	Bucks, Chester, Delaware, Montgomery, Philadelphia

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

	02-01-2021 Number of Covered Lives by Rating County				RATING AREA 8: 23.659	14.773	14.884	27.096	30.924
HIOS Plan ID	**Plan Marketing Name**	**Product**	**Metal**	**On/Off Exchange**	**Bucks**	**Chester**	**Delaware**	**Montgomery**	**Philadelphia**
31609PA0070002	Personal Choice PPO Gold	PPO	Gold	On	$563.55	$563.55	$563.55	$563.55	$563.55
31609PA0070003	Personal Choice PPO Silver	PPO	Silver	On	$487.68	$487.68	$487.68	$487.68	$487.68
31609PA0070004	Personal Choice PPO Bronze	PPO	Bronze	On	$329.60	$329.60	$329.60	$329.60	$329.60
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On	$267.22	$267.22	$267.22	$267.22	$267.22
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On	$303.17	$303.17	$303.17	$303.17	$303.17
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On	$275.01	$275.01	$275.01	$275.01	$275.01
31609PA0160007	Personal Choice EPO Gold	EPO	Gold	On	$547.50	$547.50	$547.50	$547.50	$547.50
31609PA0180001	Personal Choice EPO Catastrophic	EPO	Catastrophic	Off	$267.22	$267.22	$267.22	$267.22	$267.22
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Bronze	Off	$303.17	$303.17	$303.17	$303.17	$303.17
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	Off	$275.01	$275.01	$275.01	$275.01	$275.01
31609PA0180007	Personal Choice EPO Gold	EPO	Gold	Off	$547.50	$547.50	$547.50	$547.50	$547.50
31609PA0190002	Personal Choice PPO Gold	PPO	Gold	Off	$563.55	$563.55	$563.55	$563.55	$563.55
31609PA0190003	Personal Choice PPO Silver	PPO	Silver	Off	$487.68	$487.68	$487.68	$487.68	$487.68
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	Off	$329.60	$329.60	$329.60	$329.60	$329.60

RATING AREA 1

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

RATING AREA 2

0	0	0
Elk	**Cameron**	**Potter**

RATING AREA 3

0	0	0	0	0	0	0	0	0	0	0	0	0
Bradford	**Carbon**	**Clinton**	**Lackawanna**	**Luzerne**	**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	0	0	0	0	0	0	0	0	0
Centre	**Columbia**	**Lehigh**	**Mifflin**	**Montour**	**Northampton**	**Northumberland**	**Schuylkill**	**Snyder**	**Union**

RATING AREA 7

0	0	0	0
Adams	**Berks**	**Lancaster**	**York**

RATING AREA 9

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

Unified Rate Review v5.3

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.

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

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

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

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

Effective Date of Rate Change(s): **1/1/2022**

Market Level Calculations (Same for all Plans)

Section I: Experience Period Data

Experience Period: 1/1/2020 to 12/31/2020

	Total	PMPM
Allowed Claims	$273,629,621.14	$584.22
Reinsurance	$0.00	$0.00
Incurred Claims in Experience Period	$216,208,936.04	$461.62
Risk Adjustment	$29,242,811.21	$62.44
Experience Period Premium	$302,517,236.44	$645.90
Experience Period Member Months	468,369	

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	$127.22	1.033	1.137	1.033	1.137	$175.50
Outpatient Hospital	$129.37	1.029	1.137	1.029	1.137	$177.09
Professional	$169.31	1.025	1.137	1.025	1.137	$229.96
Other Medical	$0.00	1.025	1.137	1.025	1.137	$0.00
Capitation	$4.37	1.000	1.300	1.000	1.300	$7.39
Prescription Drug	$153.95	1.105	1.137	1.105	1.137	$243.01
Total	$584.22					**$832.94**

Morbidity Adjustment		1.061
Demographic Shift		0.991
Plan Design Changes		1.000
Other		0.999
Adjusted Trended EHB Allowed Claims PMPM for	**1/1/2022**	**$874.92**

Manual EHB Allowed Claims PMPM	$875.90
Applied Credibility %	0.00%

			Projected Period Totals
Projected Index Rate for	**1/1/2022**	**$875.90**	$441,401,046.00
Reinsurance		$43.88	$22,112,887.20
Risk Adjustment Payment/Charge		$94.06	$47,400,596.40
Exchange User Fees		3.25%	$12,492,347.06
Market Adjusted Index Rate		**$762.75**	**$384,379,909.46**

Projected Member Months	**503,940**

Product-Plan Data Collection

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

Company Legal Name: **QCC Insurance Company, Inc.**
HIOS Issuer ID: **31609**
Effective Date of Rate Change(s): **1/1/2022**
State: **PA**
Market: **Individual**

Product/Plan Level Calculations

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

1.1	Product Name		Personal Choice ON Exchange PPO Indiv			Personal Choice ON Exchange EPO						Personal Choice OFF Exchange EPO						Personal Choice OFF Exchange PPO Indiv		
1.2	Product ID		31609PA007			31609PA016						31609PA018						31609PA019		
1.3	Plan Name		Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice	Personal Choice
1.4	Plan ID (Standard Component ID)		31609PA0070002	31609PA0070003	31609PA0070004	31609PA0160001	31609PA0160003	31609PA0160004	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0180001	31609PA0180002	31609PA0180003	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0190002	31609PA0190003	31609PA0190004
1.5	Metal		Gold	Silver	Bronze	Catastrophic	Silver	Platinum	Bronze	Bronze	Gold	Catastrophic	Silver	Platinum	Bronze	Bronze	Gold	Gold	Silver	Bronze
1.6	AV Metal Value		0.783	0.708	0.640	0.627	0.679	0.881	0.645	0.633	0.776	0.627	0.679	0.881	0.645	0.633	0.776	0.783	0.708	0.640
1.7	Plan Category		Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	Terminated	Terminated	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing
1.8	Plan Type		PPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO
1.9	Exchange Plan?		Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No
1.10	Effective Date of Proposed Rates		1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022	1/1/2022
1.11	Cumulative Rate Change % (over 12 mos prior)		2.39%	1.33%	2.24%	1.15%	0.00%	0.00%	2.20%	1.19%	-4.41%	1.15%	0.00%	0.00%	2.20%	1.19%	-4.41%	2.39%	1.33%	2.24%
1.12	Product Rate Increase %		1.97%			1.46%						0.86%						2.12%		
1.13	Submission Level Rate Increase %		1.68%																	

Worksheet 1 Totals

Section II: Experience Period and Current Plan Level Information

	2.1 Plan ID (Standard Component ID)	Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0160001	31609PA0160003	31609PA0160004	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0180001	31609PA0180002	31609PA0180003	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0190002	31609PA0190003	31609PA0190004
$273,629,621	2.2 Allowed Claims	$273,629,621	$31,185,462	$31,845,880	$22,788,106	$748,450	$2,324,225	$4,670,617	$32,199,134	$28,090,735	$0	$194,874	$628,251	$15,979,099	$29,179,707	$5,477,071	$0	$47,534,149	$11,004,626	$9,779,236
$0	2.3 Reinsurance	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
	2.4 Member Cost Sharing	$57,420,685	$3,972,995	$4,417,212	$6,334,805	$240,798	$255,180	$269,706	$8,448,543	$10,363,794	$0	$84,805	$159,716	$995,634	$7,011,784	$2,084,163	$0	$6,388,381	$3,032,668	$3,360,499
	2.5 Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
$216,208,936	2.6 Incurred Claims	$216,208,936	$27,212,467	$27,428,668	$16,453,301	$507,652	$2,069,045	$4,400,910	$23,750,591	$17,726,940	$0	$110,070	$468,535	$14,983,465	$22,167,922	$3,392,908	$0	$41,145,768	$7,971,957	$6,418,738
$29,242,811	2.7 Risk Adjustment Transfer Amount	$29,242,811	$14,260,245	$9,302,688	-$6,596,177	-$266,247	$345,183	$2,334,647	-$6,139,261	-$16,970,595	$0	-$128,505	-$159,726	$10,558,118	$4,778,418	-$2,898,626	$0	$20,461,058	$2,223,772	-$1,862,180
$302,517,236	2.8 Premium	$302,517,234	$22,778,350	$29,079,192	$31,868,853	$1,039,827	$1,682,212	$2,029,363	$41,812,019	$57,438,459	$0	$220,629	$832,537	$9,995,503	$24,655,082	$8,752,498	$0	$41,355,688	$15,272,465	$13,704,557
468,369	2.9 Experience Period Member Months	468,369	24,597	32,751	50,776	3,608	1,953	1,750	75,443	119,947	0	771	871	8,666	42,958	16,836	0	45,762	18,155	23,525
	2.10 Current Enrollment	41,995	2,239	2,851	4,540	250	0	0	5,890	12,806	124	67	0	0	3,418	1,506	599	3,896	1,616	2,193
	2.11 Current Premium PMPM	$608.71	$898.21	$849.34	$600.51	$277.95	$0.00	$0.00	$537.39	$459.00	$920.87	$275.16	$0.00	$0.00	$556.07	$493.11	$884.95	$890.26	$804.17	$555.06
	2.12 Loss Ratio	65.17%	73.47%	71.46%	65.10%	65.62%	102.05%	100.85%	66.58%	43.80%	#DIV/0!	119.48%	69.64%	72.90%	75.32%	57.96%	#DIV/0!	66.56%	45.56%	54.20%
	Per Member Per Month																			
	2.13 Allowed Claims	$584.22	$1,267.86	$972.36	$448.80	$207.44	$1,190.08	$2,668.92	$426.80	$234.19	#DIV/0!	$252.76	$721.30	$1,843.88	$679.26	$325.32	#DIV/0!	$1,038.73	$606.15	$415.70
	2.14 Reinsurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00
	2.15 Member Cost Sharing	$122.60	$161.52	$134.87	$124.76	$66.74	$130.66	$154.12	$111.99	$86.40	#DIV/0!	$109.99	$183.37	$114.89	$163.22	$123.79	#DIV/0!	$139.60	$167.04	$142.85
	2.16 Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	$0.00	$0.00	$0.00
	2.17 Incurred Claims	$461.62	$1,106.33	$837.49	$324.04	$140.70	$1,059.42	$2,514.81	$314.82	$147.79	#DIV/0!	$142.76	$537.93	$1,728.99	$516.04	$201.53	#DIV/0!	$899.13	$439.11	$272.85
	2.18 Risk Adjustment Transfer Amount	$62.44	$579.76	$284.04	-$129.91	-$73.79	$176.75	$1,334.08	-$81.38	-$141.48	#DIV/0!	-$166.67	-$183.38	$1,218.34	$111.23	-$172.17	#DIV/0!	$447.12	$122.49	-$79.16
	2.19 Premium	$645.90	$926.06	$887.89	$627.64	$288.20	$861.35	$1,159.64	$554.22	$478.87	#DIV/0!	$286.16	$955.84	$1,153.42	$573.93	$519.87	#DIV/0!	$903.71	$841.23	$582.55

Section III: Plan Adjustment Factors

3.1	Plan ID (Standard Component ID)		31609PA0070002	31609PA0070003	31609PA0070004	31609PA0160001	31609PA0160003	31609PA0160004	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0180001	31609PA0180002	31609PA0180003	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0190002	31609PA0190003	31609PA0190004
3.2	Market Adjusted Index Rate		$762.75																	
3.3	AV and Cost Sharing Design of Plan		1.0225	0.8848	0.5980	0.5103	0.0000	0.0000	0.5792	0.5252	0.9934	0.5098	0.0000	0.0000	0.5786	0.5247	0.9924	1.0215	0.8839	0.5974
3.4	Provider Network Adjustment		1.0294	1.0294	1.0294	0.9779	0.0000	0.0000	0.9777	0.9779	1.0294	0.9779	0.0000	0.0000	0.9777	0.9779	1.0294	1.0294	1.0294	1.0294
3.5	Benefits in Addition to EHB		1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0010	0.0000	0.0000	1.0010	1.0010	1.0010	1.0010	1.0010	1.0010
	Administrative Costs																			
3.6	Administrative Expense		13.07%	13.07%	13.07%	13.07%	0.00%	0.00%	13.07%	13.07%	13.07%	13.07%	0.00%	0.00%	13.07%	13.07%	13.07%	13.07%	13.07%	13.07%
3.7	Taxes and Fees		2.59%	2.59%	2.59%	2.59%	0.00%	0.00%	2.59%	2.59%	2.59%	2.59%	0.00%	0.00%	2.59%	2.59%	2.59%	2.59%	2.59%	2.59%
3.8	Profit & Risk Load		1.91%	1.91%	1.91%	1.91%	0.00%	0.00%	1.91%	1.91%	1.91%	1.91%	0.00%	0.00%	1.91%	1.91%	1.91%	1.91%	1.91%	1.91%
3.9	Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	0.0000	0.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3.10	**Plan Adjusted Index Rate**		$973.97	$842.80	$569.62	$461.76	$0.00	$0.00	$524.00	$475.24	$946.25	$461.77	$0.00	$0.00	$523.98	$475.27	$946.24	$973.99	$842.79	$569.61
3.11	Age Calibration Factor	0.5811	0.5811																	
3.12	Geographic Calibration Factor	1.0000	1.0000																	
3.13	Tobacco Calibration Factor	0.9958	0.9958																	
3.14	**Calibrated Plan Adjusted Index Rate**		$563.59	$487.70	$329.61	$267.20	$0.00	$0.00	$303.22	$275.00	$547.56	$267.21	$0.00	$0.00	$303.21	$275.02	$547.55	$563.61	$487.69	$329.61

Section IV: Projected Plan Level Information

4.1	Plan ID (Standard Component ID)	Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0160001	31609PA0160003	31609PA0160004	31609PA0160005	31609PA0160006	31609PA0160007	31609PA0180001	31609PA0180002	31609PA0180003	31609PA0180004	31609PA0180005	31609PA0180007	31609PA0190002	31609PA0190003	31609PA0190004
4.2	Allowed Claims	$399,501,426	$24,430,526	$29,561,735	$43,080,188	$2,231,069	$0	$0	$52,997,302	$114,416,009	$1,338,411	$598,482	$0	$0	$30,781,094	$13,467,757	$6,469,259	$42,535,650	$16,766,940	$20,827,003
4.3	Reinsurance	$14,574,967	$777,077	$989,480	$1,575,672	$86,766	$0	$0	$2,044,209	$4,444,506	$43,036	$23,253	$0	$0	$1,186,266	$522,679	$207,892	$1,352,163	$560,856	$761,112
4.4	Member Cost Sharing	$126,913,136	$2,083,866	$4,804,816	$15,924,487	$1,002,300	$0	$0	$20,427,602	$49,769,752	$134,844	$269,172	$0	$0	$11,880,716	$5,865,284	$655,255	$3,651,063	$2,734,255	$7,709,724
4.5	Cost Sharing Reduction	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
4.6	Incurred Claims	$258,013,323	$21,569,583	$23,767,439	$25,580,029	$1,142,004	$0	$0	$30,525,491	$60,201,751	$1,160,531	$306,057	$0	$0	$17,714,112	$7,079,794	$5,606,113	$37,532,425	$13,471,829	$12,356,167
4.7	Risk Adjustment Transfer Amount	$31,244,280	$1,665,816.00	$2,121,144.00	$3,377,760.00	$186,000.00	$0.00	$0.00	$4,382,160.00	$9,527,664.00	$92,256.00	$49,848.00	$0.00	$0.00	$2,542,992.00	$1,120,464.00	$445,656.00	$2,898,624.00	$1,202,304.00	$1,631,592.00
4.8	Premium	$313,017,713	$26,168,445.00	$28,833,863.00	$31,032,555.00	$1,385,276.00	$0.00	$0.00	$37,036,147.00	$73,031,294.00	$1,408,012.00	$371,261.00	$0.00	$0.00	$21,491,490.00	$8,588,966.00	$6,801,554.00	$45,535,687.00	$16,343,274.00	$14,989,889.00
4.9	Projected Member Months	503,940	$26,868.00	$34,212.00	$54,480.00	$3,000.00	$0.00	$0.00	$70,680.00	$153,672.00	$1,488.00	$804.00	$0.00	$0.00	$41,016.00	$18,072.00	$7,188.00	$46,752.00	$19,392.00	$26,316.00
4.10	Loss Ratio	74.95%	77.49%	76.78%	74.34%	72.68%	#DIV/0!	#DIV/0!	73.70%	72.92%	77.35%	72.68%	#DIV/0!	#DIV/0!	73.70%	72.92%	77.36%	77.49%	76.78%	74.34%
	Per Member Per Month																			
4.11	Allowed Claims	$792.76	$909.28	$864.08	$790.75	$743.69	#DIV/0!	#DIV/0!	$749.82	$744.55	$899.47	$744.38	#DIV/0!	#DIV/0!	$750.47	$745.23	$900.01	$909.81	$864.63	$791.42
4.12	Reinsurance	$28.92	$28.92	$28.92	$28.92	$28.92	#DIV/0!	#DIV/0!	$28.92	$28.92	$28.92	$28.92	#DIV/0!	#DIV/0!	$28.92	$28.92	$28.92	$28.92	$28.92	$28.92
4.13	Member Cost Sharing	$251.84	$77.56	$140.44	$292.30	$334.10	#DIV/0!	#DIV/0!	$289.02	$323.87	$90.62	$334.79	#DIV/0!	#DIV/0!	$289.66	$324.55	$91.16	$78.09	$141.00	$292.97
4.14	Cost Sharing Reduction	$0.00	$0.00	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00	$0.00	#DIV/0!	#DIV/0!	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4.15	Incurred Claims	$511.99	$802.80	$694.71	$469.53	$380.67	#DIV/0!	#DIV/0!	$431.88	$391.75	$779.93	$380.67	#DIV/0!	#DIV/0!	$431.88	$391.75	$779.93	$802.80	$694.71	$469.53
4.16	Risk Adjustment Transfer Amount	$62.00	$62.00	$62.00	$62.00	$62.00	#DIV/0!	#DIV/0!	$62.00	$62.00	$62.00	$62.00	#DIV/0!	#DIV/0!	$62.00	$62.00	$62.00	$62.00	$62.00	$62.00
4.17	Premium	$621.14	$973.96	$842.80	$569.61	$461.76	#DIV/0!	#DIV/0!	$524.00	$475.24	$946.24	$461.77	#DIV/0!	#DIV/0!	$523.98	$475.26	$946.24	$973.98	$842.78	$569.61

Rating Area Data Collection

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

Rating Area	Rating Factor
Rating Area 8	1.0000

URRT Part II – Consumer Friendly Justification

Scope and Range of the Rate Increase:

QCC Insurance Company ("QCC") is revising premium rates for the Pennsylvania Consumer ACA compliant products, effective from January 1, 2022. The proposed revisions to each plan are shown on the second page of this exhibit.

About 42,000 members will be affected.

Financial Experience of the Product:

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

Changes in Taxes and Fees:

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

Changes in Medical Service Costs:

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

We are projecting that claims will increase by 20.5% in 2022. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

Morbidity was increased by an additional 5.2% to account for the impact of COVID-19 on overall projected claims. This represents the estimated increase for claims returning to more typical levels, which were reduced during the past year due to the pandemic. In addition, trend includes approximately an additional 2.8% to account for higher claims in 2022 related to COVID-related expenses and claims which have been delayed from 2020 and 2021 due to the pandemic.

A reinsurance program administered by the state will be effective beginning January 1, 2021. We project that this will reduce rates by approximately 6.7%.

Changes in Benefits:

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

Administrative Costs:

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

URRT Part II – Consumer Friendly Justification

HIOS ID	Plan Name	2022 % Change
31609PA0160007	Personal Choice EPO Gold	-4.4%
31609PA0070002	Personal Choice PPO Gold	2.4%
31609PA0070003	Personal Choice PPO Silver	1.3%
31609PA0070004	Personal Choice PPO Bronze	2.2%
31609PA0160005	Personal Choice EPO Bronze Reserve	2.2%
31609PA0160001	Personal Choice EPO Catastrophic	1.2%
31609PA0180005	Personal Choice EPO Bronze Basic	1.2%
31609PA0180007	Personal Choice EPO Gold	-4.4%
31609PA0190002	Personal Choice PPO Gold	2.4%
31609PA0190003	Personal Choice PPO Silver	1.3%
31609PA0190004	Personal Choice PPO Bronze	2.2%
31609PA0180001	Personal Choice Catastrophic	1.2%

GENERAL OVERVIEW

PURPOSES

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

GENERAL INFORMATION

COMPANY IDENTIFYING INFORMATION

Company Legal Name: QCC Insurance Company, Inc. ("QCC")
State: Pennsylvania
HIOS Issuer ID (5-digit): 31609
Market: Individual
Effective Date(s): 1/1/2022

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

COMPANY CONTACT INFORMATION

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

PROPOSED RATE INCREASE

The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2020 to calendar year 2022 were incorporated into the pricing and reflected in the Unified Rate Review Template. The changes are driven by factors including: changes in market-wide population risk morbidity and covered services, increasing unit costs for medical services, increasing utilization of medical services, increasing fees and taxes imposed by the federal government, anticipated costs to administer the plan, and anticipated revenue or payments due to market-wide risk adjustment.

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

We are projecting that claims will increase by 20.5% in 2022. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

A reinsurance program administered by the state became effective January 1, 2021. We project that this will reduce rates by approximately 6.7%.

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

The weighted average increase across QCC plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is 1.7%. The minimum increase is -4.4% and the maximum increase is 2.4%.

WORKSHEET 1: MARKET EXPERIENCE

SECTION I: EXPERIENCE PERIOD DATA

SINGLE RISK POOL

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

PAID THROUGH DATE

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2020 and paid through February 2021. Earned premiums and member months are for January through December 2020. The data are for all direct-written individual business of QCC in the Commonwealth of Pennsylvania.

PREMIUMS IN EXPERIENCE PERIOD

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

ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

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

Insurer fee-for-service claims expenses and member liabilities for dates of service in January 2020 through December 2020 and paid through February 2021 are sourced from the IBCFOC's internal data warehouse. The claims and member liabilities are completed with incurred but not reported (IBNR)

adjustments to develop ultimate incurred insurer fee-for-service claims expenses and member liabilities for the January through December 2020 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2020 period but they are not adjusted for IBNR.

Allowed Claims

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

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

IBNR Development

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

The completion factors are developed annually in the 2Q – 3Q period. We do not believe our IBNR is unusually high or unusually low for incurred 2020 paid through February 2021.

Experience Period Index Rate

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

SECTION II: PROJECTIONS

BENEFIT CATEGORIES

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

PROJECTION FACTORS

The estimated incurred claims experience on an allowed basis for January 2020 through December 2020 is projected to the future rating period by several factors.

Morbidity Adjustment

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

COVID-19 Impact

[redacted]

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

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

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

Trend Factors

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

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

CREDIBILITY MANUAL RATE DEVELOPMENT

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

RISK ADJUSTMENT AND REINSURANCE

Projected Risk Adjustment PMPM
Projected Risk Adjustment is accounted for in Projected Incurred Claims before the state based reinsurance program and Risk Adjustment to reflect anticipated risk adjustment transfer amounts for

the projection period. The amount reflects the projected morbidity for the single risk pool in the projection period.

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2020 risk transfer results.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market Only)
With the expiration of the reinsurance program at the end of the 2016 benefit year, there are no projected reinsurance recoveries or reinsurance premium assumed in the rates.

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

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

WORKSHEET 2: PRODUCT-PLAN DATA COLLECTION

SECTION I: GENERAL PRODUCT AND PLAN INFORMATION

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

AV METAL VALUES

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

SECTION II: EXPERIENCE PERIOD AND CURRENT PLAN LEVEL INFORMATION

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

SECTION III: PLAN ADJUSTMENT FACTORS

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

PLAN ADJUSTED INDEX RATE

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

NON-BENEFIT EXPENSES AND PROFIT & RISK

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

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

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

CALIBRATION

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

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

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

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

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

MEMBERSHIP PROJECTIONS

Enrollment is projected based on current and anticipated enrollment by plan. Items impacting these projections include changes in the size of the market due to guarantee issue requirements and the individual mandate changes. The enrollment is our February 2021 enrollment.

LOSS RATIO

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

INDEX RATE

The Index Rate is defined as the EHB portion of projected allowed claims divided by all projected single risk pool lives. The Index Rate is the same value for all non-grandfathered plans for QCC Individual Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2021. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

TERMINATED PLANS

There are no plans being terminated in 2022.

WORKSHEET 3: RATING AREAS

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

ACTUARIAL CERTIFICATION

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

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

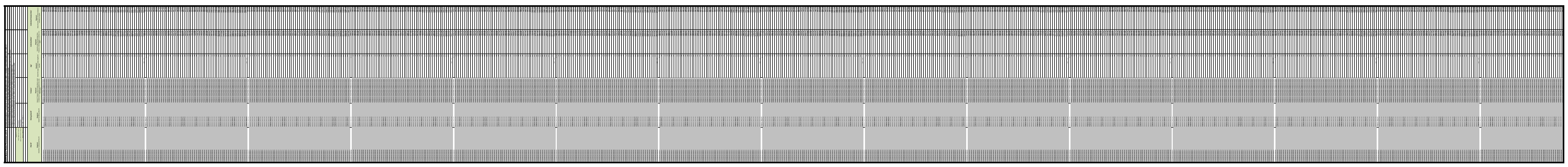
I hereby certify that, to the best of my knowledge and judgment, the following:

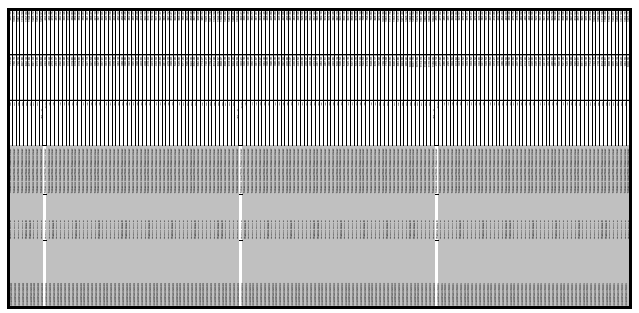
- The projected index rate is:
  - —In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
  - —Developed in compliance with applicable Actuarial Standards of Practice;
  - —Reasonable in relation to the benefits provided and the population anticipated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

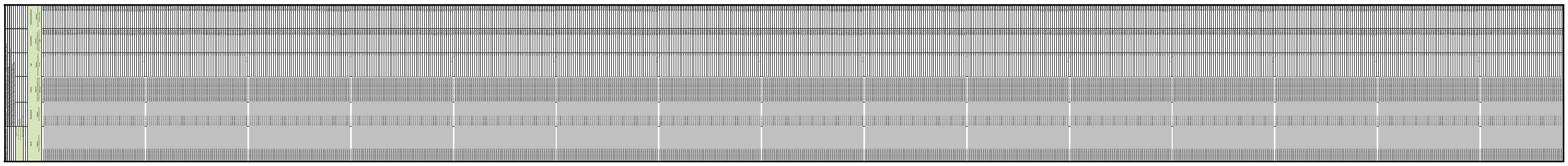
[redacted]

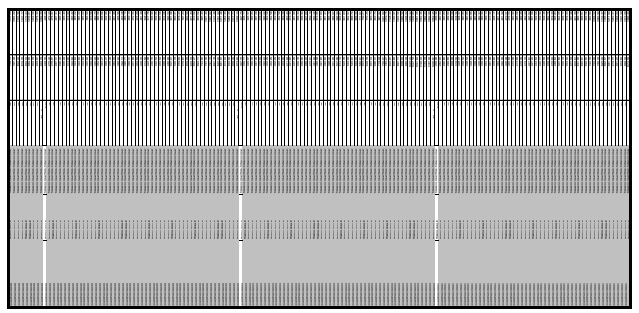
May 18, 2021

Report	Rating Agency Id	Analyst	Age	Instrumentation	Instrumentation Duration
Regional Vocalist Thousand Lawyer Whether Lead Hospital Prepare Lose Lot	Regional Hospital Prepare Lose Lot Whether Lead Vocalist Thousand Lawyer	Regional Natural Prepare Lose Lot Whether Lead Hospital Prepare Lose Lot Whether Lead	Regional Natural Prepare Lose Lot Whether Lead Hospital Prepare Lose Lot Whether Lead	Regional Natural Prepare Lose Lot Whether Lead Hospital Prepare Lose Lot Whether Lead	Regional Natural Prepare Lose Lot Whether Lead Hospital Prepare Lose Lot Whether Lead









[illegible]

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*	[illegible]
Rate Effective Date*	[illegible]
Rate Expiration Date*	[illegible]
Rating Method*	[illegible]

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
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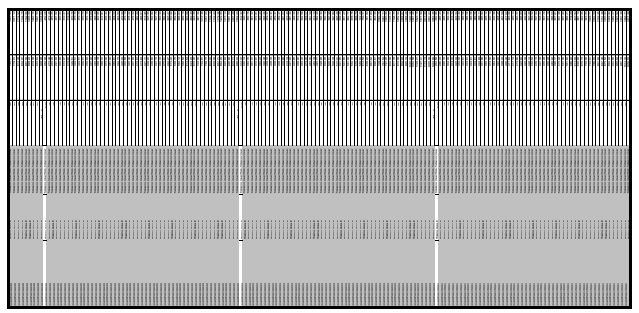

Report	Rating Agency Id	Analyst	Sgl	Instrumentation	Instrumentation Id
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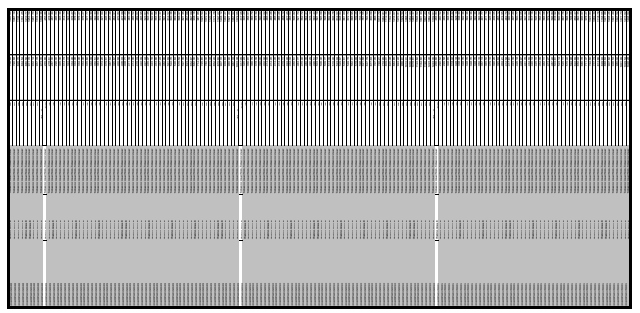


Cover Page

HIOS Issuer ID: 31609

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

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

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA007, 31609PA019

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

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2022. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data,the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

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

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

The outpatient facility fee cost-sharing for 31609PA0070003 and 31609PA0190003 varies by site of service. Services have different coinsurances for a free-standing facility setting and a hospital setting. Outpatient facility fee accounts for roughly 14% of allowed costs in the AV calculation.

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

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

The cost-sharing for occupational and physical therapy for 31609PA0190002, 31609PA0070002, 31609PA0190003, 31609PA0070003 varies by site of service. Occupational and physical therapy accounts for roughly 2% of allowed costs in the AV calculation.

The cost-sharing for x-rays and diagnostic imaging for 31609PA0190002, 31609PA0070002, 31609PA0190003, 31609PA0070003 varies by site of service. X-rays and diagnostic imaging accounts for roughly 4% of allowed costs in the AV calculation.

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

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

Method 156.135(b)(2) was used for laboratory (for plans with no deductible), x-rays, imaging, inpatient hospital cost-sharing, and outpatient facility site of service cost-sharing.

Method 156.135(b)(3) was used for laboratory site of service cost-sharing (for plans with deductibles).

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

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

Description of the standardized plan population data used:

We used our commercial PPO and HMO data incurred between July 2019 and June 2020.

For the freestanding and hospital utilization data for outpatient facility, we used our commercial PPO and HMO data incurred between July 2019 and June 2020.

For the freestanding and hospital utilization data for laboratory services, we used our commercial PPO data incurred between July 2019 and June 2020.

For the physical therapy and radiology site-of-service utilization, we used our commercial PPO data incurred between July 2019 and June 2020.

However, due to COVID-19's disruption on utilization patterns and with the 2022 AV calculator being unchanged from the 2021 AV calculator, we have decided to use last year'sassumptions.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2020 and December 2020.

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

Combination of Copays for Primary Care and Specialist

Primary Care Copay Differential

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

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

Specialist Copay Differential

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

	Cost - sharing		
HIOS_ID	**SP**	**Virtual SP**	**AV Input**
31609PA0190002, 31609PA0070002	$65	$45	$ 63.00
31609PA0190003, 31609PA0070003	$70	$50	$ 68.00
31609PA0190003-04	$70	$50	$ 68.00
31609PA0190003-05	$50	$35	$ 48.50
31609PA0190003-06	$10	$5	$ 9.50

Combination of Copays and Coinsurance for IP Hospital

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

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

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

AVC Continuance Table	Gold
PMPY for IP	$1,516
Admit PMPY	0.06
Claim per Admit	$23,897
Average LOS (days)	4.6
Effective Copay Factor for 5-days	0.46

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

Calculations	
Professional Claim per Admit	$3,823
Professional Claim per Day	$824
Equiv. Copay per Day no max	$165
Equiv. Copay per Day, 5-day max	$356
Total Copay per Day, 5-day max	**$1,106**

Combination of Coinsurance for IP Hospital

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

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

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the facility and professional inpatient coinsurances. They are included in this justification solely because their standard component is a unique plan design, and the Plans and Benefits template required indicating the same for these cost sharing variations. In fact, the actual benefit coinsurance amounts were entered directly into the AV calculator.

Combination of Coinsurance for Laboratory Services

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

Combination of Coinsurance for Outpatient Facility Fee

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

	31609PA0070003, 31609PA0190003
Hospital	50.0%
ASC	70.0%
Blend	**54.0%**

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the hospital and ambulatory surgery center coinsurances. They are included in this justification solely because their standard component is a unique plan design, and the Plans and Benefits template required indicating the same for these cost-sharing variations. In fact, the actual benefit coinsurance amounts were entered directly into the AV calculator.

Occupational and Physical Therapy Site-of-service Differential

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

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

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

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

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

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

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

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

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

		Cost-sharing		
HIOS ID	Service Type	Preferred Site	Non-preferred Site	AV Input
31609PA0190002, 31609PA0070002	Phys. Ther.	$65	$95	$68.60
	X-rays	$60	$90	$76.50
	Imaging	$120	$160	$142.00
31609PA0190003, 31609PA0070003	Phys. Ther.	$70	$100	$73.60
	X-rays	30%	50%	54%
	Imaging	30%	50%	55%

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

Not applicable.

Certification Language:

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

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: 5/14/2021

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

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

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2022. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

31609PA0160006, 31609PA0180005 exempt the first three outpatient mental health visits from the deductible. It has an outpatient mental health copay of $20 for the first three visits without applying the copays to the deductible. Beyond three visits, outpatient mental health is covered 100% after the deductible.

31609PA0180001, 31609PA0160001 exempt the first three outpatient mental health visits from the deductible. It has an outpatient mental health copay of $50 for the first three visits without applying the copays to the deductible. Beyond three visits, outpatient mental health is covered 100% after the deductible.

Outpatient mental health accounts for about 2% of allowed costs in the AV calculation.

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

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

Method 156.135(b)(2) was used for the outpatient mental health cost-sharing.

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

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

Description of the standardized plan population data used:

OP Surgery Copay/Coinsurance:

For the outpatient mental health utilization data, we used our commercial PPO data incurred between July 2019 and June 2020.

However, due to COVID-19's disruption on utilization patterns and with the 2022 AV calculator being unchanged from the 2021 AV calculator, we have decided to use last year's assumptions.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2020 and December 2020.

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:

Using the bronze continuance table in the Final 2022 AV Calculator, we calculated the average cost per visit for outpatient mental health before the out-of-pocket maximum. This average cost was used as a point estimate of the allowed cost per visit for services before satisfying the out-of-pocket maximum. An effective member copay is calculated by taking a weighted average of $20 or $50 depending on a plan for the first three visits times the proportion of visits within the first three visits, which according to our experienced period between July 2019 and June 2020 for commercial PPO is 12.48%, and the average cost per service from the AV Calculator times the remaining proportion of visits.

	31609PA0160006, 31609PA0180005	**31609PA0160001, 31609PA0180001**
Cost per Visit	$98.50	$98.50
Copay for Visits 1-3:	$20.00	$50.00
Visits 1-3 Proportion:	12.48%	12.48%
Eff. Member Copay	**$88.70**	**$92.43**

Primary Care Copay Differential

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

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

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

Not applicable.

Certification Language:

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

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: 5/14/2021

AV screenshots redacted.

Unique Plan Design Supporting Documentation and Justification

ACTUARIAL MEMORANDUM

HIOS Issuer ID: 31609

HIOS Product IDs: 31609PA016, 31609PA018

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

Purpose of document:

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2022. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

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

The cost-sharing for laboratory outpatient and professional services varies by site of service. Lab work done at the office or a free-standing facility has zero cost-sharing, and lab work done by a hospital has 50% coinsurance. Laboratory outpatient and professional services account for roughly 3% of allowed costs in the AV calculation.

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

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

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

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

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

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

Method 156.135(b)(2) was used for laboratory (for plans with no deductible), x-rays, imaging, inpatient hospital cost-sharing, and outpatient facility site of service cost-sharing.

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

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

Description of the standardized plan population data used:

We used our commercial PPO and HMO data incurred between July 2019 and June 2020.

For the freestanding and hospital utilization data for laboratory services, we used our commercial PPO data incurred between July 2019 and June 2020.

For the physical therapy and radiology site-of-service utilization, we used our commercial PPO data incurred between July 2019 and June 2020.

However, due to COVID-19's disruption on utilization patterns and with the 2022 AV calculator being unchanged from the 2021 AV calculator, we have decided to use last year's assumptions.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2020 and December 2020.

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

Combination of Copays for Primary Care and Specialist

Primary Care Copay Differential

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

	Cost - sharing		
	PCP	Virtual PCP	AV Input
31609PA0180005, 31609PA0160006	$35	$25	$ 33.50

Specialist Copay Differential

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

	Cost - sharing		
	SP	Virtual SP	AV Input
31609PA0190002, 31609PA0070002	$65	$45	$ 63.00

Combination of Coinsurance for IP Hospital

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

HIOS IDs	31609PA0160007, 31609PA0180007
Facility	25%
Professional	20%
Blend	**75.8%**

Laboratory Site-of-service Differential for Plans with No Deductible

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

Occupational and Physical Therapy Site-of-service Differential

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

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

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

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

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

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

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

Not applicable.

Certification Language:

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

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

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

Actuary signature: _____

Actuary Printed Name: _____

Date: 5/14/2021

AV screenshots redacted.

A Reinsurance Morbidity Adjustment of 0.999 was used as requested in the guidance.
An Individual Morbidity Adjustment of 1.01 was used as requested in the guidance.
A COVID-19 Morbidity Adjustment of 1.052 was used in the rate calculation.

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

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

	2021 Filing	2022 Filing	Change
Age Factor	1.720	1.721	1.000
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.014	1.004	0.991
Total change			0.991

No changes were assumed for this filing.

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

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

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

Table 10 factors:	PPO	1.029
	EPO	0.978

REDACTION JUSTIFICATION

DOCUMENT

URRT Part III – Federal Actuarial Memorandum

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

PA Actuarial Memorandum

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

Cover Letter

Redacted names and contact information (page 2)

AV Screenshots

Entire File Redacted

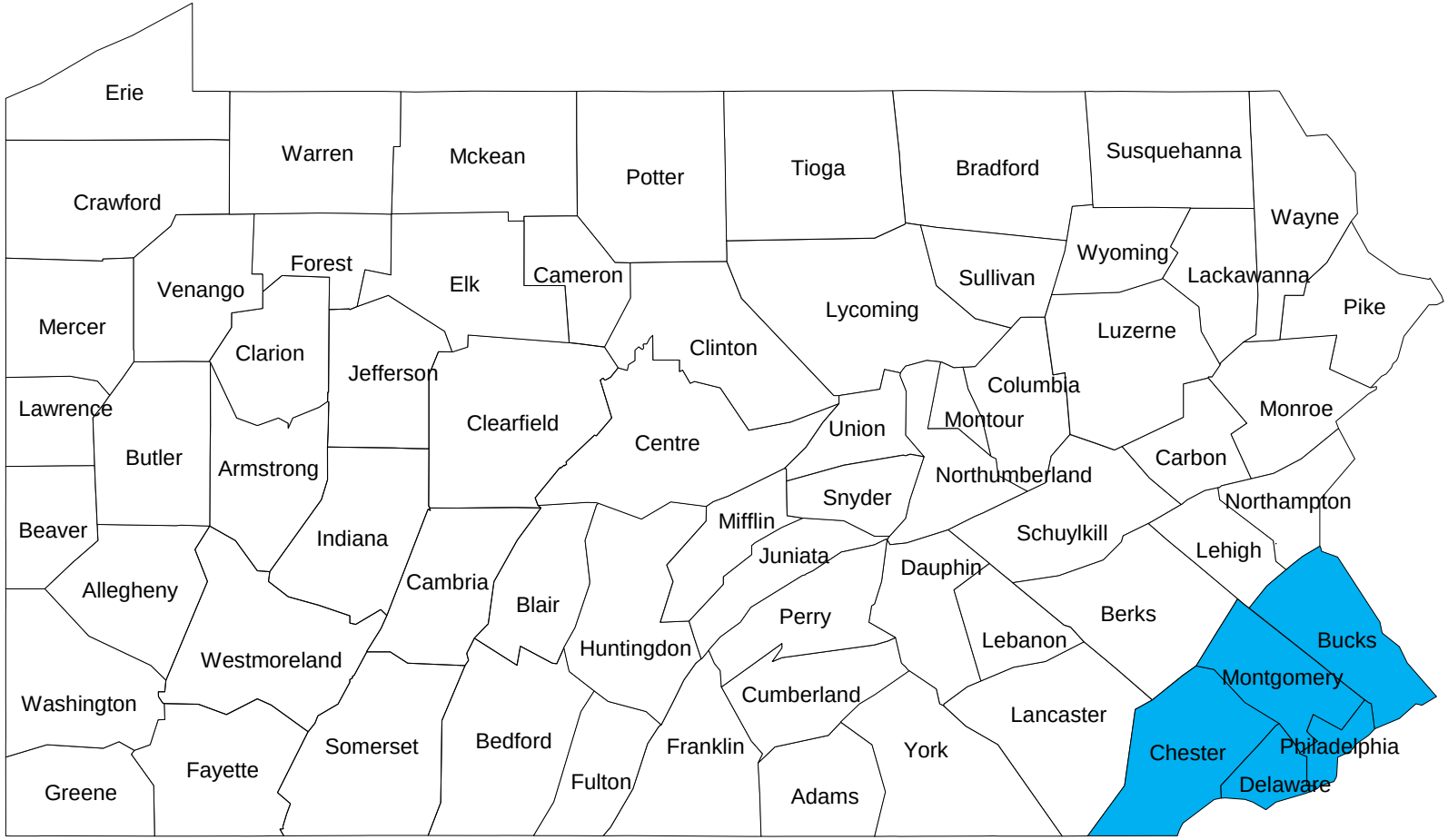
Unique AV Justification file

Redacted name of opining actuary (pages 7, 19, and 27)
Redacted AV Screenshots (pages 8-16, 20-23, and 28-29)

2021 and 2022 Service Area

Issuer: QCC Insurance Company

Market: Individual



Key *(modify as needed)*

: On-exchange service area

: Off-exchange only service area

Cover Letter for Responses to June 10 Objection Letter – QCC Consumer INAC-132818429
Response Date June 22, 2021

The following questions were provided by the Department's consulting actuary:

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

a. **Please explain and provide the quantitative development of the projected risk adjustment transfer amount PMPM equal to $62.00.**

The calculation is shown on Tab Q1a of the "QCC Consumer Response to June 10 Obj" excel worksheet.

b. **Please compare the projected 2022 risk adjustment transfer amount PMPM to the anticipated 2020 risk adjustment transfer amount PMPM, identifying the specific driver(s) of any differences between the two values and providing detailed support for those differences.**

We request that this response be deferred until the updated 2020 risk adjustment is released.

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

a. **Please provide the actual observed trends based on historical allowed claims experience for each benefit category as well as in aggregate for years 2018, 2019, 2020, and 2021 (year to date). We realize 2021 trends will be partially based on estimated claim costs. In providing your response, for each calendar year, provide the total member months, allowed claims, and any normalization adjustments that should be applied to the claims experience. Please provide both raw and COVID-19 adjusted values for 2020 and 2021, as applicable.**

We have added historical trend information in Tab Q2 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

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

Please refer to Tab Q2 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

c. **Please provide qualitative and quantitative support for the additional 2.8% adjustment to account for higher claims in 2022 related to COVID-related expenses and claims delayed from 2020 and 2021 due to the pandemic. If external studies were utilized to develop the 2.8% assumption, please provide specific references to those studies that were utilized. Further, please clarify whether the additional 2.8% adjustment is on an annual basis (e.g., an additional 2.8% was added to the base annual trend rate) or cumulative (e.g., an additional 1.4% was added to the base annual trend rate).**

The 2.8% is our projected increase from 2021 to 2022 for additional costs related to COVID-19 going forward. These include costs related to care for new variants, further incidence in the unvaccinated population, and the excess costs for care that has been delayed in 2020 and 2021. The 2.8% is not applied to two years' of trend as it reflects increases from 2021 to 2022.

3. **The filing documents indicate that morbidity was increased by an additional 5.2% to account for the impact of COVID-19 on overall projected claims. Please provide both qualitative and**

quantitative support for this increase, including a numerical development of the adjustment and detailed description of the methodology that was utilized in calculating it.

Please refer to the information in Tab Q3 of the "QCC Consumer Response to June 10 Obj" excel worksheet. This illustrates the impact compared to normal claim levels in 2020 related to the pandemic. For the year 2020, this was 5.2%. The additional 5.2% applied to morbidity is the return to normal pre-COVID-19 claim levels for 2021.

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

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

   It is unlikely that this factor will remain constant over time, due to the impact of Risk Adjustment, as well as the mixes of the different provider networks offered by the two entities. A summary of the factors is shown on Tab Q4 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

5. **Please provide an explanation and exhibit supporting the numerical development of the projected 2022 MLR that shows compliance with the 80% minimum MLR. Include all components of the numerator and denominator, and indicate how components not already supported were determined.**

   The calculation of the MLR is shown on Tab Q5 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

6. **As indicated in Item 14 of the Revisions section of the guidance, the Department requests an MLR comparison between the actual and pricing values for the most recent 3 calendar years of complete data (I.e. 2017-2019 for plan year 2022). Section E, Item #3 of the guidance describes the requested information that should be included in the actuarial memorandum. Please provide the requested comparison of the projected vs. actual MLR for each of calendar years 2017, 2018, and 2019.**

   Please refer to Tab Q6 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

7. **For each month between January 2021 and the most recent date available (e.g., June 11, 2021), please provide the average count of Individual ACA enrollment, split by On-Exchange APTC, On-Exchange non-APTC, and Off-Exchange members. Please provide the enrollment data for each available month separately.**

   Please see tab Q7 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

8. **For the On-Exchange non-APTC members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.**

We fully expect that all of the On-Exchange non-APTC members eligible to take advantage of potential subsidies enhanced through ARPA will do so. The Pennie website provides guidance to allow them to receive the subsidy.

9. **For the Off-Exchange members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.**

   Please see tab Q9 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

The following questions are based on the Department's review:

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

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

11. **Please provide an exhibit that quantitatively shows a comparison of the actual to projected claim cost PMPMs for calendar years 2017-2020, as applicable.**

    Please refer to Tab Q2 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

12. **The requested trend for this filing is above the average for all Pennsylvania issuers in this market. Please provide a short list of bullet points that discuss the main causes/drivers of this higher-than-average trend.**

    Our trend is based on our projections for 2022 costs and includes both unit cost and utilization assumptions, as it does in other years. However, with calendar year 2020 being the experience period and what trend is applied to, it is not unexpected that there are differences in insurers. Different insurers may have been affected by COVID-19 to different degrees, which affects the 2020 experience period, and their projection for "return to normal" may be different than others'. In addition to the COVID impact differences, the Philadelphia market is significantly more expensive than the PA statewide market and also trends at a different rate.

13. **As stated in Item 12 of the Revisions section of the guidance, the Department requested a detailed explanation and support for any adjustments to the experience data, and/or projected data due to the impact of COVID. This explanation should be included in the actuarial memorandum. More detail is provided in Section D, Part 2a of the guidance.**

    In Section 2.A. of the Actuarial Memorandum, the "COVID-19" impact section discusses our assumptions for the impact on COVID-19, including the additional cost to return to more typical claim levels and the projected impact on claims beginning in 2022. We have also included additional information in Tab Q3 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

14. **Please provide the quantitative impact and a narrative description of all significant factors driving the proposed rate increase. As an example, these factors could include:**
    - **Single risk pool experience which is more adverse than that assumed in the current rates**
    - **Medical inflation**

• Increased utilization
• Prospective changes to benefits covered by the product or successor products
• New taxes and fees imposed on the issuer
• Anticipated changes in the average morbidity of the covered population that is market-wide, as opposed to issuer specific morbidity that is reflected in risk adjustment

Please see tab Q14 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

15. **Please reconcile the ultimate incurred claims and allowed claims between the rate exhibits and URRT; the difference appears to be the Total Prescription Drug Rebates and Total EHB Capitation amounts shown in cell I36 and J36 of the Data tab of the rate exhibits.**

    The amounts reconcile as indicated in this question. Please note that the Allowed Claims in Cell F14 of Section 1 of Worksheet 1 of the URRT Part I are equal to the amount in Cell M37 of Table 2 in Tab I Data of the Actuarial Memorandum Rate Exhibits.

16. **Please provide an explanation and support for the development of the administrative expense load shown in the actuarial memorandum and Table 6, including general and claims expenses and agent/broker fees and commissions.**

    Please see tab Q16 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

17. **The administrative expenses assumed in this filing are above average among Pennsylvania issuers in this market. Please provide a short list of bullet points that discuss the main causes/drivers of this higher-than-average expense load.**

    The costs for operating in the Philadelphia market are higher than costs in the rest of the state. This is reflected in our administrative costs as well.

18. **Please provide quantitative development and support of each component of the following adjustments included in Table 5 of the PA Rate Template, for both the experience and manual rate.**
    a. **Change in Morbidity – All Other**
    b. **Change in Demographics**
    c. **Change in Network; indicate the methodology and assumptions used to determine each of the two components of the change in network factor calculation (i.e. a constant for the market and a factor to regulate the relationship between KHPE and QCC).**

    Please see tab Q18 of the "QCC Consumer Response to June 10 Obj" excel worksheet. These values show the calculation of the values in Column C of Table 5. The values in Column D are blended with the values from KHPE, plus the network factor includes the adjustment to result in the appropriate rate differential between QCC and KHPE plans.

    As noted in Q4, it is unlikely that this factor will remain constant over time, due to the impact of Risk Adjustment, as well as the mixes of the different provider networks offered by the two entities.

19. **Please provide an explanation for the large differences that are shown for several plans between the Metallic Tier AV (Column H) and the Pricing AV (Column K) in Table 10.**

The metal AV is to determine compliance with Actuarial Value and is not a Pricing AV. The metal AV is based on the AV calculator which is calibrated to national average costs. The Philadelphia market is significantly more expensive than the national average from a cost of services standpoint. This means that the same deductible or copay is worth significantly less as a percentage of total allowed cost in the Philadelphia market compared to the national average. This leads to different Pricing AVs for the same metal level.

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

    Please see tab Q20 of the "QCC Consumer Response to June 10 Obj" excel worksheet.

21. **Per the Pennsylvania Final Rate Filing Guidance, it is anticipated that the profit listed in Table 6 will be an after-tax amount; therefore, the federal income tax percentage of 0.42% shown in Table 6 in cell C57 is understated. Given that the profit of 2% is an after-tax profit, please either update the estimated federal income tax percentage to 0.5316456% if the company wishes to assume an after-tax profit of 2.0%, or revise the after-tax profit to 1.58% if the company wishes to maintain its current federal income tax assumption of 0.42%, and update all exhibits and documents that are impacted by a change in the federal income tax or profit assumption.**

    We have revised the profit and federal income tax in Tables 6 and 10 to allocate correctly between the two entries. From the combined total of 2.42%, we attributed 0.5082% to federal income tax (21% of the total) and the remaining 1.9118% to profit (79% of the total). The resulting rates are unchanged.

22. **Please provide the methodology and assumptions used to determine the impact of the American Rescue Plan on the company's projected morbidity and overall rating methodology and assumptions for plan year 2022, if any, including where in the rating methodology this impact is reflected.**

    We do not anticipate significant morbidity nor impacts to the rating methodology in 2022 due to ARP. Since the ARP affected 2021 enrollment as well, we are anticipating similar enrollment in 2022 as we saw in 2021 after the passage of the ARP.

23. **The Department estimates a user fee of 3% for individual business, pro-rated to reflect the proportion of the total business issued on exchange. Please a worksheet showing the methodology and assumptions used to the determine the exchange user fee of $16.33 pmpm in Table 5, cell C32, as this number is hard-coded.**

    The calculation is shown on Tab Q23 of the "QCC Consumer Response to June 10 Obj" excel worksheet. We are anticipating that about 90% of enrollees will purchase On-Exchange coverage, which is reflected in the calculation. There is a small difference due to the calculation originally being before we completed our Actuarial Memo Rate Exhibits. We are justifying the data from the Rate Exhibits which produced a slightly different result.

24. **In instances where the CSR adjustment does not appear to be consistent with the metal level and exchange status of the plan, please provide an explanation for the non-funding of CSR adjustment factor shown in Column P of Table 10. If identical plans are being offered on and off exchange, indicate why this is preferrable to a single plan offered on/off exchange.**

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

QCC Consumer

Metal	BMMO	PLRS		ARF	GCF	IDF	AV	Product w Risk	Product w/o Risk
Plat	-								
Gold	82,296	3.006		1.606	1.031	1.080	0.800	3.346	1.430
Silver	53,604	2.386		1.715	1.031	1.030	0.700	2.533	1.275
Bronze	364,236	0.990		1.748	1.031	1.000	0.600	1.020	1.081
Total	500,136	1.471		1.721	1.031	1.016	0.644	1.565	1.159
Est. StateWide Average		1.477	$ 546.59	1.81	1.00	1.033	0.695	1.526	1.297
								62.00	

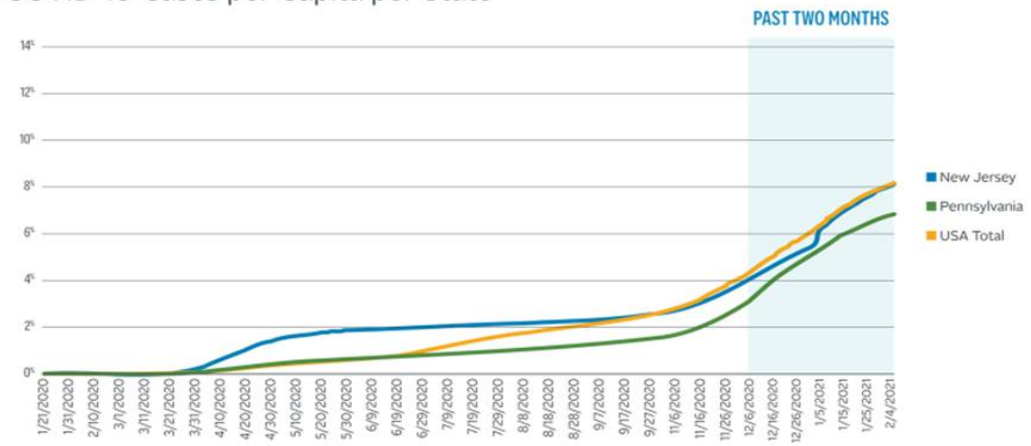
Entity - Unit cost trends (2a)	Segment	2018	2019	2020	2021
Comml QCC - Consumer					
	Inpatient	2.7%	3.2%	3.9%	3.0%
	Outpatient	1.9%	2.7%	2.6%	2.5%
	Professional	1.7%	1.7%	2.1%	2.5%
	Total	1.9%	2.3%	2.8%	2.7%

QCC Consumer - Actual (2b)

	Member Months	PMPM Premium	PMPM Allowed Claims	PMPM Incurred Claims	Premium Trend	Allowed Claims Trend	Incurred Claims Trend	MAIR		
2017	591,059	$ 558.04	$ 645.76	$ 536.84				$ 704.82		
2018	461,347	$ 749.36	$ 725.11	$ 605.44	34.28%	12.29%	12.78%	$ 751.14	6.57%	
2019	466,084	$ 653.59	$ 628.27	$ 510.33	-12.78%	-13.36%	-15.71%	$ 760.28	1.22%	<- Membership differences
2020	468,369	$ 645.90	$ 579.89	$ 492.37	-1.18%	-7.70%	-3.52%	$ 757.47	-0.37%	<- Membership differences

2020 COVID-19 Directly related claims

COVID-19 Cases per Capita per State

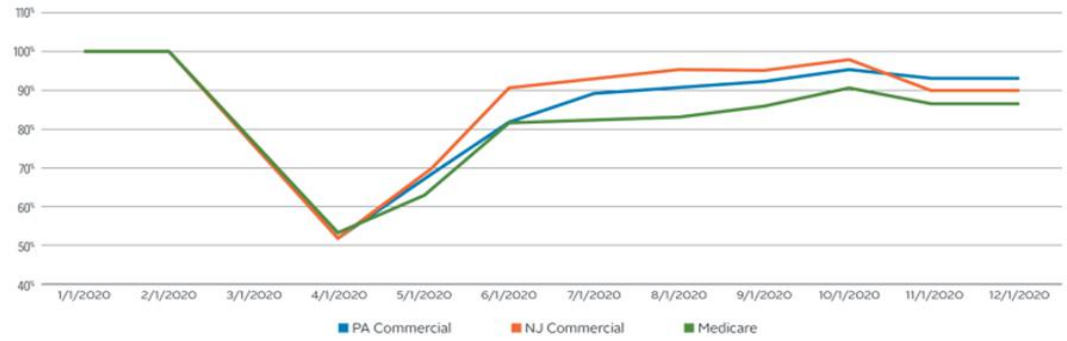


Sources: State and local health agencies

4

Avoided and Deferred Care: 2020

% of Normal Paid Claims



5

2020 Experience

COVID Adjustment by Month

Jan	0.00%
Feb	0.00%
Mar	-14.60%
April	-25.60%
May	-16.80%
June	-8.50%
July	-6.80%
Aug	-2.50%
Sep	1.10%
Oct	3.10%
Nov	4.00%
Dec	4.10%
	-5.20% <- Total

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

	Consumer Projected Lives	Age 21 rate	Premium	Network factor	Calibration factor
QCC	41,995	$ 359.41	$621.11	1.350	1.728
KHPE	111,584	$ 350.51	$604.94	0.867	1.726
		Composite Factor		1.0015	

Federal MLR = (Projected Claims, after Risk Adjustment + Quality Improvement Expense - Risk Adj Prog User Fee) / (Premium, before Risk Adjustment - HCR Taxes & Fees - Federal Income Tax - Premium Tax)

	QCC Consumer	
Projected Claims PMPM (After Reinsurance)	$	511.99
Premium PMPM	$	621.11
Quality Improvement Expense PMPM	$	4.97
Exchange User Fee PMPM	$	16.33
HIF PMPM	$	-
Federal Income Tax PMPM	$	3.16
Premium Tax PMPM	$	12.42
Federal MLR		87.7%

	MLR		Member Months		
Calendar Year	**Actual**	**Pricing**	**Actual**	**Pricing**	
2017	82.4%	94.3%	591,059	643,552	
2018	69.8%	89.4%	461,347	638,460	<- Membership growth in certain plans lowered MLR by more than expected
2019	74.1%	85.8%	466,084	492,072	<- Membership losses in certain plans raised MLR by less than expected

QCC Consumer

FROM PID ENROLLMENT SURVEY (Does not include retroactive terminations)

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Average
On Exchange	29,646	29,117	28,926	29,048	29,173	29,182
Off Exchange	13,454	13,343	13,306	13,322	13,181	13,321
Total	43,100	42,460	42,232	42,370	42,354	42,503
	69%	69%	68%	69%	69%	

FROM APTC QUERY (includes YTD retroactive terminations)

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Average
On APTC	20,121	21,246	21,224	21,489	21,758	21,168
On Non-APTC	7,291	7,161	7,050	7,168	7,399	7,214
Off	13,165	13,304	13,258	13,253	13,180	13,232
Total	40,577	41,711	41,532	41,910	42,337	41,613

Projection of off exchange members moving to on exchange in 2022.

Consumer Plans KHPE & QCC Combined

	As of Feb 2021	Projected 2022		
On	68.5%	89.6%	<==	Percentage of on exchange members assumed in user fee calculation
Off	31.5%	10.4%		
	100%	100%		

Percentage of off exchange members moving to on exchange: 67.0%

	Change
Cost Trend	4.29%
Utilization Trend	4.87%
Benefit Changes	-0.77%
Taxes & Fees	0.35%
COVID - 2022 impact	2.80%
Actual vs. Expected	-9.88%
Rate Change	1.67%

Administrative Expenses		13.07%
General and Claims	10.40%	
Agent/Broker Fees and Commissions	1.87%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		2.59%
RA User Fee	0.04%	
PCORI Fee	0.04%	
PA Premium Tax	2.00%	
Federal Income Tax	0.51%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		1.91%
Total Retention		17.57%

Change in Morbidity			Change in Demographic			Change in Network
Single Risk Pool	COVID-19 Impact	Change in Morbidity	2020 Avg Age Factor	2020 Avg Age Factor	Change in Demographic	Unnormalized Weighted Avg Network Factor
1.01	1.052	1.063	1.736	1.721	0.991	0.999

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

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

Calculation of 2022 Exchange User Fee

User Fee = 3%

Projected Average Premium (KHPE and QCC Combined) =	$ 609.36	$ 604.94	111,584	KHPE
		$ 621.11	41,995	QCC
Proportion of business on-exchange =	89.58%			
Projected PMPM User Fee =	$ 16.38			
	$ 16.33			

Cover Letter for Responses to July 6 Objection Letter – QCC Consumer INAC-132818429
Response Date July 13, 2021

The following questions were provided by the Department's consulting actuary:

1. **The 'Q1a' tab of the file "QCC Consumer Response to June 10 Obj.xlsx" provides a numerical development of the projected 2022 risk adjustment transfer PMPM.**
a. **Please provide this same exhibit for the calculation of the 2020 risk adjustment transfer PMPM.**
b. **Please identify and support any significant differences in the components of the risk adjustment calculation between 2020 and 2022 on an issuer and/or statewide basis.**

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

2. **The 'Q2' tab of the file "QCC Consumer Response to June 10 Obj.xlsx" provides historical trend information. However, it is unclear how the pricing trends utilized in this filing are consistent with the historical trend information included in this exhibit. Please provide additional support demonstrating how the pricing trends utilized in this filing are consistent with the historical trend information included in the 'Q2' tab. If they are not consistent, please explain and justify why it is reasonable that they are not.**

   We have updated the trends. The revised trends are 8.84%, down from 9.50% in the previous submission.

3. **The response to Question 2c of the first round of objections provides a qualitative description of the 2.8% COVID adjustment applied to trend. Please provide additional numerical support for this assumption. Based on the response provided, it is unclear how it was determined that a 2.8% adjustment is a reasonable assumption to reflect future costs of care related to new variants, further incidence in the unvaccinated population, and the excess costs for care that has been delayed in 2020 and 2021.**

   In consultation with our clinical and Informatics areas, our trend area modeled 4 possible scenarios based on 3 possible severity levels to determine the 2.8%.

   The scenarios were
   1) New variants emerge at a high rate that sends us back into stay-at-home orders "new variant" scenario
   2) Unvaccinated spread leads to high rates of COVID-hospitalization
   3) Vaccines are effective and widespread and excess care returns quickly as things open back up ("Herd Immunity and Excess Return of Care" scenario)
   4) Vaccines are effective and widespread but excess care returns slowly as things open back up ("Herd Immunity and Excess Return of Care w/Shifts" scenario)

   We then selected what we thought was likely. We went with Scenario 3 at high severity. A graphic illustration is included in Tab Q3 of the "QCC Consumer Response to July 6 Obj" excel worksheet.

4. **The 'Q4' tab of the file "QCC Consumer Response to June 10 Obj.xlsx" provides the network factors for QCC and KHPE but does not provide specific support for these factors. Please provide numerical support for the 1.350 network factor for QCC and the 0.867 network factor for KHPE. In providing your response, please also include a detailed description outlining how the estimated network factors were developed.**

   To be more consistent with our pricing methodology we have created Manual Data by pooling the experience of QCC with KHPE, as our companies are offering coverage to exactly the same

populations geographically and customers may choose to enroll in plans from either entity. The pooling results in less difference and volatility in the claim trend rates between QCC and KHPE when kept separate. The network factor includes an adjustment that results in the appropriate rate differential between QCC and KHPE plans.

It is unlikely that this factor will remain constant over time, due to the impact of Risk Adjustment, as well as the mixes of the different provider networks offered by the two entities.

Please note that due to the change to the reinsurance parameters, we adjusted the QCC network factor to equal 1.343 to maintain the correct rate relationship with KHPE.

5. **The 'Q6' tab of the file "QCC Consumer Response to June 10 Obj.xlsx" provides the actual and pricing MLRs for 2017 through 2019. In each year, the actual MLR is significantly lower than the pricing MLR. Please demonstrate how these results were taken into consideration in the development of the proposed rates to ensure that the actual MLR will align more closely with the pricing MLR in CY 2022.**

   We start with the claims and premium for 2020 in the URRT and that is the basis for the starting point of our pricing. So any historic MLR favorability is adjusted for in the starting premium and claims.

   The following three questions were asked as Questions 7, 8, and 9 in Round 1; please provide updated information regarding these three items, or indicate that no updated information is available:

6. **For each month between January 2021 and the most recent date available, please provide the average count of Individual ACA enrollment, split by On-Exchange APTC, On-Exchange non-APTC, and Off-Exchange members. Please provide the enrollment data for each available month separately.**

   Please refer to Tab Q6 of the "QCC Consumer Response to July 6 Obj" excel worksheet.

7. **For the On-Exchange non-APTC members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.**

   We fully expect that all of the On-Exchange non-APTC members eligible to take advantage of potential subsidies enhanced through ARPA will do so. The Pennie website provides guidance to allow them to receive the subsidy.

8. **For the Off-Exchange members who are currently enrolled as of the most recent date available, please specify the percentage of those individuals that you expect will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.**

   Consistent with our June 22 response, we anticipate that 67% of currently enrolled Off-Exchange members will enroll through the Exchange in 2022 and take advantage of the enhanced and expanded subsidies as a result of ARPA.

The following items are the result of the Department's review of the company's Round 1 responses:

9. **Please provide an exhibit showing the actual experience for calendar years 2016-2020 and the projection experience for 2021 and 2022 for the following categories: Member Months, Total Administrative Expenses, Total Incurred Claims, Total Premium, Total Actual Paid Taxes and Fees, Profit, Total Underwriting Gain/Loss and Underwriting Gain/Loss PMPM.**

   We do not have this data readily available at the level that is being requested, therefore we are unable to provide a response to this question. We also view this data as proprietary, and since the filing responses are made public, we think it would be inappropriate to provide this information if it were readily available.

10. **Does this company have any transitional membership? If so, has there recently been a significant drop in transitional membership? Do you anticipate a drop in 2022?**

    We do not have any transitional membership. We therefore do not anticipate any change in 2022 since we have no transitional membership.

11. **Please update the 2020 experience period risk adjustment amount, in Table 2, to reflect the final CMS risk adjustment amount released on June 30th.**

    We have made this update.

12. **If the projected risk adjustment transfer amount in Table 5 will be modified due to the final CMS transfer amount published on June 30th, please provide narrative and detailed supporting data to justify the proposed changes.**

    The published June 30 risk adjusted transfer amount is extremely similar to our earlier projection. Therefore, we are not updating the projected amount in Table 5.

13. **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 submitted with your round 2 responses are identical.**

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

14. **In the PAAM Exhibits, II.a.Reins Table – Exp tab, please update the Coinsurance Rate, in cell E5, to 45%.**

    We have made this update. Please note that we had entered 60% (1 – 40%) in our initial submission. This revision causes the impact of reinsurance to decrease and the resulting rates to increase. Instead of revising rates, we have offset this increase by reducing our trend assumption.

15. **Please provide a list of any assumptions that have changed because of the change in the coinsurance rate indicating the rationale for and supporting the magnitude of the changes.**

    We do not anticipate any additional changes to our assumptions resulting from the change in the coinsurance rate. As noted in our response to question 2, we did lower our trend assumption. As noted in response to question 4, we also updated our network factor.

16. **Please be aware that the final coinsurance parameters will be communicated on Friday, July 16th. The revised exhibits and rates will then be due on Tuesday, July 20th.**

    We acknowledge receiving this information.

17. **Please ensure that the 7/13/21 versions of the following items are posted in SERFF with your July 13th response to this data call.**

    a. **Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.** – This letter, no rate changes.
    b. **PA Actuarial Memorandum–** No changes
    c. **PA Actuarial Memorandum Exhibits –** Update included
    d. **Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values – do not enter "NA" in cells for which there is no rate). –** No changes
    e. **URRT –** Update included
    f. **Federal Rate Template–** No changes
    g. **Part III: Actuarial Memorandum–** No changes
    h. **Updated Rate Change Request Summary (Attachment I) –** No changes
    i. **Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items). –** Update included

    The updated components are included with this response.

18. **As requested in Item 11 of the Round 1 data request, please provide an exhibit that quantitatively shows a comparison of the actual to projected claim cost PMPMs for calendar years 2017-2020. This chart should include columns for the year, actual claim costs, previously projected claim costs, and the percentage differential between the actual and projected costs.**

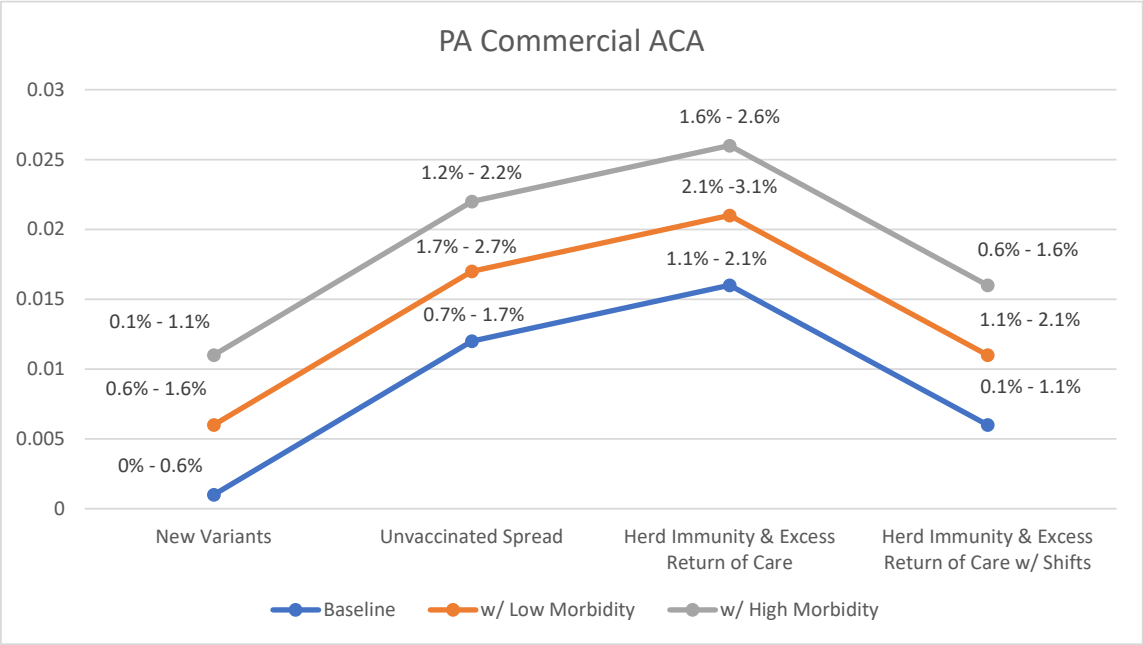
    Please see tab Q18 of the "QCC Consumer Response to July 6 Obj" excel worksheet.

19. **Regarding your response to Question 17, please provide further support for the assumption that the administrative expense percentage is higher in Philadelphia than in areas of the state, given the cost differences in various areas.**

    We are researching this issue with our FP&A area. We will follow up with a response once it is available.

QCC Consumer

Metal	BMMO	PLRS		ARF	GCF	IDF	AV	Product w Risk	Product w/o Risk
Plat	10,416	4.472		1.538	1.046	1.150	0.900	5.380	1.665
Gold	70,359	2.738		1.606	1.046	1.080	0.800	3.094	1.452
Silver	53,727	2.415		1.715	1.046	1.030	0.700	2.603	1.294
Bronze	333,839	0.914		1.748	1.046	1.000	0.600	0.956	1.097
Total	468,341	1.439		1.718	1.046	1.019	0.648	1.564	1.186
Est. StateWide Average		1.446	$ 531.19	1.81	1.00	1.033	0.695	1.494	1.297


PA Commercial ACA
0.03
0.025
0.02
0.015
0.01
0.005
0
1.6% - 2.6%
1.2% - 2.2%
2.1% -3.1%
1.7% - 2.7%
1.1% - 2.1%
0.6% - 1.6%
0.1% - 1.1%
0.7% - 1.7%
1.1% - 2.1%
0.6% - 1.6%
0.1% - 1.1%
0% - 0.6%
New Variants
Unvaccinated Spread
Herd Immunity & Excess Return of Care
Herd Immunity & Excess Return of Care w/ Shifts
Baseline
w/ Low Morbidity
w/ High Morbidity

FROM APTC QUERY (includes YTD retroactive terminations)

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Average
On APTC	20,126	21,272	21,219	21,311	21,599	23,273	21,467
On Non-APTC	7,290	7,154	7,043	7,138	7,284	5,974	6,981
Off	13,156	13,296	13,251	13,241	13,090	12,874	13,151
Total	40,572	41,722	41,513	41,690	41,973	42,121	41,599

QCC Consumer

	Member Months	PMPM Premium	PMPM Allowed Claims	PMPM Incurred Claims	Premium Trend	Allowed Claims Trend	Incurred Claims Trend	MAIR	
2017	591,059	$ 558.04	$ 645.76	$ 536.84				704.82	
2018	461,347	$ 749.36	$ 725.11	$ 605.44	34.28%	12.29%	12.78%	751.14	6.57%
2019	466,084	$ 653.59	$ 628.27	$ 510.33	-12.78%	-13.36%	-15.71%	760.28	1.22% <- Membership differences
2020	468,369	$ 645.90	$ 579.89	$ 492.37	-1.18%	-7.70%	-3.52%	757.47	-0.37% <- Membership differences

Federal MLR = (Projected Claims, after Risk Adjustment + Quality Improvement Expense - Risk Adj Prog User Fee) / (Premium, before Risk Adjustment - HCR Taxes & Fees - Federal Income Tax - Premium Tax)

	QCC Consumer	
Projected Claims PMPM (After Reinsurance)	$	511.99
Premium PMPM	$	621.11
Quality Improvement Expense PMPM	$	4.97
Exchange User Fee PMPM	$	16.33
HIF PMPM	$	-
Federal Income Tax PMPM	$	3.16
Premium Tax PMPM	$	12.42
Federal MLR		87.7%

Completeness and Redaction Justification Checklist

Issuer Name: QCC Insurance Company, Inc.
Market: Individual PPO
SERFF ID: INAC-132818429

TOC #	Description	Completed (Mark with "X")	Redaction Justification		
			Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Documents Required to Be Filed with PID					
A.2.	RFJ Part I - Unified Rate Review Template	X			
	RFJ Part II – Consumer Friendly Justification	X			
	RFJ Part III – Actuarial Memorandum	X	Y	31-38	Y
	Federal Rates Template	X			
Summary Documents/Confirmation of HIOS & SERFF Submissions					
A.2.B.	HIOS Submission	X			
A.2.C.	SERFF Submission	X			
A.2.D.	SERFF Rate/Rule Schedule Tab	X			
B.	Cover Letter & PA Bulletin Information	X			
C.	Rate Change Request Summary	X			
PA Actuarial Memorandum and Rate Exhibits					
D.1.A.	Company Information	X	Y	7	Y
D.1.B.	Rate History & Proposed Variation in Rate Changes	X	N	7-8	N/A
D.1.C.	Average Rate Change	X	N	8	N/A
D.1.D.	Membership Count	X	N	8	N/A
	PA Act. Exhibits Table 1	X	N	15	N/A
D.1.E.	Benefit Changes	X	N	8	N/A
D.1.F.	Experience Period Claims & Premium	X	N	8-9	N/A
	PA Act. Exhibits Table 2	X	N	15	N/A
D.1.G.	Credibility of Data	X	N	9	N/A
	PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)	X	N	16	N/A
D.1.H.	Trend Identification	X	N	9-10	N/A
	PA Act. Exhibits Table 3	X	N	15	N/A
D.1.I.	Historical Experience	X	N	10	N/A
	PA Act. Exhibits Table 4	X	N	15	N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	X	N	10-12	N/A
	PA Act. Exhibits Table 5	X	N	19	N/A
D.2.B.	Retention Items	X	N	12	N/A
	PA Act. Exhibits Table 6	X	N	19	N/A
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	X	N	12	N/A
	PA Act. Exhibits Table 7	X	N	19	N/A
D.2.D.	Components of Rate Change	X	N	12	N/A
	PA Act. Exhibits Table 8	X	N	19	N/A
	PA Act. Exhibits Table 9	X	N	19	N/A
D.3.	Plan Rate Development	X	N	12-13	N/A
	PA Act. Exhibits Table 10	X	N	20	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	X	N	13	N/A
	PA Act. Exhibits Table 11	X	N	21	N/A
D.5.A.	Age and Tobacco Factors	X	N	13	N/A
	PA Act. Exhibits Table 12	X	N	22	N/A
D.5.B.	Geographic Factors	X	N	13	N/A
	PA Act. Exhibits Table 13	X	N	22	N/A
D.5.C.	Network Factors	X	N	13	N/A
	PA Act. Exhibits Table 14	X	N	22	N/A
D.5.D.	Service Area Composition	X	N	13	N/A
D.5.E.	Composite Rating	X	N	13	N/A
D.6.	Actuarial Certifications	X	Y	13-14	Y
Additional Exhibits					
E.	Department Plan Design Summary & Rate Tables	X	N	23-25	N/A
	Service Area Map	X	N	70	N/A
Redaction Justification (must be submitted if any information is redacted)		X			Y