

## UPMC Health Coverage, Inc. – Individual Plans

Rate Request filing ID # UPMC-134082103 – This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at <https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx>

### Overview

Initial requested average rate change:	7.02%
Revised requested average rate change:	5.74%
Range of requested rate change:	2.37% to 9.65%
Effective date:	January 1, 2025
Mapped members:	2,093
Available in:	Rating Areas 1 and 5

### Key Information

#### Jan. 2023-Dec. 2023 financial experience

Premiums	\$18,981,668
Claims	\$17,238,708
Administrative Expenses	\$1,602,029
Taxes & Fees	\$11,860
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Insurers made (after taxes)	\$129,070

#### How it plans to spend your premium<sup>1</sup>

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

Claims:	88%
Administrative:	10%
Taxes & Fees:	1%
Profit:	2%

The insurer expects its annual medical costs to increase **6.4%**.

### Our Decision

The insurer requested an average 7.02% rate change in the individual market for enrollees in current 2024 plans who will continue coverage with the insurer in 2025. The insurer later revised its rate filing to request a rate change of 5.74% due to revisions made during the Department’s standard review. The statewide average rate change request across all insurers was originally 9.3% and was revised to 6%. A factor contributing to the rate change is the change in reimbursement from the state reinsurance program. In addition to the reinsurance program, the following have been cited as key rate drivers:

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

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

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

### **Process and Considerations for the 2025 Plan Year**

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

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

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

For each requested plan, the Department reviewed the contract to see if the plan included all the benefits required by state and federal law, if the rates are reasonable in relation to the benefits, and if the insurer will be able to pay projected claims and expenses. The Department also considers factors such as the insurer's revenues, medical and administrative costs, actual and projected profits, and past rate changes, as well as the effect the 2025 rate change will have on Pennsylvania consumers. In approving rates for 2025, the Department focused on making sure that Pennsylvanians in every county in the state continue to have access to healthcare coverage. Ensuring that affordable options remain available to Pennsylvania consumers is a top priority for the Department. The resulting average final rate change approved for this insurer is 5.74%, ranging from 2.37% to 9.65%.

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

## What we consider

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

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

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

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

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

## Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

## Pennsylvania Geographic Rating Areas



SERFF Tracking #:

UPMC-134082103

State Tracking #:

UPMC-134082103

Company Tracking #:

State:

Pennsylvania

Filing Company:

UPMC Health Coverage, Inc.

TOI/Sub-TOI:

HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name:

2025 IND Health Coverage

Project Name/Number:

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	ACA Public Rate Filing PDF
<b>Comments:</b>	
<b>Attachment(s):</b>	UPMC Health Coverage Inc Individual Public PDF 1 UPMC-134082103.pdf UPMC Health Coverage Inc Individual Public PDF 2 UPMC-134082103.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	



# UPMC HEALTH PLAN

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May 15, 2024

Ms. Lindsi Swartz  
Director - Life, Accident, and Health Rate and Policy Form Review  
Bureau of Life, Accident and Health Insurance  
Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

Dear Ms. Swartz,

UPMC Health Coverage, Inc. respectfully requests approval of a rate filing for Individual On and Off Exchange HMO products. The rates are proposed for effective dates of 1/1/2025 through 12/31/2025.

Company Name/NAIC #: UPMC Health Coverage, Inc./15451  
Market: Individual  
On or Off Exchange: On and Off  
Effective Date of Coverage: 1/1/2025  
Average Rate Change Requested (Table 11): 7.02% (\$27.55)  
Range of Rate Change Requested (Table 11): 3.60% to 10.98% (\$14.15 to \$43.09)  
Products Offered: HMO  
Rating Areas Where Plans are Offered: 1, 5 (no change from 2024)  
Metal Levels Offered: Catastrophic, Bronze, Silver, Gold  
Currently Enrolled Lives Affected by the Rate Change: 2,093  
Currently Enrolled Policyholders Affected by the Rate Change: 1,504  
Number of Plans Offered in 2025: 8 (no change from 2024)  
Total additional annual revenue generated from the proposed rate change: \$1,366,254  
Corresponding Contract Form #: 660, 676  
Binder ID#: UPMC-PA25-125118383  
HIOS Issuer ID #: 62560  
Submission Tracking #: UPMC-134082103

If you have any questions or require additional information, please call me at [REDACTED] or email me at [REDACTED]

Sincerely,

[REDACTED]

# UPMC HEALTH PLAN

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September 25, 2024

Mr. Grant Leonard  
Commonwealth of Pennsylvania Insurance Department  
Insurance Product Regulation & Market Enforcement  
Actuarial Review Division  
Bureau of Life, Accident & Health Insurance  
1311 Strawberry Square  
Harrisburg, PA 17120

Dear Mr. Leonard,

UPMC Health Coverage, Inc. has made revisions to its rate filing submitted July 31, 2024.  
The revised rates are for Individual market policies with effective dates of 1/1/25 through 12/31/25.

Changes reflected as of 9/25/24:

- 1) *The following fields were revised due to the elimination of projected enrollment in Rating Areas 6 and 7:*
  - *Tables 2b and 4b have been updated to remove experience associated with Rating Areas 6 and 7 from the Manual data used for the calculation of the projected period index rates.*
    - *Claim, premium, membership, pharmacy rebates, risk adjustment, and reinsurance recovery experience specific to those Rating Areas*
  - *Tables II.a. and II.b. have been updated to remove claim experience from Rating Areas 6 and 7*
  - *'Change in Other' Factor - PAAM Exhibits, Table 5*
  - *'Change in Network' Factor - PAAM Exhibits, Table 5*
  - *Projected incurred Risk Adjustment PMPM - PAAM Exhibits, Table 5*
  - *Projected incurred reinsurance recoveries PMPM - PAAM Exhibits, Table 5*
  - *Retention as a percent of premium (assumptions unchanged as a PMPM) - PAAM Exhibits, Tables 5 & 10*

Company Name/NAIC #: UPMC Health Coverage, Inc./15451

Market: Individual

On or Off Exchange: On and Off

Effective Date of Coverage: 1/1/2025

Average Rate Change Requested (Table 11): 5.74% (\$22.54)

Range of Rate Change Requested (Table 11): 2.37% to 9.65% (\$9.31 to \$37.90)

Products Offered: HMO

Rating Areas Where Plans are Offered: 1, 5 (no change from 2024)

Metal Levels Offered: Catastrophic, Bronze, Silver, Gold

Currently Enrolled Lives Affected by the Rate Change: 2,093

Currently Enrolled Policyholders Affected by the Rate Change: 1,504

Number of Plans Offered in 2025: 8 (no change from 2024)

Total additional annual revenue generated from the proposed rate change: \$1,118,067

Corresponding Contract Form #: 660, 676

Binder ID#: UPMC-PA25-125118383

HIOS Issuer ID #: 62560

Submission Tracking #: UPMC-134082103

If you have any questions or require additional information, please call me at [REDACTED] or email me at [REDACTED]

Sincerely,

[REDACTED]

# PA Actuarial Memorandum

## Section 1 - Basic Information and Data

The purpose of this actuarial memorandum is to provide certain information related to a rate submission for the company identified below. The relevant index rate is developed in accordance with federal regulations, and plan specific premiums are generated using the allowable modifiers in accordance with the single risk pool rule.

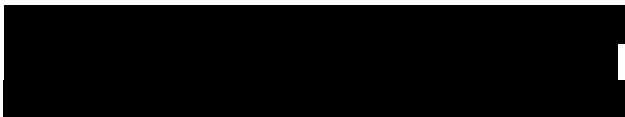
This memorandum has been updated as of 9/26/24, to account for UPMC Health Plan's proposed Plan of Withdrawal from Rating Areas 6 and 7 in the Individual market.

### 1A. Company Information

The following section provides information related to the identification of the company that is submitting this rate filing. Much of this information is also displayed in Table 0 of the PA Actuarial Memorandum Exhibits.

Company Legal Name: UPMC Health Coverage, Inc.  
NAIC #: 15451  
HIOS Issuer ID: 62560  
Market: Individual  
Exchange: On and Off Exchange  
Products: HMO  
Effective Date: 1/1/2025

#### Company Contact Information:



#### Filing Information:

Rate Filing SERFF Tracking #: UPMC-134082103  
Form Filing SERFF Tracking #: UPMC-134083995, UPMC-134083476  
Binder SERFF Tracking #: UPMC-PA25-125118383

### 1B. Rate History and Proposed Variations in Rate Changes

Historical and proposed rate changes vary by plan due to various changes made to meet AV requirements on a plan-by-plan basis. The values listed below and overall proposed rate change for 2025 are weighted averages of the increase for each plan based on projected enrollment. Please see Table 10 of the PA Actuarial Memorandum Exhibits for a breakdown of plan-by-plan rate increases.

SERFF Tracking #	Year	Rate Change*
UPMC-132801380	2022	2.5%
UPMC-133257300	2023	4.4%
UPMC-133641900	2024	6.1%

\* Historical increases in this table are from Table 10

**1C. Average Rate Change**

- Average rate change in Table 10, column AC of the PA Actuarial Memorandum Exhibits: 4.7%
- Change in 21-year-old non-tobacco premium PMPM in Table 11, cell AN13 of the PA Actuarial Memorandum Exhibits: 5.7%

**1D. Membership Count**

Various illustrations of the membership count for the captioned company and market are displayed in Table 1 of the PA Actuarial Memorandum Exhibits.

**1E. Benefit Changes**

A table with these changes has been included in Appendix I. All plans have metal level actuarial values in accordance with the latest HHS requirements.

**1F. Experience Period Claims and Premium**

The single risk pool consists of members that are anticipated to enroll in ACA-compliant policies offered by UPMC in the Individual market, which includes all currently enrolled members in ACA-compliant policies except those domiciled in Rating Areas 6 and 7. Claims and premium data for all non-grandfathered policies in the single risk pool (including Rating Areas 6 and 7) for the captioned company and market from the experience period (January 2023 - December 2023) with two months of run-out are displayed in Table 2 of the PA Actuarial Memorandum Exhibits. The Manual data in Table 2b excludes experience data from Rating Areas 6 and 7 to align with the projected period. This section provides a discussion of each field in the table and its relation to the corresponding fields on the URRT.

Earned Premium:

This represents the revenue accumulated by the captioned company during the experience period. No adjustments were made for MLR rebates as we do not anticipate owing them. HHS cost-sharing is not included in the premium data. Please note that the earned premium listed in Table 2 does match the total premium listed in section I, worksheet 1 of the URRT.

Paid Claims:

This field includes uncompleted paid medical, pharmacy, and pediatric dental and vision experience period claims for the captioned company and market.

Ultimate Incurred Claims:

This field includes completed paid medical and pharmacy experience period claims for the captioned company and market. We used the standard Development/Completion Factor Method to calculate claims that are incurred but not reported (IBNR). The completion factors used in Table 4b are displayed in the table below. Factors were calculated using our entire ACA-compliant Individual block of business. Please note that the ultimate incurred claims shown in Table 2 do not match the total incurred claims displayed in section I, worksheet 1 of the URRT because the value in the URRT equals the ultimate incurred claims less total prescription drug rebates listed in Table 2.

Month	Completion Factor
1/1/2023	0.9990
2/1/2023	0.9989
3/1/2023	0.9987
4/1/2023	0.9978
5/1/2023	0.9972
6/1/2023	0.9966
7/1/2023	0.9804
8/1/2023	0.9932
9/1/2023	0.9907
10/1/2023	0.9743
11/1/2023	0.9786
12/1/2023	0.9630

The following table shows the ultimate paid claims for the experience period distinguished between claims paid and fully adjudicated and claims estimated by IBNR:

Incurred Claims Processed by Claim System:	\$	19,548,191
Claims Processed Outside Claim System:	\$	-
Claims Estimated by IBNR:	\$	240,343
<b>Ultimate Incurred Claims:</b>	<b>\$</b>	<b>19,788,534</b>

Member Months:

The sum of the experience period member months shown in Table 1 is also displayed in Table 2.

Estimated Cost Sharing:

This field represents the difference between allowed claims and ultimate incurred claims in Table 2.

Allowed Claims:

This field includes allowed medical and pharmacy claims as well as pediatric dental and vision claims from the experience period for the captioned company and market, which are pulled directly from our data warehouse. Please note that the allowed claims shown in Table 2 do not match the total allowed claims displayed in section I, worksheet 1 of the URRT because the value in the URRT equals the allowed claims less total prescription drug rebates listed in Table 2.

Non-EHB portion of Allowed Claims:

This field displays the amount of allowed experience period claims that can be attributed to non-EHBs for the captioned market and company.

Total Prescription Drug Rebates:

This field shows the amount of prescription drug rebates received for the captioned company and market during the experience period. Pharmacy rebates have been removed from the total incurred and allowed claims displayed in section I, worksheet 1 of the URRT. As discussed in subsequent data call responses, Table 2 now shows rebate dollars commensurate with our receipts rather than the expected rebate receipts in the projection period, and the Change in Other factor in Table 5 has been updated accordingly.

Total EHB Capitation:

EHB benefits were not paid for via capitation during the experience period.

Total Non-EHB Capitation:

Non-EHB benefits were not paid for via capitation during the experience period.

Experience Period Risk Adjustment:

Experience period Risk Adjustment for the captioned company is a receipt of \$615,214 per the Summary Report on Permanent Risk Adjustment Transfers for the 2023 Benefit Year, published by CMS on July 22, 2024. This transfer receipt translates to a PMPM of \$24.38.

Experience Period Reinsurance Recoveries:

Experience period recoveries from the state-based reinsurance program for the captioned company are shown in Table 2 to be a receivable of \$854,100, which translates to a PMPM of \$33.85. This receipt aligns with the final 2023 Claims Reimbursement Amounts communicated by the Department to us on June 6, 2024.

Loss Ratio:

The loss ratio calculated in Table 2 is 90.82%.

**1G. Credibility of Data**

The manual data for this filing was developed using the entirety of ACA-compliant experience period data from each of UPMC's subsidiary companies in the Individual market, excluding experience from members domiciled in Rating Areas 6 and 7, and is displayed in tables 2b, 3b, and 4b in the PA Actuarial Memorandum Exhibits. The manual data consists of 1,153,728 member months of experience.

The experience period data for this company consists of 25,234 member months from ACA-compliant policies. Because the manual data encompasses the single risk pool of all UPMC Individual market companies, we believe it most appropriately represents the claim experience for use in calculating projected rates. Therefore, we assign 100% credibility to the manual data and 0% credibility is used for each company-specific single risk pool. Adjustments to the data include the trend and network adjustments discussed in the "Index Rate" section below.

## **1H. Trend Identification**

The overall annual trend used in rate development is 6.38%. Historical allowed claims from our Individual block of ACA-compliant business across all of UPMC's subsidiary companies were used to develop trend factors for use in the projected rates, and the basis for this trend is a least squares regression analysis on 12-month rolling cost and utilization claims experience between 2019 and 2023. The selected trends fall within the 95% confidence interval of regression analysis for each service category (Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, and Prescription Drug), and the selected aggregate trend is the weighted average aggregation of the component trends.

The large enrollment count and consistent makeup of this population make it appropriate for use in trend development for this filing. Service categories were defined to be consistent with the URRT instructions. Please see Tables 3 and 3b of the PA Actuarial Memorandum Exhibits for trend development calculations. No changes in provider contracting are expected between the experience and projection periods, and therefore, no adjustments have been applied.

## **1I. Historical Experience**

Historical data from the four most recent calendar years for the captioned company and market with two months of run-out is provided in Table 4. Allowed claims were developed using the same manner described above for Table 2. The historical data listed in Table 4b consists of a blend of ACA-compliant experience data from each of UPMC's subsidiary companies in the Individual market and was used in the development of trend.

## **Section 2 - Rate Development & Change**

### **2A. Projected Index Rate, Market-Adjusted Index Rate, & Total Allowed Claims**

Table 5 of the PA Actuarial Memorandum Exhibits shows the development of the projected index rate, Market-Adjusted Index Rate, and projected total allowed claims. Detailed discussions on the development of each quantity are provided below.

#### Index Rate:

For this filing, the Index Rate of the Experience Period is set equal to the manual rate as outlined above in Section 1G of this memorandum. The calculation of the manual rate is shown in Table 2b of the PA Actuarial Memorandum Exhibits. The Index Rate of the Projection Period is then calculated in Table 5 by first applying two years of 6.38% annual trend to the Index Rate of Experience Period.

For 2025, the Pennsylvania Insurance Department has mandated that an adjustment factor of 1.0 is applied to the index rate to reflect the morbidity impact of the state-based reinsurance program in the Individual market. In line with that guidance, no adjustment for changes in morbidity as a result of the state-based reinsurance program has been applied.



An adjustment of 0.996 has been made in the Change in Demographics category to account for the difference between the average age of the experience period enrollment and the average age of the current enrollment.

An adjustment factor of 1.372 has been applied to the index rate to account for differences in expected allowed claims costs between the manual data and that of the captioned company. This adjustment factor brings the captioned company index rate in line with the current characteristics of the provider networks. Please see Exhibit 7 of the Supporting Exhibits for the derivation of this factor.

An adjustment factor of 0.970 has been applied to the index rate in the Change in Other category. This adjustment accounts for itemized differences between the 2023 experience period and the 2025 projection period, such as the impact of medical and pharmacy cost savings initiatives that UPMC has engaged in. Please see Exhibit 8 of the Supporting Exhibits for the derivation of the Change in Other factor applied in Table 5.

The average age for our experience period Individual risk pool was 44.8 with an average premium factor of 1.87. This is nearly identical to our 2024 experience so far with age 44.6 and premium factor 1.86. As noted, an adjustment for this difference has been made in Change in Demographics. Please note that the Index Rate of Projection Period of \$874.32 shown in Table 5 matches the corresponding value shown in section II, worksheet 1 of the URRT.

Market-Adjusted Index Rate:

The Projected Index Rate is adjusted by adding estimates for risk adjustment and marketplace fees (with impacts and costs spread across the whole risk pool) to obtain the Projected Market Adjusted Index Rate.

Projection period Risk Adjustment PMPM has been estimated to be a payment of \$9.98, which is displayed in Table 5. First, UPMC considered the final CY 2023 transfer published by CMS on July 22, 2024. We then removed the risk adjustment transfer dollars and membership associated with Rating Areas 6 and 7, per the information in the TPIR reports provided by CMS.

[REDACTED]

[REDACTED]

[REDACTED]

The projection period Risk Adjustment transfer PMPM also accounts for the impact of known changes to HHS model weights for the 2025 Benefit Period. The transfer amount is not adjusted to reflect the estimated impact of the Risk Adjustment Data Validation (RADV) program, as there have been fluctuations in the program's

impact directionally in recent years. UPMC relies on analysis by Wakely Consulting in estimating the impacts of both the 2025 model changes and the RADV program.

The projected transfer assumes a \$0 High Cost Risk Pool (HCRP) recovery net of the program's surcharge.

Please see Exhibit 9 of the Supporting Exhibits for the derivation of this estimate.

The value entered in Section II, Worksheet 1 of the URRT was \$12.72 since the calculation of the Market Adjusted Index Rate is done on an allowed claims basis in the URRT. The updated PMPM was derived by taking the original paid PMPM divided by the Paid to Allowed Average Factor. The net amount after accounting for the fee is subtracted from the Index Rate of the Projection Period as part of the calculation of the Market Adjusted Index Rate. For the URRT and Table 5 of the PA Actuarial Memorandum Rate Exhibits, it was entered as a negative number because the calculation subtracts this value. The effect is an increase in premium as additional revenue will be required to cover the anticipated payment.

The member-weighted average of a 3.0% Marketplace User Fee for Marketplace enrollees combined with 0% for non-Marketplace enrollees calculates to 2.4%. This load is developed based on fees from on-exchange policies, but is spread over all policies uniformly. This translates to a PMPM of \$18.05, which was entered as a positive value in Table 5 since the calculation adds this value. The effect for this adjustment is an increase in premium as additional revenue will be required to cover the anticipated payment. Since the URRT requires the exchange user fee to be listed on an "allowed" basis, the final value included in the URRT was calculated by first taking exchange user fee PMPM of \$18.05 divided by the paid-to-allowed ratio to derive the "allowed" exchange user fee PMPM. This value was then divided by the market adjusted index rate to arrive at the final value of 2.7%.

The index rate was further adjusted by accounting for estimated recoveries from the state-based reinsurance program. Estimated recoveries applied in Table 5 and Section II, Worksheet 1 of the URRT were \$41.66 PMPM and \$53.09 PMPM, respectively. The value entered in the URRT was derived by taking the Table 5 recovery PMPM and dividing by the Paid to Allowed Average Factor, as the calculation of the Market Adjusted Index Rate is done on an allowed claims basis. These values were entered as positive values in Table 5 and the URRT since both calculations subtract these values. The result of this adjustment is a decrease in projected period premium as less revenue will be required due to the anticipated recovery.

The estimated recovery of \$41.66 PMPM was derived using data entered into worksheets I.b, II.a, and II.b of the PA Actuarial Memorandum exhibits. Data entered into worksheet II.a matches the experience period data described in the sections above, and worksheet II.b was populated by referencing the same source of experience captured in worksheet II.a, but with member-level incurred claims trended forward two years to the projection period before allocating the data to each range within the continuance table. An annualized claims trend of 6.38% was applied to estimate the projected member-level claims used to populate worksheet II.b. The projected recovery as a percent of claims is calculated using a per-member attachment of \$60,000, a cap of \$100,000, and a coinsurance rate of 60%, as communicated by the Pennsylvania Insurance Department via the data call attached to this rate filing dated July 24, 2024. The formula in Table 5 (cell C33) calculates the a percent of projected paid claims, before pharmacy rebates, that the reinsurance recovery reflects, to align with the data in the continuance table in worksheet II.b.

Total Allowed Claims:

The Market-Adjusted Index Rate is further modified to develop the projected total allowed claims PMPM by adding the projected allowed non-EHB claims PMPM. Benefits that were offered outside EHB include routine foot care, acupuncture, dental anesthesia, diabetes care management, and inherited metabolic disorder. The projected allowed claims for these benefits is \$1.42 PMPM.

**2B. Retention Items**

Retention items related to this filing are shown in Table 6 of the PA Actuarial Memorandum Exhibits. Detailed discussions on each item are provided below.

Administrative Expenses:

Administrative costs of 9.8% of premium have been displayed in Table 6 and the URRT. This value has been derived from projected administrative costs for the projection period. These expenses are assumed to be uniform for all plan designs.



Taxes and Fees:

Taxes and Fees are expected to be 0.5% of premium in 2025. This accounts for the projected Federal Income Tax in 2025. Please note that the Risk Adjustment Administration Fee of \$0.18 PMPM and the projected PCORI Fee of \$0.27 PMPM were included in the Taxes and Fees field in Table 6 and the URRT.

Profit/Contingency:

The projected surplus and risk margin for this company is 2.0% for 2025. This value is listed in both Table 6 and the URRT. The same level of margin is expected for each plan included in this filing.

Projected Loss Ratio

The projected period loss ratio, using the federally-prescribed MLR methodology without the credibility adjustment, is 86.3%, as shown in Exhibit 1 of the Supporting Exhibits.

An exhibit displaying historical MLR information is provided in Exhibit 2 of the Supporting Exhibits. Loss ratios in the 'Actual' column have been calculated from data submitted in the most recent three-year MLR filing using the federally-prescribed MLR methodology without the credibility adjustment. Enrollment data in the 'Actual' column ties directly to the historical data included in Table 4 of the PA Actuarial Memorandum Exhibits. Loss ratios and enrollment data in the 'Pricing' columns are projected values taken from each calendar year's approved ACA rate filing.

**2C. Normalized Market-Adjusted Projected Allowed Total Claims**

Normalization factors for 2024 and 2025 are provided in Table 7 of the PA Actuarial Memorandum Exhibits. 2024 factors have been taken from the prior annual rate filing of the captioned company and market. Detailed

discussion on each of the 2025 factors are provided below as well as in Section 5 of this memorandum.

Average Age Factor:

The average age factor was calculated using our projected ACA-related Individual population with the prescribed HHS Age Factors for 2025. It was assumed this represents the age distribution of the entire single risk-pool. The number of members under each age bracket was multiplied by the corresponding HHS Age Factor. These were then summed and divided by the total number of members to obtain the average age factor. For UPMC's entire block of ACA-compliant Individual business, the average age factor is 1.858 and average age was 44.8 during the experience period. This preliminary age factor is then multiplied by an adjustment factor of 0.997, which accounts for the regulation that prohibits charging for more than three children per family, resulting in a final age calibration factor of 1.852. Please see Exhibit 3 in the Supporting Exhibits for the calculation of this factor.

Average Geographic Factor:

The calibration factor of 0.990 was calculated as the weighted average of the geographical factors using projected enrollment for the single risk pool, as shown in Exhibit 4 of the Supporting Exhibits. Please see the Geographic Factors section below for a discussion on the development of factors applied for each rating area.

Average Tobacco Factor:

The average tobacco factor was calculated using projected membership, which is assumed to have the same split for tobacco status as current membership. The member-weighted average of a 2.5% load applied for enrollees who qualify as tobacco users combined with a 0% load for non-tobacco users yields an average tobacco factor of 1.002. The derivation of this factor is shown below.

<b>Tobacco Status</b>	<b>Feb 2024 Enrollment Split</b>	<b>Tobacco Factor</b>	<b>Calibration Factor</b>
Non-User	92.7%	1.000	0.927
User	7.3%	1.025	0.074
<b>Total</b>	<b>100.0%</b>		<b>1.002</b>

Average Benefit Richness:

Benefit richness factors were calculated so that the average value is 1.0 when weighted with projected membership as demonstrated in Table 10 of the PA Actuarial Memorandum Exhibits.

Average Network Factor:

Network factors were calculated so that the average value is 1.0 when weighted with projected membership as demonstrated in Table 10 of the PA Actuarial Memorandum Exhibits. Please see the Network Factors section below for a discussion on the factors applied for each network.

**2D. Components of Rate Change**

Data to support the calculation of the components of the rate change is presented in Tables 8 and 9 of the PA

Actuarial Memorandum Exhibits. Values presented in the 2024 columns have been taken from this company's 2024 annual rate filing.

### **Section 3 - Plan Rate Development**

Table 10 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance to develop 2025 Plan Adjusted Index Rates. The allowable modifiers that are used in rate development are described below.

#### Plan Actuarial Value:

The AV for each plan was determined by the issuer's own pricing model based on experience from UPMC's fully-insured commercial block of business. This model calculates an AV for a given plan by first trending 2023 allowed claims data forward two years to the projection period, calculating paid amounts for each benefit category based on the benefit design of a given plan and projected allowed claims data, and taking the ratio of the total projected paid claims to projected allowed claims. Since the same tool was used for all plans, this eliminates any impact from morbidity at the plan level, and differing rate increases by product type are purely based on differences in benefit design for all plans within a given product.

#### Benefit Richness (Induced Demand)

Benefit richness factors were calculated using the formula  $(\text{Plan AV})^2 - (\text{Plan AV}) + 1.24$ , where (Plan AV) is equal to the product of the Plan AV described above and, when applicable, the Non-Funding of CSR Adjustment described below on a plan-by-plan basis. This formula was prescribed by the Pennsylvania Insurance Department and has been developed to produce induced demand factors that mimic those determined by HHS. The initial factors calculated using this formula were then normalized against projected membership by plan.

#### Benefits in addition to EHBs

Benefits that will be offered outside EHB include routine foot care, acupuncture, dental anesthesia, diabetes care management, and inherited metabolic disorder. The projected allowed claims for these benefits is \$1.42 PMPM. The adjustment factor of 1.002 included in Table 10 has been derived by adding the aforementioned PMPM to the projected index rate for 2025 and dividing this total by the same index rate, causing the adjustment to be applied uniformly to all plans.

#### Provider Network

Please see the Network Factors section below for a discussion on the development of the provider network factors applied in Table 10.

#### Catastrophic Eligibility

No adjustments were made for catastrophic plans. Current enrollment is minimal and not credible.

#### Non-Funding of CSR Adjustment

To account for the elimination of funding for cost-share reduction subsidies, the Pennsylvania Insurance Department has mandated the rates for all silver plans offered both on and off the exchange be increased via the CSR Defunding Adjustment in Table 10 of the Actuarial Memorandum Rate Exhibits. The captioned company will apply a factor of 1.22 as the CSR Defunding Adjustment for 2025. Several off-exchange only silver

plans continue to be included for 2025 to minimize disruption to non-subsidized members enrolled in silver plans.

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

Table 11 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance. 2025 rates calculated in this tables were tested to ensure that they match those included in the PA Plan Design Summary and Rate Tables, Federal Rates Template, and the binder.

## Section 5 - Plan Factors

### 5A. Age and Tobacco Factors

As indicated in Table 12 of the PA Actuarial Memorandum Exhibits, the default federal standard age curve for 2025 is used in the development of the Consumer Adjusted Premium Rates. A tobacco load of 2.5% will be used for all 21-and-over age bands in the Individual market in 2025. This load has not changed from 2024.

### 5B. Geographic Factors

The geographic rating areas used within this filing are the same as those defined by the state. For 2025, the proposed geographic factors are identical to the 2024 filing for this company with the exception of Rating Area 5. The table below displays the current and proposed factors:

Region	2024	2025
1	0.966	0.966
5	0.993	1.011

The proposed factor for Rating Area 5 acknowledges the elevated costs observed in that region relative to other regions after accounting for age, benefit level, and morbidity. Please see Exhibit 12 of the Supporting Exhibits for an illustration of this change.

### 5C. Network Factors

Since only one network is included in this filing, no network adjustments were deemed necessary for 2025.

## **5D. Rate Change Summary**

Table 15 of the PA Actuarial Memorandum Exhibits has been populated as described in state guidance.

## **5E. Service Area Composition**

Table 13 of the PA Actuarial Memorandum Exhibits shows the areas in which plans will be offered in 2025. Service area maps for 2024 and 2025 have been uploaded in the Supporting Documentation section in SERFF.

## **5F. Composite Rating**

No composite rating is used with these plans.

## **5G. Connectivity Factors**

Connectivity features are not available under these plans.

# **Section 6 - Reference Information and Certification**

## **URRT Warning Alerts**

Several warning messages appear after clicking the validate button in the URRT. These messages highlight the fact that several terminated or renewing plans have entries of zero in the current enrollment and premium PMPM fields on worksheet 2 of the URRT. Similar messages have appeared in the URRT in prior years across UPMC companies for similar reasons.

## **SERFF Rate / Rule Schedule Tables**

In accordance with PID guidance, the SERFF Rate/Rule Schedule Tab of this rate filing contains the proposed premium rates for all proposed plans, and Excel versions of the Federal Rates Template and the PA Plan Design Summary and Rate Tables.

The Company Rate Information and Rate Review Detail is complete and accurate. Current premiums are consistent with our enrollment as of February 15, 2024. The rate change data presented is consistent with Table 11 and the number of policyholders affected is populated using the total covered lives shown in Table 10 cell V15. The total requested rate change entered is consistent with Cell AN13 of Table 11.

## Standard Questions

Per PID ACA Rate Filing Final Guidance issued on April 3, 2024, the Standard Questions to be included with the initial filing are enclosed with this rate filing in a separate document under the Supporting Documentation tab in SERFF.

## Reliance

Below is a summary of the information that we have relied on as part of rate development.

Source	Type of Information	Comments
Jeffrey A. Bees, CFO, Commercial Products and WorkPartners	Projected administrative expenses, impact of discontinuation of SaveOnSP Program	I have not performed any independent audit or otherwise verified the accuracy of this data/information.
Rachel Oaks, Sr. Director, Medical Economics	Anticipated savings from medical savings initiatives	I have not performed any independent audit or otherwise verified the accuracy of this data/information.

## List of Supporting Exhibits

Supporting exhibits have been included with the rate filing to assist with the review process. Below is a list summarizing the contents of each exhibit.

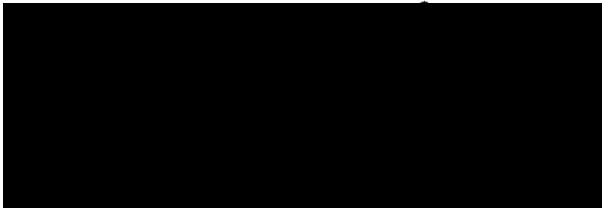
- Exhibit 1: Derivation of Projection Period MLR
- Exhibit 2: Actual vs Pricing MLR & Member Months
- Exhibit 3: Derivation of Age Calibration Factor
- Exhibit 4: Derivation of Geographical Calibration Factor
- Exhibit 5: Current/Projected Commissions by OEP and SEP
- Exhibit 6: Derivation of 3-Child Cap Adjustment Factor
- Exhibit 7: Derivation of Change in Network Factor
- Exhibit 8: Derivation of Change in Other Factor
- Exhibit 9: Derivation of Projected Risk Adjustment PMPM
- Exhibit 9a: HHS Risk Model Adjustment Support
- Exhibit 10: Projected Administrative Expense Load Development
- Exhibit 11: Derivation of Projected Taxes and Fees
- Exhibit 12: Derivation of Change in Geographic Rating Factors
- Exhibit 13: Exchange User Fee Development



**Actuarial Certification**

I, [REDACTED], am a Member of the American Academy of Actuaries in good standing. I am currently Manager for ACA products in the Actuarial Services department for UPMC Health Plan. I certify that:

- All factor, benefit and other changes from the prior approved filing have been disclosed in this actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR § 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2025 Rate Filing Justification.
- The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80 and § 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
- The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and § 156.80(d)(2) were used to generate plan level rates.
- The geographic rating factors reflect only differences in the costs of delivery 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 URRT for all plans except those specified in the certification.



9/26/2024  
\_\_\_\_\_  
Date

**PA Rate Template Part I**  
**Data Relevant to the Rate Filing**

**Table 0. Identifying Information**

Carrier Name:	UPMC HEALTH COVERAGE INC.		
Product(s):	HMO		
Market Segment:	Individual		
Rate Effective Date:	1/1/2023	to	12/31/2025
Base Period Start Date:	1/1/2023	to	12/31/2023
Date of Most Recent Membership:	2/1/2024		

**Table 1. Number of Members**

	Member-months Experience Period	Members Current Period (as of 02-01-2024)	Member-months Projected Rating Period
Average Age	47.0	46.7	46.7
Total	25,234	2,093	25,116
<18	1,799	148	1,776
18-24	1,108	99	1,188
25-29	1,166	98	1,176
30-34	1,422	127	1,524
35-39	1,623	154	1,848
40-44	1,766	145	1,740
45-49	1,904	156	1,872
50-54	2,742	224	2,688
55-59	4,514	349	4,188
60-63	5,829	439	5,268
64+	1,361	154	1,848

**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
\$ 18,366,453.62	\$ 19,548,190.70	\$ 19,788,533.52	25,234	\$ 3,609,908.49	\$ 23,398,442.00	\$ 22,481.20	\$ (1,695,724.80)	\$ -	\$ -	\$ 615,214.00	\$ 854,100.29
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 859.17
Loss Ratio											90.82%

\*Express Prescription Drug Rebates as a negative number

**Table 3. Trend Components**

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	4.74%	-4.10%		0.45%	15.85%
Outpatient Hospital	1.21%	2.33%		3.56%	23.17%
Professional	1.54%	2.42%		4.00%	15.85%
Other Medical	6.99%	1.70%		8.81%	13.80%
Capitation				0.00%	0.00%
Prescription Drugs	11.40%	-0.03%		11.36%	31.33%
Total Annual Trend				6.38%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.132	

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

\*\* Should equal URRT Trend

**Table 4. Historical Experience**

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-20		\$ -	1.0000	\$ -	3	\$ -		\$ -	\$ -	\$ -
Feb-20		\$ -	1.0000	\$ -	3	\$ -		\$ -	\$ -	\$ -
Mar-20		\$ -	1.0000	\$ -	3	\$ -		\$ -	\$ -	\$ -
Apr-20		\$ -	1.0000	\$ -	3	\$ -		\$ -	\$ -	\$ -
May-20		\$ -	1.0000	\$ -	3	\$ -		\$ -	\$ -	\$ -
Jun-20		\$ -	1.0000	\$ -	3	\$ -		\$ -	\$ -	\$ -
Jul-20		\$ -	1.0000	\$ -	3	\$ -		\$ -	\$ -	\$ -
Aug-20		\$ -	1.0000	\$ -	3	\$ -		\$ -	\$ -	\$ -
Sep-20		\$ 160.60	1.0000	\$ 160.60	3	\$ 53.53		\$ -	\$ 160.60	\$ 53.53
Oct-20		\$ -	1.0000	\$ -	3	\$ -		\$ (108.54)	\$ 44.56	\$ 14.85
Nov-20		\$ -	1.0000	\$ -	3	\$ -		\$ (108.54)	\$ 46.55	\$ 15.52
Dec-20	\$ 10,914.84	\$ -	1.0000	\$ -	3	\$ -	\$ 436.69	\$ (108.54)	\$ 19.96	\$ 6.65
Jan-21		\$ 1,558,954.81	1.0000	\$ 1,558,954.81	2,933	\$ 531.52		\$ (139,757.45)	\$ 1,804,709.98	\$ 615.31
Feb-21		\$ 1,740,318.08	1.0000	\$ 1,740,318.08	2,928	\$ 594.37		\$ (139,519.20)	\$ 1,970,967.19	\$ 673.14
Mar-21		\$ 2,163,732.81	1.0000	\$ 2,163,732.81	2,884	\$ 750.25		\$ (137,422.60)	\$ 2,473,191.29	\$ 857.56
Apr-21		\$ 2,147,280.90	1.0000	\$ 2,147,280.90	2,869	\$ 748.44		\$ (136,707.85)	\$ 2,380,495.34	\$ 829.73
May-21		\$ 2,131,063.26	1.0000	\$ 2,131,063.26	2,859	\$ 745.39		\$ (136,231.35)	\$ 2,283,541.52	\$ 798.72
Jun-21		\$ 2,027,815.63	1.0000	\$ 2,027,815.63	2,849	\$ 711.76		\$ (135,754.85)	\$ 2,192,066.45	\$ 769.42
Jul-21		\$ 1,632,563.20	1.0000	\$ 1,632,563.20	2,875	\$ 567.85		\$ (136,993.75)	\$ 1,760,414.19	\$ 612.32
Aug-21		\$ 2,204,793.73	1.0000	\$ 2,204,793.73	2,909	\$ 757.92		\$ (138,613.85)	\$ 2,340,838.11	\$ 804.69
Sep-21		\$ 2,034,253.67	1.0000	\$ 2,034,253.67	2,917	\$ 697.38		\$ (138,995.05)	\$ 2,157,385.72	\$ 739.59
Oct-21		\$ 2,178,782.55	1.0000	\$ 2,178,782.55	2,922	\$ 745.65		\$ (139,233.30)	\$ 2,312,604.82	\$ 791.45
Nov-21		\$ 2,318,689.44	1.0000	\$ 2,318,689.44	2,913	\$ 795.98		\$ (138,804.45)	\$ 2,429,337.65	\$ 833.96
Dec-21	\$ 24,397,026.79	\$ 3,207,548.59	1.0000	\$ 3,207,548.59	2,870	\$ 1,117.61	\$ 3,698,017.55	\$ (136,755.50)	\$ 3,283,472.76	\$ 1,144.07
Jan-22		\$ 1,575,041.26	1.0000	\$ 1,575,041.26	2,486	\$ 633.56		\$ (131,758.00)	\$ 1,940,346.14	\$ 780.51
Feb-22		\$ 1,616,014.96	1.0000	\$ 1,616,014.96	2,437	\$ 663.12		\$ (129,161.00)	\$ 1,859,125.64	\$ 762.87
Mar-22		\$ 2,056,485.72	1.0000	\$ 2,056,485.72	2,386	\$ 861.90		\$ (126,458.00)	\$ 2,285,232.50	\$ 957.77
Apr-22		\$ 2,489,535.86	1.0000	\$ 2,489,535.86	2,336	\$ 1,065.73		\$ (123,808.00)	\$ 2,659,227.42	\$ 1,138.37
May-22		\$ 1,617,571.85	1.0000	\$ 1,617,571.85	2,311	\$ 699.94		\$ (122,483.00)	\$ 1,769,343.77	\$ 765.62
Jun-22		\$ 1,744,665.06	1.0000	\$ 1,744,665.06	2,289	\$ 762.20		\$ (121,317.00)	\$ 1,921,184.77	\$ 839.31
Jul-22		\$ 1,550,603.41	1.0000	\$ 1,550,603.41	2,262	\$ 685.50		\$ (119,886.00)	\$ 1,699,064.66	\$ 751.13
Aug-22		\$ 1,787,982.09	1.0000	\$ 1,787,982.09	2,249	\$ 795.01		\$ (119,197.00)	\$ 1,930,942.26	\$ 858.58
Sep-22		\$ 1,727,553.55	1.0000	\$ 1,727,553.55	2,214	\$ 780.29		\$ (117,342.00)	\$ 1,837,376.76	\$ 829.89
Oct-22		\$ 1,838,296.60	1.0000	\$ 1,838,296.60	2,190	\$ 839.40		\$ (116,070.00)	\$ 1,965,369.95	\$ 897.43
Nov-22		\$ 2,319,022.98	1.0000	\$ 2,319,022.98	2,156	\$ 1,075.61		\$ (114,268.00)	\$ 2,429,204.47	\$ 1,126.72
Dec-22	\$ 19,766,051.46	\$ 1,512,520.33	1.0000	\$ 1,512,520.33	2,134	\$ 708.77	\$ 3,534,969.69	\$ (113,102.00)	\$ 1,618,995.02	\$ 758.67
Jan-23		\$ 1,459,110.87	0.9989	\$ 1,460,734.33	2,182	\$ 669.45		\$ (146,630.40)	\$ 1,847,465.77	\$ 846.68
Feb-23		\$ 2,796,340.91	0.9986	\$ 2,800,261.59	2,195	\$ 1,275.75		\$ (147,504.00)	\$ 3,057,824.93	\$ 1,393.09
Mar-23		\$ 1,613,315.28	0.9986	\$ 1,615,633.17	2,155	\$ 749.71		\$ (144,816.00)	\$ 1,818,229.38	\$ 843.73
Apr-23		\$ 1,218,583.82	0.9977	\$ 1,221,417.91	2,110	\$ 578.87		\$ (141,792.00)	\$ 1,364,540.72	\$ 646.70
May-23		\$ 1,602,152.38	0.9969	\$ 1,607,084.68	2,095	\$ 767.10		\$ (140,784.00)	\$ 1,775,570.87	\$ 847.53
Jun-23		\$ 1,706,852.86	0.9962	\$ 1,713,399.20	2,087	\$ 820.99		\$ (140,246.40)	\$ 1,852,512.14	\$ 887.64
Jul-23		\$ 1,511,878.78	0.9781	\$ 1,545,733.23	2,085	\$ 741.36		\$ (140,112.00)	\$ 1,644,037.55	\$ 788.51
Aug-23		\$ 1,331,812.16	0.9929	\$ 1,341,288.01	2,069	\$ 648.28		\$ (139,036.80)	\$ 1,449,160.72	\$ 700.42
Sep-23		\$ 1,369,976.65	0.9901	\$ 1,383,709.63	2,084	\$ 663.97		\$ (140,044.80)	\$ 1,472,930.39	\$ 706.78
Oct-23		\$ 1,674,141.11	0.9716	\$ 1,723,096.55	2,070	\$ 832.41		\$ (139,104.00)	\$ 1,851,153.98	\$ 894.28
Nov-23		\$ 1,655,507.92	0.9763	\$ 1,695,641.38	2,056	\$ 824.73		\$ (138,163.20)	\$ 1,806,542.27	\$ 878.67
Dec-23	\$ 18,366,453.62	\$ 1,608,517.96	0.9571	\$ 1,680,533.83	2,046	\$ 821.38	\$ 3,609,908.49	\$ (137,491.20)	\$ 1,762,748.48	\$ 861.56

\* Express Completion Factor as a percentage

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

Carrier Name: UPMC HEALTH COVERAGE INC.  
 Product(s): HMO  
 Market Segment: Individual  
 Rate Effective Date: 1/1/2025

Table 2b. Manual Experience Period Claims and Premiums

Earned Premium	Paid Claims	Ultimate Incurred Claims	Member Months	Estimated Cost Sharing (Member & HHS)	Allowed Claims (Non-Capitated)	Non-EHB portion of Allowed Claims	Total Prescription Drug Rebates*	Total EHB Capitation	Total Non-EHB Capitation	Estimated Risk Adjustment	Estimated Reinsurance Recoveries
\$ 625,318,582.60	\$ 596,632,857.56	\$ 603,588,551.74	1,153,728	\$ 140,318,480.60	\$ 743,907,032.34	\$ 1,092,449.20	\$ (70,567,682.77)	\$ -	\$ -	\$ (26,934,183.14)	\$ 26,703,299.39
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)											\$ 582.67
Loss Ratio											84.61%

\*Express Prescription Drug Rebates as a negative number

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	4.74%	-4.10%		0.45%	15.85%
Outpatient Hospital	1.21%	2.33%		3.56%	23.17%
Professional	1.54%	2.42%		4.00%	15.85%
Other Medical	6.99%	1.70%		8.81%	13.80%
Capitation				0.00%	0.00%
Prescription Drugs	11.40%	-0.03%		11.36%	31.33%
Total Annual Trend				6.38%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.132	

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

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-20		\$ 46,215,952.46	1.0000	\$ 46,215,952.46	117,049	\$ 394.84		\$ (4,430,191.10)	\$ 57,795,512.79	\$ 493.77
Feb-20		\$ 46,033,879.75	1.0000	\$ 46,033,879.75	115,476	\$ 398.64		\$ (4,370,653.05)	\$ 54,527,542.37	\$ 472.20
Mar-20		\$ 46,271,472.50	1.0000	\$ 46,271,472.50	114,077	\$ 405.62		\$ (4,317,700.90)	\$ 52,669,519.64	\$ 461.70
Apr-20		\$ 37,433,830.73	1.0000	\$ 37,433,830.73	113,492	\$ 329.84		\$ (4,295,558.65)	\$ 39,029,806.86	\$ 343.90
May-20		\$ 40,876,816.64	1.0000	\$ 40,876,816.64	112,565	\$ 363.14		\$ (4,260,471.70)	\$ 44,717,057.17	\$ 397.26
Jun-20		\$ 50,925,583.63	1.0000	\$ 50,925,583.63	111,792	\$ 455.54		\$ (4,231,213.65)	\$ 56,379,074.84	\$ 504.32
Jul-20		\$ 52,557,827.70	1.0000	\$ 52,557,827.70	111,236	\$ 472.49		\$ (4,210,169.05)	\$ 57,543,720.91	\$ 517.31
Aug-20		\$ 51,844,159.33	1.0000	\$ 51,844,159.33	110,499	\$ 469.18		\$ (4,182,273.60)	\$ 56,393,616.66	\$ 510.35
Sep-20		\$ 50,346,638.72	1.0000	\$ 50,346,638.72	109,644	\$ 459.18		\$ (4,149,911.85)	\$ 54,788,526.08	\$ 499.69
Oct-20		\$ 52,027,841.32	1.0000	\$ 52,027,841.32	108,703	\$ 478.62		\$ (4,114,403.54)	\$ 56,371,091.67	\$ 518.58
Nov-20		\$ 50,832,619.98	1.0000	\$ 50,832,619.98	107,491	\$ 472.90		\$ (4,068,529.34)	\$ 54,212,262.64	\$ 504.34
Dec-20	\$ 704,995,278.02	\$ 54,782,296.01	1.0000	\$ 54,782,296.01	105,729	\$ 518.14	\$ 112,797,572.37	\$ (4,001,837.64)	\$ 57,885,845.44	\$ 547.49
Jan-21		\$ 44,430,399.26	1.0000	\$ 44,430,399.26	106,752	\$ 416.20		\$ (4,645,502.05)	\$ 52,166,011.17	\$ 488.67
Feb-21		\$ 46,451,288.17	1.0000	\$ 46,451,288.17	107,672	\$ 431.41		\$ (4,685,408.80)	\$ 52,891,609.78	\$ 491.23
Mar-21		\$ 54,752,175.86	1.0000	\$ 54,752,175.86	106,904	\$ 512.16		\$ (4,651,890.60)	\$ 62,523,763.86	\$ 584.86
Apr-21		\$ 52,759,600.29	1.0000	\$ 52,759,600.29	106,858	\$ 493.74		\$ (4,649,830.45)	\$ 58,939,529.91	\$ 551.57
May-21		\$ 52,468,811.19	1.0000	\$ 52,468,811.19	107,075	\$ 490.02		\$ (4,659,205.75)	\$ 57,909,221.36	\$ 540.83
Jun-21		\$ 54,743,425.34	1.0000	\$ 54,743,425.34	107,351	\$ 509.95		\$ (4,671,141.65)	\$ 60,287,043.88	\$ 561.59
Jul-21		\$ 52,028,264.62	1.0000	\$ 52,028,264.62	107,775	\$ 482.75		\$ (4,689,653.75)	\$ 56,948,300.20	\$ 528.40
Aug-21		\$ 55,553,957.42	1.0000	\$ 55,553,957.42	108,404	\$ 512.47		\$ (4,717,096.85)	\$ 60,270,733.88	\$ 555.98
Sep-21		\$ 58,681,907.02	1.0000	\$ 58,681,907.02	108,701	\$ 539.85		\$ (4,730,020.65)	\$ 63,193,827.93	\$ 581.35
Oct-21		\$ 56,339,429.35	1.0000	\$ 56,339,429.35	108,408	\$ 519.70		\$ (4,717,325.70)	\$ 60,758,488.64	\$ 560.46
Nov-21		\$ 58,217,904.05	1.0000	\$ 58,217,904.05	107,529	\$ 541.42		\$ (4,679,138.85)	\$ 61,862,935.59	\$ 575.31
Dec-21	\$ 679,679,233.91	\$ 60,145,892.36	1.0000	\$ 60,145,892.36	106,313	\$ 565.74	\$ 120,757,604.52	\$ (4,626,181.70)	\$ 63,456,796.45	\$ 596.89
Jan-22		\$ 47,048,402.31	1.0000	\$ 47,048,402.31	104,421	\$ 450.56		\$ (5,426,261.90)	\$ 56,242,376.94	\$ 538.61
Feb-22		\$ 46,866,101.49	1.0000	\$ 46,866,101.49	105,387	\$ 444.70		\$ (5,476,384.00)	\$ 53,959,098.82	\$ 512.01
Mar-22		\$ 54,273,756.59	1.0000	\$ 54,273,756.59	104,294	\$ 520.39		\$ (5,419,559.52)	\$ 61,842,679.44	\$ 592.96
Apr-22		\$ 48,972,330.21	1.0000	\$ 48,972,330.21	103,226	\$ 474.42		\$ (5,364,034.60)	\$ 54,756,569.69	\$ 520.45
May-22		\$ 49,724,883.34	1.0000	\$ 49,724,883.34	102,140	\$ 486.83		\$ (5,307,601.26)	\$ 54,728,214.47	\$ 535.82
Jun-22		\$ 50,891,442.12	1.0000	\$ 50,891,442.12	101,253	\$ 502.62		\$ (5,261,507.16)	\$ 55,815,925.11	\$ 551.25
Jul-22		\$ 45,862,823.30	1.0000	\$ 45,862,823.30	100,455	\$ 456.55		\$ (5,220,030.42)	\$ 51,039,870.74	\$ 508.09
Aug-22		\$ 51,327,926.06	1.0000	\$ 51,327,926.06	99,700	\$ 514.82		\$ (5,180,801.94)	\$ 57,568,500.62	\$ 577.42
Sep-22		\$ 48,421,771.10	1.0000	\$ 48,421,771.10	98,689	\$ 490.65		\$ (5,128,253.50)	\$ 53,424,023.92	\$ 541.34
Oct-22		\$ 48,511,370.25	1.0000	\$ 48,511,370.25	97,796	\$ 496.05		\$ (5,081,845.64)	\$ 53,275,538.53	\$ 544.76
Nov-22		\$ 50,769,939.18	1.0000	\$ 50,769,939.18	96,686	\$ 525.10		\$ (5,024,156.20)	\$ 55,229,801.18	\$ 571.23
Dec-22	\$ 635,323,574.48	\$ 50,169,837.54	1.0000	\$ 50,169,837.54	95,620	\$ 524.68	\$ 132,151,240.95	\$ (4,968,764.84)	\$ 54,250,024.00	\$ 567.35
Jan-23		\$ 43,303,836.67	0.9990	\$ 43,346,776.63	97,060	\$ 446.60		\$ (5,937,034.74)	\$ 54,472,442.89	\$ 561.22
Feb-23		\$ 43,616,233.01	0.9989	\$ 43,663,985.42	98,014	\$ 445.49		\$ (5,995,337.57)	\$ 51,888,800.96	\$ 529.40
Mar-23		\$ 48,628,393.59	0.9987	\$ 48,692,849.18	97,095	\$ 501.50		\$ (5,939,004.20)	\$ 57,211,895.58	\$ 589.24
Apr-23		\$ 44,955,265.92	0.9978	\$ 45,055,361.17	96,323	\$ 467.75		\$ (5,891,611.39)	\$ 50,703,887.78	\$ 526.39
May-23		\$ 53,975,091.50	0.9972	\$ 54,127,309.29	95,707	\$ 565.55		\$ (5,853,924.36)	\$ 60,130,777.84	\$ 628.28
Jun-23		\$ 50,576,025.28	0.9966	\$ 50,747,776.59	95,581	\$ 530.94		\$ (5,846,185.22)	\$ 55,987,635.96	\$ 585.76
Jul-23		\$ 48,799,120.48	0.9804	\$ 49,776,829.79	95,870	\$ 519.21		\$ (5,863,810.55)	\$ 54,409,770.78	\$ 567.54
Aug-23		\$ 54,219,324.64	0.9932	\$ 54,588,375.31	96,001	\$ 568.62		\$ (5,871,706.76)	\$ 59,589,810.90	\$ 620.72
Sep-23		\$ 50,235,304.40	0.9907	\$ 50,704,657.61	96,096	\$ 527.65		\$ (5,877,597.16)	\$ 54,489,724.64	\$ 567.03
Oct-23		\$ 52,803,020.95	0.9743	\$ 54,193,125.69	95,767	\$ 565.89		\$ (5,857,425.74)	\$ 58,522,626.82	\$ 611.09
Nov-23		\$ 53,235,187.73	0.9786	\$ 54,399,312.43	95,395	\$ 570.25		\$ (5,834,630.03)	\$ 58,170,071.67	\$ 609.78
Dec-23	\$ 625,318,582.60	\$ 52,286,053.39	0.9630	\$ 54,292,192.63	94,819	\$ 572.59	\$ 140,318,480.60	\$ (5,799,415.05)	\$ 57,761,903.75	\$ 609.18

\* Express Completion Factor as a percentage

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

**PA Rate Template Part II**  
**Rate Development and Change**

Carrier Name:  
Product(s):  
Market Segment:  
Rate Effective Date:

UPMC HEALTH COVERAGE INC.  
HMO  
Individual  
1/1/2025

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

Development of the Projected Index Rate	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$ 859.17	\$ 582.67	<- Actual Experience PMPM should be consistent with the Index Rate for Experience Period on URRT
Two year trend projection Factor	1.132	1.132	
Unadjusted Projected Allowed EHB Claims PMPM	\$ 972.38	\$ 659.45	
<b>Single Risk Pool Adjustment Factors</b>			
Change in Morbidity - Impact of Reinsurance Program	1.000	1.000	
Change in Morbidity - All Other	1.000	1.000	<- See URRT Instructions
Total Non-Morbidity Changes	1.000	1.326	
Change in Demographics	1.000	0.996	<- See URRT Instructions
Change in Network	1.000	1.372	
Change in Benefits	1.000	1.000	<- See URRT Instructions
Change in Other	1.000	0.970	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$ 972.38	\$ 874.32	
Credibility Factors	0%	100%	<- See Instructions
Blended Projected EHB Claims PMPM	\$	\$ 874.32	<- Projected Index Rate
<b>Development of the Market-Adjusted Index Rate and Total Allowed Claims</b>			
Adjusted Projected Allowed EHB Claims PMPM	\$ 874.32		<- Index Rate for Projection Period on URRT
Projected Paid to Allowed Ratio	0.785		
Projected Incurred EHB Claims PMPM	\$ 686.12		
<b>Market-wide Adjustments</b>			
Projected Incurred Risk Adjustment PMPM	\$ (9.98)		
Projected Incurred Exchange User Fees PMPM	\$ 518.05		
Projected Incurred Reinsurance Recoveries PMPM	\$ 541.66		
Market-Adjusted Projected Incurred EHB Claims PMPM	\$ 672.50		
Market-Adjusted Projected Allowed EHB Claims PMPM	\$ 856.96		<- Market-Adjusted Index Rate
Projected Allowed Non-EHB Claims PMPM	\$ 1.42		
Catastrophic Eligibility Adjustment	\$ 1.000		
Market-Adjusted Projected Incurred Total Claims PMPM	\$ 673.612814		
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 858.38		

**Table 6. Retention**

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	9.75%	\$74.86
General and Claims	6.36%	\$48.83
Agent/Broker Fees and Commissions	0.76%	\$5.83
Quality Improvement Initiatives	2.63%	\$20.20
Taxes and Fees	0.48%	\$3.67
Risk Adjustment User Fee	0.02%	\$0.18
PCORI Fee	0.04%	\$0.27
PA Premium & Other Taxes (if applicable)	0.00%	\$0.00
Federal Income Tax	0.42%	\$3.22
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	\$0.00
Profit/Contingency (after tax)	2.00%	\$15.35
Total Retention	12.23%	\$93.88
Projected Required Revenue PMPM		\$ 767.49

**Table 8. Components of Rate Change**

Rate Components	2024	2025	Difference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 400.39	\$ 419.11	\$ 18.72	4.7%
B. Base period allowed claims before normalization	\$ 561.12	\$ 582.67	\$ 21.55	5.4%
C. Normalization factor component of change	\$ (257.39)	\$ (265.60)	\$ (8.21)	-2.0%
D. Change in Normalized Allowed Claims Adjustment Components				
D1. Base period allowed claims after normalization	\$ 303.73	\$ 317.07	\$ 13.34	3.3%
D2. URRT Trend	\$ 28.85	\$ 41.78	\$ 12.93	3.2%
D3. URRT Morbidity	\$ 4.99	\$ (4.99)	\$ (9.98)	-1.2%
D4. URRT Other	\$ 101.22	\$ 116.93	\$ 15.71	3.5%
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ 15.19	\$ 6.92	\$ (8.27)	-2.1%
D6. Normalized Exchange User Fee on an allowed basis	\$ 11.74	\$ 12.52	\$ 0.78	0.2%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ (19.27)	\$ (28.89)	\$ (9.62)	-2.4%
D8. Subtotal - Sum(D1:D7)	\$ 446.45	\$ 466.33	\$ 19.89	5.0%
E. Change in Allowable Plan Adjusted Level Components				
E1. Network	\$ -	\$ -	\$ -	0.0%
E2. Pricing AV	\$ (82.50)	\$ (100.38)	\$ (17.88)	-4.5%
E3. Benefit Richness	\$ 0.01	\$ (0.00)	\$ (0.01)	0.0%
E4. Catastrophic Eligibility	\$ -	\$ -	\$ -	0.0%
E5. Benefits in Addition to EHB	\$ 0.66	\$ 0.59	\$ (0.07)	0.0%
E6. Subtotal - Sum(E1:E5)	\$ (81.83)	\$ (99.79)	\$ (17.96)	-4.5%
F. Change in Retention Components				
F1. Administrative Expenses	\$ 44.77	\$ 40.88	\$ (3.89)	-1.0%
F2. Taxes and Fees	\$ 1.51	\$ 2.01	\$ 0.50	0.1%
F3. Profit and/or Contingency	\$ 6.01	\$ 8.38	\$ 2.38	0.6%
F4. Subtotal - Sum(F1:F3)	\$ 52.29	\$ 51.27	\$ (1.02)	-0.3%
G. Change in Miscellaneous Items	\$ -	\$ -	\$ -	0.0%
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 416.90	\$ 417.81	\$ 0.91	0.2%

**For Informational Purposes only - No input required.**

Blended Base Period Unadjusted Claims before Normalization	\$ 582.67	<- Index Rate of Experience Period on URRT
Blended Earned Premium	\$ 625,318,582.60	
Blended Loss Ratio	84.61%	

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

Effective Date	1/1/2025	4/1/2025	7/1/2025	10/1/2025	Total Single Risk Pool
# of Member Months Renewing in Quarter	1	-	-	-	1
Adjusted Projected Allowed EHB Claims PMPM	\$ 874.32	\$ 874.32	\$ 874.32	\$ 874.32	\$ 874.32
Months of Trend	-	3	6	9	
Annual Trend	0.00%	0.00%	0.00%	0.00%	
Single Risk Pool Projected Allowed Claims	\$ 874.32	\$ 874.32	\$ 874.32	\$ 874.32	\$ 874.32
Quarterly Trend Factor	1.000	1.000	1.000	1.000	1.000

**Table 7. Normalized Market-Adjusted Projected Allowed Total Claims**

Normalization Factors	2024	2025
Average Age Factor	1.882	1.853
Average Geographic Factor	0.980	0.990
Average Tobacco Factor	1.002	1.002
Average Benefit Richness (Induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$ 826.25	\$ 858.38
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 447.24	\$ 467.11

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

	2024	2025
Paid-to-Allowed	0.777	0.785
URRT Trend (Total Applied Trend Factor)	1.095	1.132
URRT Morbidity	1.015	1.000
URRT "Other"	1.300	1.326
Risk Adjustment	\$ 21.80	\$ 9.98
Exchange User Fee	\$ 16.84	\$ 18.05
Reinsurance Recoveries	\$ 27.65	\$ 41.66
Capitation		
Network	1.000	1.000
Pricing AV	0.815	0.785
Benefit Richness	1.000	1.000
Catastrophic Eligibility	1.000	1.000
Benefits in Addition to EHB	1.002	1.002
Administrative Expenses	11.18%	9.75%
Taxes and Fees	0.38%	0.48%
Profit and/or Contingency	1.50%	2.00%

<- For 2024 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment

















## PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

### Overview

Initial Requested Average Rate Change:	0.070175049
Revised Requested Average Rate Change:	5.74%
Minimum Requested Rate Change:	2.37%
Maximum Requested Rate Change:	9.65%
Mapped Members:	2,093
Available in Rating Areas:	Rating Areas 1 and 5

### Key Information

#### Jan. 2023 - Dec. 2023 Financial Experience

Premium	\$	18,981,667.62
Claims	\$	17,238,708.43
Administrative Expenses	\$	1,602,029.33
Taxes & Fees	\$	11,859.98
Company Made After Taxes	\$	129,069.88

The company expects its annual medical costs to increase:

6.38%

Explanation of requested rate change:

Increases in medical and pharmacy cost and utilization.

Carrier Name: UPMC HEALTH COVERAGE INC.  
 Product(s): HMO  
 Market Segment: Individual  
 Rate Effective Date: 1/1/2025

### How It Plans to Spend Your Premium

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

Claims:	88%
Administrative Expenses:	10%
Taxes & Fees:	0%
Profit:	2%

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

**Table 16. Risk Adjustment Calculation**

Component	Statewide	Insurer Specific
State Average Monthly Premium Before Adjustment	610.99	
Administrative Cost Adjustment	0.86	
State Average Monthly Premium	525.45	
Actuarial Value (AV)	0.72	
Plan Liability Risk Score (PLRS)	1.46	
Allowable Rating Factor (ARF)	1.79	
Induced Demand Factor (IDF)	1.04	
Geographic Cost Factor (GCF)	1.04	
Factors Including Risk Score	1.58	1.43
Factors Excluding Risk Score	1.39	1.32
Risk Adjustment Transfer PMPM		(20.31)
Insurer Specific Manual Adjustment PMPM		10.33316911
High Cost Risk Pool Adjustment PMPM		0
Total Risk Adjustment Transfer		(9.98)

<-- Negative implies payer of RA

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





UPMC Health Coverage, Inc.  
Individual  
Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
62560PA0010116	UPMC Advantage Gold \$1,000/\$20 - Standard Network	HMO	Gold	On/Off	IND HMO Standard Referral w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
62560PA0010117	UPMC Advantage Silver \$7,000/\$50 - Standard Network	HMO	Silver	On/Off	IND HMO Standard Referral w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
62560PA0010118	UPMC Advantage Silver \$3,500/\$50 - Standard Network	HMO	Silver	Off	IND HMO Standard Referral w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
62560PA0010120	UPMC Advantage Silver HSA \$4,000/\$0 - Standard Network	HMO	Silver	Off	IND HMO Standard Referral w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
62560PA0010122	UPMC Advantage Bronze \$6,700/\$0 - Standard Network	HMO	Bronze	On/Off	IND HMO Standard Referral w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
62560PA0010123	UPMC Advantage Catastrophic \$9,200/\$0 - Standard Network	HMO	Catastrophic	On/Off	IND HMO Standard Referral w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
62560PA0010124	UPMC Advantage Gold HSA \$2,500/10% - Standard Network	HMO	Gold	On/Off	IND HMO Standard Referral w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford
62560PA0010125	UPMC Advantage Silver \$2,600/\$50 - Standard Network	HMO	Silver	On/Off	IND HMO Standard Referral w/Dental Advantage w/Dentemax PEDS PPO - 2025	1, 5	Clearfield, Crawford



**Company Name** UPMC Health Coverage, Inc.

**Market** Individual

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

02-01-2024 Number of Covered Lives by Rating County					RATING AREA 1			
					974	0	0	0
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Crawford	Clarion	Erie	Forest
62560PA0010116	PMC Advantage Gold \$1,000/\$20 - Standard Network	HMO	Gold	On/Off	\$410.47			
62560PA0010117	PMC Advantage Silver \$7,000/\$50 - Standard Network	HMO	Silver	On/Off	\$467.53			
62560PA0010118	PMC Advantage Silver \$3,500/\$50 - Standard Network	HMO	Silver	Off	\$366.56			
62560PA0010120	PMC Advantage Silver HSA \$4,000/\$0 - Standard Network	HMO	Silver	Off	\$340.93			
62560PA0010122	PMC Advantage Bronze \$6,700/\$0 - Standard Network	HMO	Bronze	On/Off	\$298.26			
62560PA0010123	PMC Advantage Catastrophic \$9,200/\$0 - Standard Network	HMO	Catastrophic	On/Off	\$287.93			
62560PA0010124	PMC Advantage Gold HSA \$2,500/10% - Standard Network	HMO	Gold	On/Off	\$374.44			
62560PA0010125	PMC Advantage Silver \$2,600/\$50 - Standard Network	HMO	Silver	On/Off	\$493.76			

0	0	0	0
Mckean	Mercer	Venango	Warren

**RATING AREA 2**

0	0	0
Elk	Cameron	Potter

**RATING AREA 3**

0	0	0	0	0	0	0
Bradford	Carbon	Clinton	Lackawanna	Luzerne	Lycoming	Monroe

0	0	0	0	0	0
Pike	Sullivan	Susquehanna	Tioga	Wayne	Wyoming

**RATING AREA 4**

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

0	0
Washington	Westmoreland

**RATING AREA 5**

0	0	1,119	0	0	0	0
Bedford	Blair	Clearfield	Cambria	Huntingdon	Jefferson	Somerset

**RATING AREA 6**

0	0	0	0
Centre	Columbia	Lehigh	Mifflin

\$429.80  
 \$489.54  
 \$383.82  
 \$356.99  
 \$312.30  
 \$301.49  
 \$392.08  
 \$517.02

0	0	0	0	0	0
Montour	Northampton	Northumberland	Schuylkill	Snyder	Union

**RATING AREA 7**

0	0	0	0
Adams	Berks	Lancaster	York

**RATING AREA 8**

0	0	0
Bucks	Chester	Delaware

0	0
Montgomery	Philadelphia

**RATING AREA 9**

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	<b>Unified Rate Review v6.0</b>																			<i>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.</i>
2																				
3	Company Legal Name:	UPMC HEALTH COVERAGE INC.																		
4	HIOS Issuer ID:	62560	State:	PA																
5	Effective Date of Rate Change(s):	1/1/2025	Market:	Individual																
6																				
7																				
8	<b>Market Level Calculations (Same for all Plans)</b>																			
9																				
10																				
11	<b>Section I: Experience Period Data</b>																			
12	Experience Period:	1/1/2023	to	12/31/2023																
13			Total		PMPM															
14	Allowed Claims		\$21,702,717.20		\$860.06															
15	Reinsurance		\$854,100.29		\$33.85															
16	Incurred Claims in Experience Period		\$17,238,708.43		\$683.15															
17	Risk Adjustment		\$615,214.00		\$24.38															
18	Experience Period Premium		\$18,366,453.62		\$727.85															
19	Experience Period Member Months		25,234																	
20																				
21	<b>Section II: Projections</b>																			
22			Year 1 Trend		Year 2 Trend		Trended EHB Allowed Claims													
23	Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM													
24	Inpatient Hospital	\$146.93	1.047	0.959	1.047	0.959	\$148.13													
25	Outpatient Hospital	\$288.13	1.012	1.023	1.012	1.023	\$308.82													
26	Professional	\$99.09	1.015	1.024	1.015	1.024	\$107.04													
27	Other Medical	\$162.78	1.070	1.017	1.070	1.017	\$192.76													
28	Capitation	\$0.00	1.000	1.000	1.000	1.000	\$0.00													
29	Prescription Drug	\$162.44	1.114	1.000	1.114	1.000	\$201.59													
30	Total	\$859.37					\$958.33													
31																				
32	Morbidity Adjustment				1.000															
33	Demographic Shift				1.000															
34	Plan Design Changes				1.000															
35	Other				1.000															
36	Adjusted Trended EHB Allowed Claims PMPM for		1/1/2025		\$958.33															
37																				
38	Manual EHB Allowed Claims PMPM				\$874.32															
39	Applied Credibility %				0.00%															
40																				
41	<b>Projected Period Totals</b>																			
42	Projected Index Rate for	1/1/2025	\$874.32		\$21,959,421.12															
43	Reinsurance		\$53.09		\$1,333,408.44															
44	Risk Adjustment Payment/Charge		-\$12.72		-\$319,475.52															
45	Exchange User Fees		2.69%		\$579,008.97															
46	Market Adjusted Index Rate		\$857.00		\$21,524,497.17															
47																				
48	Projected Member Months				25,116															
49																				
50	<b>Information Not Releasable to the Public Unless Authorized by Law:</b> This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																			
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**Product-Plan Data Collection**

Company Legal Name: UPMK HEALTH COVERAGE INC.  
 HIOS Issuer ID: 62560 State: PA  
 Effective Date of Rate Change(s): 1/1/2025 Market: Individual

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

**Product/Plan Level Calculations**

Field # Section I: General Product and Plan Information		Individual HMO									
1.1 Product Name		62560PA001									
1.2 Product ID		62560PA001									
1.3 Plan Name		Gold \$1,000/\$20	Silver \$7,000/\$50	Silver \$3,500/\$50	Silver HSA	Bronze \$5,700/\$0	Catastrophic	Gold HSA	Silver \$2,600/\$50	Silver \$6,800/\$25	
1.4 Plan ID (Standard Component ID)		62560PA0010116	62560PA0010117	62560PA0010118	62560PA0010120	62560PA0010122	62560PA0010123	62560PA0010124	62560PA0010125	62560PA0010126	
1.5 Metal		Gold	Silver	Silver	Silver	Bronze	Catastrophic	Gold	Silver	Silver	
1.6 AV Metal Value		0.796	0.700	0.708	0.700	0.602	0.597	0.783	0.710	0.717	
1.7 Plan Category		Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	
1.8 Plan Type		HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	
1.9 Exchange Plan?		Yes	Yes	No	No	Yes	Yes	Yes	Yes	No	
1.10 Effective Date of Proposed Rates		1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	
1.11 Cumulative Rate Change % (over 12 mos prior)		5.67%	3.50%	6.20%	5.41%	5.79%	0.00%	8.56%	6.55%	0.00%	
1.12 Product Rate Increase %		5.78%									
1.13 Submission Level Rate Increase %		5.78%									

Worksheet 1 Totals Section II: Experience Period and Current Plan Level Information											
2.1 Plan ID (Standard Component ID)		Total	62560PA0010116	62560PA0010117	62560PA0010118	62560PA0010120	62560PA0010122	62560PA0010123	62560PA0010124	62560PA0010125	62560PA0010126
\$21,702.717	2.2 Allowed Claims	\$21,702.717	\$9,813,863	\$1,948,424	\$1,275,219	\$73,831	\$1,234,863	\$4,640	\$3,355,957	\$3,835,727	\$160,181
\$854,100	2.3 Reinsurance	\$854,100	\$403,525	\$77,581	\$21,073	\$0	\$52,400	\$0	\$154,733	\$140,217	\$4,371
\$3,609,908	2.4 Member Cost Sharing	\$1,817,166	\$221,919	\$295,945	\$30,347	\$463,310	\$4,536	\$432,378	\$329,708	\$26,600	
\$17,238,708	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$615,214	2.6 Incurred Claims	\$17,238,708	\$7,593,172	\$1,648,924	\$958,201	\$53,485	\$720,953	\$105	\$2,768,846	\$3,365,812	\$129,210
\$18,365,454	2.7 Risk Adjustment Transfer Amount	\$615,214	\$282,325	\$55,563	\$39,716	\$4,193	\$64,852	\$146	\$89,549	\$75,872	\$2,999
25,234	2.8 Premium	\$18,365,454	\$8,901,630	\$2,051,017	\$879,003	\$10,158	\$1,453,327	\$1,095	\$2,047,328	\$2,835,874	\$94,420
	2.9 Experience Period Member Months	25,234	11,580	2,279	1,629	172	2,660	6	3,673	3,112	123
	2.10 Current Enrollment	2,093	991	212	120	156	192	0	179	243	0
	2.11 Current Premium PMPM	\$777.99	\$817.03	\$939.24	\$574.48	\$442.22	\$569.46	\$0.00	\$710.50	\$1,008.63	\$0.00
	2.12 Loss Ratio	90.82%	82.68%	78.27%	104.30%	50.77%	47.49%	5.68%	129.57%	115.55%	132.63%
Per Member Per Month											
	2.13 Allowed Claims	\$860.06	\$847.48	\$854.95	\$782.82	\$429.25	\$464.23	\$773.39	\$913.68	\$1,232.56	\$1,302.29
	2.14 Reinsurance	\$33.85	\$34.85	\$34.04	\$12.94	\$0.00	\$19.77	\$0.00	\$42.13	\$45.06	\$35.54
	2.15 Member Cost Sharing	\$143.06	\$156.92	\$97.38	\$181.67	\$118.29	\$173.42	\$755.95	\$117.72	\$105.95	\$216.26
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	2.17 Incurred Claims	\$683.15	\$657.11	\$524.38	\$588.21	\$110.96	\$271.03	\$17.43	\$753.84	\$1,081.56	\$1,020.49
	2.18 Risk Adjustment Transfer Amount	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38	\$24.38
	2.19 Premium	\$727.85	\$768.71	\$899.96	\$539.60	\$588.13	\$546.36	\$282.48	\$557.40	\$911.59	\$767.64

Section III: Plan Adjustment Factors											
3.1 Plan ID (Standard Component ID)		62560PA0010116	62560PA0010117	62560PA0010118	62560PA0010120	62560PA0010122	62560PA0010123	62560PA0010124	62560PA0010125	62560PA0010126	
3.2 Market Adjusted Index Rate											\$857.00
3.3 AV and Cost Sharing Design of Plan		0.7985	0.9095	0.7130	0.6632	0.5802	0.5601	0.7284	0.9605	0.0000	
3.4 Provider Network Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	
3.5 Benefits in Addition to EHB		1.0016	1.0016	1.0016	1.0016	1.0016	1.0016	1.0016	1.0016	1.0016	
Membership Costs											
3.6	Administrative Expense	9.75%	9.75%	9.75%	9.75%	9.75%	9.75%	9.75%	9.75%	9.75%	0.00%
3.7	Taxes and Fees	0.48%	0.48%	0.48%	0.48%	0.48%	0.48%	0.48%	0.48%	0.48%	0.00%
3.8	Profit & Risk Load	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%
3.9	Catastrophic Adjustment	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000
3.10	Calibrated Plan Adjusted Index Rate	\$780.92	\$889.47	\$697.30	\$648.80	\$567.42	\$547.77	\$712.36	\$939.35	\$0.00	
3.11	Age Calibration Factor	0.5399					0.5399				
3.12	Geographic Calibration Factor	1.0098					1.0098				
3.13	Tobacco Calibration Factor	0.9982					0.9982				
3.14	Calibrated Plan Adjusted Index Rate	\$424.98	\$484.06	\$379.48	\$352.97	\$308.80	\$298.10	\$387.67	\$511.20	\$0.00	

Section IV: Projected Plan Level Information											
4.1 Plan ID (Standard Component ID)		Total	62560PA0010116	62560PA0010117	62560PA0010118	62560PA0010120	62560PA0010122	62560PA0010123	62560PA0010124	62560PA0010125	62560PA0010126
4.2 Allowed Claims		\$21,995,156	\$10,430,164	\$2,330,697	\$1,223,983	\$1,565,062	\$1,882,955	\$0	\$1,835,663	\$2,726,631	\$0
4.3 Reinsurance		\$1,045,321	\$495,415	\$105,982	\$59,990	\$77,987	\$95,984	\$0	\$89,485	\$121,479	\$0
4.4 Member Cost Sharing		\$5,481,157	\$2,114,670	\$669,910	\$324,789	\$477,823	\$712,307	\$0	\$465,505	\$716,154	\$0
4.5 Cost Sharing Reduction		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4.6 Incurred Claims		\$15,467,677	\$7,820,079	\$1,554,805	\$839,204	\$1,009,253	\$1,074,665	\$0	\$1,280,673	\$1,888,998	\$0
4.7 Risk Adjustment Transfer Amount		-\$250,680	-\$118,693	-\$25,391	-\$14,372	-\$18,684	-\$22,996	\$0	-\$21,439	-\$29,104	\$0
4.8 Premium		\$19,343,856	\$9,296,268	\$2,262,099	\$1,004,168	\$1,214,167	\$1,307,313	\$0	\$1,530,114	\$2,739,127	\$0
4.9 Projected Member Months		25,116	11,892	2,544	1,440	1,872	2,304	0	2,148	2,916	0
4.10 Loss Ratio		81.01%	85.30%	69.49%	84.79%	84.42%	83.68%	#DIV/0!	84.89%	69.70%	#DIV/0!
Per Member Per Month											
4.11	Allowed Claims	\$875.74	\$877.07	\$916.15	\$849.99	\$836.04	\$817.25	#DIV/0!	\$854.59	\$935.06	#DIV/0!
4.12	Reinsurance	\$41.66	\$41.66	\$41.66	\$41.66	\$41.66	\$41.66	#DIV/0!	\$41.66	\$41.66	#DIV/0!
4.13	Member Cost Sharing	\$218.23	\$177.82	\$263.33	\$225.55	\$255.25	\$309.16	#DIV/0!	\$216.72	\$245.59	#DIV/0!
4.14	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!
4.15	Incurred Claims	\$615.85	\$657.59	\$611.17	\$582.78	\$539.13	\$466.43	#DIV/0!	\$596.22	\$647.80	#DIV/0!
4.16	Risk Adjustment Transfer Amount	-\$9.98	-\$9.98	-\$9.98	-\$9.98	-\$9.98	-\$9.98	#DIV/0!	-\$9.98	-\$9.98	#DIV/0!
4.17	Premium	\$770.18	\$780.88	\$889.43	\$697.34	\$648.59	\$567.42	#DIV/0!	\$712.34	\$939.34	#DIV/0!



## Rating Area Data Collection

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

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

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

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

Rating Area	Rating Factor
Rating Area 1	0.9660
Rating Area 5	1.0115

# RFJ Part III: Actuarial Memorandum

## General Information

The purpose of this actuarial memorandum is to provide certain information related to a rate submission for the company identified below. The relevant index rate is developed in accordance with federal regulations, and plan specific premiums are generated using the allowable modifiers in accordance with the single risk pool rule.

The memorandum has been updated as of 9/26/24, to account for UPMC Health Plan's proposed Plan of Withdrawal from Rating Areas 6 and 7 in the Individual market.

The following section provides information related to the identification of the company that is submitting this rate filing. Much of this information is also displayed in Table 0 of the PA Actuarial Memorandum Exhibits.

### Company Identifying Information:

Company Legal Name: UPMC Health Coverage, Inc.

NAIC #: 15451

State: PA

HIOS Issuer ID: 62560

Market: Individual

Exchange: On and Off Exchange

Products: HMO

Effective Date: 1/1/2025

### Company Contact Information:



### Filing Information:

Rate Filing SERFF Tracking #: UPMC-134082103

Form Filing SERFF Tracking #: UPMC-134083476, UPMC-134083995

Binder SERFF Tracking #: UPMC-PA25-125118383

### Rate History:

Historical and proposed rate changes vary by plan due to various changes made to meet AV requirements on a plan-by-plan basis. The values listed below and overall proposed rate change for 2025 are weighted averages of the increase for each plan based on projected enrollment. Please see Table 10 of the PA Actuarial Memorandum Exhibits for a breakdown of plan-by-plan rate increases.

SERFF Tracking #	Year	Rate Change*
UPMC-129629050	2014	0.0%
UPMC-129640573	2015	0.0%
UPMC-130072609	2016	0.0%
UPMC-130536761	2017	9.3%

UPMC-131034852	2018	-8.3%
UPMC-131496004	2019	12.1%
UPMC-131943282	2020	2.2%
UPMC-132364646	2021	N/A**
UPMC-132801380	2022	2.5%
UPMC-133257300	2023	4.4%
UPMC-133641900	2024	6.1%

\* Historical increases in this table are from PAAM Exhibits Table 10

\*\* Structure of Table 10 leads to DIV/0 error in cell AC15 for 2021 filing

## Proposed Rate Increase(s)

### Reasons for Rate Increase(s):

The proposed rate increase calculated for HMO products in section I, worksheet 2 of the URRT is 5.8%

The largest drivers of the rate increase include the following:

- Increases in medical and pharmacy cost and utilization
- Changes to the state reinsurance program for the Individual health insurance market.

Increases may vary by product due to annual changes in cost sharing, the impact of which may vary from plan to plan.

## Market Experience

### Single Risk Pool

The single risk pool consists of members that are anticipated to enroll in ACA-compliant policies offered under the captioned market.

### Experience Period Premium and Claims

#### Paid Through Date:

The reported claims during the experience period have a paid through date of February 2024.

#### Current Date:

Current enrollment and premium data is reported as of February 15, 2024.

#### Premiums (net of MLR Rebate) in Experience Period:

Section I, worksheet 1 of the URRT contains calendar year 2023 premium for all non-grandfathered policies in the single risk pool for the captioned company and market. No adjustments were made for MLR rebates as we do not anticipate owing them. HHS cost-sharing is not included in the premium data. Please note that the earned premium is also listed in Table 2 of the PA Actuarial Memorandum Exhibits.

#### Allowed and Incurred Claims Incurred During the Experience Period:

Section I, worksheet 1 of the URRT contains calendar year 2023 claims experience for all non-grandfathered

policies in the single risk pool for the captioned company and market, paid through February 2024. Allowed medical, pharmacy, pediatric dental, and pediatric vision claims are pulled directly from our data warehouse. We used the standard Development/Completion Factor Method to calculate IBNR. Factors were calculated using our entire block of ACA-related Individual business and no unexpected factors were observed.

Month	Completion Factor
1/1/2023	0.9990
2/1/2023	0.9989
3/1/2023	0.9987
4/1/2023	0.9978
5/1/2023	0.9972
6/1/2023	0.9966
7/1/2023	0.9804
8/1/2023	0.9932
9/1/2023	0.9907
10/1/2023	0.9743
11/1/2023	0.9786
12/1/2023	0.9630

The following table shows the ultimate paid claims for the experience period distinguished between claims paid and fully adjudicated and claims estimated by IBNR:

Incurred Claims Processed by Claim System:	\$ 19,548,191
Claims Processed Outside Claim System:	\$ -
Claims Estimated by IBNR:	\$ 240,343
<b>Ultimate Incurred Claims:</b>	<b>\$ 19,788,534</b>

### Benefit Categories

Medical claims are split into nine categories in our data warehouse. They, along with pediatric dental & vision claims, are mapped into the categories in the URRT as follows:

UPMC Benefit Category	URRT Benefit Category
Inpatient	Inpatient Hospital
Catastrophic	Inpatient Hospital
Outpatient	Outpatient Hospital
Behavioral	Outpatient Hospital
PCP	Professional
Specialist	Professional
Diagnostic	Other Medical
ER	Other Medical
Other	Other Medical
Pediatric Dental	Other Medical
Pediatric Vision	Other Medical

Drug claims are in separate tables and directly mapped into the Prescription Drugs category. Note that services are the unit of measurement used for the Other Medical category.

## Projection Factors

### Trend Factors (cost/utilization):

The overall annual trend used in rate development is 6.38%. Historical allowed claims from our Individual block of ACA-compliant business across all of UPMC's subsidiary companies were used to develop trend factors for use in the projected rates, and the basis for this trend is a least squares regression analysis on 12-month rolling cost and utilization claims experience between 2019 and 2023. The selected trends fall within the 95% confidence interval of regression analysis for each service category (Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, and Prescription Drug), and the selected aggregate trend is the weighted average aggregation of the component trends.

The large enrollment count and consistent makeup of this population make it appropriate for use in trend development for this filing. Service categories were defined to be consistent with the URRT instructions. Please see Tables 3 and 3b of the PA Actuarial Memorandum Exhibits for trend development calculations. Please note that the minor changes made to benefit designs in order to keep plan actuarial values within the allowed ranges were not significant enough to warrant an adjustment for induced demand with regard to trend, so the induced demand column has been populated with zeroes in Tables 3 and 3b. No changes in provider contracting are expected between the experience and projection periods, and therefore, no adjustments have been applied.

### **Adjustments to Trended EHB Allowed Claims PMPM**

#### Changes in the Morbidity of the Population Insured:

[REDACTED]

#### Changes in Benefits:

No changes were made to the PA EHB Benchmark plan for 2025, so no adjustments were necessary.

#### Changes in Demographics:

The average age for our experience period Individual risk pool was 44.8 with an average premium factor of 1.87. This is nearly identical to our 2024 experience so far with age 44.6 and premium factor 1.86. An adjustment of 0.996 has been made in the Change in Demographics category to account for the difference between the average age of the experience period enrollment and the average age of the current enrollment.

#### Other Adjustments:

An adjustment factor of 1.372 has been applied to the index rate to account for differences in expected allowed claims costs between the manual data and that of the captioned company. This adjustment factor brings the captioned company index rate in line with the current characteristics of the provider networks. Please see Exhibit 7 of the Supporting Exhibits for the derivation of this factor.

An adjustment factor of 0.970 has been applied to the index rate in the Change in Other category. This adjustment accounts for itemized differences between the 2023 experience period and the 2025 projection period, such as the impact of medical and pharmacy cost savings initiatives that UPMC has engaged in. Please see Exhibit 8 of the Supporting Exhibits for the derivation of the Change in Other factor applied in Table 5.

## Credibility Manual Rate Development

### Source and Appropriateness of Manual Rate Used:

The manual data for this filing was developed using the entirety of ACA-compliant experience period data from each of UPMC's subsidiary companies in the Individual market, excluding experience from members domiciled in Rating Areas 6 and 7, and is displayed in tables 2b, 3b, and 4b in the PA Actuarial Memorandum Exhibits. The manual data consists of 1,153,728 member months of experience.

### Adjustments Made to the Data:

Adjustments made to the manual data are discussed in the "Projection Factors" section above.

### Inclusion of Capitation Payments:

No benefits are projected to be paid for via capitation.

## Credibility of Experience

The experience period data for this company consists of 25,234 member months from ACA-compliant policies. Because the manual data encompasses the single risk pool of all UPMC Individual market companies, we believe it most appropriately represents the claim experience for use in calculating projected rates. Therefore, we assign 100% credibility to the manual data and 0% credibility is used for each company-specific single risk pool.

## Establishing the Index Rate

For this filing, the Index Rate of the Experience Period is set equal to the manual rate due to align with the single risk pool Index Rate. The calculation of the manual rate is shown in Table 2b of the PA Actuarial Memorandum Exhibits. The Index Rate of the Projection Period is then calculated in Table 5 by first applying two years of 6.38% annual trend to the Index Rate of Experience Period. The adjustments described in the Projection Factors section above were then applied to the trended manual rate to generate the Index Rate of the Projection Period. **Please note that the Index Rate of Projection Period of \$874.32 shown in Table 5 matches the corresponding value shown in section II, worksheet 1 of the URRT.** Please also note that claims corresponding to non-EHBs were not included in the calculation of the index rates despite being covered during the experience period.

## Paid to Allowed Ratio

The Paid to Allowed Average Factor was calculated by taking the weighted average of the company-determined Actuarial Values for all plans using projected membership as demonstrated in Table 10 of the PA Actuarial Memorandum Exhibits.

## Development of the Market Adjusted Index Rate

The Projected Index Rate is adjusted by adding estimates for Risk Adjustment and Marketplace Fees (with impacts and costs spread across the whole risk pool) to obtain the projected Market Adjusted Index Rate. Derivation of the PMPM values used for the Risk Adjustment, Marketplace Fees adjustments, and projected Reinsurance recoveries are described in the following sections.

### Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:

Experience period Risk Adjustment for the captioned company is a receipt of \$615,214 per the Summary Report on Permanent Risk Adjustment Transfers for the 2023 Benefit Year, published by CMS on July 22, 2024. This transfer receipt translates to a PMPM of \$24.38.

Experience period recoveries from the state-based reinsurance program for the captioned company are shown in Table 2 to be a receivable of \$854,100, which translates to a PMPM of \$33.85. This receipt aligns with the final 2023 Claims Reimbursement Amounts communicated by the Department to us on June 6, 2024.

### Projected Risk Adjustments PMPM:

Projection period Risk Adjustment PMPM has been estimated to be a payment of \$9.98, which is displayed in Table 5. First, UPMC considered the final CY 2023 transfer published by CMS on July 22, 2024. We then removed the risk adjustment transfer dollars associated with Rating Areas 6 and 7, per the information provided in the TPIR reports provided by CMS.

[REDACTED]

[REDACTED]

[REDACTED]

The projection period Risk Adjustment transfer PMPM also accounts for the impact of known changes to HHS model weights for the 2025 Benefit Period. The transfer amount is not adjusted to reflect the estimated impact of the Risk Adjustment Data Validation (RADV) program, as there have been fluctuations in the program's impact directionally in recent years. UPMC relies on analysis by Wakely Consulting in estimating the impacts of both the 2025 model changes and the RADV program.

The projected transfer assumes a \$0 High Cost Risk Pool (HCRP) recovery net of the program's surcharge.

Please see Exhibit 9 of the Supporting Exhibits for the derivation of this estimate.

The value entered in Section II, Worksheet 1 of the URRT was \$12.72 since the calculation of the Market

**Adjusted Index Rate is done on an allowed claims basis in the URRT.** The updated PMPM was derived by taking the original paid PMPM divided by the Paid to Allowed Average Factor. The net amount after accounting for the fee is subtracted from the Index Rate of the Projection Period as part of the calculation of the Market Adjusted Index Rate. For the URRT and Table 5 of the PA Actuarial Memorandum Rate Exhibits, it was entered as a negative number because the calculation subtracts this value. The effect is an increase in premium as additional revenue will be required to cover the anticipated payment.

#### Exchange User Fees:

The member-weighted average of a 3.0% Marketplace User Fee for Marketplace enrollees combined with 0% for non-Marketplace enrollees calculates to 2.4%. This load is developed based on fees from on-exchange policies, but is spread over all policies uniformly. **This translates to a PMPM of \$18.05, which was entered as a positive value in Table 5 since the calculation adds this value.** The effect for this adjustment is an increase in premium as additional revenue will be required to cover the anticipated payment. **Since the URRT requires the exchange user fee to be listed on an "allowed" basis, the final value included in the URRT was calculated by first taking exchange user fee PMPM of \$18.05 divided by the paid-to-allowed ratio to derive the "allowed" exchange user fee PMPM.** This value was then divided by the market adjusted index rate to arrive at the final value of 2.7%.

#### Estimated Reinsurance Recoveries PMPM:

The index rate was further adjusted by accounting for estimated recoveries from the state-based reinsurance program. **Estimated recoveries applied in Table 5 and Section II, Worksheet 1 of the URRT were \$41.66 PMPM and \$53.09 PMPM, respectively.** The value entered in the URRT was derived by taking the Table 5 recovery PMPM and dividing by the Paid to Allowed Average Factor, as the calculation of the Market Adjusted Index Rate is done on an allowed claims basis. These values were entered as positive values in Table 5 and the URRT since both calculations subtract these values. The result of this adjustment is a decrease in projected period premium as less revenue will be required due to the anticipated recovery.

**The estimated recovery of \$41.66 PMPM was derived using data entered into worksheets I.b, II.a, and II.b of the PA Actuarial Memorandum exhibits.** Data entered into worksheet II.a matches the experience period data described in the sections above, and worksheet II.b was populated by referencing the same source of experience captured in worksheet II.a, but with member-level incurred claims trended forward two years to the projection period before allocating the data to each range within the continuance table. An annualized claims trend of 6.38% was applied to estimate the projected member-level claims used to populate worksheet II.b. The projected recovery as a percent of claims is calculated using a per-member attachment of \$60,000, a cap of \$100,000, and a coinsurance rate of 60%, as communicated by the Pennsylvania Insurance Department via the data call attached to this rate filing dated July 24, 2024. The formula in Table 5 (cell C33) calculates the a percent of projected paid claims, before pharmacy rebates, that the reinsurance recovery reflects, to align with the data in the continuance table in worksheet II.b.

### **Non-Benefit Expenses and Profit & Risk**

#### Administrative Expense Load:

Administrative costs of 9.8% of premium have been displayed in Table 6 and the URRT. This value has been derived from projected administrative costs for the projection period. These expenses are assumed to be uniform for all plan designs.





Profit & Risk Margin:

The projected profit margin for this company is 2.0% for 2025. This value is listed in both Table 6 and the URRT. The same level of profit margin is expected for each plan included in this filing.

Taxes and Fees:

Taxes and Fees are expected to be 0.5% of premium in 2025. This accounts for the projected Federal Income Tax in 2025. Please note that the Risk Adjustment Administration Fee of \$0.18 PMPM and the projected PCORI Fee of \$0.27 PMPM were included in the Taxes and Fees field in Table 6 and the URRT.

## **Plan Adjusted Index Rates**

Table 10 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance to develop 2025 Plan Adjusted Index Rates. The allowable modifiers that are used in rate development are described below.

Plan Actuarial Value:

The AV for each plan was determined by the issuer's own pricing model based on experience from UPMC's fully-insured commercial block of business. This model calculates an AV for a given plan by first trending 2023 allowed claims data forward two years to the projection period, calculating paid amounts for each benefit category based on the benefit design of a given plan and projected allowed claims data, and taking the ratio of the total projected paid claims to projected allowed claims. Since the same tool was used for all plans, this eliminates any impact from morbidity at the plan level, and differing rate increases by product type are purely based on differences in benefit design for all plans within a given product.

Benefit Richness (induced demand)

Benefit richness factors were calculated using the formula  $(\text{Plan AV})^2 - (\text{Plan AV}) + 1.24$ , where (Plan AV) is equal to the product of the Plan AV described above and, when applicable, the Non-Funding of CSR Adjustment described below on a plan-by-plan basis. This formula was prescribed by the Pennsylvania Insurance Department and has been developed to produce induced demand factors that mimic those determined by HHS. The initial factors calculated using this formula were then normalized against projected membership by plan.

Benefits in addition to EHBs

Benefits that will be offered outside EHB include routine foot care, acupuncture, dental anesthesia, diabetes care management, and inherited metabolic disorder. The projected allowed claims for these benefits is \$1.42 PMPM. The adjustment factor of 1.002 included in Table 10 has been derived by adding the aforementioned PMPM to the projected index rate for 2025 and dividing this total by the same index rate, causing the adjustment to be applied uniformly to all plans.

### Provider Network

Since only one network is included in this filing, no network adjustments were deemed necessary for 2025.

### Catastrophic Eligibility

No adjustments were made for catastrophic plans. Current enrollment is minimal and not credible.

### Non-Funding of CSR Adjustment

To account for the elimination of funding for cost-share reduction subsidies, the Pennsylvania Insurance Department has mandated the rates for all silver plans offered both on and off the exchange be increased via the CSR Defunding Adjustment in Table 10 of the Actuarial Memorandum Rate Exhibits. The captioned company will apply a factor of 1.22 as the CSR Defunding Adjustment for 2025. Several off-exchange only silver plans continue to be included for 2025 to minimize disruption to non-subsidized members enrolled in silver plans.

## **Calibration**

### Age Curve Calibration:

The average age factor was calculated using our projected ACA-related Individual population with the prescribed HHS Age Factors for 2025. It was assumed this represents the age distribution of the entire single risk-pool. The number of members under each age bracket was multiplied by the corresponding HHS Age Factor. These were then summed and divided by the total number of members to obtain the average age factor. For UPMC's entire block of ACA-compliant Individual business, the average age factor is 1.858 and average age was 44.8 during the experience period. This preliminary age factor is then multiplied by an adjustment factor of 0.997, which accounts for the regulation that prohibits charging for more than three children per family, resulting in a final age calibration factor of 1.852. Please see Exhibit 3 in the Supporting Exhibits for the calculation of this factor.

### Geographic Factor Calibration:

The geographic rating areas used within this filing are the same as those defined by the state. For 2025, the proposed geographic factors are identical to the 2024 filing for this company with the exception of Rating Area 5. The table below displays the current and proposed factors:

<b>Region</b>	<b>2024</b>	<b>2025</b>
1	0.966	0.966
5	0.993	1.011

The proposed factor for Rating Area 5 acknowledges the elevated costs observed in that region relative to other regions after accounting for age, benefit level, and morbidity. Please see Exhibit 12 of the Supporting Exhibits for an illustration of this change.

The calibration factor of 0.990 was calculated as the weighted average of the geographical factors using projected enrollment for the single risk pool, as shown in Exhibit 4 of the Supporting Exhibits.

### Tobacco Use Rating Factor Calibration:

The average tobacco factor was calculated using projected membership, which is assumed to have the same split for tobacco status as current membership. The member-weighted average of a 2.5% load applied for enrollees who qualify as tobacco users combined with a 0% load for non-tobacco users yields an average tobacco factor of 1.002. The derivation of this factor is shown below.

<b>Tobacco Status</b>	<b>Feb 2024 Enrollment Split</b>	<b>Tobacco Factor</b>	<b>Calibration Factor</b>
Non-User	92.7%	1.000	0.927
User	7.3%	1.025	0.074
<b>Total</b>	<b>100.0%</b>		<b>1.002</b>

### **Consumer Adjusted Premium Rate Development**

Table 11 of the PA Actuarial Memorandum Exhibits has been populated as described in federal and state guidance. 2025 rates calculated in this tables were tested to ensure that they match those included in the PA Plan Design Summary and Rate Tables, Federal Rates Template, and the binder. The Plan Adjusted Index Rates are divided by the age calibration factor then multiplied by the specific age/tobacco and geographic factors shown in Tables 12 and 13 of the PA Actuarial Memorandum Exhibits, respectively, to develop the Consumer Adjusted Premium Rates.

### **Projected Loss Ratio**

The projected period loss ratio, using the federally-prescribed MLR methodology without the credibility adjustment, is 86.3%, as shown in Exhibit 1 of the Supporting Exhibits.

An exhibit displaying historical MLR information is provided in Exhibit 2 of the Supporting Exhibits. Loss ratios in the 'Actual' column have been calculated from data submitted in the most recent three-year MLR filing using the federally-prescribed MLR methodology without the credibility adjustment. Enrollment data in the 'Actual' column ties directly to the historical data included in Table 4 of the PA Actuarial Memorandum Exhibits. Loss ratios and enrollment data in the 'Pricing' columns are projected values taken from each calendar year's approved ACA rate filing.

### **Plan Product Info**

#### **AV Metal Values**

Metal values were determined using the final 2025 HHS AV Calculator. For plans with designs that were incompatible with the AV Calculator, a Supporting Documentation and Justification narrative has been included with the AV Screenshots.

## Membership Projections

Projected membership for plan year 2025 does not vary significantly from the February 2024 enrollment. Membership projections for renewing plans are assumed equal to the February 2024 enrollment, and a small number of members is assumed to enroll in new plans.

## Terminated Plans and Products

Please see Table 10 of the PA Actuarial Memorandum Exhibits for a mapping of all terminated SCIDs to a 2025 plan, where applicable.

## Warning Alerts

Several warning messages appear after clicking the validate button in the URRT. These messages highlight the fact that several terminated or renewing plans have entries of zero in the current enrollment and premium PMPM fields on worksheet 2 of the URRT. Similar messages have appeared in the URRT in prior years across UPMC companies for similar reasons.

## Effective Rate Review Information

The Pennsylvania Insurance Department is responsible for conducting effective rate review for all submitted rates.

## Reliance

Below is a summary of the information that we have relied on as part of rate development.


Source	Type of Information	Comments
Jeffrey A. Bees, CFO, Commercial Products and WorkPartners	Projected administrative expenses, impact of discontinuation of SaveOnSP Program	I have not performed any independent audit or otherwise verified the accuracy of this data/information.
Rachel Oaks, Sr. Director, Medical Economics	Anticipated savings from medical savings initiatives	I have not performed any independent audit or otherwise verified the accuracy of this data/information.

## List of Supporting Exhibits

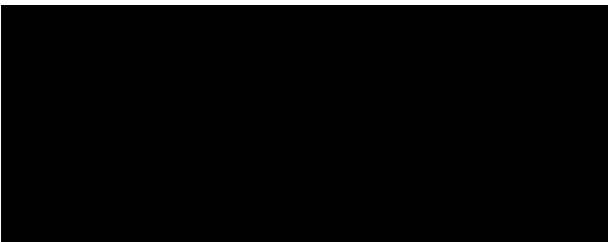
Supporting exhibits have been included with the rate filing to assist with the review process. Below is a list summarizing the contents of each exhibit.

- Exhibit 1: Derivation of Projection Period MLR
- Exhibit 2: Actual vs Pricing MLR & Member Months
- Exhibit 3: Derivation of Age Calibration Factor
- Exhibit 4: Derivation of Geographical Calibration Factor
- Exhibit 5: Current/Projected Commissions by OEP and SEP
- Exhibit 6: Derivation of 3-Child Cap Adjustment Factor
- Exhibit 7: Derivation of Change in Network Factor
- Exhibit 8: Derivation of Change in Other Factor
- Exhibit 9: Derivation of Projected Risk Adjustment PMPM
- Exhibit 9a: HHS Risk Model Adjustment Support
- Exhibit 10: Projected Administrative Expense Load Development
- Exhibit 11: Derivation of Projected Taxes and Fees
- Exhibit 12: Derivation of Change in Geographic Rating Factors
- Exhibit 13: Exchange User Fee Development

## Actuarial Certification

I,  am a Member of the American Academy of Actuaries in good standing. I am currently Manager for ACA products in the Actuarial Services department for UPMC Health Plan. I certify that:

- All factor, benefit and other changes from the prior approved filing have been disclosed in this actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR § 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2025 Rate Filing Justification.
- The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80 and § 147.102)
  - b. Developed in compliance with the applicable Actuarial Standards of Practice
  - c. Reasonable in relation to the benefits provided and the population anticipated to be covered
  - d. Neither excessive nor deficient
- The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and § 156.80(d)(2) were used to generate plan level rates.
- The geographic rating factors reflect only differences in the costs of delivery 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 URRT for all plans except those specified in the certification.



9/26/2024

Date

2025 Rates Table Template v14.0		All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.				
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.				
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.				
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.				
HIOS Issuer ID*		62560				
Rate Effective Date*		1/1/2025				
Rate Expiration Date*		12/31/2025				
Rating Method*		Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*	
<b>Required:</b> Enter the 14-character Plan ID	<b>Required:</b> Select the Rating Area ID	<b>Required:</b> Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	<b>Required:</b> Select the age of a subscriber eligible for the rate	<b>Required:</b> Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	<b>Required:</b> Enter the rate of an individual tobacco enrollee on a plan	
62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	314.01	314.01	
62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	15	341.92	341.92	
62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	16	352.59	352.59	
62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	17	363.27	363.27	
62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	18	374.76	374.76	
62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	19	386.25	386.25	
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62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	21	410.47	420.73	
62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	22	410.47	420.73	
62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	23	410.47	420.73	
62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	24	410.47	420.73	
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62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	35	501.59	514.13	
62560PA0010116	Rating Area 1	Tobacco User/Non-Tobacco User	36	504.88	517.50	
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62560PA0010116	Rating Area 5	Tobacco User/Non-Tobacco User	32	508.45	521.16	
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62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	23	467.53	479.22	

62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	24	467.53	479.22
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62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	32	553.09	566.92
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	33	560.10	574.10
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	34	567.58	581.77
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	35	571.32	585.60
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	36	575.06	589.44
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	37	578.80	593.27
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	38	582.54	597.11
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	39	590.02	604.77
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	40	597.50	612.44
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	41	608.72	623.94
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	42	619.48	634.96
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	43	634.44	650.30
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	44	653.14	669.47
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	45	675.11	691.99
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	46	701.30	718.83
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	47	730.75	749.02
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	48	764.41	783.52
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	49	797.61	817.55
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	50	835.01	855.88
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	51	871.94	893.74
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	52	912.62	935.43
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	53	953.76	977.61
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	54	998.18	1023.13
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	55	1042.59	1068.66
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	56	1090.75	1118.02
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	57	1139.37	1167.85
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	58	1191.27	1221.05
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	59	1216.98	1247.41
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	60	1268.88	1300.60
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	61	1313.76	1346.60
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	62	1343.21	1376.79
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	63	1380.15	1414.65
62560PA0010117	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1402.59	1437.65
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	0-14	374.50	374.50
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	15	407.79	407.79
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	16	420.51	420.51
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	17	433.24	433.24
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	18	446.95	446.95
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	19	460.66	460.66
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	20	474.85	474.85
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	21	489.54	501.78
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	22	489.54	501.78
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	23	489.54	501.78
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	24	489.54	501.78
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	25	491.50	503.79
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	26	501.29	513.82
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	27	513.04	525.86
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	28	532.13	545.43
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	29	547.80	561.49
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	30	555.63	569.52
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	31	567.38	581.56
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	32	579.13	593.60
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	33	586.47	601.13
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	34	594.30	609.16
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	35	598.22	613.17
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	36	602.13	617.19
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	37	606.05	621.20
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	38	609.97	625.22
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	39	617.80	633.24
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	40	625.63	641.27
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	41	637.38	653.32
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	42	648.64	664.86
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	43	664.31	680.91
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	44	683.89	700.98
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	45	706.90	724.57
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	46	734.31	752.67
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	47	765.15	784.28
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	48	800.40	820.41
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	49	835.16	856.03
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	50	874.32	896.18
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	51	912.99	935.82
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	52	955.58	979.47
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	53	998.66	1023.63
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	54	1045.17	1071.30
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	55	1091.67	1118.97
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	56	1142.10	1170.65
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	57	1193.01	1222.83
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	58	1247.35	1278.53
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	59	1274.27	1306.13
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	60	1328.61	1361.83
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	61	1375.61	1410.00
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	62	1406.45	1441.61
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	63	1445.12	1481.25
62560PA0010117	Rating Area 5	Tobacco User/Non-Tobacco User	64 and over	1468.62	1505.34
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	280.42	280.42
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	15	305.34	305.34
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	16	314.88	314.88
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	17	324.41	324.41
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	18	334.67	334.67
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	19	344.93	344.93
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	20	355.56	355.56
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	21	366.56	375.72
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	22	366.56	375.72
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	23	366.56	375.72
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	24	366.56	375.72
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	25	368.03	377.23
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	26	375.36	384.74
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	27	384.15	393.76
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	28	398.45	408.41
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	29	410.18	420.44
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	30	416.05	426.45
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	31	424.84	435.46
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	32	433.64	444.48
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	33	439.14	450.12
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	34	445.00	456.13
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	35	447.94	459.13
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	36	450.87	462.14
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	37	453.80	465.15
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	38	456.73	468.15
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	39	462.60	474.16
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	40	468.46	480.18
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	41	477.26	489.19
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	42	485.69	497.83
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	43	497.42	509.86
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	44	512.08	524.89
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	45	529.31	542.55
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	46	549.84	563.59
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	47	572.93	587.26
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	48	599.33	614.31
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	49	625.35	640.99
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	50	654.68	671.04
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	51	683.63	700.73



62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	52	715.53	733.41
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	53	747.78	766.48
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	54	782.61	802.17
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	55	817.43	837.86
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	56	855.18	876.56
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	57	893.31	915.64
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	58	933.99	957.34
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	59	954.16	978.01
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	60	994.84	1019.71
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	61	1030.03	1055.78
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	62	1053.13	1079.46
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	63	1082.09	1109.14
62560PA0010118	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1099.68	1127.17
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	0-14	293.62	293.62
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	15	319.72	319.72
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	16	329.70	329.70
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	17	339.68	339.68
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	18	350.43	350.43
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	19	361.17	361.17
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	20	372.31	372.31
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	21	383.82	393.42
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	22	383.82	393.42
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	23	383.82	393.42
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	24	383.82	393.42
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	25	385.36	394.99
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	26	393.03	402.86
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	27	402.24	412.30
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	28	417.21	427.64
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	29	429.49	440.23
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	30	435.64	446.53
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	31	444.85	455.97
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	32	454.06	465.41
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	33	459.82	471.31
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	34	465.96	477.61
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	35	469.03	480.75
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	36	472.10	483.90
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	37	475.17	487.05
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	38	478.24	490.20
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	39	484.38	496.49
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	40	490.52	502.79
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	41	499.73	512.23
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	42	508.56	521.28
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	43	520.84	533.86
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	44	536.20	549.60
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	45	554.24	568.09
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	46	575.73	590.12
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	47	599.91	614.91
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	48	627.55	643.23
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	49	654.80	671.17
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	50	685.50	702.64
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	51	715.82	733.72
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	52	749.22	767.95
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	53	782.99	802.57
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	54	819.46	839.94
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	55	855.92	877.32
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	56	895.45	917.84
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	57	935.37	958.75
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	58	977.97	1002.42
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	59	999.08	1024.06
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	60	1041.69	1067.73
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	61	1078.53	1105.50
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	62	1102.71	1130.28
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	63	1133.04	1161.36
62560PA0010118	Rating Area 5	Tobacco User/Non-Tobacco User	64 and over	1151.46	1180.25
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	260.81	260.81
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	15	283.99	283.99
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	16	292.86	292.86
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	17	301.72	301.72
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	18	311.27	311.27
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	19	320.82	320.82
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	20	330.70	330.70
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	21	340.93	349.45
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	22	340.93	349.45
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	23	340.93	349.45
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	24	340.93	349.45
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	25	342.29	350.85
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	26	349.11	357.84
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	27	357.29	366.23
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	28	370.59	379.86
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	29	381.50	391.04
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	30	386.96	396.63
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	31	395.14	405.02
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	32	403.32	413.40
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	33	408.43	418.64
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	34	413.89	424.24
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	35	416.62	427.03
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	36	419.34	429.83
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	37	422.07	432.62
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	38	424.80	435.42
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	39	430.25	441.01
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	40	435.71	446.60
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	41	443.89	454.99
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	42	451.73	463.03
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	43	462.64	474.21
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	44	476.28	488.19
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	45	492.30	504.61
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	46	511.40	524.18
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	47	532.87	546.20
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	48	557.42	571.36
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	49	581.63	596.17
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	50	608.90	624.12
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	51	635.83	651.73
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	52	665.50	682.13
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	53	695.50	712.88
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	54	727.89	746.08
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	55	760.27	779.28
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	56	795.39	815.27
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	57	830.85	851.62
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	58	868.69	890.41
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	59	887.44	909.63
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	60	925.28	948.42
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	61	958.01	981.96
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	62	979.49	1003.98
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	63	1006.43	1031.59
62560PA0010120	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1022.79	1048.36
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	0-14	273.10	273.10
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	15	297.37	297.37
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	16	306.65	306.65
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	17	315.94	315.94
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	18	325.93	325.93
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	19	335.93	335.93
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	20	346.28	346.28
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	21	356.99	365.91
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	22	356.99	365.91
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	23	356.99	365.91
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	24	356.99	365.91
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	25	358.42	367.38
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	26	365.56	374.70
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	27	374.13	383.48
62560PA0010120	Rating Area 5	Tobacco User/Non-Tobacco User	28	388.05	397.75



62560PA0010122	Rating Area 5	Tobacco User/Non-Tobacco User	57	761.08	780.10
62560PA0010122	Rating Area 5	Tobacco User/Non-Tobacco User	58	795.74	815.63
62560PA0010122	Rating Area 5	Tobacco User/Non-Tobacco User	59	812.92	833.24
62560PA0010122	Rating Area 5	Tobacco User/Non-Tobacco User	60	847.58	868.77
62560PA0010122	Rating Area 5	Tobacco User/Non-Tobacco User	61	877.56	899.50
62560PA0010122	Rating Area 5	Tobacco User/Non-Tobacco User	62	897.24	919.67
62560PA0010122	Rating Area 5	Tobacco User/Non-Tobacco User	63	921.91	944.96
62560PA0010122	Rating Area 5	Tobacco User/Non-Tobacco User	64 and over	936.90	960.32
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	220.27	220.27
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	15	239.85	239.85
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	16	247.33	247.33
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	17	254.82	254.82
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	18	262.88	262.88
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	19	270.94	270.94
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	20	279.29	279.29
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	21	287.93	295.13
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	22	287.93	295.13
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	23	287.93	295.13
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	24	287.93	295.13
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	25	289.08	296.31
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	26	294.84	302.21
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	27	301.75	309.29
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	28	312.98	320.80
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	29	322.19	330.25
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	30	326.80	334.97
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	31	333.71	342.05
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	32	340.62	349.14
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	33	344.94	353.56
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	34	349.55	358.29
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	35	351.85	360.65
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	36	354.15	363.01
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	37	356.46	365.37
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	38	358.76	367.73
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	39	363.37	372.45
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	40	367.97	377.17
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	41	374.88	384.26
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	42	381.51	391.04
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	43	390.72	400.49
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	44	402.24	412.29
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	45	415.77	426.17
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	46	431.90	442.69
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	47	450.03	461.29
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	48	470.77	482.53
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	49	491.21	503.49
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	50	514.24	527.10
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	51	536.99	550.41
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	52	562.04	576.09
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	53	587.38	602.06
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	54	614.73	630.10
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	55	642.08	658.14
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	56	671.74	688.53
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	57	701.69	719.23
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	58	733.65	751.99
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	59	749.48	768.22
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	60	781.44	800.98
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	61	809.08	829.31
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	62	827.22	847.90
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	63	849.97	871.22
62560PA0010123	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	863.79	885.38
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	0-14	230.64	230.64
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	15	251.14	251.14
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	16	258.98	258.98
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	17	266.82	266.82
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	18	275.26	275.26
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	19	283.70	283.70
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	20	292.45	292.45
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	21	301.49	309.03
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	22	301.49	309.03
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	23	301.49	309.03
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	24	301.49	309.03
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	25	302.70	310.26
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	26	308.73	316.44
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	27	315.96	323.86
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	28	327.72	335.91
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	29	337.37	345.80
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	30	342.19	350.75
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	31	349.43	358.16
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	32	356.66	365.58
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	33	361.19	370.21
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	34	366.01	375.16
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	35	368.42	377.63
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	36	370.83	380.10
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	37	373.24	382.58
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	38	375.66	385.05
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	39	380.48	389.99
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	40	385.30	394.94
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	41	392.54	402.35
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	42	399.47	409.46
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	43	409.12	419.35
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	44	421.18	431.71
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	45	435.35	446.24
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	46	452.24	463.54
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	47	471.23	483.01
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	48	492.94	505.26
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	49	514.34	527.20
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	50	538.46	551.92
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	51	562.28	576.34
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	52	588.51	603.22
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	53	615.04	630.42
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	54	643.68	659.77
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	55	672.32	689.13
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	56	703.38	720.96
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	57	734.73	753.10
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	58	768.20	787.40
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	59	784.78	804.40
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	60	818.24	838.70
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	61	847.19	868.37
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	62	866.18	887.84
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	63	890.00	912.25
62560PA0010123	Rating Area 5	Tobacco User/Non-Tobacco User	64 and over	904.47	927.08
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	286.45	286.45
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	15	311.91	311.91
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	16	321.64	321.64
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	17	331.38	331.38
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	18	341.86	341.86
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	19	352.35	352.35
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	20	363.21	363.21
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	21	374.44	383.80
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	22	374.44	383.80
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	23	374.44	383.80
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	24	374.44	383.80
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	25	375.94	385.34
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	26	383.43	393.01
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	27	392.41	402.22
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	28	407.02	417.19
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	29	419.00	429.47
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	30	424.99	435.61
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	31	433.98	444.83
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	32	442.96	454.04
62560PA0010124	Rating Area 1	Tobacco User/Non-Tobacco User	33	448.58	459.79



62560PA0010125	Rating Area 1	Tobacco User/Non-Tobacco User	62	1418.57	1454.04
62560PA0010125	Rating Area 1	Tobacco User/Non-Tobacco User	63	1457.58	1494.02
62560PA0010125	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1481.28	1518.31
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	0-14	395.52	395.52
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	15	430.68	430.68
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	16	444.12	444.12
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	17	457.56	457.56
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	18	472.04	472.04
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	19	486.52	486.52
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	20	501.51	501.51
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	21	517.02	529.95
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	22	517.02	529.95
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	23	517.02	529.95
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	24	517.02	529.95
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	25	519.09	532.07
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	26	529.43	542.66
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	27	541.84	555.38
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	28	562.00	576.05
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	29	578.55	593.01
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	30	586.82	601.49
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	31	599.23	614.21
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	32	611.63	626.93
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	33	619.39	634.87
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	34	627.66	643.35
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	35	631.80	647.59
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	36	635.93	651.83
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	37	640.07	656.07
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	38	644.21	660.31
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	39	652.48	668.79
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	40	660.75	677.27
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	41	673.16	689.99
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	42	685.05	702.18
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	43	701.60	719.14
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	44	722.28	740.33
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	45	746.58	765.24
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	46	775.53	794.92
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	47	808.10	828.30
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	48	845.33	866.46
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	49	882.04	904.09
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	50	923.40	946.48
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	51	964.24	988.35
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	52	1009.22	1034.45
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	53	1054.72	1081.09
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	54	1103.84	1131.43
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	55	1152.95	1181.78
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	56	1206.21	1236.36
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	57	1259.98	1291.48
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	58	1317.37	1350.30
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	59	1345.80	1379.45
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	60	1403.19	1438.27
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	61	1452.83	1489.15
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	62	1485.40	1522.53
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	63	1526.24	1564.40
62560PA0010125	Rating Area 5	Tobacco User/Non-Tobacco User	64 and over	1551.06	1589.84

## Exhibit 1: Derivation of Projection Period MLR

Projected Paid Claims	Projected Net Amount of Risk Adjustment	Projected Quality Improvement Initiatives	Projected Exchange User Fees	Projected Taxes & Fees	Projected Premium	Loss Ratio
\$ 15,467,677	\$ (250,680)	\$ 507,400	\$ 453,406	\$ 92,263	\$ 19,343,856	86.3%

## Exhibit 2: Actual vs Pricing MLR & Member Months

Calendar Year	MLR		Member Months	
	Actual	Pricing	Actual	Pricing
2020	68.3%	87.9%	36	36
2021	101.8%	82.8%	34,735	41,460
2022	90.7%	82.2%	27,450	35,472

### Exhibit 3: Derivation of Age Calibration Factor

Age Band	Age Factor	Current/Projected Enrollment Distribution
0-14	0.765	6.48%
15	0.833	0.50%
16	0.859	0.57%
17	0.885	0.56%
18	0.913	0.62%
19	0.941	0.82%
20	0.970	0.92%
21	1.000	1.06%
22	1.000	0.99%
23	1.000	0.99%
24	1.000	0.90%
25	1.004	0.94%
26	1.024	1.18%
27	1.048	1.16%
28	1.087	1.28%
29	1.119	1.34%
30	1.135	1.38%
31	1.159	1.46%
32	1.183	1.43%
33	1.198	1.55%
34	1.214	1.55%
35	1.222	1.58%
36	1.230	1.55%
37	1.238	1.51%
38	1.246	1.50%
39	1.262	1.65%
40	1.278	1.51%
41	1.302	1.54%
42	1.325	1.54%
43	1.357	1.56%
44	1.397	1.56%
45	1.444	1.58%
46	1.500	1.63%
47	1.563	1.52%
48	1.635	1.61%
49	1.706	1.65%
50	1.786	1.73%
51	1.865	1.79%
52	1.952	1.98%
53	2.040	2.25%
54	2.135	2.20%
55	2.230	2.33%
56	2.333	2.49%
57	2.437	2.70%
58	2.548	2.98%
59	2.603	3.40%
60	2.714	3.70%
61	2.810	3.97%
62	2.873	5.09%
63	2.952	5.89%
64 and over	3.000	6.33%

Initial Age Factor: 1.85774  
 3-child cap Adjustment: 0.99699  
 Final Age Factor used: 1.85215



## Exhibit 4: Derivation of Geographical Calibration Factor

Rating Areas	Portion of Projected Enrl	Proposed Factor
1	46.54%	0.966
2	0.00%	1.165
3	0.00%	1.280
4	0.00%	0.966
5	53.46%	1.011
9	0.00%	1.274

Calibration Factor
<b>0.990</b>

## Exhibit 6: Derivation of 3-child Cap Adjustment Factor

Total Members	Dependents under the age of 21 in excess of 3 per contract	% of Total	3-child Cap Adjustment
107,509	313	0.2911%	<b>0.99709</b>

UPMC February 2024 Individual Population including all legal entities

**Exhibit 7: Derivation of Change in Network Factor**

Legal Entity	Average Network Factor	Induced Demand Factor	Average Geographic Factor	Normalization Factor	Normalized Product / Service Area / Induced Demand Factor	Portion of Projected Enrollment	Change in Network Factor
Health Coverage	1.155	1.077	0.990	1.114	1.372	2.0%	1.372
Health Options	0.837	1.080	0.986	1.114	0.992	98.0%	0.992

Normalization Check: 1.00

**Exhibit 8: Derivation of Change in Other Factor**

Legal Entity	Unadjusted Projected Allowed EHB Claims PMPM	Change in Morbidity	Change in Network	Total Adjusted Projected Allowed EHB Claims PMPM	Projected Paid to Allowed Ratio	Projected Incurred EHB Claims PMPM	Projected Savings from Initiatives	Projected Cost Impact from Act 1 of 2023	Projected Change in Pharmacy Rebates	Adjusted Projected Incurred EHB Claims PMPM	Adjusted Projected Allowed EHB Claims PMPM	Portion of Projected Enrollment
Health Coverage	\$ 659.45	1.000	1.372	\$ 904.65	0.785	\$ 709.92	(\$16.06)	\$0.61	\$ (7.61)	\$ 694.50	\$ 884.99	2.0%
Health Options	\$ 659.45	1.000	0.992	\$ 654.50	0.791	\$ 517.40	(\$16.06)	\$0.61	\$ (7.61)	\$ 501.98	\$ 634.99	98.0%
Average				\$ 659.45		\$ 521.21				\$ 505.79	\$ 639.94	

Change in Benefits/Other Factor to Apply: **0.9704**

**Exhibit 10: Projected Administrative Expense Load Development**

General and Claims PMPM	Agent/Broker Fees and Commissions PMPM	Quality Improvement Initiatives PMPM	Projected Required Revenue PMPM	General and Claims % of Projected Revenue	Agent/Broker Fees and Commissions % of Projected Revenue	Quality Improvement Initiatives % of Projected Revenue	Admin Expense % of Projected Revenue
\$ 48.83	\$ 5.83	\$ 20.20	\$ 767.49	6.4%	0.8%	2.6%	9.75%

**Exhibit 11: Derivation of Projected Taxes and Fees**

Risk Adjustment User Fee PMPM	PCORI Fee PMPM	PA Premium Tax (if applicable) PMPM	Federal Income Tax PMPM	Total Taxes & Fees PMPM	2025 Projected Lives (from Table 10)	2025 Projected Member Months	Projected Taxes & Fees
\$0.18	\$0.27	\$0.00	\$3.22	\$3.67	2,093	25,116	\$92,263

Projected Taxes & Fees from Exhibit 1:	\$92,263
Check:	TRUE

## Exhibit 12: Derivation of Change in Geographic Rating Factors

Rating Area	Current Factor	Proposed Factor
Rating Area 1	0.966	0.966
Rating Area 2		
Rating Area 3		
Rating Area 4		
Rating Area 5	0.993	1.011
Rating Area 9		

	Rating Area 5	Total Market	Differential	Morbidity-Adjusted Differential
<b>Allowed Claims PMPM</b>	\$ 726.02	\$ 631.42	1.150	1.084
<b>Average DxCG Score</b>	1.893	1.784	1.061	

### Exhibit 13: Exchange User Fee Development

Exchange Status	Current/Projected Premium Distribution	Exchange Fee	Weighted Exch Fee
Off Exchange	21.6%	0.0%	0.0%
On Exchange	78.4%	3.0%	2.4%
Total	100.0%		<b>2.4%</b>

Projected Required Revenue PMPM:	\$ 767.49
Projected Paid Exchange User Fees PMPM:	\$ <b>18.05</b>



**2025 Business Rules Template v14.0**

All fields with an asterisk ( \* ) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.

Enter the Issuer Rule on the first row (no Product ID or Plan ID).

For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.

For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule.

Issuer level rule will apply only to plan type indicated in cell C10.

**HIOS Issuer ID\*** 62560  
**Medical, Dental, or Both?\*** Medical

Product ID	Plan ID (Standard Component)	Medical or Dental Rule?*	What is the maximum number of rated underage dependents on this policy?	Is there a maximum age for a dependent?	How is age determined for rating and eligibility purposes?	How is tobacco status determined for subscribers and dependents?	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?
		Medical	3	25	Age on effective date	6	Self, Yes; Spouse, No; Child, No; Stepson or Stepdaughter, No; Life Partner, No; Foster Child, No; Ward, No

# Standard Questions – IND Health Coverage

## 1. Membership

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

Projected membership for plan year 2025 does not vary significantly from the February 2024 enrollment. Membership projections for renewing plans are assumed equal to the February 2024 enrollment.

## 2. Experience Period Claims:

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

[REDACTED]

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

We can confirm that all non-EHB claims have been removed from the experience period claims.

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

[REDACTED]

## 3. COVID:

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

We can confirm that Tables 2-4 of the PAAM Exhibits are not adjusting for COVID. We are not including a COVID adjustment factor in our filing, thus no associated factor is reflected in Table 5 of the PAAM Exhibits.

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

The COVID adjustment factor in the filing is 1.0 (no adjustment).

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

**For Plan Year 2025, UPMC Health Plan will apply cost share for COVID-19 diagnostic and antibody testing and prescription antiviral and monoclonal antibody treatment in accordance with the cost share set forth in a member's plan documents. COVID-19 vaccines will continue to be covered at no-cost to members as a preventive service. Over-the-counter COVID-19 tests will not be eligible for reimbursement under a member's medical benefit.**

4. Trend:

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

**N/A**

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

**N/A**

5. Table 6 - Retention:

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

**UPMC is filing a 2% surplus and risk load for the 2025 rating period, including consideration of the 21% federal income tax rate. The surplus and tax are both reflected in Table 6, and cell C57 does not reflect any additional adjustments.**

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

**We can confirm that the Risk Adjustment User Fee of \$0.18 PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2025.**

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



6. Pricing AVs:

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

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

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

Unlike the AV Calculator (AVC), which relies on a national data set, UPMC models actuarial value of benefit based on its own allowed claims experience. The UPMC benefit valuation calculator is updated annually and is used to determine the actuarial value of a plan design by readjudicating an experience period claim by claim to calculate the plan liability for each policyholder. The ratio of the total plan liability to the total allowed claims is the plan AV. This simulation ensures that UPMC has the ability to calculate factors that account for embedded versus aggregate deductibles or out-of-pocket maximums, and that claim types align with our schedule of benefits.

Table 10 of the PAAM Exhibits illustrates the AV results from both the AVC and our pricing process for each plan.

7. Expanded Bronze Plans:

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

All Bronze Plans offered under UPMC Health Coverage, Inc. (Issuer HIOS ID 62560) in the Individual market are within standard Bronze de minimums range.

8. PAAM Exhibits – Consumer Factors:

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

Please see Exhibit 4 of the enclosed Supporting Exhibits for support for the proposed change to 2025 geographic rating area factors relative to 2024.

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

Proposed 2025 network factors did not change relative to one another when compared to 2024 network factors. However, the factors are normalized each year in order to average to 1.000 based on current (February) enrollment.

9. MLR Exhibit:

- a. Please complete table below which summarizes the most recent three years of complete MLR information.
  - i. Actual is the final information which was filed for the specified calendar year
  - ii. Projected is the information which was projected in the final annual filing for the given year (i.e., 2021 projected information is from the plan year 2021 annual filing submitted in 2020)

Calendar Year	MLR		Member Months	
	Actual	Projected	Actual	Projected
2020	68.3%	87.9%	36	36
2021	101.8%	82.8%	34,735	41,460
2022	90.7%	82.2%	27,450	35,472

- b. Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.

Because the policies issued in the Individual market align with the calendar year, these MLRs are fairly comparable. MLR differences observed by plan year can be attributed to claims experience emerging differently than expected as well as Risk Adjustment transfers generally materializing less favorable than projected at the time of pricing.

The actual and pricing member months are comparable. Variances are generally driven by relative rate position among other carriers, which are not known at the time of rating, as well as any holistic changes to the market.

- c. Does the insurer expect to pay MLR rebates for the 3-year period above?

UPMC does not expect to pay MLR rebates for the 3-year period above.

10. Plan of Withdrawal:

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

UPMC does not intend to discontinue the issuance of any plan, product, or book of business at the end of the policy term for current policyholders without offering alternative coverage.

11. Transitional Plans:

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

**Not applicable**

12. Copay Adjustment Programs:

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

**UPMC intends to operate a copay adjustment program for policies covered by this rate filing.**

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

**The program in effect for PY 2025 will not apply copay assistance coupons to the MOOP.**

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

**Exhibit 8 in the enclosed Supporting Exhibits quantifies the impact on the projected period relative to the experience period of the discontinuation of the SaveOnSP program. The expected savings for the forthcoming copay adjustment program in PY 2025 is reflected separately from the impact of the former program and is included in Exhibit 8 of the Supporting Exhibits.**

Dear Matthew Killam,

Introduction:

June 5, 2024

The Pennsylvania Insurance Department has received and conducted a review of the above captioned filing. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided by June 19, 2024. If you have any questions or difficulties in providing the information within this time frame, please contact me.

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

1. It appears the wording for 3c in the Standard Questions response document was overwritten and should be "Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY25. Within your response, please clarify if these services will be considered preventative and covered at 100%." Please submit an updated version of the Standard Questions with the correct question listed for 3c.

**This correction is now reflected in the resubmitted Standard Questions document that accompanies this data call submission.**

[Redacted]

- | [Redacted]
  - | [Redacted]
  - | [Redacted]
  - | [Redacted]
- | [Redacted]
  - [Redacted]
  - [Redacted]
  - [Redacted]

[REDACTED]

[REDACTED]

[REDACTED]

3. Please provide a detailed quantitative exhibit that includes a demonstration of the actual to projected trend for the previous 5 years, with 2023 being the latest year. Please include any adjustments for COVID where appropriate.

**UPMC Individual**

Year	Actual Allowed PMPM	Actual Trend		Projected Trend
		Year-Over-Year	2-Year Compounded (Annualized)	
2019	\$533	7.4%	9.6%	7.2%
2020	\$573	7.4%	7.4%	6.0%
2021	\$606	5.8%	6.6%	6.0%
2022	\$607	0.2%	3.0%	6.3%
2023	\$651	7.2%	3.6%	6.1%
Avg		5.6%	6.1%	6.3%
2025 Filing				6.4%

We've included the requested actual to projected trend exhibit for our Individual ACA market.

Actual trend figures in the exhibit are expressed annually using two methods:

- 1. Year-Over-Year, e.g. 2023 annual trend = [2023 pmpm] / [2022 pmpm] - 1.
- 2. 2-Year Compounded, e.g. 2023 annual trend = [ [2023 pmpm] / [2021 pmpm] ] ^ (1/2) - 1

In addition to Year-Over-Year trends, we've also included the 2-Year Compounded figures described above to better align with prescribed ACA rate buildup methodology. Given we must use the 12-



month experience period 2 years preceding a filing plan year, we develop a 2-year trend factor to project the experience period forward to effective year. For example, the 2023 filing used 2021 data as its experience period, trended 2 years forward to the projection period. Just as a 2-year projection approach is prescribed in the ACA filings, we thought it useful to also include a similar 2-Year Compounded representation for actual trends as an additional perspective in the exhibit above.

Projected trend figures in the exhibit represent the annual trend assumption as included in our annual filings, e.g. 2023 projected trend = 6.1% = [Table 5 Two Year Projection Factor] <sup>(1/2)</sup> - 1.

2020 actual experience has been adjusted for COVID, consistent with the approach employed in our 2022 annual filing (calendar year 2020 data represented our experience period at the time).

While yearly historic trends fluctuate year-to-year, particularly due to the unprecedented volatility in claims utilization since the inception of the COVID pandemic, our 5-year averages of actual vs projected trend in the exhibit above are similar. It is also important to note that we employed a least squares regression analysis to develop our projected trend for the 2025 filing.

4. Under the “Index Rate” section on page 6 of the Actuarial Memorandum, the following is stated regarding average age and average premium factor: “The average age for our experience period Individual risk pool was 44.8 with an average premium factor of 1.87. This is nearly identical to our 2024 experience so far with age 44.6 and premium factor 1.86.” Please provide a detailed quantitative exhibit that illustrates what the appropriate adjustment factor would be if it were to be included within the rate development.

The table below shows the change in Individual Market average age factor from the experience period of calendar year 2023 to the current enrollment of February 2024.

<b>2023 EP Average Age Factor</b>	<b>1.866</b>
<b>February 2024 Average Age Factor</b>	<b>1.858</b>
<b>Change in Average Age Factor</b>	<b>0.996</b>

5. Please provide a detailed quantitative exhibit that supports the assumption of a \$0 High Cost Risk Pool recovery net of the program's surcharge.

Based on the mechanics and parameters of the HCRP program, we are not confident in assuming that any carrier would receive or pay money in any given year net of the program's surcharge. UPMC's own recent experience with the program has resulted in small transfers in both directions.

## UPMC High-Cost Risk Pool Program Receipt

Recovery Net of Surcharge

Market	2020	2021	2022
Individual	\$ (0.22)	\$ 0.57	\$ 1.22
Small Group	\$ (0.31)	\$ (0.69)	\$ (0.29)

*Negative numbers indicate UPMC paying into the program*

*Positive numbers indicate UPMC receiving money from the program*

6. Pertaining to Exhibit 13 provided within the supporting exhibits, please provide the support for the on and off exchange premium distribution weighting.

The exhibit below shows the support for the on and off exchange premium distribution weighting.

	February 2024 Premium	Percent of Total
<b>Off Exchange</b>	\$ 13,456,372	21.6%
<b>On Exchange</b>	\$ 48,852,424	78.4%
<b>Total Individual ACA</b>	\$ 62,308,795	100.0%

7. Please provide a detailed narrative on why UPMC is using their fully-insured commercial book of business in calculating the AV for each plan instead of only the individual ACA block of business, or even potentially its combined IND and SG ACA block.

UPMC actuarial models AV as a paid-to-allowed ratio using its entire fully-insured commercial book of business (including ACA business) in order to limit year-to-year fluctuation in results, increase credibility both overall and within each benefit service category, and to maintain consistency between employer group offerings.

Because the valuation approach simulates contract-level readjudication of a plan benefit design using the entire population, the results are more consistent year-to-year than if we used separate cohorts (e.g. large employer groups vs small employer groups vs individual market contracts). In addition, while AV on its own is only part of the pricing differential among benefit plans, the consistency in pricing AV across employer group rating cohorts means that employer groups who either choose to offer ICHRA or who size down to / up from ACA Small Group rating have the option to choose similar plans with similar relative premium rates.

8. Based on the CSR Defunding Adjustment survey submitted by UPMC, UPMC suggested a factor of 1.26 be used. The Actuarial Memorandum states that a factor of 1.22 is being used as the CSR Defunding Adjustment for 2025. Please provide a detailed narrative as to why 1.22 is being used instead of 1.26.

In our response to the CSR Defunding Adjustment survey due March 1, 2024, our recommendation to the Department was to keep the maximum of the CSR defunding load range at 1.26. For PY2025 pricing, we believe maintaining a factor of 1.22 onto our Silver On-Exchange premiums is sufficient to make up for the defunding of the CSR payments.

9. The following objections pertain to Exhibit 8 of the Supporting Exhibits:

a. Please provide quantitative and qualitative support for the \$16.06 of projected savings from initiatives. Please describe each unique initiative and the development of its PMPM impact.

The projected savings is outlined in greater detail in the table below. Initiatives are typically itemized and quantified by UPMC Health Plan's Department of Health Economics. This department is comprised of actuaries and analysts who work closely with clinical and contracting staff to identify, measure, and project savings associated with efforts to reduce medical and pharmacy expenditure without adversely impacting member care or experiences. Examples of such efforts include contracting changes not captured in historical trend, intervention services to connect members with the appropriate level of care, or improving accuracy and efficiencies in coding and billing practices. The cost impacts are quantified as per member per month savings for 2025 relative to the 2023 calendar year experience period.

Initiative	PMPM Impact	Brief Description
Medical Management	\$ 2.22	Reflects Initiatives aimed to reduce utilization of inappropriate or unnecessary services by implementing measures to enhance PCP coordination of care and care management benefit scaling.
Payment integrity	\$ 3.44	Reflects Initiatives aimed to reduce utilization of inappropriate or unnecessary services by implementing changes to payment integrity and coding practices.
Reduce Unnecessary & Inappropriate Service	\$ 3.91	Reflects Initiatives aimed to reduce utilization of inappropriate or unnecessary services by implementing measures to enhance PCP coordination of care, care management benefit scaling, guiding members to more appropriate level of care, and changes to payment integrity and coding practices.
Contracting/Benefit Design/Other	\$ 1.43	Reflects Initiatives aimed to reduce spending through contracting reductions or other care model efficiencies by implementing measures like DME and medical supply rate reductions, or favorably negotiated lab contracts.
Pharmacy Management	\$ 5.05	PBM contract updates, UPMC facility pharmacy efficiencies.
<b>Total</b>	<b>\$ 16.06</b>	

b. Please provide a detailed narrative on why the projected cost impact from Act 1 is being built into the rate development.

The requirements of Act 1 of 2023 were not implemented until 1/1/24 and therefore are not reflected in our CY 2023 experience period.

[REDACTED]

[REDACTED]

10. Based on the prescription drug rebate data provide in Table 4b on the Manual Data tab of the PAAME, a rolling-12 calculation of prescription drug rebate trend appears to be around 9%. Please provide a detailed narrative on why it is reasonable to assume that there will not be material changes in drug rebates from the 2023 base period to the 2025 rating period.

Pharmacy rebates are measured and projected as a percent of paid pharmacy costs. In order to capture the appropriate impact of pharmacy rebates in the index rate, we illustrate the pharmacy rebate dollars in the experience period and prior in Table 4 as the percent of paid that we expect to receive in the projected period, thus eliminating the need for an adjustment to the index rate.

11. The following objections pertain to supplemental exhibit #12:

a. Please clarify the time period used in determining the allowed claims PMPM provided.

**The time period used for the data in Exhibit 12 of the Supporting Documents is October 2022 to September 2023.**

b. Please include the number of members in each rating area.

**The table below shows the members by area for the October 2022 to September 2023 timeframe.**

<b>Rating Area</b>	<b>Members</b>
<b>1</b>	16,637
<b>2</b>	1,083
<b>3</b>	2,620
<b>4</b>	84,276
<b>5</b>	15,491
<b>6</b>	743
<b>7</b>	2,513
<b>9</b>	2,336

c. Please provide the quantitative support that shows full credibility should be applied for rating area 5.

**In our analysis of the morbidity adjusted claims by rating area, we considered rating area 5 to be fully credible with over 15k members.**

d. Please provide a detailed quantitative exhibit that includes the risk adjusted loss ratio and premium PMPM for the same time period clarified in part (a) for each and every rating area.

**The table below includes the risk adjusted loss ratios and premiums PMPM for each rating area in calendar year 2023. When analyzing the morbidity adjusted claims by rating area we looked at multiple time periods to be more certain of the consistency with the data. We are showing 2023 data as there is not a reliable way to allocate risk adjustment across two calendar years.**

Rating Area	Risk Adjusted Loss Ratio	Premium PMPM
1	89.1%	\$ 575.40
2	99.4%	\$ 715.73
3	86.6%	\$ 500.57
4	85.1%	\$ 518.26
5	89.0%	\$ 633.79
6	114.6%	\$ 670.49
7	97.3%	\$ 661.11
9	128.0%	\$ 667.41

12. The following objections pertain to Exhibit 9 of the Supporting Documents:

a. Please provide a detailed narrative that describes the variance in the expected transfer PMPMs calculated in steps 0 and 1.

The expected transfer PMPM calculated in Step 0 of Exhibit 9 of the Supporting Documents is developed based on the comparison of the insurer specific risk factors and the statewide average risk factors. This calculation is performed in Table 16 of the PAAM Exhibits. Step 1 is the best estimate for our 2023 expected transfer amount based on estimates provided to us by Wakely. In prior years, we have seen a pattern of our final transfer amounts being more unfavorable than our estimated transfer amounts from Wakely. For this reason, we made an adjustment to our Wakely transfer estimate for 2023 to take into account the further degradation that we typically see with our final transfer amounts.

b. Please provide a detailed quantitative exhibit that supports the -\$0.76 Transfer Adjustment PMPM in Step 3.

The adjustment in Step 3 of Exhibit 9 of the Supporting Documents is meant to reflect the change in expected transfer PMPM from using the 2023 HHS Risk Model to the 2025 Final HHS Risk Model. Further support for the development of this change in transfer PMPM is shown in Exhibit 9a in the revised Supporting Documents.

13. The following objections pertain to supplemental exhibit 10:

a. Please provide a detailed quantitative exhibit that supports the agent/broker fees and commissions PMPM.

The following table shows the calculation of our projected broker expense PMPM.

b. Please provide a detailed quantitative exhibit that supports the quality improvement initiatives PMPM.

The table below illustrates the composition of quality incentives expected to be paid in the 2025 projected period on a PMPM basis. The Individual 2025 QI projected PMPM is based on 2023 actual expense with any foreseen adjustments to QI program arrangements. The Hospital Quality Payment declined from 2023 to 2025 due to updated incentive structure with UPMC Providers. CY2023 Actual Quality Incentive Expenses incurred support the following programs:

- Care Coordination Fees (CCFs)
- Hospital P4P Program
- Hierarchical Condition Category (HCC) Risk Adjustment Campaign

	Quality Incentive PMPMs		
	2023	2024	2025
	<i>Actuals</i>	<i>Projection</i>	<i>Projection</i>
<b>Individual</b>			
Quality Incentive Programs	\$4.43	\$3.17	\$3.31
Hospital Quality Payment	\$25.84	\$5.92	\$5.92
<b>Individual Quality Incentives</b>	<b>\$30.27</b>	<b>\$9.09</b>	<b>\$9.23</b>

14. The following objection question pertains to exhibit 3:

a. Please provide a detailed narrative that describes why it is reasonable to assume the same projected enrollment distribution across legal entities.

The distribution of members across UPMC legal entities shifted materially following a change in 2021 in terms of which products were offered on each legal entity, but we have not made changes since we don't have any reason to believe they will shift further at this time.

15. In reviewing premium rates for individual coverage in rating areas 1 and 5, the Department is

concerned with the differential for Crawford county in rating area 1 and Clearfield county in rating area 5. UPMC's Health Coverage legal entity only offers products in these two counties. The rest of the counties in rating areas 1 and 5 are covered by UPMC Health Options. Our review indicates that the same products are offered by both legal entities which, combined, completely cover both rating areas. Based on our review, the Department has identified that the premium rates for the products offered by UPMC Health Coverage in Crawford and Clearfield counties are 7.3% – 8.1% higher than in the counties with the same products offered by UPMC Health Options. We have put together a premium comparison for both Crawford and Clearfield counties using a county in close proximity in each respective rating area, which is included in the attached Excel file for your reference. Given this information, the Department would appreciate answers to the following questions:

a. What is the actuarial justification for the 7.3% – 8.1% increase in rates in Crawford and Clearfield counties?

**In 2019, prior to application of the identified rate differential, the MLR in Crawford and Clearfield counties was an average of 11.9% above the MLR for the parent Rating Areas (1 and 5). Beginning in PY2021, we adopted our current approach to phase in an appropriate rate differential that would address the actuarial insufficiency of the historical rates in these counties, while still permitting us to continue offering products in these counties at a market competitive rate.**

**The differential of 7.3% - 8.1% is actuarially justified in that it addresses the outlier negative financial performance observed in Crawford and Clearfield counties as the Health Coverage book of business relative to other counties in the combined UPMC Health Coverage / Health Options service area. As illustrated in Table 3, the financial performance of Crawford and Clearfield Counties have generally improved relative to their respective rating areas following implementation of the current rating differential, though results vary somewhat year to year. Having observed this improvement, we have not taken specific action to increase the rating differential between these counties and their parent rating areas since the 2022 rate filing.**

b. Was any weight given to the actual experience in these counties?

**Yes. As mentioned in Question A, the differential of 7.3% - 8.1% reflects the combined, risk adjusted experience of Crawford and Clearfield counties. Because UPMC Health Coverage only offers Marketplace plans in these two counties, they represent the entire book of business for the licensed entity. Additionally, membership for Crawford and Clearfield counties has been below 2,000 every year from 2019-2023. We have considered the argument for a county-specific differential given the lack of uniformity in financial impact from the current, uniform differential, but we do not believe**



that trying to pull additional credibility from the limited population data is likely to produce a more accurate projection today. Consistent with our overall objective to drive cost efficiencies to our members, we are regularly involved in contract negotiations with key providers in these areas.

c. Since only Crawford and Clearfield counties are subject to this higher premium, please explain how this rate is not unfairly discriminatory toward the consumers in Clearfield and Crawford counties.

We believe that the differential performance in these counties is attributable to provider unit cost, which in this case is a function of limited provider availability and unwillingness of key providers in each county to contract at a rate that is more consistent with other rate structures across the combined UPMC Health Plan service area. Although there is a negative performance impact resulting from overall limitations on provider reimbursement strategies in each county, as well as a correspondingly lower willingness of providers in each of these counties to actively engage in value-enhancing utilization management behaviors, our rate development in these counties has focused on (a) removing morbidity from the development of the rate differential and (b) applying the differential in a phased-in approach with the goal of delivering financial performance in each county that is comparable to other counties in their respective rating areas. As to the removal of morbidity, our MLR analysis during development of the differential used risk-adjusted values. To further promote alignment of our methodology and limit the basis of the current differential, Health Coverage also employed the same manual rate, geographic factor, and plan-level factor applied to each Rating Area by Health Options. As such, only the Product/Service Area factor was used to establish the rate differential and, as noted in Table 3, ongoing performance suggests that the factor is working as intended to bring the financial performance of these counties more in line with their Rating Area. As noted in Question B, we are engaged in ongoing provider contract negotiations and are hopeful that overall financial network performance in these counties will improve in future years – because the terms of these anticipated agreements are still under development, they are not incorporated into our filed rates at this time.

d. Please fill out Tables 1 – 4 in the attached Excel file and return the completed file to the Department as part of your response to this objection letter.

**Attached in "Supporting Documentation" tab in SERFF.**

Please be advised that there may be additional questions based on the responses to the above.

Response to this request should be provided via SERFF in Microsoft Excel spreadsheets. Please retain all

formulas.

Should you have any questions regarding this correspondence, please contact me at [graleonard@pa.gov](mailto:graleonard@pa.gov).

Sincerely,

Grant Leonard

Actuary

Bureau of Life, Accident and Health Insurance

Dear Matthew Killam,

Introduction:

July 3, 2024

The Pennsylvania Insurance Department has received and conducted a review of the above captioned filing. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided by July 17, 2024. If you have any questions or difficulties in providing the information within this time frame, please contact me.

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

1. Please provide all tables included in UPMC's response submitted on June 19th in Microsoft Excel, retaining all formulas.

**All tables provided in the data call response submitted on June 19, 2024 are included in the enclosed file "UPMC Data Call Tables 7-17-24 - HC IND.xlsx". Additionally, any tables included as part of our responses to this data call are also included in Excel format.**

2. Regarding your response to objection #4, please incorporate the Change in Average Age Factor of 0.996 in Table 5 of the PAAM Exhibits in cell D16.

**This change has been implemented and will be reflected in all state and federal templates to be submitted on July 31, 2024 as part of the scheduled rate filing resubmission.**

3. Regarding your response to objection #10:

a. Tables 4 and 4b of the PAAM Exhibits should only include historical experience. UPMC's response to objection #10 alludes to expected values being used in these tables. Please confirm that all data shown in Tables 4 and 4b is historical and does not include expected pharmacy rebates. If expected values are being used in Tables 4 and 4b, please update these tables to only include historical experience.

b. If drug rebates are expected to increase, which they are, the extra drug rebates must be accounted for in the rating period. The Department cannot approve these rates as submitted without an appropriate rating factor to account for the additional drug rebates. Please update the filing to reflect this.

PAAM Exhibits Tables 4 and 4b have been updated to reflect historical experience. The increase in pharmacy rebate dollars between the experience period and the projected period is instead incorporated in the Change in Other factor in PAAM Exhibits Table 5. Accordingly, Supporting Exhibit 8 has been revised to include this factor. As discussed, these revisions will accompany the rate filing resubmission on July 31, 2024.

4. Regarding your response to objection #14, the original objection still stands, but the Department would like to provide clarification as to what we are looking for. Regarding Exhibit 3 of the Supporting Exhibits, please provide a detailed narrative that describes why it is reasonable to assume the same projected enrollment distribution across legal entities. In other words, please provide a detailed narrative that describes why it is reasonable to use the same Current/Projected Enrollment Distribution between Health Coverage and Health Options. For example, why is the Current/Projected Enrollment Distribution 1.06% for age 21 in both legal entities?

As noted in the memorandum, UPMC develops projected manual index rates for each ACA market (e.g. Individual, Small Group) as a single risk pool, combining the experience of each legal entity. We calibrate the projected rate using a combined single risk pool age distribution, to align with the pooled experience that the manual rate represents. Stated differently, we believe it is reasonable to use the same market-wide enrollment distribution among each legal entity as the appropriate distribution to calibrate the index rate. This approach reduces potential year-to-year rate increase volatility for each entity.

5. Regarding your response to objection #9c, the Department notes that the projected savings for the SaveOn program in PY24 was \$2.44. Please provide a detailed quantitative exhibit that shows the year-to-date savings for the SaveOn program in 2024 on a PMPM basis.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

6. Regarding your response to objection #12:

- a. Please provide a detailed narrative that explains what UPMC believes was the driving factor behind the further degradation that has been typically seen with final transfer amounts.
- b. The response states, "In prior years, we have seen a pattern of our final transfer amounts being more unfavorable than our estimated transfer amounts from Wakely." Please provide a detailed quantitative exhibit that shows expected versus actual transfer amounts for the past five years.

a. To estimate the experience period risk transfer, we analyzed the risk adjustment estimates provided by the Wakely National Risk Adjustment Reporting (WNRAR) project, which provides estimates to carriers regarding expected transfers, risk scores, and state average premium and rating factors five times throughout the year. To our knowledge, Wakely is applying completion rates using both national and issuer-specific data. With UPMC being an integrated health plan carrier, we suspect that the transfer estimates are likely overstated towards the beginning of the year as the Wakely completion model may be "over-completing" the UPMC-specific risk scores compared to others in the market.

b. The table below shows Wakely's estimated transfer amounts for UPMC on a PMPM basis for the past five years at a given time for the Individual market. For example, the July row illustrates the transfer that Wakely believed UPMC would experience using YTD July experience for that year. Positive numbers equate to a transfer inflow (receivable), while negative numbers translate to a transfer outflow (payable). The "degradation" we spoke to in the data call response submitted 6-19-24 refers to the fact that the estimated Wakely transfers tend to worsen for UPMC as the year progresses (i.e. a receivable becomes a payable, or a payable becomes larger).

	2019	2020	2021	2022	2023
April	\$ 2.83	\$ 6.04	\$ 4.91	\$ 13.86	\$ (11.23)
July	\$ (1.54)	\$ (2.21)	\$ (5.90)	\$ (3.64)	\$ (15.75)
October	\$ (5.91)	\$ (4.33)	\$ (13.98)	\$ (11.30)	\$ (18.38)
December	\$ (10.60)	\$ (12.68)	\$ (17.29)	\$ (14.56)	\$ (21.07)
Dec w/Runout	\$ 0.56	\$ (13.21)	\$ (16.68)	\$ (24.52)	
Actual Transfer PMPM	\$ (11.52)	\$ (18.82)	\$ (15.51)	\$ (23.61)	

7. Regarding your response to objection #11:

a. Please provide the rationale behind using the time period of October 2022 to September 2023 for the data in Exhibit 12.

b. The table provided in response to objection #11d shows that Rating Area 1 and Rating Area 5 have nearly identical Risk Adjusted Loss Ratios. Please provide further support and justification for changing the rating area factor in Rating Area 5 from 0.993 to 1.011.

**a. When analyzing the morbidity-adjusted claims by rating area, our intention was to use the most recent data available. The October 2022 to September 2023 time period was the most current, full-year experience period at the time of the analysis inclusive of claims runout.**

**b. UPMC uses relative cost measures rather than profitability to aid in determining our rating area factors for the ACA markets; in particular, we examine morbidity-adjusted total medical and pharmacy claims cost by rating area. By analyzing the morbidity-adjusted claims, we're able to discern the cost differentials of each rating area after accounting for the effects of age, gender, and relative illness burden. When comparing the morbidity-adjusted cost differences of Rating Area 1 to Rating Area 5, we see higher claims severity in Rating Area 5 even though the average risk score for each rating area is similar.**

**We also note that relative rating area factor used by the HHS-HCC model for calculating Risk Adjustment transfer shows an elevated expected cost in Rating Area 5 relative to Rating Area 1. This observation was not used in our analysis or factor selection, but suggests that our analysis may be corroborated by the broader market.**

8. Regarding your response to objection #13b, the Department was looking for a detailed quantitative exhibit that supports the Quality Improvement Initiatives PMPM of \$20.20 shown on Exhibit 10 of the Supporting Exhibits. Please explain how UPMC's response to objection #13b supports the \$20.20 shown on Exhibit 10 or provide additional support that does so.

The Department request for support for the Quality Improvement PMPM in the data call we received on 6-5-24 was misinterpreted. To clarify, the expense associated with Quality Improvement, \$20.20 PMPM, is comprised of four components: Shared Savings, Quality Incentive Programs, Reimbursement Adjustments, and a Hospital Quality Incentive Payment (HQIP). UPMC Actuarial relies on projections undertaken by the Finance department for these expenses, and we provided the experience and projection PMPMs for only two of the four components in our data call response as a result of the misinterpretation.

Quality Incentive Programs expense is attributable to arrangements across the broader set of provider organizations that UPMC Health Plan contracts with, while the HQIP is an additional, independent arrangement with UPMC facilities and providers. Reimbursement Adjustments are expenses related to partnering with provider networks external to our organization, e.g. national network access for members enrolled in PPO plans.

The table below is revised from the prior data call and now includes all components of the Quality Improvement Initiatives from Supporting Exhibit 10. We also note that our response to the data call received 6-5-24 shows a \$5.92 projected PMPM for the HQIP. The \$6.36 PMPM assumption in the rate filing represents the information available of May 15, 2024, while the \$5.92 PMPM projection reflects new information not available at the time of the rate filing submission.

	Quality Improvement Initiatives, PMPM			
	2023	2024	2025	2025
<i>Expense Type</i>	<i>Actuals</i>	<i>Projection</i>	<i>Projection as of 5/15/24</i>	<i>Revised Projection</i>
Shared Savings	\$8.33	\$10.08	\$10.53	\$10.53
Quality Incentive Programs	\$4.43	\$3.17	\$3.31	\$3.31
Hospital Quality Incentive Payment	\$25.84	\$5.92	\$6.36	\$5.92
<b>Total Quality Improvement</b>	<b>\$38.60</b>	<b>\$19.18</b>	<b>\$20.20</b>	<b>\$19.77</b>

9. Regarding your response to objection #15:

a. The response to objection #15c states, “As noted in Question B, we are engaged in ongoing provider contract negotiations and are hopeful that overall financial network performance in these counties will improve in future years – because the terms of these anticipated agreements are still under development, they are not incorporated into our filed rates at this time.” The Department notes that the same response was given last year. What provider contracts have been put in place in the past year to improve financial network performance? What agreements that were under development at this time last year have been put in place to improve the differential?

b. Please fill out Tables 1 – 4 in the attached Excel file and return the completed file to the Department as part of your response to this objection letter.

**a. While UPMC Health Plan regularly solicits provider participation in value-based arrangements intended to lower costs and enhance quality of care, it is the provider that ultimately dictates whether they participate in such programs. Particularly in areas where hospital facilities have little or no competition but are nonetheless necessary contracting partners for plans under prevailing network standards, some hospitals are reluctant to participate in arrangements other than fee-for-service; due to the limited number of facilities in the area, UPMC Health Plan also has constrained ability to secure lower reimbursement rates in these arrangements. Notwithstanding these challenges in the counties at issue, UPMC Health Plan has endeavored to negotiate, and continues to seek, lower costs and quality-based incentive arrangements with area providers on behalf of our members. We recently implemented a pay-for-performance program with primary care physicians in the area and anticipate negotiating contracted base rates with at least one facility during the coming year, during which we again intend to forcefully solicit facility participation in a value-based arrangement.**

**b. The completed Excel file is enclosed with this response as requested in the "Supporting Documentation" tab in SERFF.**

Please be advised that there may be additional questions based on the responses to the above.

Response to this request should be provided via SERFF in Microsoft Excel spreadsheets. Please retain all formulas.

Should you have any questions regarding this correspondence, please contact me at [graleonard@pa.gov](mailto:graleonard@pa.gov).

Sincerely,

Grant Leonard  
Actuary  
Bureau of Life, Accident and Health Insurance



Objection Letter Status: Data Request Sent

Objection Letter Date: 07/24/2024

Respond By Date: 07/31/2024

Submitted Date: 07/24/2024 03:40 PM

Dear Matthew Killam,

Introduction:

July 24, 2024

The Pennsylvania Insurance Department has received and conducted a review of the above captioned filing. In order to complete the review, we are requesting the following information. To facilitate a timely review, we request this information be provided by July 17, 2024. If you have any questions or difficulties in providing the information within this time frame, please contact me.

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

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

**The experience period risk adjustment transfer in Table 2 now reflects the entity-specific information in the Summary Report on Individual and Small Group Market Risk Adjustment Transfers for the 2023 Benefit Year, which CMS released on July 22, 2024.**

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

**As mentioned in the memorandum and in the data call responses submitted on 6-19-24, UPMC Health Plan has engaged in bolstering its capability to accurately capture the risk score of the populations it insures. The final CY 2023 transfer was more favorable than expected as a result of these activities, and we've adjusted the expected impact of further incremental improvement in CY 2025 relative to CY 2023 accordingly.**

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

**We can confirm that we have tested the rates in these tables and templates and have found them to be identical.**

4. Please ensure that the 7/31/24 versions of the following items are posted in SERFF with your July 31st response to this data call.
- a. Cover Letter identifying all changes made and the reasons for the change. Also, show the revised rate change.
  - b. PA Actuarial Memorandum
  - c. PA Actuarial Memorandum Exhibits
  - d. Department's Plan Design Summary and Rate Template Exhibits (please ensure that the rate template by county is populated with only numeric values - no "NA")
  - e. URRT
  - f. Federal Rate Template
  - g. Part III: Actuarial Memorandum
  - h. Rate Change Summary information included on the VI Rate Change Summary tab of the PA Actuarial Memorandum Exhibits
  - i. Public PDF with limited redactions as previously directed in the Guidance (includes all correspondence and supporting exhibits after the initial submission, in addition to all the above items).

**Confirmed.**

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

**We have updated the filing to reflect this update.**

6. Objection 7b still stands. Please provide a detailed quantitative exhibit that demonstrates the higher claims severity in Rating Area 5.

**Please see the table below for quantitative detail supporting the higher claims severity in Rating Area 5 relative to Rating Area 1. The claims shown were incurred during the twelve months ending September 30, 2023, which aligns with the experience period used in our Rating Area factor analysis. Rating Area 5 allowed claims are higher than those of Rating Area 1 on a PMPM basis even after accounting for the difference in morbidity.**

	Rating Area 1	Rating Area 5
<b>Allowed Claims PMPM</b>	\$ 640.98	\$ 726.02
<b>Average DxCG Score</b>	1.891	1.893
<b>Morbidity Adjusted Allowed Claims PMPM</b>	\$ 338.88	\$ 383.53

7. Regarding the response to objection #8, it is noted that the expense associated with Quality Improvement is comprised of 4 components. However, the table provided only has 3 components listed. Please update the table to include the 4th component.

**The response to Objection #8 has been rewritten below to reflect the fact that the Quality Improvement is truly comprised of three (3) components. The accompanying table has also been reproduced below for convenience.**

***8. Regarding your response to objection #13b, the Department was looking for a detailed quantitative exhibit that supports the Quality Improvement Initiatives PMPM of \$20.20 shown on Exhibit 10 of the Supporting Exhibits. Please explain how UPMC's response to objection #13b supports the \$20.20 shown on Exhibit 10 or provide additional support that does so.***

**The Department request for support for the Quality Improvement PMPM in the data call we received on 6-5-24 was misinterpreted. To clarify, the expense associated with Quality Improvement, \$20.20 PMPM, is comprised of three components: Shared Savings, Quality Incentive Programs, and a Hospital Quality Incentive Payment (HQIP). UPMC Actuarial relies on projections undertaken by the Finance department for these expenses, and we provided the experience and projection PMPMs for only two of the three components in our data call response as a result of the misinterpretation.**

**Quality Incentive Programs expense is attributable to arrangements across the broader set of provider organizations that UPMC Health Plan contracts with, while the HQIP is an additional, independent arrangement with UPMC facilities and providers.**

**The table below is revised from the prior data call and now includes all components of the Quality Improvement Initiatives from Supporting Exhibit 10. We also note that our response to the data call received 6-5-24 shows a \$5.92 projected PMPM for the HQIP. The \$6.36 PMPM assumption in the rate filing represents the information available of May 15, 2024, while the \$5.92 PMPM projection reflects new information not yet available at the time of the rate filing submission.**

	Quality Improvement Initiatives, PMPM			
	2023	2024	2025	2025
<i>Expense Type</i>	<i>Actuals</i>	<i>Projection</i>	<i>Projection as of 5/15/24</i>	<i>Revised Projection</i>
Shared Savings	\$8.33	\$10.08	\$10.53	\$10.53
Quality Incentive Programs	\$4.43	\$3.17	\$3.31	\$3.31
Hospital Quality Incentive Payment	\$25.84	\$5.92	\$6.36	\$5.92
<b>Total Quality Improvement</b>	<b>\$38.60</b>	<b>\$19.18</b>	<b>\$20.20</b>	<b>\$19.77</b>

Please be advised that there may be additional questions based on the responses to the above.

Response to this request should be provided via SERFF in Microsoft Excel spreadsheets. Please retain all formulas.

Should you have any questions regarding this correspondence, please contact me at [graleonard@pa.gov](mailto:graleonard@pa.gov).

Sincerely,

Grant Leonard  
 Actuary  
 Bureau of Life, Accident and Health Insurance

Dear Matthew Killam,

Introduction:

1. The Department notes that the “Total Prescription Drug Rebates\*” in Table 2b on the “I.b. Manual Data” tab of the PAAM Exhibits has been changed. In the original submission, the “Total Prescription Drug Rebates\*” were listed as (81,106,496.40), but in the most recent submission they are (72,129,227.20). Considering this data is from the BEP, this value should not have changed. Please restore this to its original value of (81,106,496.40).

**This value was updated to \$72,129,227 as a result of Objection 3 of the data call we received on 7/3/24, which requested that we remediate Tables 4 and 4b of the PAAM exhibits to reflect historical pharmacy rebate experience. The updated value in Table 2b aligns with that update and is equal to the base experience period rebate amount. We have also updated the corresponding value in Table 2.**

2. At this time, the Department does not feel that the Company has provided sufficient support to warrant a change in the Area Factor for Rating Area 5. The Department requests that the Area Factor for Rating Area 5 remain unchanged for PY25, and that the Company revisits the proposed change for PY26.

**For the reasons set forth below, UPMC Health Plan feels strongly that its requested change in the Area Factor for Rating Area 5 is appropriate and respectfully requests reconsideration of the Department’s objection to UPMC Health Plan’s request.**

**For ease of reference and in an effort to be as comprehensive as possible, we are including the support that had been previously provided to the Department, as well as an updated table of risk adjusted loss ratios, which provide as follows:**

- **Risk Adjusted Loss Ratios by Rating Area showing worse financial performance in Rating Area 5 compared to Rating Area 1.**
- **Normalized Claims PMPM by Rating Area showing higher claims in Rating Area 5, even after normalizing for morbidity.**
- **The Geographic Cost Factors used by CMS in administering the Risk Adjustment Transfer Program, which indicate that Rating Area 5 is a higher cost area.**

#### **Risk Adjusted Loss Ratios by Rating Area**

**The table UPMC Health Plan provided in response to Objection 11d in the Department’s data call on 6/5/24 relied upon *estimated* 2023 risk adjustment transfers, because the final transfer amounts had not yet been communicated by CMS. The Department noted that the risk adjusted loss ratios for**

Rating Areas 1 and 5 were similar in that table. CMS subsequently released the final 2023 risk adjustment transfers on 7/22/24. We used this updated information to refresh the table of risk adjusted loss ratios, which now reflect actual risk adjustment transfers by rating area. Note that the updated table does reflect a materially worse financial performance in Rating Area 5 compared to Rating Area 1.

Rating Area	Risk Adjusted Loss Ratio (2023 Estimated Transfer)	Risk Adjusted Loss Ratio (2023 Actual Transfer)
1	89.1%	85.2%
2	99.4%	105.1%
3	86.6%	109.7%
4	85.1%	83.5%
5	89.0%	92.9%
6	114.6%	107.1%
7	97.3%	91.2%
9	128.0%	86.8%

**Normalized Claims PMPM by Rating Area**

We have previously provided comparisons of claims adjusted for morbidity (using DxCG risk scores) to illustrate the higher claim costs in Rating Area 5. The below table reiterates the need for a higher Area Factor in Rating Area 5 by comparing the 2024 Area Factors to the factors indicated by normalized claims data for the three rating areas with fully credible membership. Note that, while the 2024 Area Factors for both Rating Areas 1 and 4 tie closely to their normalized claim factors, the 2024 Area Factor for Rating Area 5 (0.9925) is below its normalized claim factors for both time periods shown (1.0582 and 1.0853).

Rating Area	2024 Filed Area Factor	CY2022 DxCG Normalized Factor	Oct 2022 to Sep 2023 DxCG Normalized Factor
1	0.9660	0.9706	0.9589
4	0.9660	0.9567	0.9657
5	0.9925	1.0582	1.0853

**Geographic Cost Factors from HHS-HCC Risk Adjustment Model**

CMS administers the Risk Adjustment Transfer Program, which utilizes Geographic Cost Factors (GCFs) to account for cost differences by geographic region. The final Pennsylvania GCFs from the 2023 Risk Adjustment Model are shown below. Note that the Rating Area 5 factor is substantially higher than both the Rating Area 1 and 4 factors.

State	Rating Area	GCF
PA	1	0.925
PA	2	1.285
PA	3	1.139
PA	4	0.844
PA	5	1.015
PA	6	1.256
PA	7	1.342
PA	9	0.976

For all the reasons above, we respectfully request that the Department permit UPMC Health Plan to move forward with the requested change in the Area Factor for Rating Area 5 as requested. We would be pleased to discuss this further on a call with the Department if this would be helpful. Thank you in advance for your consideration of our request.

Conclusion:

Sincerely,

Grant Leonard  
Actuary  
Bureau of Life, Accident and Health Insurance

Dear Matthew Killam,

Introduction:

1. Please provide a detailed quantitative exhibit that supports the (\$7.61) projected change in pharmacy rebates in Exhibit 8 of the supporting exhibits.

( A ): 2023 BEP Member Months = 1,179,314

( B ): 2023 Paid Pharmacy Rebates = \$72,129,227

[REDACTED]

[REDACTED]

\* percentage change from the 2023 base period to the 2025 projection period

2. Please provide a detailed narrative discussing what data was originally used to fill out Table 2b and 4b of the PAAM Exhibits.

Consistent with prior year rate filings, UPMC Health Plan used the projected rebate percent of gross pharmacy paid to calculate the rebates entered in Tables 2b and 4b of the PAAM Exhibits. Under this approach, pharmacy rebates in Tables 2b and 4b (as percent of gross pharmacy paid) already accounted for expected changes between the experience period and the projection period, so the Change in Other Factor did not incorporate a rebate change (again, consistent with prior year rate filings). Pursuant to the Department's data call on 7/3/24, we revised Tables 2, 2b, 4, and 4b to reflect historical data per the Department's request. Since pharmacy rebates were no longer consistent between the experience period and projection period after this change, the Change in Other Factor was updated to reflect the impact of increasing rebates. For future rate filings, we intend to continue populating Tables 2, 2b, 4, and 4b with historical experience in accordance with the Department's request.

3. The Department appreciates the additional arguments pertaining to increasing RA 5's area factor, but maintains its stance after considering the following details:

a. While the Department notes the risk-adjusted loss ratio increased from 89.0% to 92.9% based on actual transfer amounts, the risk-adjusted loss ratio for RA1 decreased from 89.1% to 85.2%, yet the Company has not proposed lowering RA 1's area factor.



b. While the Department understands that RA 5 experiences higher claim costs, the Company is charging a higher premium on average in RA5; hence the reason why the Department has been interested in seeing loss ratios by rating area.

c. The Department compared BY22 and BY23 GCFs and notes the change in spread between RA 1 and RA 5 is extremely marginal.

**UPMC Health Plan remains confident that its proposed change to RA 5’s area factor is actuarially sound and supported by all the data analyzed and provided throughout this rate review. We look forward to discussing this further on a call with the Department, and are also providing the following written responses to address the Department’s outstanding concerns:**

a. Due to the single risk pool requirements of ACA rate development, a decrease in one area factor (as requested by the Department for RA 5) necessitates an offsetting increase to other Rating Areas due to the geographic calibration factor. If the 2025 filing were revised to remove the Health Plan’s requested increase to RA 5’s area factor, premiums for all other Rating Areas would increase an estimated 0.3% as a result of the geographic calibration factor. Since Rating Areas 1 and 4 have lower loss ratios (85.2% and 83.5%, respectively) compared to Rating Area 5 (92.9%), increasing premiums in those key regions to offset a decrease to Rating Area 5 premiums is difficult to justify actuarially.

b. We appreciate the Department’s acknowledgment that RA 5 experiences higher claim costs, and would like to emphasize the magnitude of the claim cost differential as compared to the modest area factor differential. To that end, we have revised the table provided in our response to the Department’s data call on 8/6/24 to include claim cost and Rating Area factor comparisons between Rating Area 5 and Rating Areas 1 and 4. While the current (2024) area factor for Rating Areas 1 and 4 is 2.7% below the Rating Area 5 factor, the claims cost differentials support spreads as high as 8.3%-11.6%.

Rating Area	Factors by Rating Area			Compared to RA 5 Factor		
	2024 Filed Area Factor	CY2022 DxCG Normalized Factor	Oct 22 - Sep 23 DxCG Normalized Factor	2024 Filed Area Factor	CY2022 DxCG Normalized Factor	Oct 22 - Sep 23 DxCG Normalized Factor
1	0.9660	0.9706	0.9589	2.7% below	8.3% below	11.6% below
4	0.9660	0.9567	0.9657	2.7% below	9.6% below	11.0% below
5	0.9925	1.0582	1.0853	N/A	N/A	N/A

Note that the proposed 2025 area factor for Rating Area 5 is 1.011. This would result in the area factor used for Rating Areas 1 and 4 being 4.5% below that of Rating Area 5, which is still below what the normalized claims data would support.

We understand the Department is interested in loss ratios by Rating Area, and these also support the Health Plan's requested increase to RA 5's area factor. When we look at our three fully credible Rating Areas (1, 4, and 5), the loss ratios for Rating Areas 1 and 4 are similar (85.2% and 83.5%, respectively), supporting the consistent area factor applied to both Rating Areas. In contrast, the high 92.9% loss ratio in Rating Area 5 caused the Health Plan to operate at a loss in that Rating Area. Applying a uniform rate increase across all Rating Areas would mean higher premium increases than necessary in the well-performing Rating Areas 1 and 4. Our requested increase to RA 5's area factor addresses the high loss ratio experience in that area without negatively impacting members in other Rating Areas.

c. The proposed change to RA 5's area factor is not a reaction to recent changes in the spread between Rating Area 5 and other Rating Areas, but rather an acknowledgment that a substantial spread exists and is actuarially appropriate. As mentioned in our response to part (b), the spread in 2024 between Rating Area 5 and Rating Areas 1 and 4 was 2.7%, and we're proposing another gradual increase to achieve a 4.5% spread for 2025. This proposed spread is substantially less than the BY2023 GCF spreads of 8.9% between RA 1 and RA 5, and 16.8% between RA 4 and RA 5.

**Conclusion:**

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

Sincerely, Grant Leonard

Dear Matthew Killam,

Introduction:

1. The Insurer Specific Geographic Cost Factor (GCF) appears to have remained unchanged at 0.90 in Table 16 of the PAAM Exhibits. With UPMC no longer offering plans in RA 6 and 7, it is unreasonable to expect the GCF to remain the same. Please revise the GCF to be in line with future expectations.

**Our interpretation of the guidance for Table 16 was to illustrate the actual entity-specific 2023 transfer using the components of the HHS Risk Adjustment transfer formula, and to make any adjustments for the projected period in Row 17. That said, in response to this question, we find it reasonable to instead modify Table 16's factors, and have done so using the information provided by CMS in the TPIR report files. The entity specific PLRS, AV, ARF, and GCF values in Table 16 now reflect the metrics associated with the 2023 risk adjustment transfer, excluding Rating Areas 6 and 7. We have adjusted the value in Row 17 accordingly and have also revised Exhibit 9 of the Supporting Exhibits to no longer include Step 1a (as the impact of excluding Rating Areas 6 and 7 is now captured in "Step 0" of that Exhibit).**

2. Regarding "Exhibit 9" of the supporting exhibits, please provide a detailed narrative as to why "Step 1a" was added instead of simply making an adjustment to "Step 1".

**As noted in the response to Question 1, we have revised the format of Exhibit 9 to remove Step 1a, thus aligning with the format of prior submissions as well as with the requested change to Table 16 in Question 1.**

**For the 9-26-24 submission, Step 1a was added to align with our interpretation of Table 16 as noted above (namely that Table 16 was to show actual 2023 transfer), and so we sought to capture the impact of removing the transfer dollars associated with Rating Areas 6 and 7 separately, and in the spirit of transparency.**

Conclusion:

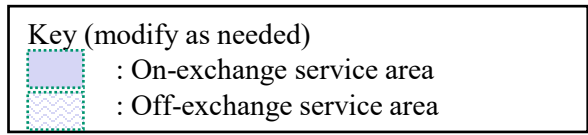
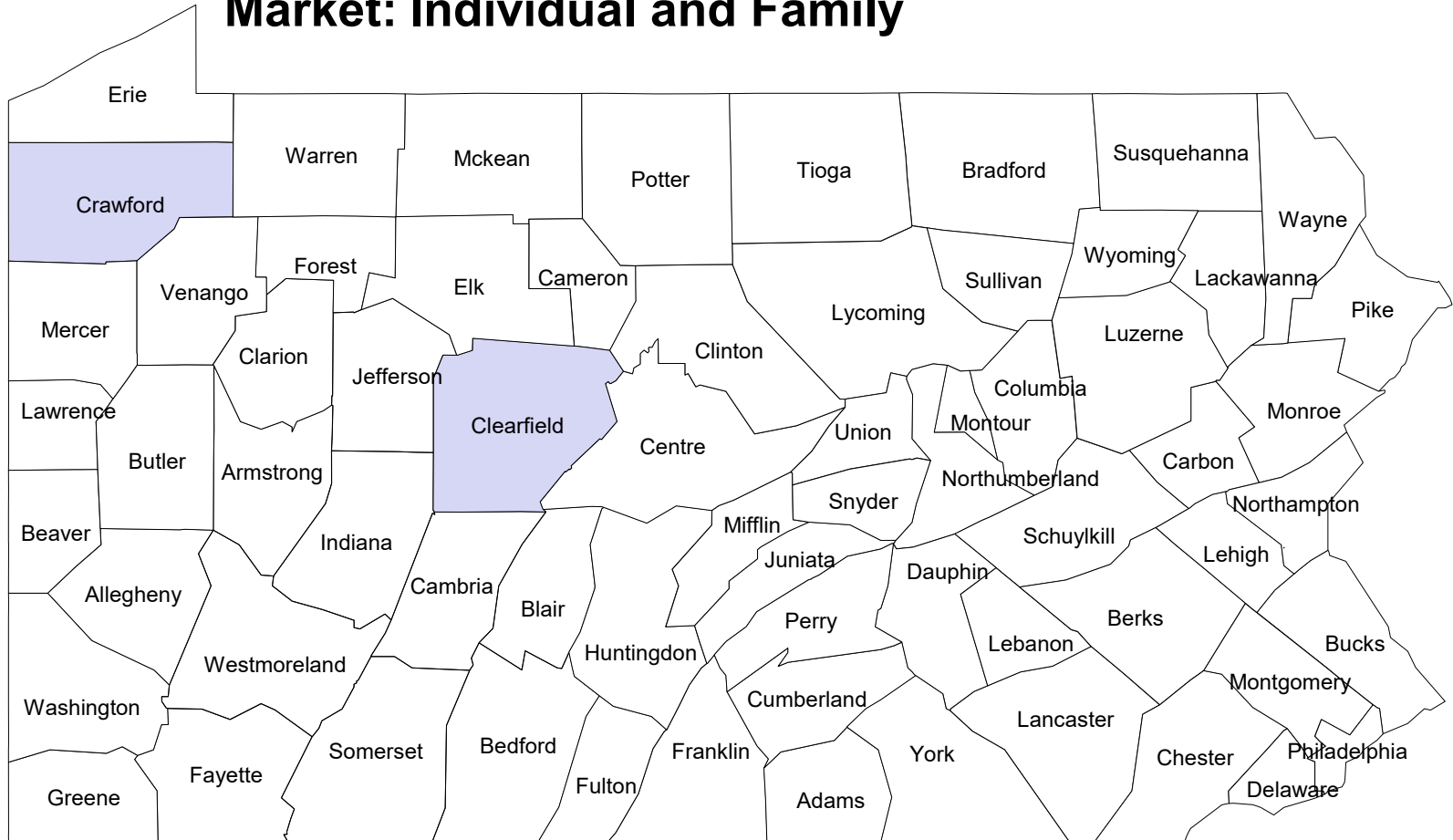
Although this objection letter constitutes an official action taken by the Department on your filing pursuant to 40 P.S. § 3801.304, this filing cannot be deemed approved. Please also note that these objections do not constitute a formal disapproval. The Department remains willing to work with you to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

Sincerely, Grant Leonard

# 2024 Service Area

## Issuer: UPMC Health Coverage

### Market: Individual and Family



# 2025 Service Area

## Issuer: UPMC Health Coverage

### Market: Individual and Family

