

Keystone Health Plan Central – Individual Plans

Rate request filing ID # CABC-134107611 – 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 request average rate change: 15.20% Revised requested average rate change: 15.20%

Range of requested: 11.66% to 18.56% Effective date: January 1, 2025

Mapped members: 548

Available in: Rating Areas 6, 7, and 9

Key Information

Jan. 2023 - Dec. 2023 financial experience

Premiums	\$1,620,850
Claims	\$2,274,037
Administrative Expenses	\$12,280
Taxes & Fees	\$52,715
Insurer made (after taxes)	\$-718,182

How insurer plans to spend your premium

This is how the insurance company plans to spend

the premium it collects in 2025

Claims: 86%
Administrative: 12%
Taxes & Fees: 1%

Profit: 2%

The insurer expects its annual medical costs to increase 6.5%.

Explanation of Requested Rate Change:

• Future cost and utilization: 6.4%

• Unfavorable 2023 experience: 8.8%

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



May 15, 2024

Ms. Lindsi Swartz, Director Bureau of Life, Accident and Health Insurance Office of Insurance Product Regulation and Administration Commonwealth of Pennsylvania Insurance Department 1311 Strawberry Square Harrisburg, PA 17120

Re: Keystone Health Plan Central

Individual Rates Filing No 24-56

TOI Code: HOrg02I: Individual Health Organizations – Health Maintenance (HMO)

Sub-TOI Code: HOrg02I.005D Individual – HMO

Filing Type: Rate

Dear Ms. Swartz:

By this filing Capital Blue Cross, on behalf of its wholly owned subsidiary Keystone Health Plan Central, submits to the Department Individual Rates effective January 1, 2025.

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Individual
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2025
- Average Rate Change Requested: 15.2%
- Range of Requested Rate Change: 11.7% to 18.6%
- Total additional annual revenue generated from the proposed rate change: \$448,364
- Product: HMO
- Rating Areas: 6,7,9
- Metal Levels: Bronze, Catastrophic
- Current Covered Lives and Policyholders: 548/363
- 2025 Number of Plans/Change from 2024: 2/No Changes
- Contract Form #: KHPC-Ind-HMO-21cnty-AGRMT-v0125
- Form Filing SERFF #: CABC-134076503
- Binder SERFF #: CABC-PA25-125118190
- HIOS Issuer ID: 53789

In support of this filing, I have included an Actuarial Memorandum with supporting exhibits, URRT, Rates Table Template, and PA Plan Design Summary and Rate Tables.

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM Individual Rates Effective January 1, 2025

General Information

Company Information

• Company Legal Name: Keystone Health Plan Central

• State: PA

HIOS Issuer ID: 53789Market: Individual

• Effective Date: 1/1/2025

PID Company Information

• Company Name: Keystone Health Plan Central (KHPC)

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Company Contact Information

• Primary Contact Name:

• Primary Contact Telephone Number:

• Primary Contact Email Address:

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital Blue Cross (Capital), submits rates for products to be made available to individuals on and after January 1, 2025. KHPC will only offer products off the PA state-based exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF#	Annual Increase
Individual	KHPC	1/1/2021	CABC-132354935	-1.7%
Individual	KHPC 1/1/2022 CABC-132795960		-1.7%	
Individual	Individual KHPC		CABC-133267272	-8.5%
Individual	Individual KHPC		CABC-133674035	-0.3%

Average Rate Change

KHPC is proposing an aggregate annual 15.2% rate change, which varies by plan. The rate change is calculated in PA Rate Exhibits Part IV, Table 11, cell AN13.

The key drivers of the rate change and approximate impact are as follows:

Future cost and utilization: 6.4%Unfavorable 2023 experience: 8.8%

Regulatory Considerations

Rates submitted by this filing assume changes to the current regulatory framework. As directed by the Insurance Department, the following factors have been applied to the rates for regulatory changes:

• Reinsurance Morbidity Adjustment of 1.0

• Reinsurance attachment point of \$60,000, a cap of \$100,000, and a coinsurance parameter of 50%.

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 39.

Benefit Changes 2024-2025

A summary of proposed 2025 benefits is included in Exhibit A.

There are several benefit changes being implemented in 2024. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

Experience Period Premium and Claims

Single Risk Pool: The data used to develop rates and shown in URRT and PA Rate Exhibits abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered, non-transitional product/plan combination for KHPC in the individual market.

Base Experience Period: The base experience period (BEP) includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2023 and December 31, 2023.

Paid Through Date: Claims in the BEP are paid through February 28, 2024

Premiums (net of MLR Rebate) in BEP: Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments applied are equal to zero.

Allowed and Incurred Claims in BEP:

- Allowed claims are developed by combining paid claims with member cost-sharing.
 Allowed claims meet the definition in the URR instructions. They do not include provider quality incentive payments.
- Incurred claims are net of HHS CSR payments.
- Capital only covers Essential Health benefits (EHBs).
- KHPC has PCP and mental health capitated services.
- Allowed and Incurred claims are net of pharmacy rebates. BEP rebates are completed based on actual utilization of rebate-eligible drugs and rebate amounts.

Estimated Incurred but Not Paid Claims: Paid claims by date of service come directly from Capital's data warehouse. The method for calculating incurred claims in the BEP is as follows:

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.

- 2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
- 3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.
- 4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
- 5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
- 6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims\ =\ \sum rac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

BEP Allowed Claims

$$= \sum \frac{BEP\ Paid\ Claims + BEP\ Member\ Cost\ Share\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

Risk Adjustment in BEP: Risk adjustment amounts in the BEP are equal to Capital's best estimate prior to The Department's estimate. This estimate will be updated upon the release of HHS results.

Loss Ratio in BEP: Loss ratio is 140.30%

Credibility of Data

No Credibility Manual was used.

Trend Identification

Trend: 6.45%

Trend levels reflect Capital's best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

The following is a description of considerations used to determine trend.

- 1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. Capital uses the following to project future costs:
 - a. Vendor Physician Cost Model and Internal Hospital Contracting Model
 - i. The medical cost models use best estimates of Capital Blue Cross (Capital)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the Capital book of business level for all commercial business.
 - b. Internal Prescription Drug Trend Model
 - i. Price Inflation
 - ii. Contract Pricing
 - iii. Member Cost-Sharing
 - iv. Units per Script
 - v. Brand/Generic Mix
 - vi. Therapeutic Mix
 - vii. Cost per Script
 - viii. Pipeline (new drugs)
- 2. Utilization Considerations:
 - a. Intensity of medical services rendered
 - b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
 - c. Further migration from brand prescription drugs to generic prescription drugs
 - d. Favorable impacts of value based benefits designs
 - e. Medical utilization estimates reviewed by Capital's Chief Medical Officer
- 3. Leveraging: The trend model is based on allowed cost increases. Paid claims trend at a higher rate than allowed due to leveraging. Leveraging is the impact of static cost-share, such as deductibles and copays, to the paid trend.
- 4. Intensity: Measure of cost increase due to change in treatment sophistication. An example is migration from x-rays to MRIs at significantly higher cost.
- 5. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and

decreasing their pricing trends actual trends are increasing. Capital strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

Historical Experience: Historical experience was not used to the develop trend.

Benefit Categories: Claims in the benefit categories displayed in URRT come directly from Capital's data warehouse. These same categories are used to develop category-level trend. See Exhibit C for a description of benefits by benefit category.

See Exhibit E for KHPC's pricing trend, as well as cost and utilization components of the pricing trend.

Rate Development & Change

Projection Factors

Changes in Morbidity: Found in URRT Worksheet 1, "Morbidity Adjustment", and PA Rate Exhibits, Table 5.

 $Total\ Morbidity\ Factor = [Other\ Morbidity\ Factor] \times [Reinsurance\ Morbdity\ Factor]$

KHPC is applying a factor of 0.57 to mitigate the rate increase. The current experience period shows poor performance on this relatively small population. In order to stabilize rates, consider subsidiary pricing of similar plans (CAAC) and prior year KHPC experience, a morbidity factor is being utilized.

The above factor is found in Exhibit Q, Morbidity Factor Calculation.

The Reinsurance Morbidity Factor is discussed in *Regulatory Considerations* above. The Other Morbidity Factor is 1.0.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2023 to 2025. Benefit changes are applied in the development of future incurred claims, due to changes in member cost-share. This calculation is shown in Exhibit D, and applied in Exhibit G. The manual cost PMPMs are developed from Capital's internal benefit relativity model, discussed in the Plan Adjusted Index Rate section below. The benefit change is equal to member-month weighted average projected manual PMPM divided by member-month weighted average manual PMPM in the BEP. This process is further discussed in the Paid-to-Allowed section below.

In addition to cost-sharing changes, Capital is also implementing two benefit coverage changes.

• Senate Bill 8: Coverage of mammographic examinations and diagnostic breast imaging at no cost share. This bill goes into effect for Small Group and Individual policies in 2025, but Capital adopted early compliance and covered the relevant services at no cost share starting in 2024.

- Capital will continue to adjust plan year 2025 claims by an additional claim PMPM of \$0.20. This amount is unchanged from the additional claim PMPM calculated in 2024.
- The Mental Health Parity and Addiction Equity Act (MHPAEA) has expanded definitions of mental health services to include Autism coverage. With this expansion, Capital started coverage of Autism services in the Small Group market starting in 2024.
 - Capital will continue to adjust plan year 2025 claims by an additional claim PMPM of \$0.40. This amount is unchanged from the additional claim PMPM calculated in 2024.

The additional claim cost PMPMs are shown on Exhibit D2 – Benefit Additions. Senate Bill 8 only impacts incurred claims (the change is to member cost share), and MHPAEA change impacts both allowed and incurred claims.

Changes in Demographics: KHPC does not expect changes in demographics in its individual population.

Changes in Network: No network adjustment is applied.

Other Adjustments: No other adjustment is applied to the BEP.

Benefits, Demographics, Network and Other adjustments are found in URRT Worksheet 1 and PA Rate Exhibits Table 5.

Index Rate

The experience period index rate is KHPC's allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index.

Projected Allowed Claims: The KHPC experience period allowed claims, benefit-adjusted, trended to the projection period (See <u>Projection Factors</u> section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits*. This number is reflected in Worksheet 1 of URRT ("Projected Allowed Experience Claims PMPM (w/ applied credibility if applicable)").

To calculate the projected index rate:

- 1. Start with *Projected Allowed Claims at Current Benefits*
- 2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January December.

See Exhibit J as well as PA Rate Exhibits Table 5 for the Index Rate.

Paid to Allowed Ratio

KHPC used the prescribed URRT allowed claim rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, KHPC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

- 1. Gather claims experience as described in the Data section above.
 - a. Base Experience Period (BEP) Paid Claims, Capitation, and Rx Rebates
 - b. BEP Member Months
- 2. Develop BEP Paid and Incurred Claims:

BEP Paid and Incurred Claims =
$$\frac{BEP \ Paid \ Claims}{Completion \ Factor}$$

The development of completion factors is described in <u>Experience Period Premium</u> and Claims above.

3. Develop the BEP Paid and Incurred Claim PMPM:

BEP Paid and Incurred Claim PMPM =
$$\frac{BEP\ Paid\ and\ Incurred\ Claims}{BEP\ Member\ Months}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the <u>Projection Factors</u> section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

Trended Claim PMPM

=
$$[BEP\ Paid\ and\ Incurred\ Claim\ PMPM] \times (1 + [Trend\%])^{Trend\ Months/12}$$

5. Develop *Projected Paid and Incurred Claim PMPM*:

$$Projected\ Paid\ and\ Incurred\ Claims\ PMPM \\ = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \\ \times [Morbidity\ Adjustment] + [Benefit\ Additions]$$

The Benefit Adjustment, Morbidity Adjustment, Network Adjustment, and Benefit Additions and are discussed in the <u>Projections Factors</u> section above

6. Develop *Projected Claims PMPM by Benefit* as follows:

- a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
- b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$Benefit\ Level\ Adjustment = rac{Average\ Manual\ Cost\ in\ Projection\ Period\ Manual\ Cost\ of\ Base\ Plan}{Manual\ Cost\ of\ Base\ Plan}$$

c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

$$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM\\ = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$$

d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$Benefit \ Relativity \ A = \frac{Manual \ Cost \ of \ Benefit \ A}{Manual \ Cost \ of \ Base \ Plan}$$

- e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:
 - i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a 2000 plan and 1000 plan must be less than \$1000.
 - ii. Adjustments for plan designs that fall outside of the actuarial cost model.
- a. So the Projected Claims PMPM by Benefit is:

Projected Claims PMPM Benefit A = Projected Claims PMPM Base Plan × Pricing Relativity A

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in the projection period. The *Total Projected Claims PMPM*:
- = Projected Claims PMPM Benefit $A \times Expected$ Member Dist of Benefit A + Projected Claims PMPM Benefit $B \times Expected$ Member Dis of Benefit $B + \cdots$
- 7. The Paid-To-Allowed Ratio is then:

$$\textit{Paid to Allowed Ratio} = \frac{\textit{Total Projected Claims PMPM}}{\textit{Projected Allowed Claims at Current Benefits}}$$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*. And see Exhibit L for the plan-level projected incurred amount development.

Market Adjusted Index Rate

The Market Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR Part 156.80(d)(1). So,

[Market Adjusted Index Rate]

- = ([Index Rate] x [Paid to Allowed Ratio])
- [*Projected Incurred Reinsurace Recoveries*]
- [Projected Incurred Risk Adjustment PMPM]
- + [Exchange Fees PMPM]) ÷ [Paid to Allowed Ratio]

Projected Incurred Risk Adjustments PMPM:

Relevant to 2025 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2025. The following items are those that we deem important in generating a CRA payment transfer adjustment:

- 1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
- 2. Statewide average premiums
- 3. Current market penetration of this company and competitors in the market and in the state
- 4. 2019-2023 risk adjustment results
- 5. Market improvement in coding risk: Capital's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging. Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is

believed that Capital is disadvantaged in the market. This will drive Capital's relative risk to the market down over time.

The 2025 projected risk adjustment amounts are equal to Capital's best estimate prior to The Department's estimate. This estimate will be updated upon the release of HHS results.

Projected Incurred Reinsurance Recoveries:

In order to calculate the value of reinsurance, the following is provided:

- 1. PA Rate Exhibits, tab II.a show the company-specific BEP claims data.
- 2. PA Rate Exhibits, tab II.b shows the company-specific projected claims. The claims represent BEP claims trended at 7% to the projection period.

Exchange Fee PMPM:

KHPC only offers plans off exchange, so the exchange fee is \$0.

The exchange fee PMPM is calculated as:

```
Exchange Fee PMPM
= [Avg \ 2025 \ On - Exchange \ Premium \ PMPM] \times [\% \ Members \ On \\ - Exchange]
Where
[Avg \ 2025 \ On - Exchange \ Premium \ PMPM \\ = [Avg \ 2024 \ On - Exchange \ Premium \ PMPM \ \times (1 \\ + [Avg \ Proposed \ Rate \ Change])
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See Exhibit K for the development of the Market Adjusted Index Rate.

Retention Items

Administrative Expense Load:

- 1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.20 PMPM. The Risk Adjustment Fee PMPM is included in URRT Worksheet 1, URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
- 2. Administrative Expense: Calculated using an allocation method from Capital's Finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all

costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to Capital individual products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.

- a. Value-Based Benefits (VBB): Standard with each plan, Capital Blue Cross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
 - i. Complete Health Risk Assessment questionnaire and receive a gift card.
 - ii. Participate in an online coaching program and receive a gift card reward.
 - iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
 - iv. Fees are included in overall administrative expense fee discussed above.
 - v. Included in URRT Worksheet 2 "Administrative Expense", and PA Rate Exhibits Table 6.
- 3. Broker Expense: Calculated based on Capital's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Capital pays commissions for new business and renewal enrollment received during open enrollment and the special enrollment period (SEP), both on and off exchange, and in all geographic areas. Attached please find the proposed 2025 broker agreements redacted versions. Files are as follows:
 - a. Redacted Agent Agreement: "Ind_24-56_Initial_KHP_HMO_WBEBrokerIndRedacted_Supporting_20240515.pdf"
 - b. Redacted Preferred Producer Master Agreement: "Ind_24-56_Initial_KHP_HMO_PPMABrokerIndRedacted_Supporting_20240515.pdf"
- 4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.0%. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

Profit (or Contribution to Surplus) & Risk Margin:

5. Contingency: Contingency is included in URRT Worksheet 1, "Profit and Risk", and PA Rate Exhibits Table 6.

Taxes and Fees:

- 1. Fee for Patient-Centered Outcomes Research Trust Fund (PCORTF): As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2023, and before October 1, 2024, the applicable dollar amount is \$3.22 per member per year (\$0.27 PMPM). Capital assumes the 2025 projected fee will be trended at 0%.
- 2. Exchange Fee All issuers participating in the state-based-facilitated exchange will remit 3% of premium. The exchange user fee is applied as an adjustment to the Index Rate at

- the market level. KHPC only offers off-exchanges products, therefore no exchange fee is applied.
- 3. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, "Taxes and Fees", and PA Rate Exhibits, Table 6.

See Exhibit H for all retention values.

Plan Adjusted Index Rates

The Plan Adjusted Index Rates are included in Worksheet 2, Section IV of URRT.

The following adjustments were used to derive the Plan Adjusted Index Rate:

- 1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC's actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
- 2. Induced Demand: Please see Table 8. Induced Demand is calculated as:

 $[Pricing\ AV]^2 - [Pricing\ AV] + 1.24$

Where *Pricing AV* is adjusted by the Non-Funding of CSR factor: PA Rate Exhibits, Table 10, column K x column P.

- 3. Provider Network: The Provider network is the same across all HMO plans.
- 4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
- 5. Catastrophic Plans: Applied to catastrophic plans to reflect lower morbidity. This factor is the same as approved in 2024.
- 6. Adjustment for distribution and administrative costs: Described in <u>Retention</u> section above.
- 7. Tobacco Adjustment: Calculated as the average tobacco factor applied across the risk pool.

The development of the Plan Adjusted Index rate is found in Exhibit L, and summarized in Exhibit M.

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current individual enrollment by age in KHPC. Age factors are applied in accordance

with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater than three children under the age of 21. Please see file Ind_24-56_Initial_KHP_HMO_List-Billed_Supporting_20240515.xlsb for the calculation.

Geographic Factor Calibration: The average geographic rating factor is calculated by taking the Capital member-weighted average by region.

Geographic Factors are changing from 2024 to 2025:

- a. Exhibit O1 Region shows the risk-adjusted loss ratio by region. The data shows that region 9 underperforms regions 6 and 7.
- b. Capital is proposing to incrementally improve the financial performance of 9 without significant disruption to those members.
- c. PA Rate Exhibits Table IV show the resulting average rate change by region, with region 9 approximate 3% above the average rate increase.

Tobacco Factor Calibration: Average tobacco factor is calculated using current month member by smoking status data.

The calibration is:

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[Calibrated Plan Adjusted Index Rate] = [Plan Adjusted Index Rate] \div ([Age Curve Calibration] \times [Geographic Factor Calibration] \times [Tobacco Factor])
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Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10. The calibration factors and development are found on Exhibit N.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

```
[Member - Level Consumer Adjusted Premium Rate] = [Calibrated Plan Adjusted Index Rate] \times [Age Factor] \times [Geographic Factor] \times [Tobacco Factor]
```

2. [Family Consumer Adjusted Premium Rate] = \sum [Member – Level Consumer Adjusted Premium Rate] With no more than three child dependents under age 21 taken into account

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. Age and Geographic factors are displayed in Exhibits O.

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

AV Metal Values

All AV Metal Values included in URRT Worksheet 2 and PA Rate Exhibits, Table 10 are based on the federally issued AV Calculator.

See AV Screenshots included with the submission:

Ind_24-56_Initial_KHP_HMO_AVScreenPrints_Supporting_CONF_20240515

AV Pricing Values

All AV Pricing values were developed using KHPC's actuarial cost model and actuarial judgment as described in section Paid to Allowed above. Differences in health status are not included.

Projected Loss Ratio

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

Membership Projection

The membership projections found in Worksheet 2 of URRT were developed by assuming steady enrollment and similar distribution to current.

Projected versus Actual MLR

Exhibit R shows a history of projected versus actual MLR and Member Months. Projected comes from the 2020-2022 filings. Actual comes from Table 4.

	MLR		Membe	r Months
Calendar Year	Actual	Pricing	Actual	Pricing
2020	81.04%	83.72%	12,232	17,727
2021	67.97%	86.83%	7,216	12,420
2022	63.75%	85.76%	5,196	8,009

Claim Cost Projection

Exhibit S shows a history of claim cost projection versus actual from 2020-2023 filings.

Attachments and Examples

The following is a list of Exhibits and Data to support this filing:

PA Rate Exhibits Part I through Part VI

Table B

Exhibit A – Benefit Summary

Exhibit B – Benefit Change Summary

Exhibit C – Benefit Categories

Exhibit D – Benefit Mix

Exhibit D1 – Benefit Additions

Exhibit E - Trend

Exhibit F – URRT

Exhibit G – Paid-to-Allowed Development

Exhibit H – Retention

Exhibit I – Projected Loss Ratio

Exhibit J – Index Rate

Exhibit K – Market Adjusted Index Rate

Exhibit L – Rate Development by Plan

Exhibit M – Plan Adjusted Index Rates

Exhibit N – Calibration

Exhibit O – Rating Factors

Exhibit O1 – Region

Exhibit P – Quarterly Base Rates

Exhibit Q - Morbidity

Exhibit R – MLR Exhibit

Exhibit S – Claim Cost Projection

Broker Contracts Actuarial Value Screenshots List-Billed Data Standard Questions

Actuarial Statement

I, ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

I, ASA, MAAA, do hereby certify that:

- 1. This filing has been prepared in accordance with the following:
 - a. Actuarial Standard of Practice No. 5, "Health and Disability Claims"
 - b. Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"
 - c. Actuarial Standard of Practice No. 12, "Risk Classification"
 - d. Actuarial Standard of Practice No. 23, "Data Quality"

- e. Actuarial Standard of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage"
- f. Actuarial Standard of Practice No. 26, "Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans"
- g. Actuarial Standard of Practice No. 41, "Actuarial Communications".

2. The index rate is:

- a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
- 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.
- e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
- 3. The percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice.
- 4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, the development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.
 - a. The analysis was
 - i. conducted by a member of the American Academy of Actuaries, and
 - ii. performed in accordance with generally accepted actuarial principles and methods.
- 5. Geographic area rating factors reflect only differences in the costs of delivery and not differences due to population morbidity.
- 6. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- 7. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- 8. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the Rate Filing Justification.



, ASA, MAAA Actuarial Analyst II Capital Blue Cross

PA Rate Template Part I Data Relevant to the Rate Fi

Data Relevant to the Rate Filing

Table 0. Identifying Information

Carrier Name:	Keystone Health Plan Central		
Product(s):	НМО		
Market Segment:	Individual		
Rate Effective Date:	1/1/2025	to	12/31/2025
Base Period Start Date:	1/1/2023	to	12/31/2023
Date of Most Recent Membership:	2/1/2024		

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2024)	Projected Rating Period
Average Age	42.7	39.1	39.1
Total	4,371	548	6,576
<18	482	89	1,068
18-24	328	48	576
25-29	147	20	240
30-34	423	49	588
35-39	316	42	504
10-44	434	61	732
15-49	421	55	660
50-54	365	45	540
55-59	560	62	744
50-63	545	58	696
54+	350	19	228

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
	\$2,067,257.60	\$2,485,267.00	\$2,512,777.76	4,371	\$410,022.92	\$3,053,017.63	\$0.00	(\$113,581.18)	\$5,056.91	\$0.00	(\$446,408.00	\$130,216.95
E	perience Period Total Allowed EHE	Claims + EHB Capitation PMPM (net	of prescription drug rebates)									\$ 673.64
_ [ī	acc Patio											1/0 20%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.35%	0.50%		5.88%	42.45%
Outpatient Hospital	5.35%	1.00%		6.40%	25.74%
Professional	5.25%	1.00%		6.30%	14.72%
Other Medical	5.35%	0.50%		5.88%	2.81%
Capitation				3.00%	0.17%
Prescription Drugs	7.45%	1.05%		8.58%	14.10%
Total Annual Trend				6.45%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.133	

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

** Should equal URRT Trend

Table 4. Historical Experience

Nonth-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		\$250,207.86	1.0000	\$ 250,207.86	1,085 \$	230.61		(\$6,291.64)	\$463,287.30 \$	4:
Feb-20		\$192,080.91	1.0000	\$ 192,080.91	1,045 \$	183.81		(\$4,979.38)	\$313,970.89 \$	30
Mar-20		\$192,773.59	1.0000	\$ 192,773.59	1,039 \$	185.54		(\$6,540.66)	\$287,436.63 \$	2
Apr-20		\$290,470.06	1.0000		1,053 \$	275.85		(\$10,198.55)	\$346,195.40 \$	3
May-20		\$299,884.05	1.0000		1,041 \$	288.07		(\$4,900.61)	\$360,700.82 \$	34
Jun-20		\$297,343.54	1.0000		1,025 \$	290.09		(\$7,767.91)	\$382,414.03 \$	3
Jul-20		\$383,567.89	1.0000		1,029 \$	372.76		(\$5,451.74)		4
Aug-20		\$281,039.33	1.0000		1,015 \$	276.89		(\$7,687.64	\$380,712.67 \$	3
Sep-20		\$401,850.55	1.0000		999 \$	402.25		(\$6,001.62)	\$510,790.43 \$	5
Oct-20		\$254,643.94	1.0000		980 \$	259.84		(\$6,165.04	\$350,929.52 \$	3.
Nov-20	4	\$338,552.44	1.0000		972 \$	348.30		(\$6,168.99)	\$441,413.11 \$	4!
Dec-20	\$6,337,389.07	\$353,730.38	1.0000		949 \$	372.74	\$1,291,999.65	(\$7,971.24	\$435,790.04 \$	4.
Jan-21		\$104,216.85	1.0000		710 \$	146.78	_	(\$5,985.40)	\$184,153.69 \$	2
Feb-21		\$82,399.17	1.0000		664 \$	124.10	_	(\$7,721.92)	\$147,251.26 \$	2
Mar-21		\$151,526.35	1.0000		651 \$	232.76	_	(\$4,612.13)	\$255,340.20 \$	3
Apr-21		\$135,560.05	1.0000		637 \$	212.81	_	(\$8,221.97)	\$200,779.93 \$	3
May-21		\$135,702.20	1.0000		614 \$	221.01	_	(\$7,199.72)	\$199,660.05 \$	3
Jun-21		\$153,939.84	1.0000	-	604 \$	254.87	-	(\$6,400.26	\$227,119.82 \$	3
Jul-21		\$280,133.02	1.0000		582 \$	481.33	-	(\$10,801.47)	\$343,215.20 \$	5
Aug-21		\$165,204.75	1.0000		569 \$	290.34	-	(\$9,878.53)	\$224,587.64 \$	3
Sep-21		\$188,695.69	1.0000		561 \$	336.36	-	(\$6,410.84	\$240,502.84 \$	4
Oct-21		\$163,598.77	1.0000		551 \$	296.91	-	(\$8,784.20)	\$224,998.49 \$	40
Nov-21	40 0 10	\$225,298.28	1.0000		538 \$	418.77		(\$8,068.39)	\$282,838.85 \$	5
Dec-21	\$3,773,377.48	\$218,102.06	1.0000		535 \$	407.67	\$886,531.53	(\$10,713.34)	\$265,662.42 \$	4
Jan-22		\$125,386.52	1.0000		486 \$	258.00	-	(\$6,954.15	\$196,707.20 \$	4
Feb-22		\$228,485.37	1.0000		461 \$	495.63		(\$9,716.82		6
Mar-22		\$136,167.58	1.0000		451 \$	301.92	-	(\$10,825.77)		3
Apr-22		\$164,420.08	1.0000	,	443 \$	371.15	-	(\$13,655.85)	\$178,343.84 \$	4
May-22		\$141,136.87	1.0000		438 \$	322.23	-	(\$17,144.10	\$163,717.41 \$	3
Jun-22		\$187,978.72	1.0000		434 \$	433.13	-	(\$10,612.45)	\$245,828.81 \$	5
Jul-22		\$117,397.54	1.0000		433 \$	271.13	-	(\$15,940.51)	\$162,594.82 \$	3
Aug-22		\$175,928.20	1.0000		427 \$	412.01	-	(\$13,884.79)	\$190,870.11 \$	4
Sep-22		\$179,586.41	1.0000		413 \$	434.83	-	(\$14,756.25)	\$216,674.58 \$	5
Oct-22		\$125,034.56	1.0000		408 \$	306.46	-	(\$16,446.36)		3
Nov-22	¢2.600.810.47	\$136,047.95	1.0000		405 \$	335.92	¢604.664.33	(\$11,016.70)		3
Dec-22	\$2,699,810.47	\$184,807.08	1.0000		397 \$	465.51	\$604,664.23	(\$17,660.12)		5
Jan-23		\$121,396.75	1.0000		397 \$	305.79	-	(\$12,172.84)		5
Feb-23		\$567,625.62	1.0000	1	387 \$	1,466.73	-	(\$13,299.55)	\$597,493.44 \$	1,5
Mar-23		\$615,749.00	0.9890		375 \$	1,660.26	-	(\$13,211.83)	\$651,311.22 \$	1,7
Apr-23		\$68,023.24	0.9998		371 \$	183.39		(\$7,320.72) (\$14,070.27)		2 3
May-23		\$104,743.71	0.9982		368 \$	285.15		(\$14,079.27)	\$118,062.60 \$	
Jun-23		\$153,168.28	0.9801		364 \$	429.34		(\$7,406.93)		5
Jul-23		\$125,930.19	0.9987 0.9980		360 \$ 357 \$	350.26		(\$6,022.50) (\$6,514.85)	\$178,474.90 \$ \$140,218.19 \$	3
Aug-23		\$107,536.16				301.84		(\$8,329.33)		
Sep-23		\$180,975.23	0.9922		357 \$ 351 \$	510.93			\$203,555.03 \$	
Oct-23		\$109,843.09 \$76,229.47	0.9719 0.9809		346 \$	322.01 224.60		(\$8,827.03) (\$9,198.97)	\$137,624.90 \$ \$107,256.66 \$	3
Nov-23 Dec-23	\$2,067,257.60	\$76,229.47	0.9809	\$ 77,711.83	346 \$	224.60		(\$9,198.97)	\$107,256.66 \$	3

* Express Completion Factor as a percentage **Express Prescription Drug Rebates as a negative number Carrier Name: Keystone Health Plan Central 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
\$437,963,056.02	\$430,228,626.12	\$436,679,998.25	580,232	\$55,027,019.44	\$515,414,082.93		(\$25,500,951.95)	\$5,056.91	\$0.00	\$9,323,288.00	\$23,707,065.24
Experience Period Total Allowed EHB Claim	s + EHB Capitation PMPM (net	of prescription drug rebates)									\$ 844.35
Loss Ratio											86.63%
*Express Prescription Drug Rebates as a neg	ative number										

Table 3b. Manual Trend Components

5.88% 6.40% 6.30% 5.88%	42.45% 25.74% 14.72% 2.81%
6.30%	14.72%
5.88%	2.81%
	2.0270
3.00%	0.17%
8.58%	14.10%
6.45%	100.00%
24	
1.133	
	1 122

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		\$19,798,591.07	1.0000 \$	19,798,591.07	37,100 \$	533.65		(\$389,387.38)	\$28,167,285.15 \$	
Feb-20		\$20,591,870.25	1.0000 \$	20,591,870.25	36,217 \$	568.57		(\$482,564.23)	\$26,777,117.08 \$	
Mar-20		\$20,245,276.98	1.0000 \$	20,245,276.98	35,802 \$	565.48		(\$684 <i>,</i> 504.77)	\$24,535,893.80 \$	
Apr-20		\$14,978,178.60	1.0000 \$	14,978,178.60	35,418 \$	422.90		(\$758,567.97)	\$16,814,208.67 \$	
May-20		\$20,767,750.21	1.0000 \$	20,767,750.21	35,144 \$	590.93		(\$752,349.63)	\$23,302,047.75 \$	
Jun-20		\$24,287,872.09	1.0000 \$	24,287,872.09	34,938 \$	695.17		(\$833,953.38)	\$27,625,807.54 \$	
Jul-20		\$22,548,597.79	1.0000 \$	22,548,597.79	34,745 \$	648.97		(\$827,503.38)	\$25,857,390.90 \$	
Aug-20		\$23,335,474.28	1.0000 \$	23,335,474.28	34,466 \$	677.06		(\$829,788.56)	\$26,515,745.74 \$	
Sep-20		\$23,442,518.65	1.0000 \$	23,442,518.65	34,259 \$	684.27		(\$798,475.05)	\$26,430,530.70 \$	
Oct-20		\$25,599,869.31	1.0000 \$	25,599,869.31	33,786 \$	757.71		(\$747,200.98)	\$28,754,029.46 \$	
Nov-20		\$24,546,301.91	1.0000 \$	24,546,301.91	33,369 \$	735.60		(\$748,867.97)	\$27,170,698.76 \$	
Dec-20	\$328,267,318.22	\$26,311,738.83	1.0000 \$	26,311,738.83	32,819 \$	801.72	\$52,877,755.49	(\$838,052.92)	\$28,689,823.69 \$	
Jan-21		\$21,910,916.37	1.0000 \$	21,910,916.37	44,106 \$	496.78		(\$795,436.16)	\$29,441,908.15 \$	
Feb-21		\$27,140,640.15	1.0000 \$	27,140,640.15	46,189 \$	587.60		(\$1,001,723.23)	\$33,102,897.27 \$	
Mar-21		\$33,857,239.60	1.0000 \$	33,857,239.60	46,324 \$	730.88		(\$1,330,553.43)	\$40,182,094.89 \$	
Apr-21		\$34,368,431.98	1.0000 \$	34,368,431.98	47,092 \$	729.81		(\$1,254,078.61)	\$39,652,315.16 \$	
May-21		\$33,785,131.67	1.0000 \$	33,785,131.67	47,988 \$	704.03		(\$1,264,578.32)	\$38,549,107.76 \$	
Jun-21		\$36,063,270.15	1.0000 \$	36,063,270.15	49,142 \$	733.86		(\$1,524,280.23)	\$40,658,672.89 \$	
Jul-21		\$37,750,934.87	1.0000 \$	37,750,934.87	50,516 \$	747.31		(\$1,501,369.81)	\$41,739,923.68 \$	
Aug-21		\$38,979,055.22	1.0000 \$	38,979,055.22	51,583 \$	755.66		(\$1,613,440.55)	\$42,841,000.27 \$	
Sep-21		\$39,276,861.48	1.0000 \$	39,276,861.48	52,769 \$	744.32		(\$1,594,383.22)	\$43,115,416.85 \$	
Oct-21		\$41,722,069.10	1.0000 \$	41,722,069.10	52,871 \$	789.13		(\$1,557,266.39)	\$45,260,553.72 \$	
Nov-21		\$45,226,270.87	1.0000 \$	45,226,270.87	52,869 \$	855.44		(\$1,668,664.65)	\$48,551,991.67 \$	
Dec-21	\$411,543,306.61	\$42,452,042.79	1.0000 \$	42,452,042.79	52,544 \$	807.93	\$72,917,746.36	(\$1,757,538.36)	\$45,491,415.34 \$	
Jan-22		\$31,999,824.49	1.0000 \$	31,999,824.49	53,586 \$	597.17		(\$1,425,854.35)	\$40,179,664.56 \$	
Feb-22		\$31,954,465.85	1.0000 \$	31,954,465.85	54,140 \$	590.22		(\$1,595,376.01)	\$38,850,565.02 \$	
Mar-22		\$38,165,010.76	1.0000 \$	38,165,010.76	53,399 \$	714.71		(\$1,986,672.01)		
Apr-22		\$35,957,329.18	1.0000 \$	35,957,329.18	53,142 \$	676.63		(\$1,773,182.63)		
May-22		\$34,716,384.53	1.0000 \$	34,716,384.53	52,714 \$	658.58		(\$1,893,502.73)		
Jun-22		\$36,102,579.72	1.0000 \$	36,102,579.72	52,529 \$	687.29		(\$1,963,352.93)	\$40,546,451.23 \$	
Jul-22		\$35,413,765.01	1.0000 \$	35,413,749.20	52,163 \$	678.91		(\$1,967,400.17)	\$38,982,029.59 \$	
Aug-22		\$37,767,484.34	1.0000 \$	37,767,467.81	52,031 \$	725.86		(\$2,016,671.38)	\$41,705,508.27 \$	
Sep-22		\$37,055,882.60	1.0000 \$	37,055,865.45	51,707 \$	716.65		(\$2,016,000.49)	\$40,246,625.37 \$	
Oct-22		\$40,154,631.87	1.0000 \$	40,154,615.13	51,622 \$	777.86		(\$1,905,209.46)		
Nov-22		\$39,766,579.89	1.0000 \$	39,766,562.18	51,238 \$	776.11		(\$1,911,217.98)	\$42,967,226.17 \$	
Dec-22	\$441,523,714.08	\$39,673,017.41	1.0000 \$	39,673,000.04	50,531 \$	785.12	\$78,227,119.10	(\$2,001,639.70)		
Jan-23		\$32,346,111.39	1.0000 \$	32,346,098.34	50,031 \$	646.52		(\$1,793,130.90)	\$40,847,816.94 \$	
Feb-23		\$32,306,143.93	1.0000 \$	32,306,139.05	49,943 \$	646.86		(\$1,749,578.61)		
Mar-23		\$36,129,025.71	0.9906 \$	36,472,608.04	49,272 \$	740.23		(\$2,042,734.56)	\$42,646,750.76 \$	
Apr-23		\$33,176,462.60	0.9997 \$	33,185,559.26	48,750 \$	680.73		(\$1,819,722.63)	\$37,875,745.99 \$	
May-23		\$36,603,255.11	0.9971 \$	36,711,205.20	48,423 \$	758.14		(\$2,173,271.70)	\$41,059,463.90 \$	
Jun-23		\$38,920,502.82	0.9793 \$	39,742,399.78	48,086 \$	826.49		(\$2,147,429.00)	\$43,915,110.52 \$	
Jul-23		\$34,315,524.43	0.9989 \$	34,353,120.86	48,490 \$	708.46		(\$2,217,011.32)		
Aug-23		\$40,694,195.06	0.9976 \$	40,793,502.61	48,390 \$	843.02		(\$2,393,073.65)	\$44,518,908.70 \$	
Sep-23		\$33,955,785.02	0.9923 \$	34,219,568.69	47,810 \$	715.74		(\$2,107,463.27)		
Oct-23		\$39,908,402.63	0.9642 \$	41,391,462.53	47,547 \$	870.54		(\$2,399,600.86)	\$44,865,301.89 \$	
Nov-23		\$35,902,499.37	0.9655 \$	37,184,342.66	47,070 \$	789.98		(\$2,411,742.23)		
Dec-23	\$437,963,056.02	\$35,970,718.06	0.9471 \$	37,979,048.15	46,420 \$	818.16	\$78,734,084.68	(\$2,246,193.22)	\$40,683,253.03 \$	

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

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

Keystone Health Plan Central Carrier Name:

1/1/2023 to 12/31/2023

Product(s): нмо Market Segment: Individual 1/1/2025 Rate Effective Date:

Incurred Dates:

Attachment Point:

Reinsurance Cap:

Coinsurance Rate:

\$60,000 \$100,000 50%

Proj. Incurred Claim Impact: -5.1%

		Individual ACA Compliant Policies	, , , , , , , , , , , , , , , , , , , ,	_ · ·	Total Incurred Claims wi
Annual Incurred Claims Range		Unique Members	Member Months	Total Incurred Claims	Reinsurance
\$0	\$29,999	410	4,177	\$406,582	\$406,582
\$30,000	\$34,999	1	12	\$30,008	\$30,008
\$35,000	\$39,999	0	0	\$0	\$0
\$40,000	\$44,999	2	24	\$83,513	\$83,513
\$45,000	\$49,999	2	23	\$95,234	\$95,234
\$50,000	\$54,999	2	24	\$106,316	\$106,316
\$55,000	\$59,999	0	0	\$0	\$0
\$60,000	\$64,999	0	0	\$0	\$0
\$65,000	\$69,999	3	36	\$205,548	\$192,774
\$70,000	\$74,999	0	0	\$0	\$192,774
\$75,000	\$79,999	1	12	\$75,324	\$67,662
\$80,000	\$84,999	1	12		·
·	· ,			\$80,661	\$70,331
\$85,000	\$89,999	0	0	\$0	\$0 \$77.194
\$90,000	\$94,999	1	12	\$94,367	\$77,184
\$95,000	\$99,999	1	12	\$96,312	\$78,156
\$100,000	\$109,999	1	12	\$101,291	\$81,291
\$110,000	\$119,999	1	12	\$111,392	\$91,392
\$120,000	\$129,999	0	0	\$0	\$0
\$130,000	\$139,999	0	0	\$0	\$0
\$140,000	\$149,999	0	0	\$0	\$0
\$150,000	\$159,999	0	0	\$0	\$0
\$160,000	\$169,999	0	0	\$0	\$0
\$170,000	\$179,999	0	0	\$0	\$0
\$180,000	\$189,999	0	0	\$0	\$0
\$190,000	\$199,999	0	0	\$0	\$0
\$200,000	\$209,999	0	0	\$0	\$0
\$210,000	\$219,999	0	0	\$0	\$0
\$220,000	\$229,999	0	0	\$0	\$0
\$230,000	\$239,999	0	0	\$0	\$0
\$240,000	\$249,999	0	0	\$0	\$0
\$250,000	\$259,999	0	0	\$0	\$0
\$260,000	\$269,999	0	0	\$0	\$0
\$270,000	\$279,999	0	0	\$0	\$0
\$280,000	\$289,999	0	0	\$0	\$0
\$290,000	\$299,999	0	0	\$0	\$0
\$300,000	\$324,999	0	0	\$0	\$0
\$325,000	\$349,999	0	0	\$0	\$0
\$350,000	\$374,999	0	0	\$0	\$0
\$375,000	\$399,999	0	0	\$0	\$0
\$400,000	\$424,999	0	0	\$0	\$0
\$425,000	\$449,999	0	0	\$0	\$0
\$450,000	\$474,999	0	0	\$0	\$0
\$475,000	\$499,999	0	0	\$0	\$0
\$500,000	\$599,999	0	0	\$0	\$0
\$600,000	\$699,999	0	0	\$0	\$0
\$700,000	\$799,999	0	0	\$0	\$0
\$800,000	\$899,999	0	0	\$0	\$0
\$900,000	\$999,999	0	0	\$0	\$0
\$1,000,000+	-	1	3	\$1,008,549	\$988,549
Total		427	4,371	\$2,495,097	\$2,368,991

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

Carrier Name: Keystone Health Plan Central

Product(s): HMO
Market Segment: Individual
Rate Effective Date: 1/1/2025

Attachment Point: \$60,000
Reinsurance Cap: \$100,000
Coinsurance Rate: 50%

Proj. Incurred Claim Impact: -5.5%
Proj. Morbidity Impact: 0.0%

	d Claima Banas	Lipierro Manebara	MambauMantha	Total Incomed Claims	Total Incurred Claims wit
Annual Incurred		Unique Members	Member Months	Total Incurred Claims	Reinsurance
\$0 \$20,000	\$29,999	410	4,177	\$465,496	\$465,496
\$30,000	\$34,999	1	12	\$34,356	\$34,356
\$35,000	\$39,999	0	0	\$0	\$0
\$40,000	\$44,999	0	0	\$0	\$0
\$45,000	\$49,999	2	24	\$95,614	\$95,614
\$50,000	\$54,999	1	11	\$52,074	\$52,074
\$55,000	\$59,999	1	12	\$56,959	\$56,959
\$60,000	\$64,999	2	24	\$121,721	\$120,861
\$65,000	\$69,999	0	0	\$0	\$0
\$70,000	\$74,999	0	0	\$0	\$0
\$75,000	\$79,999	3	36	\$235,332	\$207,666
\$80,000	\$84,999	0	0	\$0	\$0
\$85,000	\$89,999	1	12	\$86,239	\$73,119
\$90,000	\$94,999	1	12	\$92,349	\$76,174
\$95,000	\$99,999	0	0	\$0	\$0
\$100,000	\$109,999	1	12	\$108,041	\$88,041
\$110,000	\$119,999	2	24	\$226,235	\$186,235
\$120,000	\$129,999	1	12	\$127,533	\$107,533
\$130,000	\$139,999	0	0	\$0	\$0
\$140,000	\$149,999	0	0	\$0	\$0
\$150,000	\$159,999	0	0	\$0	\$0
\$160,000	\$169,999	0	0	\$0	\$0
\$170,000	\$179,999	0	0	\$0	\$0
\$180,000	\$189,999	0	0	\$0	\$0
\$190,000	\$199,999	0	0	\$0	\$0
\$200,000	\$209,999	0	0	\$0	\$0
\$210,000	\$219,999	0	0	\$0	\$0
\$220,000	\$229,999	0	0	\$0	\$0
\$230,000	\$239,999	0	0	\$0	\$0
\$240,000	\$249,999	0	0	\$0	\$0
\$250,000	\$259,999	0	0	\$0	\$0
\$260,000	\$259,999	0	0	\$0	\$0
		0	0	\$0	\$0
\$270,000	\$279,999				
\$280,000	\$289,999	0	0	\$0	\$0 \$0
\$290,000	\$299,999	0	0	\$0	\$0
\$300,000	\$324,999	0	0	\$0	\$0
\$325,000	\$349,999	0	0	\$0	\$0
\$350,000	\$374,999	0	0	\$0	\$0
\$375,000	\$399,999	0	0	\$0	\$0
\$400,000	\$424,999	0	0	\$0	\$0
\$425,000	\$449,999	0	0	\$0	\$0
\$450,000	\$474,999	0	0	\$0	\$0
\$475,000	\$499,999	0	0	\$0	\$0
\$500,000	\$599,999	0	0	\$0	\$0
\$600,000	\$699,999	0	0	\$0	\$0
\$700,000	\$799,999	0	0	\$0	\$0
\$800,000	\$899,999	0	0	\$0	\$0
\$900,000	\$999,999	0	0	\$0	\$0
\$1,000,000+		1	3	\$1,154,688	\$1,134,688
Total		427	4,371	\$2,856,636	\$2,698,816

PA Rate Template Part II

Rate Development and Change Carrier Name:

Carrier Name:

Product(s):

Market Segment:

Rate Effective Date:

Keystone Health Plan Central
HMO
Individual
1/1/2025

Development of the Projected Index Rate	Ac	tual Experience Data	Manu	al Data	
otal Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$	673.64	\$	844.35	<- Actual Experience PMPM sho
wo year trend projection Factor		1.133	1.	133	
Inadjusted Projected Allowed EHB Claims PMPM	\$	763.42	\$	956.87	
ingle Risk Pool Adjustment Factors					
Change in Morbidity - Impact of Reinsurance Program		1.000	1.	000	
Change in Morbidity - All Other		0.570	0.	570	<- See URRT Instructions
Total Non-Morbidity Changes		1.001	1.	001	
Change in Demographics		1.000	1.	000	<- See URRT Instructions
Change in Network		1.000	1.	000	
Change in Benefits		1.001	1.	001	<- See URRT Instructions
Change in Other		1.000	1.	000	<- See URRT Instructions
otal Adjusted Projected Allowed EHB Claims PMPM	\$	435.58	\$	545.96	
redibility Factors		100%	(%	<- See Instructions
lended Projected EHB Claims PMPM			\$	435.58	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims					_
djusted Projected Allowed EHB Claims PMPM	\$	435.58	<- Index Ra	te for Projec	tion Period on URRT
Projected Paid to Allowed Ratio		0.832			
rojected Incurred EHB Claims PMPM	\$	362.31			
Market-wide Adjustments					
Projected Incurred Risk Adjustment PMPM	\$	(102.13)			
Projected Incurred Exchange User Fees PMPM		\$0.00			
Projected Incurred Reinsurance Recoveries PMPM Narket-Adjusted Projected Incurred EHB Claims PMPM	\$	\$20.02 444.42			

436.9779914

525.35

Table 6. Retention

Projected Allowed Non-EHB Claims PMPM

Market-Adjusted Projected Incurred Total Claims PMPM

Market-Adjusted Projected Allowed Total Claims PMPM

Catastrophic Eligibility Adjustment

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	11.67%	\$59.5
General and Claims	9.75%	\$49.7
Agent/Broker Fees and Commissions	1.92%	\$9.7
Quality Improvement Initiatives	0.00%	\$0.0
Taxes and Fees	0.62%	\$3.1
Risk Adjustment User Fee	0.04%	\$0.2
PCORI Fee	0.05%	\$0.2
PA Premium & Other Taxes (if applicable)	0.00%	\$0.0
Federal Income Tax	0.53%	\$2.7
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	\$0.0
Profit/Contingency (after tax)	2.00%	\$10.2
Total Retention	14.30%	\$72.8
Projected Required Revenue PMPM	\$ 509.87	

Table 8. Components of Rate Change

Rate Components	2024	2025	Di	fference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 258.02	\$ 298.41	\$	40.39	15.7
B. Base period allowed claims before normalization	\$435.94	\$ 673.64	\$	237.70	92.1
C. Normalization factor component of change	\$ (198.29)	\$ (279.37)	\$	(81.08)	-31.4
D. Change in Normalized Allowed Claims Adjustment Components					
D1. Base period allowed claims after normalization	\$ 237.65	\$ 394.27	\$	156.62	60.7
D2. URRT Trend	\$ 32.32	\$ 52.54	\$	20.22	7.8
D3. URRT Morbidity	\$ -	\$ (192.13)	\$	(192.13)	-74.5
D4. URRT Other	\$ 0.27	\$ 0.25	\$	(0.02)	0.0
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ 44.87	\$ 71.87	\$	27.00	10.5
D6. Normalized Exchange User Fee on an allowed basis	\$ -	\$ -	\$	-	0.0
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ (16.66)	\$ (14.09)	\$	2.57	1.0
D8. Subtotal - Sum(D1:D7)	\$ 298.45	\$ 312.72	\$	14.27	5.5
E. Change in Allowable Plan Adjusted Level Components					
E1. Network	\$ -	\$ -	\$	-	0.0
E2. Pricing AV	\$ (80.88)	\$ (52.60)	\$	28.28	11.0
E3. Benefit Richness	\$ -	\$ 0.00		0.00	0.0
E4. Catastrophic Eligibility	\$ (8.27)	\$ (4.36)	\$	3.91	1.5
E5. Benefits in Addition to EHB	\$ (209.30)	\$ -	\$	209.30	81.3
E6. Subtotal - Sum(E1:E5)	\$ (298.45)	\$ (56.96)	\$	241.49	93.6
F. Change in Retention Components	,	. ,			
F1. Administrative Expenses	\$ 37.83	\$ 34.83	\$	(3.00)	-1.2
F2. Taxes and Fees	\$ 1.63	\$ 1.86		0.24	0.1
F3. Profit and/or Contingency	\$ 5.16	\$ 5.97	\$	0.81	0.3
F4. Subtotal - Sum(F1:F3)	\$ 44.61	\$ 42.66	\$	(1.95)	-0.8
G. Change in Miscellaneous Items	\$0.00		\$	-	0.0
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 44.61	\$ 298.42	\$	253.80	98.4

should be consistent with the Index Rate for Experience Period on URRT

For Informational Purposes only - No input required.		
Blended Base Period Unadjusted Claims before Normalization	\$ 673.64	<- Index Rate of Experience Period on URR1
Blended Earned Premium	\$ 2,067,257.60	
Blended Loss Ratio	140.30%	

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 S	ingle Risk Pool
# of Member Months Renewing in Quarter						-
Adjusted Projected Allowed EHB Claims PMPM	\$ 435.58	\$ 435.58	\$ 435.58	\$ 435.58	\$	435.58
Months of Trend	-	3	6	9		
Annual Trend	6.45%	6.45%	6.45%	6.45%		
Single Risk Pool Projected Allowed Claims	\$ 435.58	\$ 442.45	\$ 449.42	\$ 456.50	\$	-
Quarterly Trond Factor	1 000	1 016	1 022	1 049		0.000

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

2024	2025
1.730	1.595
1.054	1.064
1.006	1.006
1.000	1.000
1.000	1.000
\$547.61	\$ 525.35
\$ 298.53	\$ 307.48
	1.730 1.054 1.006 1.000 1.000 \$547.61

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

	2024	2025	
Paid-to-Allowed	0.729	0.832	
URRT Trend (Total Applied Trend Factor)	1.136	1.133	<- URRT W1, S2
URRT Morbidity	1.000	0.570	<- URRT W1, S2
URRT "Other"	1.001	1.001	<- URRT W1, S2
Risk Adjustment	\$60.00		<- URRT W1, S3
Exchange User Fee	\$0.00	\$ -	<- URRT W1, S3
Reinsurance Recoveries	\$22.28	\$ 20.02	<- URRT W1, S3
Capitation	\$0.00		<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.729	0.832	<- For 2024 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	1.000	1.000	
Catastrophic Eligibility	0.962	0.983	
Benefits in Addition to EHB		1.000	
Administrative Expenses	14.66%	11.67%	
Taxes and Fees	0.63%	0.62%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III
Table 10. Plan Rates

Table 10. Plan Rates													<u></u>						
											Calibration	Total Covered Lives @ 02-01-202	24						
											Age Calibration Factor 1.595	54	18						
	Keystone Health Plan Centr	ral									Geographic Calibration Factor1.064Tobacco Calibration Factor1.006								
Product(s):	HMO										Tobacco Calibration Factor 1.006								
Market Segment:	Individual										Aggregate Calibration Factor 1.709								
Rate Effective Date:	1/1/2025 1/1/2023																		
Base Period Start Date	1/1/2023																		
Date of Most Recent Membership:																			
Market Adjusted Index Rate:	\$ 534.30							45 CFR Part 1	56.8 (d) (2) Allo	owable Factors						02-01-2024 Number of Covered Lives by Rating Area			
			F tation Bandifford														$\overline{}$		
			Existing, Modified, New, Discontinued									Total					A = V	2025	
			& Mapped, 1/1/2025 HIOS Plan ID		Metallic		Pricing AV Benefit					Total Covered Lives	2024 Calibrated 2025	Proposed Rate			A = 7	2025 Continued/	47
HIOS Plan ID	Product Type		Discontinued & Not (If 1/1/2024 Plan		Tier Standard AV, Ex		Pricing AV Benefit Company- Richness Benefits in		Non-Fund	ling	Taxes & Fees (not	Mapped into	Plan Adjusted Calibrated Plan				A = 7	Discontinued	
(Standard	(HMO, POS, PPO, EPO,	1/1/2024 Plan	Mapped (E,M,N,DM, Discontinued &	Metallic		Off or	determined (induced addition to	Provider Catastro	phic of CSR		including Profit or	2025 Plans @ 02- Total Projected	· ·	Change Compared to	% of Total		A = 7	Plans	De Minimis
Plan Number Component)	Indemnity, Other)	Marketing Name	DNM) for 2025 Mapped)	Tier	1.000.0(-// 0	Off	AV) demand) EHB	Network Eligibil				01-2024 Lives	PMPM Rate PMPM	Prior 12 months	Covered Lives	1 2 3 4 5 6 7 8	/ g /	Total Indicator	
Transfer Componency	machinity, outer,	Widthethis Hame	Dittill, for 2025 Mapped,	1101	7 tarac 7 (2)		no, demand, lib	THE LING LING LING IN THE LING	rey regustric	T die T Telline	Ziii / Talliiii costs Exchange reesy contingency	01 2024	Title 11	11101 22 1110110110	COVERCE LIVES			Total Marcatol	Circon
Totals - Current Membership					0.646 0.646		0.832 1.000 1.000	1.000 0	.983 1.0	000 \$ 437	7.43 11.7% 0.6% 2.0%	548 548	\$ 258.02 \$ 298.41	15.7%		205 279 -	64	548	
Total - Projected Membership					0.646		0.832 1.000 1.000				7.43 11.7% 0.6% 2.0%								
Transitional Plans TRANSITIONAL	N/A TF	RANSITIONAL	DNM TRANSITIONAL	N/A	N/A N/A N/A	A N	N/A N/A I	N/A N/A	N/A	N/A	N/A N/A N/A	- 11	N/A N/A	N/A	N/A			- 0	
Plan 1 53789PA0100008	HMO Br	ronze HMO 7450/0/50	M	Expanded B	0.0+00 Standard AV On	/Off	0.834 1.001 1.000	1.000	1.000 1.		5.79 11.4% 0.6% 2.0%	521 52	21 \$262.16 \$ 303.42	15.7%	95.1%	198 262	61	521 1	yes
Plan 2 53789PA0100004	HMO Ca	atastrophic HMO 9200/0/0	M	Catastrophi	0.5965 Standard AV On,	/Off	0.798 0.981 1.000	1.000	0.660 1.		6.14 17.1% 0.7% 2.0%	27 2	\$178.11 \$ 201.55	13.2%	4.9%	7 17	3	27 1	N/A
Plan 3											0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 4										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 5										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 6												-	\$ -	0.0%	0.0%			- 0	
Plan 7										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 8											0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 9										\$	0.00	-	\$ -	0.0%	0.0%		4	- 0	
Plan 10										\$	0.00	-	\$ -	0.0%	0.0%		4	- 0	
Plan 11										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 12										\$	0.00		\$ -	0.0%	0.0%			- 0	
Plan 13										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 15										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 16										\$ \$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 17										Ş	0.00	-	, , - , , , , , , , , , , , , , , , , ,	0.0%	0.0%			- 0	
Plan 18										7	0.00	-	,	0.0%	0.0%			- 0	
Plan 19										, , ,	0.00		\$ -	0.0%	0.0%			- 0	
Plan 20										ς ς	0.00		\$ -	0.0%	0.0%			- 0	
Plan 21										Ś	0.00	_	\$ -	0.0%	0.0%			- 0	
Plan 22										\$	0.00		\$ -	0.0%	0.0%		+ 7	- 0	
Plan 23										\$	0.00	-	\$ -	0.0%	0.0%		7	- 0	
Plan 24										\$	0.00		\$ -	0.0%	0.0%		7	- 0	
Plan 25										\$	0.00		\$ -	0.0%	0.0%			- 0	
Plan 26										\$	0.00		\$ -	0.0%	0.0%			- 0	
Plan 27										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 28										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 29										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 30										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 31										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 32										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 33										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 34										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 35										\$	0.00		\$ -	0.0%	0.0%			- 0	
Plan 35										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 29										\$	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 20										\$	0:00	-	\$ -	0.0%	0.0%			- 0	
Plan 40										\$	0.00		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	0.0%	0.0%			- 0	
Plan 41										, ,	0.00	<u>-</u>	, , , , , , , , , , , , , , , , , , ,	0.0%	0.0%			- 0	
Plan 42										, ,	0.00	_	,	0.0%	0.0%			- 0	
Plan 43										¢	0.00	-	, , , , , , , , , , , , , , , , , , ,	0.0%	0.0%			- 0	
Plan 44										ς ς	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 45											0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 46										Ś	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 47										т	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 48										'	0.00	-	\$ -	0.0%	0.0%			- 0	
Plan 49												-	\$ -	0.0%	0.0%			- 0	
Plan 50										Ś	0.00	-	\$ -	0.0%	0.0%			- 0	
										Y			T						

PA Rate Template Part IV A - Individual Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name:

Product(s):

Market Segment:

Rate Effective Date:

Keystone Health Plan Central
HMO
Individual
1/1/2025

								2024 21-year-old,	Non-Tohacco Pre	mium DMDM						2025 21 ₋₁₄	rear-old, Non-Tobaco	co Dremium DMDM					Chan	ge in 21-year-old I	Non-Tobacco Pr	amium PMPM		
Plan Number	HIOS Plan ID (Standard Component)	Discontinue New, Modific 1/1/2024 Plan Existing (D,N,I Marketing Name for 2025	ed, 1/1/2025 Plan HIOS Plan M,E) (If 1/1/2024 Plan	E	Exchange n/Off or Off	1 2	3	4 5	6	7	8 9	Average (weighted by enrollment by rating area)	1	2	3	4	5	6 7	8 9	Average (weighted by enrollment by rating area)	1	2	3	4 5	6	7 8	e	Average (weighted by enrollment by rating area)
Totals		These cells auto-fill using the data	entered in Table 10.			\$ - \$	- \$ -	\$ - \$	- \$ 259.29	9 \$ 290.45 \$	- \$ 26	64.68 \$ 275.79	\$	- \$	- \$ -	\$ -	\$ - \$ 2	299.95 \$ 331.40	0 \$ - \$ 313	.58 \$ 317.55	0.0%	0.0%	0.0%	0.0% 0.	0% 15.7%	14.1% 0.	0% 18.5%	15.2%
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PA Rate Quarterly Template Part V Consumer Factors

Table 12. Age and Tobacco Factors

	Proj	ection Perio	d Age and	Tobacco F	actors	
Age	Age	Tobacco		Age	Age	Tobacco
Band	Factor	Factor		Band	Factor	Factor
0-14	0.765			40	1.278	1.075
15	0.833			41	1.302	1.075
16	0.859			42	1.325	1.075
17	0.885			43	1.357	1.075
18	0.913			44	1.397	1.075
19	0.941			45	1.444	1.100
20	0.970			46	1.500	1.100
21	1.000	1.025		47	1.563	1.100
22	1.000	1.025		48	1.635	1.100
23	1.000	1.025		49	1.706	1.100
24	1.000	1.025		50	1.786	1.150
25	1.004	1.025		51	1.865	1.150
26	1.024	1.025		52	1.952	1.150
27	1.048	1.025		53	2.040	1.150
28	1.087	1.025		54	2.135	1.150
29	1.119	1.025		55	2.230	1.200
30	1.135	1.025		56	2.333	1.200
31	1.159	1.025		57	2.437	1.200
32	1.183	1.025		58	2.548	1.200
33	1.198	1.025		59	2.603	1.200
34	1.214	1.025		60	2.714	1.250
35	1.222	1.025		61	2.810	1.250
36	1.230	1.025		62	2.873	1.250
37	1.238	1.025		63	2.952	1.250
38	1.246	1.025		64+	3.000	1.250
39	1.262	1.025				

^{*}PA follows the federal default age curve.

Carrier Name: Keystone Health Plan Central

Product(s): HMO
Market Segment: Individual
Rate Effective Date: 1/1/2025

Table 13. Geographic Factors

Geographic Area Factors							
Area	Counties	Current Factor	Proposed Factor				
Rating Area 1							
Rating Area 2							
Rating Area 3							
Rating Area 4							
Rating Area 5							
Rating Area 6	Centre, Columbia, Lehigh, Mifflin, Montour, Northampton, Northumberland, Schutlkill, Snyder, Union	1.000	1.000				
Rating Area 7	Adams, Berks, Lancaster, York	1.130	1.115				
Rating Area 8							
Rating Area 9	Cumberland, Dauphin, Franklin, Fulton, Juniata, Lebanon, Perry	1.025	1.050				

Table 14. Network Factors

Projection Period Network Factors									
Network Name	Rating Area	Current Factor	Proposed Factor	Approval Date					
НМО	All	1.000	1.000						

PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview

Initial Requested Average Rate Change:	0.15
Revised Requested Average Rate Change:	15.20
Minimum Requested Rate Change:	11.66
Maximum Requested Rate Change:	18.56
Mapped Members:	54
Available in Rating Areas:	Rating Areas 6, 7, and 9

Key Information

Jan. 2023 - Dec. 2023 Financial Experience
Premium

Premium	\$1,620,849.6
Claims	\$2,274,036.5
Administrative Expenses	\$12,280.0
Taxes & Fees	\$52,715.0
Company Made After Taxes	\$ (718,181.9

The company expects its annual medical costs to increase:

• Future cost and utilization: 6.4%
Explanation of requested rate change:
• Future cost and utilization: 6.4%
• Unfavorable 2023 experience: 8.8%

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

6.45%

Keystone Health Plan Central HMO Individual 1/1/2025

> 12% 1%

How It Plans to Spend Your Premium

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

Claims:
Administrative Expenses:
Taxes & Fees:
Profit:

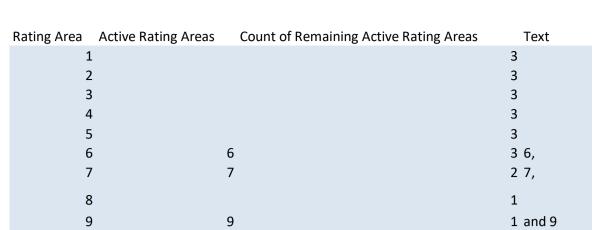


Table 16. Risk Adjustment Calculation							
Component	Statewide	Insurer Specific					
State Average Monthly Premium Before Adjustment	613.15						
Administrative Cost Adjustment	0.86						
State Average Monthly Premium	527.31						
Actuarial Value (AV)	0.72	0.60					
Plan Liability Risk Score (PLRS)	1.45	0.89					
Allowable Rating Factor (ARF)	1.79	1.70					
Induced Demand Factor (IDF)	1.04	1.00					
Geographic Cost Factor (GCF)	1.04	1.28					
Factors Including Risk Score	1.57	1.14					
Factors Excluding Risk Score	1.40	1.30					
Risk Adjustment Transfer PMPM		(107.26) <					
Insurer Specific Manual Adjustment PMPM		\$6.93					
High Cost Risk Pool Adjustment PMPM		(\$1.80)					
Total Risk Adjustment Transfer		(102.13)					

<-- Negative implies payer of RA

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

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Table B

<u>Plan ID</u> (1)	<u>Plan Name</u>	Metal Level (2)	Projected Member Months (3)	Projected Allowed Claims (4)	Projected Paid Claims (5)	Paid to Allowed Factor (6)	Average Tobacco Factor (7)	AV and Cost Sharing Factor (8)	(8)/(6*7) Induced Utilization (9)	Induced Demand Table 10
53789PA0100008 53789PA0100004	Bronze HMO 7450/0/50 Catastrophic HMO 9200/0/0	Bronze Bronze	6,252 324	\$ 3,340,449 \$ 173,114	2,787,081 135,560	0.83 0.78	1.000 1.000	0.83 0.80	1.00 1.02	1.00 0.98
Total PMPM Rate Dev II			6,576	3,513,563 534.30 534.30	2,922,640 444.44 444.42	0.83	1.00	0.83	1.00	1.00

Ending date of Rates: December 31, 2025

Effective Date of Rates:	January	1, 2025	Ending date of Rates:		December 31, 2025		January 1, 2025									
HIOS Plan ID (On Exchange)=>																
HIOS Plan ID (Off Exchange)=>	53789PA	0100004	53789PA	0100004	53789PA	0100004	53789PA	NO100008	53789PA0100008		53789P	0100008				
Plan Marketing Name =>	Catastrophic HMO 9200/0/0		Catastrophic HMO 9200/0/0			HMO 9200/0/0	Bronze HMO 7450/0/50				Bronze HMO 7450/0/50					7450/0/50
Form # =>			PC-Ind-HMO-21c													
Rating Area =>		6	7			9		6	7			9				
Network =>		MO	HN			MO		MO	HN			MO				
Metal =>		nze	Bro			inze		onze	Bro			inze				
Deductible =>		Rx Combined	\$9200 Med/F			Rx Combined		Rx Combined	\$7450 Med/I			Rx Combined				
Coinsurance =>	,		(0		0	41.00)				
Copays =>	\$0/\$0/\$0 P	PCP/SPC/ER	\$0/\$0/\$0 P	CP/SPC/FR	\$0/\$0/\$0 P	PCP/SPC/ER	\$50/\$85/\$40	0 PCP/SPC/ER	\$50/\$85/\$400	PCP/SPC/FR	\$50/\$85/\$40	0 PCP/SPC/ER				
OOP Maximum =>		Rx Combined	\$9200 Med/F			Rx Combined		Rx Combined	\$9100 Med/I			Rx Combined				
Pediatric Dental (Yes/No) =>	Y		Ye			es		es	Ye			es				
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco				
0 - 14	\$154.19	\$154.19	\$174.23	\$174.23	\$158.04	\$158.04	\$232.12	\$232.12	\$262.29	\$262.29	\$237.92	\$237.92				
15	\$167.89	\$167.89	\$189.72	\$189.72	\$172.09	\$172.09	\$252.75	\$252.75	\$285.61	\$285.61	\$259.07	\$259.07				
16	\$173.13	\$173.13	\$195.64	\$195.64	\$177.46	\$177.46	\$260.64	\$260.64	\$294.52	\$294.52	\$267.15	\$267.15				
17	\$178.37	\$178.37	\$201.56	\$201.56	\$182.83	\$182.83	\$268.53	\$268.53	\$303.44	\$303.44	\$275.24	\$275.24				
18	\$184.02	\$184.02	\$207.94	\$207.94	\$188.62	\$188.62	\$277.02	\$277.02	\$313.04	\$313.04	\$283.95	\$283.95				
19	\$189.66	\$189.66	\$214.31	\$214.31	\$194.40	\$194.40	\$285.52	\$285.52	\$322.64	\$322.64	\$292.66	\$292.66				
20	\$195.50	\$195.50	\$220.92	\$220.92	\$200.39	\$200.39	\$294.32	\$294.32	\$332.58	\$332.58	\$301.68	\$301.68				
21	\$201.55	\$206.59	\$227.75	\$233.45	\$206.59	\$211.75	\$303.42	\$311.01	\$342.86	\$351.44	\$311.01	\$318.78				
22	\$201.55	\$206.59	\$227.75	\$233.45	\$206.59	\$211.75	\$303.42	\$311.01	\$342.86	\$351.44	\$311.01	\$318.78				
23	\$201.55	\$206.59	\$227.75	\$233.45	\$206.59	\$211.75	\$303.42	\$311.01	\$342.86	\$351.44	\$311.01	\$318.78				
24	\$201.55	\$206.59	\$227.75	\$233.45	\$206.59	\$211.75	\$303.42	\$311.01	\$342.86	\$351.44	\$311.01	\$318.78				
25	\$202.36	\$207.42	\$228.66	\$234.38	\$207.42	\$212.60	\$304.63	\$312.25	\$344.24	\$352.84	\$312.25	\$320.06				
26	\$206.39	\$211.55	\$233.22	\$239.05	\$211.55	\$216.84	\$310.70	\$318.47	\$351.09	\$359.87	\$318.47	\$326.43				
27	\$211.22	\$216.51	\$238.68	\$244.65	\$216.51	\$221.92	\$317.98	\$325.93	\$359.32	\$368.31	\$325.93	\$334.08				
28	\$219.08	\$224.56	\$247.57	\$253.76	\$224.56	\$230.18	\$329.82	\$338.06	\$372.69	\$382.01	\$338.06	\$346.51				
29	\$225.53	\$231.17	\$254.85	\$261.23	\$231.17	\$236.95	\$339.53	\$348.02	\$383.67	\$393.26	\$348.02	\$356.72				
30	\$228.76	\$234.48	\$258.50	\$264.96	\$234.48	\$240.34	\$344.38	\$352.99	\$389.15	\$398.88	\$352.99	\$361.82				
31	\$233.60	\$239.44	\$263.96	\$270.56	\$239.44	\$245.42	\$351.66	\$360.46	\$397.38	\$407.31	\$360.46	\$369.47				
32	\$238.43	\$244.39	\$269.43	\$276.17	\$244.39	\$250.50	\$358.95	\$367.92	\$405.61	\$415.75	\$367.92	\$377.12				
33	\$241.46	\$247.49	\$272.85	\$279.67	\$247.49	\$253.68	\$363.50	\$372.58	\$410.75	\$421.02	\$372.58	\$381.90				
34	\$244.68	\$250.80	\$276.49	\$283.40	\$250.80	\$257.07	\$368.35	\$377.56	\$416.24	\$426.64	\$377.56	\$387.00				
35	\$246.29	\$252.45	\$278.31	\$285.27	\$252.45	\$258.76	\$370.78	\$380.05	\$418.98	\$429.46	\$380.05	\$389.55				
36	\$247.91	\$254.10	\$280.13	\$287.14	\$254.10	\$260.46	\$373.21	\$382.54	\$421.72	\$432.27	\$382.54	\$392.10				
37	\$249.52	\$255.76	\$281.96	\$289.01	\$255.76	\$262.15	\$375.63	\$385.02	\$424.47	\$435.08	\$385.02	\$394.65				
38	\$251.13	\$257.41	\$283.78	\$290.87	\$257.41	\$263.84	\$378.06	\$387.51	\$427.21	\$437.89	\$387.51	\$397.20				
39	\$254.36	\$260.72	\$287.42	\$294.61	\$260.72	\$267.23	\$382.92	\$392.49	\$432.70	\$443.51	\$392.49	\$402.30				
40	\$257.58	\$276.90	\$291.07	\$312.90	\$264.02	\$283.82	\$387.77	\$416.85	\$438.18	\$471.04	\$397.47	\$427.27				
41	\$262.42	\$282.10	\$296.53	\$318.77	\$268.98	\$289.15	\$395.05	\$424.68	\$446.41	\$479.89	\$404.93	\$435.30				
42	\$267.05	\$287.08	\$301.77	\$324.40	\$273.73	\$294.26	\$402.03	\$432.18	\$454.30	\$488.37	\$412.08	\$442.99				
43	\$273.50	\$294.02	\$309.06	\$332.24	\$280.34	\$301.37	\$411.74	\$442.62	\$465.27	\$500.16	\$422.03	\$453.69				
44	\$281.57	\$302.68	\$318.17	\$342.03	\$288.60	\$310.25	\$423.88	\$455.67	\$478.98	\$514.91	\$434.47	\$467.06				
45	\$291.04	\$320.14	\$328.87	\$361.76	\$298.31	\$328.15	\$438.14	\$481.95	\$495.10	\$544.61	\$449.09	\$494.00				
46	\$302.32	\$332.56	\$341.63	\$375.79	\$309.88	\$340.87	\$455.13	\$500.64	\$514.30	\$565.73	\$466.51	\$513.16				
47	\$315.02	\$346.52	\$355.98	\$391.57	\$322.90	\$355.19	\$474.25	\$521.67	\$535.90	\$589.49	\$486.10	\$534.71				
48	\$329.53	\$362.49	\$372.37	\$409.61	\$337.77	\$371.55	\$496.09	\$545.70	\$560.58	\$616.64	\$508.49	\$559.34				
49	\$343.84	\$378.23	\$388.54	\$427.40	\$352.44	\$387.68	\$517.63	\$569.40	\$584.93	\$643.42	\$530.58	\$583.63				
50	\$359.97	\$413.96	\$406.76	\$467.78	\$368.97	\$424.31	\$541.91	\$623.19	\$612.36	\$704.21	\$555.46	\$638.77				
51	\$375.89	\$432.27	\$424.76	\$488.47	\$385.29	\$443.08	\$565.88	\$650.76	\$639.44	\$735.36	\$580.03	\$667.03				
52	\$393.43	\$452.44	\$444.57	\$511.26	\$403.26	\$463.75	\$592.28	\$681.12	\$669.27	\$769.66	\$607.08	\$698.15				
53	\$411.16	\$472.84	\$464.61	\$534.31	\$421.44	\$484.66	\$618.98	\$711.82	\$699.44	\$804.36	\$634.45	\$729.62				
54	\$430.31	\$494.86	\$486.25	\$559.19	\$441.07	\$507.23	\$647.80	\$744.97	\$732.02	\$841.82	\$664.00	\$763.60				
55	\$449.46	\$539.35	\$507.89	\$609.46	\$460.69	\$552.83	\$676.63	\$811.95	\$764.59	\$917.51	\$693.54	\$832.25				
56	\$470.22	\$564.26	\$531.34	\$637.61	\$481.97	\$578.37	\$707.88	\$849.45	\$799.90	\$959.88	\$725.58	\$870.69				
57	\$491.18	\$589.41	\$555.03	\$666.04	\$503.46	\$604.15	\$739.43	\$887.32	\$835.56	\$1,002.67	\$757.92	\$909.50				
58	\$513.55	\$616.26	\$580.31	\$696.37	\$526.39	\$631.67	\$773.11	\$927.74	\$873.62	\$1,048.34	\$792.44	\$950.93				
59	\$524.63	\$629.56	\$592.84	\$711.40	\$537.75	\$645.30	\$789.80	\$947.76	\$892.48	\$1,070.97	\$809.55	\$971.46				
60	\$547.01	\$683.76	\$618.12	\$772.65	\$560.68	\$700.85	\$823.48	\$1,029.35	\$930.53	\$1,163.17	\$844.07	\$1,055.09				
61	\$566.36	\$707.94	\$639.98	\$799.98	\$580.51	\$725.64	\$852.61	\$1,065.76	\$963.45	\$1,204.31	\$873.93	\$1,092.41				
62	\$579.05	\$723.82	\$654.33	\$817.91	\$593.53	\$741.91	\$871.73	\$1,089.66	\$985.05	\$1,231.31	\$893.52	\$1,116.90				
63	\$594.98	\$743.72	\$672.32	\$840.40	\$609.85	\$762.31	\$895.70	\$1,119.62	\$1,012.14	\$1,265.17	\$918.09	\$1,147.61 \$1,166.27				
64+	\$604.64	\$755.81	\$683.24	\$854.07	\$619.76	\$774.71	\$910.25	\$1,137.82	\$1,028.58	\$1,285.74	\$933.02					

Page Number: 1 12/24/2014

Keystone Health Plan Central (KHPC) Individual Plan Design Summary

				On/Off			
HIOS Plan ID	Plan Marketing Name	Product	Metal	Exchange	Network	Rating Area	Counties Covered
53789PA0100004	Catastrophic HMO 9450/0/0	HMO	Catastrophic	Off	HMO	6,7,9	All
53789PA0100008	Bronze HMO 7450/0/50	HMO	Bronze	Off	НМО	6,7,9	All

Company Name Keystone Health Plan Central (KHPC)
Market Individual

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

RATING AREA 6							RATING AR	EA 7			RATING AREA 9													
02-01-2024 Number of Cove	red Lives by Ra	ting County		1,910	797	5,351	504	188	6,036	1,303	1,574	899	801	1,745	3,476	5,962	6,756	5,079	4,377	2,093	408	512	1,894	985
			On/Off																					
Plan Marketing Name	Product	Metal	Exchange	Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
004 Catastrophic HMO 9450/0/0	HMO	Catastrophic	Off	\$201.55	\$201.55	\$201.55	\$201.55	\$201.55	\$201.55	\$201.55	\$201.55	\$201.55	\$201.55	\$227.75	\$227.75	\$227.75	\$227.75	\$206.59	\$206.59	\$206.59	\$206.59	\$206.59	\$206.59	206.59
000 00000000000000000000000000000000000	11840	0	044	¢202.42	¢202.42	¢202.42	6202.42	¢202.42	£202.42	¢202.42	¢202.42	¢202.42	6202.42	6242.06	6242.06	6242.06	6242.06	6211.01	¢211 01	¢211.01	¢211 01	6244.04	¢211 01	311.01
ID OC	D Plan Marketing Name Catastrophic HMO 9450/0/0	02-01-2024 Number of Covered Lives by Ra D Plan Marketing Name Product Catastrophic HMO 9450/0/0 HMO	02-01-2024 Number of Covered Lives by Rating County D Plan Marketing Name Product Metal Catastrophic HMO 9450/0/0 HMO Catastrophic	02-01-2024 Number of Covered Lives by Rating County 1D Plan Marketing Name Product Metal Exchange 1004 Catastrophic HMO 9450/0/0 HMO Catastrophic Off						National Columbia Nati	Native N	Nating Area 6 1.910 797 5.351 504 188 6.036 1.303 1.574	Nating Area Fig. 2 Fig.	Natival Nati	RATING AREA 6 Section 2024 Number of Covered Lives by Rating County Section 2024 Number of Covered Lives Section 2024 N	RATING AREA 6 Satisfied Plan Marketing Name Product Metal Exhange Octatstrophic Off S201.55 S201.5	National Registration Nati	National Control Con	RATING AREA 9 Section Product Westing Name Product Metal Exhange Centre Columbia Catastrophic Micro Section Catastrophic Micro Micro	RATING AREA Product Metal Catastrophic Mino M	Nation Product Metal Catastrophic Mode Mode	RATING AREA Product Metal Data Dat	RATING AREA Product Metal Exchange Marketing Name Marketing Na	RATING AREA STATING AREA STATI

	A R	C	D	F	F	G	Н		K L M N O P O R S T
1	Unified Rate Review v6.0					ū			To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.
2	Commentered	V							To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.
3	Company Legal Name:	Keystone Health Plan Central							To validate, select the Validate button or Ctrl + Shift + I.
4	HIOS Issuer ID:	53789	State:	PA					To finalize, select the Finalize button or Ctrl + Shift + F.
5	Effective Date of Rate Change(s):	1/1/2025	Market:	Individual					
6									
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22									
8	Market Level Calculations (Same for a	all Plans)							
10									
11	Section I: Experience Period Data								
12	Experience Period:		1/1/2	023 to	12/31/2023				
13	Experience i eriou.		2/2/2	Total	PMPM				
14	Allowed Claims			\$2,944,493.30		1			
15	Reinsurance			\$130,216.9					
16	Incurred Claims in Experience Period			\$2,404,253.49	\$550.05	5			
17	Risk Adjustment			-\$446,408.0		3			
18	Experience Period Premium			\$2,067,257.6		5			
19	Experience Period Member Months			4,37	1				
20	Section II: Projections								
22	Section II. Projections		V.	ar 1 Trend	Vear	2 Trend			
22		Experience Period Index		lai I ireiiu	Teal	2 Trenu	Trended EHB Allowed Claims		
	Benefit Category	Rate PMPM	Cost	Utilization	Cost	Utilization	PMPM		
24	Inpatient Hospital	\$285.9		050 1.009			\$320.57		
25	Outpatient Hospital	\$173.3		051 1.010			\$196.29		
26	Professional	\$99.1		059 1.010			\$112.08		
27	Other Medical	\$18.9		051 1.009			\$21.22		
28	Capitation	\$1.1		030 1.000			\$1.23		
29	Prescription Drug Total	\$95.0 \$673.6		079 1.01:	1.070	1.010	\$112.00 \$763.39		
30	Total	\$6/3.0	55				\$763.39		
32	Morbidity Adjustment				0.570				
33	Demographic Shift				1.000				
34	Plan Design Changes				1.001				
35	Other				1.000	D			
36	Adjusted Trended EHB Allowed Claim	s PMPM for	1/1/2	025	\$435.57	,			
37						=			
38	Manual EHB Allowed Claims PMPM				\$0.00				
39	Applied Credibility %				100.00%	6			
41						Projected Period Totals			
41	Projected Index Rate for		1/1/2	025	\$435.57				
42	Reinsurance		1/1/2	023	\$24.00				
44	Risk Adjustment Payment/Charge				-\$122.78				
45	Exchange User Fees				0.00%				
46	Market Adjusted Index Rate				\$534.29				
47						_			
48	Projected Member Months				6,576	5			
23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48									
1 1	Information Not Releasable to the P	ublic Unless Authorized by L	aw: This information has not been	publically disclosed and may be privile			be disseminated, distributed, or c	opied to persons not authorize	ed to receive the information. Unauthorized disclosure may result in prosecution
						extent of the law.			

Product-Plan Data Collection

Company Legal Name: 53789 State: 1/1/2025 Market: HIOS Issuer ID: Effective Date of Rate Change(s): PA Individual

Product/Plan Level Calculations

Field # Section I: General Product and Plan Informa	tion
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1.1 Product Name	HP	NO	
1.2 Product ID	53789PA010		
1.3 Plan Name	7450/0/50	9200/0/0	
1.4 Plan ID (Standard Component ID)	53789PA0100008	53789PA0100004	
1.5 Metal	Bronze	Catastrophic	
1.6 AV Metal Value	0.649	0.597	
1.7 Plan Category	Renewing	Renewing	
1.8 Plan Type	HMO	HMO	
1.9 Exchange Plan?	No	No	
1.10 Effective Date of Proposed Rates	1/1/2025	1/1/2025	
1.11 Cumulative Rate Change % (over 12 mos prior)	15.74%	13.16%	
1.12 Product Rate Increase %	15.	65%	
1.13 Submission Level Rate Increase %	15.	65%	

Worksheet 1 Totals	Section II: Experience Period and Current Plan Le	vel Information		
	2.1 Plan ID (Standard Component ID)	Total	53789PA0100008	53789PA0100004
\$2,944,493	2.2 Allowed Claims	\$2,944,493	\$2,904,436	\$40,058
\$130,217	2.3 Reinsurance	\$130,217	\$130,217	\$0
	2.4 Member Cost Sharing	\$410,023	\$381,278	\$28,745
	2.5 Cost Sharing Reduction	\$0	\$0	\$0
\$2,404,253	2.6 Incurred Claims	\$2,404,253	\$2,392,940	\$11,313
-\$446,408	2.7 Risk Adjustment Transfer Amount	-\$446,408	-\$425,647	-\$20,761
\$2,067,258	2.8 Premium	\$2,067,258	\$1,980,445	\$86,812
4,371	2.9 Experience Period Member Months	4,371	3,892	479
	2.10 Current Enrollment	548	521	27
	2.11 Current Premium PMPM	\$473.41	\$481.00	\$327.00
	2.12 Loss Ratio	148.33%	153.91%	17.13%
	Per Member Per Month			
	2.13 Allowed Claims	\$673.64	\$746.26	\$83.63
	2.14 Reinsurance	\$29.79	\$33.46	\$0.00
	2.15 Member Cost Sharing	\$93.81	\$97.96	\$60.03
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00
	2.17 Incurred Claims	\$550.05	\$614.84	\$23.62
	2.18 Risk Adjustment Transfer Amount	-\$102.13	-\$109.36	-\$43.34
	2.19 Premium	\$472.95	\$508.85	\$181.24

Section III: Plan Adjustment Facto

3.13 Tobacco Calibration Factor 3.14 Calibrated Plan Adjusted Index Rate	0.9938	0.9 \$303.37	938 \$201.53
3.12 Geographic Calibration Factor	0.9395		395
3.11 Age Calibration Factor	0.6268		268
3.10 Plan Adjusted Index Rate		\$518.38	\$344.36
3.9 Catastrophic Adjustment		1.0000	0.6600
3.8 Profit & Risk Load		2.00%	2.00%
3.7 Taxes and Fees		0.62%	0.67%
3.6 Administrative Expense		11.39%	17.14%
Administrative Costs			
3.5 Benefits in Addition to EHB		1.0000	1.0000
3.4 Provider Network Adjustment		1.0000	1.0000
3.3 AV and Cost Sharing Design of Plan		0.8343	0.7831
3.2 Market Adjusted Index Rate		\$53	4.29
3.1 Plan ID (Standard Component ID)		53789PA0100008	53789PA0100004

Section IV: Projected Plan Level Information

4.1	Plan ID (Standard Component ID)	Total	53789PA0100008	53789PA0100004
4.2	Allowed Claims	\$2,864,308	\$2,771,427	\$92,882
4.3	Reinsurance	\$131,628	\$125,143	\$6,485
4.4	Member Cost Sharing	\$527,733	\$509,918	\$17,816
4.5	Cost Sharing Reduction	\$0	\$0	\$0
4.6	Incurred Claims	\$2,204,947	\$2,136,366	\$68,581
4.7	Risk Adjustment Transfer Amount	-\$671,604	-\$638,514	-\$33,090
4.8	Premium	\$3,352,735	\$3,241,162	\$111,574
4.9	Projected Member Months	6,576	6,252	324
4.10	Loss Ratio	82.24%	82.08%	87.38%
	Per Member Per Month			
4.11	Allowed Claims	\$435.57	\$443.29	\$286.67
4.12	Reinsurance	\$20.02	\$20.02	\$20.02
4.13	Member Cost Sharing	\$80.25	\$81.56	\$54.99
4.14	Cost Sharing Reduction	\$0.00	\$0.00	\$0.00
4.15	Incurred Claims	\$335.30	\$341.71	\$211.67
4.16	Risk Adjustment Transfer Amount	-\$102.13	-\$102.13	-\$102.13
4.17	Premium	\$509.84	\$518.42	\$344.36

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 use up an LV WASHINE 1,2 "FAIR TROUGH HIS SEEL HE MAD FAIR FOLKING IS CITY - SINGLY E.

To uslidate, select the Finalize botton or CIT i- Shift + I.

To finalize, select the Finalize botton or CIT i- Shift + F.

To remove a product, nowigate to the corresponding Product Name/Product D field and select the Remove Product button or CIT i- Shift + Q.

To remove a plan, nowigate to the corresponding Plan Mama(Plan ID field and select the Remove Plan botton or CIT i- Shift + Q.

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 6	1.0000
Rating Area 7	1.1150
Rating Area 9	1.0500

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM Individual Rates Effective January 1, 2025

General Information

Company Information

• Company Legal Name: Keystone Health Plan Central

• State: PA

HIOS Issuer ID: 53789Market: Individual

• Effective Date: 1/1/2025

PID Company Information

• Company Name: Keystone Health Plan Central (KHPC)

• NAIC: 95199

• Market: Individual

• On/Off Exchange: Off Exchange

• Effective Date: 1/1/2025

• Average Rate Change Requested: 15.2%

• Range of Requested Rate Change: 11.7% to 18.6%

• Total additional annual revenue generated from the proposed rate change: \$448,364

• Product: HMO

• Rating Areas: 6,7,9

• Metal Levels: Bronze, Catastrophic

• Current Covered Lives and Policyholders: 548/363

• 2025 Number of Plans/Change from 2024: 2/No Changes

• Contract Form #: KHPC-Ind-HMO-21cnty-AGRMT-v0125

• Form Filing SERFF #: CABC-134076503

• Binder SERFF #: CABC-PA25-125118190

• HIOS Issuer ID: 53789

Company Contact Information

• Primary Contact Name:

• Primary Contact Telephone Number:

• Primary Contact Email Address:

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital Blue Cross (Capital), submits rates for products to be made available to individuals on and after January 1, 2025. KHPC will only offer products off the PA state-based exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF#	Annual Increase
Individual	KHPC	1/1/2021	CABC-132354935	-1.7%
Individual	KHPC	1/1/2022	CABC-132795960	-1.7%
Individual	KHPC	1/1/2023	CABC-133267272	-8.5%
Individual	KHPC	1/1/2024	CABC-133674035	-0.3%

Average Rate Change

KHPC is proposing an aggregate annual 15.2% rate change, which varies by plan. The rate change is calculated in PA Rate Exhibits Part IV, Table 11, cell AN13.

The key drivers of the rate change and approximate impact are as follows:

Future cost and utilization: 6.4%Unfavorable 2023 experience: 8.8%

Regulatory Considerations

Rates submitted by this filing assume changes to the current regulatory framework. As directed by the Insurance Department, the following factors have been applied to the rates for regulatory changes:

• Reinsurance Morbidity Adjustment of 1.0

• Reinsurance attachment point of \$60,000, a cap of \$100,000, and a coinsurance parameter of 50%.

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 39.

Benefit Changes 2024-2025

A summary of proposed 2025 benefits is included in Exhibit A.

There are several benefit changes being implemented in 2024. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

Experience Period Premium and Claims

Single Risk Pool: The data used to develop rates and shown in URRT and PA Rate Exhibits abides by 45 CFR part 156.80(d) single risk pool requirements. The single risk pool reflects all covered lives for every non-grandfathered, non-transitional product/plan combination for KHPC in the individual market.

Base Experience Period: The base experience period (BEP) includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2023 and December 31, 2023.

Paid Through Date: Claims in the BEP are paid through February 28, 2024

Premiums (net of MLR Rebate) in BEP: Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments applied are equal to zero.

Allowed and Incurred Claims in BEP:

- Allowed claims are developed by combining paid claims with member cost-sharing.
 Allowed claims meet the definition in the URR instructions. They do not include provider quality incentive payments.
- Incurred claims are net of HHS CSR payments.
- Capital only covers Essential Health benefits (EHBs).
- KHPC has PCP and mental health capitated services.
- Allowed and Incurred claims are net of pharmacy rebates. BEP rebates are completed based on actual utilization of rebate-eligible drugs and rebate amounts.

Estimated Incurred but Not Paid Claims: Paid claims by date of service come directly from Capital's data warehouse. The method for calculating incurred claims in the BEP is as follows:

1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.

- 2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
- 3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.
- 4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
- 5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
- 6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

$$BEP\ Incurred\ Claims\ =\ \sum rac{BEP\ Paid\ Claims\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

BEP Allowed Claims

$$= \sum \frac{BEP\ Paid\ Claims + BEP\ Member\ Cost\ Share\ by\ Incurred\ Month}{Completion\ by\ Incurred\ Month}$$

Risk Adjustment in BEP: Risk adjustment amounts in the BEP are equal to Capital's best estimate prior to The Department's estimate. This estimate will be updated upon the release of HHS results.

Loss Ratio in BEP: Loss ratio is 140.30%

Credibility of Data

No Credibility Manual was used.

Trend Identification

Trend: 6.45%

Trend levels reflect Capital's best estimate of changes in utilization, provider reimbursement contracts, the network of facilities and providers, disease management initiatives and the impact of utilization management.

The following is a description of considerations used to determine trend.

- 1. Base Cost/ Change in hospital and physician contracting: The contracted increase in reimbursements to hospitals and physicians is the basis of cost trends. Capital uses the following to project future costs:
 - a. Vendor Physician Cost Model and Internal Hospital Contracting Model
 - i. The medical cost models use best estimates of Capital Blue Cross (Capital)'s future contracting increases with physicians and hospitals. The models use cost estimates based on varying contract effective dates by physician and hospital. All facilities and providers are considered in this modeling effort (i.e. acute and non-acute, network and non-network, inpatient and outpatient, in- area and out-of-area). From there, a monthly anticipated cost (assuming static utilization) summary is produced which can be used in projecting future claims costs. Cost trends are determined at the Capital book of business level for all commercial business.
 - b. Internal Prescription Drug Trend Model
 - i. Price Inflation
 - ii. Contract Pricing
 - iii. Member Cost-Sharing
 - iv. Units per Script
 - v. Brand/Generic Mix
 - vi. Therapeutic Mix
 - vii. Cost per Script
 - viii. Pipeline (new drugs)
- 2. Utilization Considerations:
 - a. Intensity of medical services rendered
 - b. Changes in place of service (e.g. continued migration of inpatient stays to outpatient setting)
 - c. Further migration from brand prescription drugs to generic prescription drugs
 - d. Favorable impacts of value based benefits designs
 - e. Medical utilization estimates reviewed by Capital's Chief Medical Officer
- 3. Leveraging: The trend model is based on allowed cost increases. Paid claims trend at a higher rate than allowed due to leveraging. Leveraging is the impact of static cost-share, such as deductibles and copays, to the paid trend.
- 4. Intensity: Measure of cost increase due to change in treatment sophistication. An example is migration from x-rays to MRIs at significantly higher cost.
- 5. Underwriting Cycle: The underwriting cycle is defined as the tendency to swing between profitable and unprofitable periods over time. The underwriting cycle is exacerbated partly by pricing performed with incomplete information as to the level of current experience trends. A reaction delay occurs, as carriers tend to rely on measurements of past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and

decreasing their pricing trends actual trends are increasing. Capital strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

Historical Experience: Historical experience was not used to the develop trend.

Benefit Categories: Claims in the benefit categories displayed in URRT come directly from Capital's data warehouse. These same categories are used to develop category-level trend. See Exhibit C for a description of benefits by benefit category.

See Exhibit E for KHPC's pricing trend, as well as cost and utilization components of the pricing trend.

Rate Development & Change

Projection Factors

Changes in Morbidity: Found in URRT Worksheet 1, "Morbidity Adjustment", and PA Rate Exhibits, Table 5.

 $Total\ Morbidity\ Factor = [Other\ Morbidity\ Factor] \times [Reinsurance\ Morbdity\ Factor]$

KHPC is applying a factor of 0.57 to mitigate the rate increase. The current experience period shows poor performance on this relatively small population. In order to stabilize rates, consider subsidiary pricing of similar plans (CAAC) and prior year KHPC experience, a morbidity factor is being utilized.

The above factor is found in Exhibit Q, Morbidity Factor Calculation.

The Reinsurance Morbidity Factor is discussed in *Regulatory Considerations* above. The Other Morbidity Factor is 1.0.

Changes in Benefits: Benefit changes are not applied to allowed claims as allowed should stay consistent from 2023 to 2025. Benefit changes are applied in the development of future incurred claims, due to changes in member cost-share. This calculation is shown in Exhibit D, and applied in Exhibit G. The manual cost PMPMs are developed from Capital's internal benefit relativity model, discussed in the Plan Adjusted Index Rate section below. The benefit change is equal to member-month weighted average projected manual PMPM divided by member-month weighted average manual PMPM in the BEP. This process is further discussed in the Paid-to-Allowed section below.

In addition to cost-sharing changes, Capital is also implementing two benefit coverage changes.

• Senate Bill 8: Coverage of mammographic examinations and diagnostic breast imaging at no cost share. This bill goes into effect for Small Group and Individual policies in 2025, but Capital adopted early compliance and covered the relevant services at no cost share starting in 2024.

- Capital will continue to adjust plan year 2025 claims by an additional claim PMPM of \$0.20. This amount is unchanged from the additional claim PMPM calculated in 2024.
- The Mental Health Parity and Addiction Equity Act (MHPAEA) has expanded definitions of mental health services to include Autism coverage. With this expansion, Capital started coverage of Autism services in the Small Group market starting in 2024.
 - Capital will continue to adjust plan year 2025 claims by an additional claim PMPM of \$0.40. This amount is unchanged from the additional claim PMPM calculated in 2024.

The additional claim cost PMPMs are shown on Exhibit D2 – Benefit Additions. Senate Bill 8 only impacts incurred claims (the change is to member cost share), and MHPAEA change impacts both allowed and incurred claims.

Changes in Demographics: KHPC does not expect changes in demographics in its individual population.

Changes in Network: No network adjustment is applied.

Other Adjustments: No other adjustment is applied to the BEP.

Benefits, Demographics, Network and Other adjustments are found in URRT Worksheet 1 and PA Rate Exhibits Table 5.

Index Rate

The experience period index rate is KHPC's allowed claims PMPM, set in accordance with the single risk pool provision. All KHPC covered benefits are categorized as Essential Health Benefits (EHBs), therefore no adjustment was made to the experience period index.

Projected Allowed Claims: The KHPC experience period allowed claims, benefit-adjusted, trended to the projection period (See <u>Projection Factors</u> section above), and credibility adjusted, is the *Projected Allowed Claims at Current Benefits*. This number is reflected in Worksheet 1 of URRT ("Projected Allowed Experience Claims PMPM (w/ applied credibility if applicable)").

To calculate the projected index rate:

- 1. Start with *Projected Allowed Claims at Current Benefits*
- 2. The *Projected Allowed Claims at Current Benefits* reflect EHBs 100 percent, so no adjustment needs to be made to add EHBs and remove non-EHB claim cost. This is the index rate for individuals renewing January December.

See Exhibit J as well as PA Rate Exhibits Table 5 for the Index Rate.

Paid to Allowed Ratio

KHPC used the prescribed URRT allowed claim rate development methodology in conjunction with a paid and incurred rate development methodology to determine final premium rates. URRT projects allowed claims, and uses a paid-to-allowed ratio in order to adjust allowed claims to paid levels. This value is then used to develop premiums. In order to determine the paid-to-allowed ratio, KHPC projected paid and incurred claims, adjusted for benefits, to the experience period.

Projected Paid and Incurred Claims are calculated as follows:

- 1. Gather claims experience as described in the Data section above.
 - a. Base Experience Period (BEP) Paid Claims, Capitation, and Rx Rebates
 - b. BEP Member Months
- 2. Develop BEP Paid and Incurred Claims:

BEP Paid and Incurred Claims =
$$\frac{BEP \ Paid \ Claims}{Completion \ Factor}$$

The development of completion factors is described in <u>Experience Period Premium</u> and Claims above.

3. Develop the BEP Paid and Incurred Claim PMPM:

BEP Paid and Incurred Claim PMPM =
$$\frac{BEP\ Paid\ and\ Incurred\ Claims}{BEP\ Member\ Months}$$

4. Develop *Trended Claim PMPM*: Using the aggregate trend described in the <u>Projection Factors</u> section above, trend the BEP Paid and Incurred Claim PMPM from the midpoint of the experience period to the midpoint of the rating period.

Trended Claim PMPM

=
$$[BEP\ Paid\ and\ Incurred\ Claim\ PMPM] \times (1 + [Trend\%])^{Trend\ Months/12}$$

5. Develop *Projected Paid and Incurred Claim PMPM*:

$$Projected\ Paid\ and\ Incurred\ Claims\ PMPM \\ = [Trended\ Claim\ PMPM] \times [Benefit\ Adjustment] \\ \times [Morbidity\ Adjustment] + [Benefit\ Additions]$$

The Benefit Adjustment, Morbidity Adjustment, Network Adjustment, and Benefit Additions and are discussed in the <u>Projections Factors</u> section above

6. Develop *Projected Claims PMPM by Benefit* as follows:

- a. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
- b. This actuarial cost model derives a Manual Cost for each benefit design in the experience period, as well as plans being offered in the projection period. The average Manual Cost of the experience is compared to the Manual Cost of the base plan. The projected experience period data is then adjusted to the base plan:

$$Benefit\ Level\ Adjustment = rac{Average\ Manual\ Cost\ in\ Projection\ Period\ Manual\ Cost\ of\ Base\ Plan}{Manual\ Cost\ of\ Base\ Plan}$$

c. The *Projected Paid and Incurred Claim PMPM* (Step 5) is then adjusted to the Base Plan as follows:

$$Base\ Plan\ Paid\ and\ Incurred\ Claims\ PMPM\\ = \frac{Benefit\ Adjusted\ Paid\ and\ Incurred\ Claims\ PMPM}{Benefit\ Level\ Adjustment}$$

d. Each additional benefit design has its own unique Manual Cost, which can then be compared to the Base Plan to develop a Benefit Relativity:

$$Benefit \ Relativity \ A = \frac{Manual \ Cost \ of \ Benefit \ A}{Manual \ Cost \ of \ Base \ Plan}$$

- e. The Benefit Relativity developed in d. above is then used as a gauge to develop a final *Pricing Relativity*. This pricing relativity is developed using actuarial judgment including the following considerations:
 - i. Final premium relativities must make sense based on benefits. For example, the annual cost difference between a 2000 plan and 1000 plan must be less than \$1000.
 - ii. Adjustments for plan designs that fall outside of the actuarial cost model.
- a. So the Projected Claims PMPM by Benefit is:

Projected Claims PMPM Benefit A = Projected Claims PMPM Base Plan × Pricing Relativity A

- b. And to arrive at the *Total Projected Claims PMPM*, KHPC assumes a distribution of members across the benefit plans being offered in the projection period. The *Total Projected Claims PMPM*:
- = Projected Claims PMPM Benefit $A \times Expected$ Member Dist of Benefit A + Projected Claims PMPM Benefit $B \times Expected$ Member Dis of Benefit $B + \cdots$
- 7. The Paid-To-Allowed Ratio is then:

$$\textit{Paid to Allowed Ratio} = \frac{\textit{Total Projected Claims PMPM}}{\textit{Projected Allowed Claims at Current Benefits}}$$

See Exhibit G for the development of the *Paid-to-Allowed Ratio*. And see Exhibit L for the plan-level projected incurred amount development.

Market Adjusted Index Rate

The Market Adjusted Index Rate is calculated as the Index Rate adjusted for all allowable market-wide modifiers defined in the market rating rules, 45 CFR Part 156.80(d)(1). So,

[Market Adjusted Index Rate]

- = ([Index Rate] x [Paid to Allowed Ratio])
- [*Projected Incurred Reinsurace Recoveries*]
- [Projected Incurred Risk Adjustment PMPM]
- + [Exchange Fees PMPM]) ÷ [Paid to Allowed Ratio]

Projected Incurred Risk Adjustments PMPM:

Relevant to 2025 pricing is the impact of Commercial Risk Adjustment (CRA) payment transfers that are expected to be earned in 2025. The following items are those that we deem important in generating a CRA payment transfer adjustment:

- 1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
- 2. Statewide average premiums
- 3. Current market penetration of this company and competitors in the market and in the state
- 4. 2019-2023 risk adjustment results
- 5. Market improvement in coding risk: Capital's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging. Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is

believed that Capital is disadvantaged in the market. This will drive Capital's relative risk to the market down over time.

The 2025 projected risk adjustment amounts are equal to Capital's best estimate prior to The Department's estimate. This estimate will be updated upon the release of HHS results.

Projected Incurred Reinsurance Recoveries:

In order to calculate the value of reinsurance, the following is provided:

- 1. PA Rate Exhibits, tab II.a show the company-specific BEP claims data.
- 2. PA Rate Exhibits, tab II.b shows the company-specific projected claims. The claims represent BEP claims trended at 7% to the projection period.

Exchange Fee PMPM:

KHPC only offers plans off exchange, so the exchange fee is \$0.

The exchange fee PMPM is calculated as:

```
Exchange Fee PMPM
= [Avg \ 2025 \ On - Exchange \ Premium \ PMPM] \times [\% \ Members \ On \\ - Exchange]
Where
[Avg \ 2025 \ On - Exchange \ Premium \ PMPM \\ = [Avg \ 2024 \ On - Exchange \ Premium \ PMPM \ \times (1 \\ + [Avg \ Proposed \ Rate \ Change])
```

See Exhibit K for the development of the Market Adjusted Index Rate.

Retention Items

Administrative Expense Load:

- 1. Risk Adjustment User Fee: To fund the HHS-risk adjustment program, issuers will remit to HHS a fee of \$0.20 PMPM. The Risk Adjustment Fee PMPM is included in URRT Worksheet 1, URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
- 2. Administrative Expense: Calculated using an allocation method from Capital's Finance department, and trended to the rating period. Costs are allocated according to results reported through a company-wide questionnaire. On an annual basis, each cost center within the company completes a questionnaire listing the distribution of costs (in percentage terms) by product as well as by market segment. For example, the questionnaire will ask what percentage of time is spent on PPO versus HMO versus Drug versus Medicare. And separately will ask what percentage of time is spent on large group, small group, individual, and government programs. Using those distributions, all

costs needed to perform the business are allocated to the proper market segments and lines of business. The administrative expense applied in the rate development is the total expense allocated to Capital individual products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.

- a. Value-Based Benefits (VBB): Standard with each plan, Capital Blue Cross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
 - i. Complete Health Risk Assessment questionnaire and receive a gift card.
 - ii. Participate in an online coaching program and receive a gift card reward.
 - iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
 - iv. Fees are included in overall administrative expense fee discussed above.
 - v. Included in URRT Worksheet 2 "Administrative Expense", and PA Rate Exhibits Table 6.
- 3. Broker Expense: Calculated based on Capital's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Capital pays commissions for new business and renewal enrollment received during open enrollment and the special enrollment period (SEP), both on and off exchange, and in all geographic areas. Attached please find the proposed 2025 broker agreements redacted versions. Files are as follows:
 - a. Redacted Agent Agreement: "Ind_24-56_Initial_KHP_HMO_WBEBrokerIndRedacted_Supporting_20240515.pdf"
 - b. Redacted Preferred Producer Master Agreement: "Ind_24-56_Initial_KHP_HMO_PPMABrokerIndRedacted_Supporting_20240515.pdf"
- 4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.0%. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

Profit (or Contribution to Surplus) & Risk Margin:

5. Contingency: Contingency is included in URRT Worksheet 1, "Profit and Risk", and PA Rate Exhibits Table 6.

Taxes and Fees:

- 1. Fee for Patient-Centered Outcomes Research Trust Fund (PCORTF): As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2023, and before October 1, 2024, the applicable dollar amount is \$3.22 per member per year (\$0.27 PMPM). Capital assumes the 2025 projected fee will be trended at 0%.
- 2. Exchange Fee All issuers participating in the state-based-facilitated exchange will remit 3% of premium. The exchange user fee is applied as an adjustment to the Index Rate at

- the market level. KHPC only offers off-exchanges products, therefore no exchange fee is applied.
- 3. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, "Taxes and Fees", and PA Rate Exhibits, Table 6.

See Exhibit H for all retention values.

Plan Adjusted Index Rates

The Plan Adjusted Index Rates are included in Worksheet 2, Section IV of URRT.

The following adjustments were used to derive the Plan Adjusted Index Rate:

- 1. Actuarial Value and Cost Sharing adjustment: The Actuarial Value and Cost Sharing Adjustment is determined using KHPC's actuarial cost model. KHPC uses an actuarial cost model to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a claim PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on CPDs, where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.
- 2. Induced Demand: Please see Table 8. Induced Demand is calculated as:

 $[Pricing\ AV]^2 - [Pricing\ AV] + 1.24$

Where *Pricing AV* is adjusted by the Non-Funding of CSR factor: PA Rate Exhibits, Table 10, column K x column P.

- 3. Provider Network: The Provider network is the same across all HMO plans.
- 4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
- 5. Catastrophic Plans: Applied to catastrophic plans to reflect lower morbidity. This factor is the same as approved in 2024.
- 6. Adjustment for distribution and administrative costs: Described in <u>Retention</u> section above.
- 7. Tobacco Adjustment: Calculated as the average tobacco factor applied across the risk pool.

The development of the Plan Adjusted Index rate is found in Exhibit L, and summarized in Exhibit M.

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current individual enrollment by age in KHPC. Age factors are applied in accordance

with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater than three children under the age of 21. Please see file Ind_24-56_Initial_KHP_HMO_List-Billed_Supporting_20240515.xlsb for the calculation.

Geographic Factor Calibration: The average geographic rating factor is calculated by taking the Capital member-weighted average by region.

Geographic Factors are changing from 2024 to 2025:

- a. Exhibit O1 Region shows the risk-adjusted loss ratio by region. The data shows that region 9 underperforms regions 6 and 7.
- b. Capital is proposing to incrementally improve the financial performance of 9 without significant disruption to those members.
- c. PA Rate Exhibits Table IV show the resulting average rate change by region, with region 9 approximate 3% above the average rate increase.

Tobacco Factor Calibration: Average tobacco factor is calculated using current month member by smoking status data.

The calibration is:

```
[Calibrated Plan Adjusted Index Rate] = [Plan Adjusted Index Rate] \div ([Age Curve Calibration] \times [Geographic Factor Calibration] \times [Tobacco Factor])
```

Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10. The calibration factors and development are found on Exhibit N.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

```
[Member - Level Consumer Adjusted Premium Rate] = [Calibrated Plan Adjusted Index Rate] \times [Age Factor] \times [Geographic Factor] \times [Tobacco Factor]
```

2. [Family Consumer Adjusted Premium Rate] = \sum [Member – Level Consumer Adjusted Premium Rate] With no more than three child dependents under age 21 taken into account

All consumer-level adjustments are applied uniformly to all plans in the Single Risk Pool. These adjustments do not vary by plan. Age and Geographic factors are displayed in Exhibits O.

Base Rates, i.e. Calibrated Plan Adjusted Index Rates, are found on Exhibit P.

AV Metal Values

All AV Metal Values included in URRT Worksheet 2 and PA Rate Exhibits, Table 10 are based on the federally issued AV Calculator.

See AV Screenshots included with the submission:

Ind_24-56_Initial_KHP_HMO_AVScreenPrints_Supporting_CONF_20240515

AV Pricing Values

All AV Pricing values were developed using KHPC's actuarial cost model and actuarial judgment as described in section Paid to Allowed above. Differences in health status are not included.

Projected Loss Ratio

See Exhibit I for the projected loss ratio calculation. The projected loss ratio is calculated using the federally prescribed MLR methodology.

Membership Projection

The membership projections found in Worksheet 2 of URRT were developed by assuming steady enrollment and similar distribution to current.

Projected versus Actual MLR

Exhibit R shows a history of projected versus actual MLR and Member Months. Projected comes from the 2020-2022 filings. Actual comes from Table 4.

	MLR		Membe	r Months
Calendar Year	Actual	Pricing	Actual	Pricing
2020	81.04%	83.72%	12,232	17,727
2021	67.97%	86.83%	7,216	12,420
2022	63.75%	85.76%	5,196	8,009

Claim Cost Projection

Exhibit S shows a history of claim cost projection versus actual from 2020-2023 filings.

Attachments and Examples

The following is a list of Exhibits and Data to support this filing:

PA Rate Exhibits Part I through Part VI

Table B

Exhibit A – Benefit Summary

Exhibit B – Benefit Change Summary

Exhibit C – Benefit Categories

Exhibit D – Benefit Mix

Exhibit D1 – Benefit Additions

Exhibit E - Trend

Exhibit F – URRT

Exhibit G – Paid-to-Allowed Development

Exhibit H – Retention

Exhibit I – Projected Loss Ratio

Exhibit J – Index Rate

Exhibit K – Market Adjusted Index Rate

Exhibit L – Rate Development by Plan

Exhibit M – Plan Adjusted Index Rates

Exhibit N – Calibration

Exhibit O – Rating Factors

Exhibit O1 – Region

Exhibit P – Quarterly Base Rates

Exhibit Q - Morbidity

Exhibit R – MLR Exhibit

Exhibit S – Claim Cost Projection

Broker Contracts Actuarial Value Screenshots List-Billed Data Standard Questions

Actuarial Statement

I, ASA, MAAA, am of the opinion that this filing is in compliance with the applicable Federal and State Laws and Regulations concerning the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

I, ASA, MAAA, do hereby certify that:

- 1. This filing has been prepared in accordance with the following:
 - a. Actuarial Standard of Practice No. 5, "Health and Disability Claims"
 - b. Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"
 - c. Actuarial Standard of Practice No. 12, "Risk Classification"
 - d. Actuarial Standard of Practice No. 23, "Data Quality"

- e. Actuarial Standard of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage"
- f. Actuarial Standard of Practice No. 26, "Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans"
- g. Actuarial Standard of Practice No. 41, "Actuarial Communications".

2. The index rate is:

- a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
- 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.
- e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
- 3. The percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice.
- 4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, the development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.
 - a. The analysis was
 - i. conducted by a member of the American Academy of Actuaries, and
 - ii. performed in accordance with generally accepted actuarial principles and methods.
- 5. Geographic area rating factors reflect only differences in the costs of delivery and not differences due to population morbidity.
- 6. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- 7. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- 8. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the Rate Filing Justification.



, ASA, MAAA Actuarial Analyst II Capital Blue Cross

Capital Blue Cross Harrisburg, PA 17177 CapitalBlueCross.com



KEYSTONE HEALTH PLAN CENTRAL RFJ Part II – Consumer Friendly Justification

Changes being requested are based upon consideration of the factors that influence future period cost structures. The primary drivers of change in future costs are:

- Unfavorable 2023 claims net risk adjustment
- Anticipated increase in facility and physician unit costs
- Anticipated changes in prescription drug unit costs

2025 Rates Table Template v14.0		ired. To validate press Validate button or 0		button or Ctrl + Shift + F.	
	If you are not in a community rating st	select Family-Tier Rates under Rating Me tate, select Age-Based Rates under Rating soco User, you must give a rate for Tobacc	Method and provide an Individual Rate	for every age band.	
HIOS Issuer ID*		neet button, or Ctrl + Shift + H. All plans m			
Rate Effective Date* Rate Expiration Date*	1/1/2025 12/31/2025 Age-Based Rates				
raung menou	Age-baseu Kales				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrolle on a plan
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	0-14 15	154.19 167.89	154.11 167.81
53789PA0100004 53789PA0100004	Rating Area 6 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	16 17 18	173.13 178.37 184.02	173.1: 178.3: 184.0:
53789PA0100004 53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	19 20	189.66 195.50 201.55	189.6i
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	21	201.55	206.51
53789PA0100004		Tobacco User/Non-Tobacco User	22	201.55	206.51
53789PA0100004		Tobacco User/Non-Tobacco User	23	201.55	206.51
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	24	201.55	206.5t
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	25	202.36	
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	26	206.39	211.50
53789PA0100004		Tobacco User/Non-Tobacco User	27	211.22	216.5
53789PA0100004		Tobacco User/Non-Tobacco User	28	219.08	224.50
53789PA0100004 53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	28 29 30	225.53 228.76	231.11
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	31	233.60	239.4
53789PA0100004		Tobacco User/Non-Tobacco User	32	238.43	244.3
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	33	241.46	247.4
53789PA0100004		Tobacco User/Non-Tobacco User	34	244.68	250.8
53789PA0100004		Tobacco User/Non-Tobacco User	35	246.29	252.4
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	36	247.91	254.11
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	37	249.52	255.70
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	38	251.13	257.4
53789PA0100004		Tobacco User/Non-Tobacco User	39	254.36	260.7
53789PA0100004		Tobacco User/Non-Tobacco User	40	257.58	276.9
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	41	262.42	282.1
53789PA0100004		Tobacco User/Non-Tobacco User	42	267.05	287.0
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	43	273.50 281.57 291.04	294.02 302.6i 320.1
53789PA0100004 53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	45 46 47	302.32 315.02	332.50 346.50
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	48	329.53	362.41
53789PA0100004		Tobacco User/Non-Tobacco User	49	343.84	378.21
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	50	359.97	413.9i
53789PA0100004		Tobacco User/Non-Tobacco User	51	375.89	432.2i
53789PA0100004		Tobacco User/Non-Tobacco User	52	393.43	452.4
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	53	411.16	472.8
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	54	430.31	494.8
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	55 56	449.46 470.22 491.18	539.3 564.2 589.4
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	58	513.55	616.20
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	59	524.63	629.50
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	60 61	547.01 566.36	683.70 707.9 723.8
53789PA0100004	Rating Area 6	Tobacco User/Non-Tobacco User	62	579.05	723.8
53789PA0100004		Tobacco User/Non-Tobacco User	63	594.98	743.7
53789PA0100004		Tobacco User/Non-Tobacco User	64 and over	604.64	755.8
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	0-14	171.92	171.9
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	15	187.20	187.2
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	16	193.04	193.0-
53789PA0100004		Tobacco User/Non-Tobacco User	17	198.88	198.8i
53789PA0100004		Tobacco User/Non-Tobacco User	18	205.18	205.1i
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	19	211.47	211.4
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	20	217.99	217.9
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 7 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	21 22 23	224.73 224.73 224.73	230.3 230.3 230.3
53789PA0100004 53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	24 25	224.73	230.3 231.2
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	26 27	225.63 230.12 235.52 244.28	235.8 241.4 250.3
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	28 29 30	251.47 255.07	250.3 257.70 261.4
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	31	260.46	266.9
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	32	265.85	272.5
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	33	269.22	275.90
53789PA0100004		Tobacco User/Non-Tobacco User	34	272.82	279.6-
53789PA0100004		Tobacco User/Non-Tobacco User	35	274.62	281.44
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	36	276.42	283.3
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	37	278.21	285.1
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	38	280.01	287.0°
53789PA0100004		Tobacco User/Non-Tobacco User	39	283.61	290.7°
53789PA0100004		Tobacco User/Non-Tobacco User	40	287.20	308.7°
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	41	292.60	314.5-
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	42	297.76	320.1
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	43	304.96	327.8
53789PA0100004		Tobacco User/Non-Tobacco User	44	313.95	337.4
53789PA0100004		Tobacco User/Non-Tobacco User	45	324.51	356.9
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	46	337.09	370.8i
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	47	351.25	386.3i
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	48 49 50	367.43 383.39 401.36	404.1 421.7
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	50 51 52	411.36 419.12 438.67	461.5 481.9 504.4
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	53	458.45	527.2
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	54	479.79	551.70
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	55	501.14	601.3
53789PA0100004		Tobacco User/Non-Tobacco User	56	524.29	629.1
53789PA0100004		Tobacco User/Non-Tobacco User	57	547.66	657.2
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	58	572.61	687.13
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	59	584.97	701.9
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 7 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	60 61 62	609.91 631.49 645.64	762.3 789.3 807.0
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	63	663.40	829.2
53789PA0100004	Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	674.18	842.7
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	0-14	161.90	161.9
53789PA0100004		Tobacco User/Non-Tobacco User	15	176.29	176.2
53789PA0100004		Tobacco User/Non-Tobacco User	16	181.79	181.7
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	17	187.29	187.29
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	18	193.22	193.23
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	19	199.14	199.1-
53789PA0100004		Tobacco User/Non-Tobacco User	20	205.28	205.2i
53789PA0100004		Tobacco User/Non-Tobacco User	21	211.63	216.9i
53789PA0100004 53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	21 22 23	211.63 211.63 211.63	216.9: 216.9: 216.9:
53789PA0100004 53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	24 25	211.63 212.47 216.71	216.9: 217.7! 222.1:
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	26 27 28	221.79 230.04	227.3 227.3 235.7
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	29	236.81	242.7
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	30	240.20	246.2
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	31	245.28	251.4
53789PA0100004		Tobacco User/Non-Tobacco User	32	250.36	256.6
53789PA0100004		Tobacco User/Non-Tobacco User	33	253.53	259.8
53789PA0100004 53789PA0100004	Rating Area 9 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	33 34 35	253.53 256.92 258.61	259.8° 263.3° 265.0°
53789PA0100004 53789PA0100004 53780PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	36 37	260.30 261.99 263.69	266.8 268.5 270.2
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 9 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	38 39 40	263.69 267.07 270.46	270.2i 273.7i 290.7-
53789PA0100004 53789PA0100004	Rating Area 9 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	41 42	275.54 280.41	296.20 301.44 308.73
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	43	287.18	308.73
53789PA0100004		Tobacco User/Non-Tobacco User	44	295.64	317.83
53789PA0100004		Tobacco User/Non-Tobacco User	45	305.59	336.11
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	46	317.44	349.11
53789PA0100004		Tobacco User/Non-Tobacco User	47	330.77	363.81
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	48	346.01	380.6
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	49	361.04	397.1
53789PA0100004 53789PA0100004 53789PA0100004	Rating Area 9 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	50 51 52	377.97 394.69 413.10	434.6i 453.8i 475.0i
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	53	431.72	496.4i
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	54	451.82	519.6i
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	55	471.93	566.3
53789PA0100004		Tobacco User/Non-Tobacco User	56	493.73	592.4
53789PA0100004		Tobacco User/Non-Tobacco User	57	515.74	618.8
53789PA0100004	Rating Area 9	Tobacco User/Non-Tobacco User	58	539.23	647.0:
53789PA0100004		Tobacco User/Non-Tobacco User	59	550.87	661.0-

53789PA010000	4 Pating Area 9	Tobacco User/Non-Tobacco User	60	574.36	717.96
53789PA010000 53789PA010000 53789PA010000	4 Rating Area 9 4 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	61 62 63	594.67 608.01 624.72	743.34 760.01 780.91
53789PA010000 53789PA010000 53789PA010000	4 Rating Area 9 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	64 and over 0-14	634.88 232.12 252.75	793.6i 232.1: 252.7i
53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	15 16 17	260.64 268.53	260.64 268.53
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	18 19 20	277.02 285.52 294.32	277.02 285.52 294.32
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	21 22	303.42 303.42 303.42	311.0 311.0 311.0
53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	23 24 25	303.42 304.63	311.0° 312.2°
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	26 27 28	310.70 317.98 329.82	318.4 325.9 338.0
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	29 30 31	339.53 344.38 351.66	348.0 352.9 360.4
53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	32 33	358.95 363.50	367.93 372.54
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	34 35 36	368.35 370.78 373.21	377.50 380.00 382.50
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	37 38	375.63 378.06 382.92	385.0 387.5 392.4
53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	40 41	387.77 395.05	416.8 424.6
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	42 43 44	402.03 411.74 423.88	432.1 442.6 455.6
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	45 46 47	438.14 455.13 474.25	481.9 500.6 521.6
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	48 49	496.09 517.63	545.7 569.4
53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	50 51 52	541.91 565.88 592.28	623.1 650.7 681.1
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	53 54 55	618.98 647.80 676.63	711.8 744.9 811.9
53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	56 57	707.88 739.43	849.4 887.3
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	58 59 60	773.11 789.80 823.48	927.7 947.7 1029.3
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 6 8 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	61 62 63	852.61 871.73 895.70	1065.7 1089.6 1119.6
53789PA010000 53789PA010000	8 Rating Area 6 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	64 and over 0-14	910.25 258.81	1137.8 258.8
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	15 16 17	281.81 290.61 299.41	281.8 290.6 299.4
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	18 19	308.88 318.35 328.16	308.8i 318.3i 328.1i
53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	21 21 22	338.31 338.31	346.7 346.7
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	23 24 25	338.31 338.31 339.67	346.7 346.7 348.1
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	26 27 28	346.43 354.55 367.75	355.01 363.43 376.9
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	29 30	378.57 383.99 392.11	388.0 393.5 401.9
53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	31 32 33	400.22 405.30	410.23 415.43
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	34 35 36	410.71 413.42 416.13	420.9 423.7 426.5
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	37 38 39	418.83 421.54 426.95	429.3 432.0 437.6
53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	40 41	432.36 440.48	464.79 473.53
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	42 43 44	448.27 459.09 472.62	481.8 493.5 508.0
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	45 46 47	488.52 507.47 528.78	537.3i 558.2i 581.6i
53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	48 49	553.14 577.16	608.4 634.8
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	50 51 52	604.23 630.95 660.39	694.8 725.6 759.4
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	53 54 55	690.16 722.30 754.44	793.6 830.6 905.3
53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	56 57	789.28 824.47	947.1 989.3
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	58 59 60	862.02 880.63 918.18	1034.4 1056.7 1147.7
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 7	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	61 62 63	950.66 971.97 998.70	1188.3 1214.9 1248.3
53789PA010000 53789PA010000	8 Rating Area 7 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	64 and over 0-14	1014.93 243.72 265.39	1268.6 243.7 265.3
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	15 16 17	273.67 281.95	273.6 281.9
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	18 19 20	290.87 299.79 309.03	290.8 299.7 309.0
53789PA010000 53789PA010000	8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	21 22	318.59 318.59 318.59	326.5 326.5 326.5
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	23 24 25	318.59 319.87	326.5 327.8
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	26 27 28	326.24 333.88 346.31	334.3 342.2 354.9
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	29 30 31	356.50 361.60 369.25	365.4 370.6 378.4
53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	32 33	376.89 381.67	386.3 391.2
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	34 35 36	386.77 389.32 391.87	396.4 399.0 401.6
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	37 38 39	394.42 396.96 402.06	404.2 406.8 412.1
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	40 41	407.16 414.81	437.70 445.9
53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	42 43 44	422.13 432.33 445.07	453.7 464.7 478.4
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	45 46 47	460.05 477.89 497.96	506.0 525.6 547.7 572.9
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	48 49	520.90 543.52	572.9 597.8 654.3
53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	50 51 52	569.00 594.17 621.89	683.3 715.1
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	53 54 55	649.93 680.19 710.46	747.4 782.2 852.5
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	56 57 58	743.27 776.41 811.77	891.9 931.6 974.1
53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	59 60	829.29 864.66	995.11 1080.8
53789PA010000 53789PA010000 53789PA010000	8 Rating Area 9 8 Rating Area 9	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	61 62 63	895.24 915.31 940.48	1119.0 1144.1 1175.6 1194.7
	8 Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	955.76	1194.72

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Benefit Summary

INDIVIDUAL PORTFOLIO

Plan Name	HIOS ID	Deductible	Coinsurance	Out-of-Pocket	PCP	Specialist	Emergency	Urgent	IP Hospital	Hi-Tech Imaging	Lab	OP Surgery	Small Group: Rx \$0
		(2x Family)		Maximum			Room	Care	per day,		Tier 1 Tier 2	Tier 1 Tier 2	Individual: Rx
									maximum of 5 days				
		In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	
									BRONZE PRO	DDUCTS			
ronze HMO 7450/0/50	53789PA010000800	\$7,450	0%	\$9,100	\$50	\$85	D/400	\$100	D	D	25 D/75	D D	Rx Ded: 0, Rx Gen - Ded Applies? N, Retail: 10 30 0 0, Mail: 25 75 0 0
atastrophic HMO 9200/0/0	53789PA010000400	\$9,200	0%	\$9,200	D/0	D	D	D	D	D	D/0% D/0%	D D	Rx Ded: 0, Rx Gen - Ded Applies? Y, Retail: 10 0 25 75, Mail: 25 0 62.5 187.5

Keystome Health Plan Central Individual Rates

Effects 1/1/2025
Benefit Change Summary

| Description | Red | Description | Red | Description | Red | Description | Counties | Columbrate | Columbrate

Benefit Cha	ange Summary																																				
				A	AV	Pric	cing AV	Metal	l Level	eductible: Tie	r 1(2x Family)	eductible: Tie	er 2(2x Family)	Coinsura	nce: Tier 1	Coinsura	nce: Tier 2	M	OOP	PCP:	Tier 1*	PCP:	Tier 2	SPC:	Tier 1	SPC:	Tier 2		ER	Ţ	UC	IP Hosp Copa	y Per Day	IP Hos	sp	High-End I	Imaging
On/Off Exchange New/Existing HIOS	Med Description	Rx Description	on Counties	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025
Off Exchange Existing 53789PA010000400 Catastr	rophic HMO 9200/0/0	All	All	60.2%	59.7%	73.2%	79.8%	Bronze	Bronze	9,450	9,200	9,450	9,200	0%	0%	0%	0%	9,450	9,200	D/0	D/0	D/0	D/0	D	D	D	D	D	D	D	D	N/A	N/A	D	D	D	D
Off Exchange Existing 53789PA010000800 Bronze	e HMO 7450/0/50	All	All	64.7%	64.9%	70.2%	83.4%	Bronze	Bronze	7,450	7,450	7,450	7,450	0%	0%	0%	0%	9,450	9,100	50	50	50	50	85	85	85	85	D/400	D/400	100	100	N/A	N/A	D	D	D	D

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Exhibit B_BenChange

Lov	v-End Imaging	Lab	b: Tier 1	Lah	b: Tier 2	OP I	Facility: Tier 1	OP 1	Facility: Tier	2 0)P Surgery: '	Tier 1	OP Surge	erv: Tier 2		Rx Dec	<u> </u>	Rx Gen Pı	ref: Ded Ap	olies?	Rx Gen Pr	ef: Coins	Rx Ge	ı Pref: Ref	ail Conav	Rx Gen Pr	f: Mail Co	nav k Gen	Non-Pref:	Ded Applie	Rx Gen N	Non-Pref: (oins x Ger	Non-Pref:	Retail Con	x Gen Nor	n-Pref: Mail	l Conarx B	and Pref: I	Ded Applies	Rx Bra	and Pref: Co	oins Rx B	Brand Pref:	Retail Con	na Rx Brand	Pref: Mail	ConavBrand	Non-Pref: D	Ded Appl Rx	Brand Non-	Pref: Coins	Brand Non-P	ref: Retail C	Brand No	n-Pref: Mail	CorSpecialty	Tier 1: De	d Appli Rx Sr	ecialty Tier	c 1: Coins F	Rx Specialty T	Tier 1: Max	Specialty Ti	er 2: Ded Am	li Rx Special	v Tier 2: Coi	oins Rx Spe	acialty Tier ^	2: M
2024		2024	2025	2024	2025	2024	2025	2024	4 202	25 20	024	2025	2024	2025	202		2025	2024	202	5	2024	2025	202	24	2025	2024	2025		024	2025	Rx Gen N 2024	202	25 2	024	2025	2024	202	25	2024	2025	2024	202	25 KA 2	2024	2025	2024	202	25 20)24 2	2025	2024	2025	2024	2025	2024	2025	2024	4 20	25 20	J24	2025	2024	2025	2024	2025	2024	2025	202/	24 2f	J25
D	D	D/0%	D/0%	D/0%	D/0%	D	D	D	D)	D	D	D	D	0.0	.00	0.00	Υ	Υ				10)	10	25	25		N	N	25%			0	0	0	0		Υ	Υ				25	25	63	63	3	Υ	Υ			75	75	188	188	Υ	•	/ 4 /	ე%	40%	800	800	Υ	Y	40%	40%	1000	رر 10	J00
D	D	25	25	D/75		D	D	D	D)	D	D	D	D			0.00	N	N				10)	10	25	25		N	N	0%	0%	ó	30	30	75	75	;	Υ	Υ				0	0	0	0)	Υ	Υ			0	0	0	0	Υ	V	50	10% 4 50% !	50%	800	800	Υ	Υ	50%	50%	1000	.0 10	J00
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Keystone Health Plan Central Individual Rates Effective 1/1/2025 Benefit Categories

IP OP Professional	Type of Service
Inpatient Inpatient	IP - CABG IP - Cesarean Maternity Delivery
Inpatient	IP - Major Joint Procedures of Lower Extremity
Inpatient	IP - Maternity Non-delivery
Inpatient Inpatient	IP - Medical IP - Neonatal
Inpatient	IP - Newborn
Inpatient	IP - Normal maternity delivery
Inpatient	IP - Other Cardiovascular Procedures
Inpatient Inpatient	IP - Other Surgical IP - Psychiatric
Inpatient	IP - Substance Abuse
Inpatient	IP - Ungroupable
Outpatient	OP - Blood OP - Cardiac Rehab
Outpatient Outpatient	OP - Cardiovascular
Outpatient	OP - Dialysis
Outpatient	OP - Emergency Room
Outpatient Outpatient	OP - Maternity Non-delivery Care OP - Observation Room
Outpatient	OP - Other OP Services
Outpatient	OP - PT/OT/ST
Outpatient	OP - Pathology/Lab
Outpatient Outpatient	OP - Pharmacy OP - Psychiatric
Outpatient	OP - Radiology - CT/MRI/PET
Outpatient	OP - Radiology - General
Outpatient Outpatient	OP - Substance Abuse OP - Surgery
Outpatient	OP - Unmapped
Professional	ADDL Benefits Other
Professional	Hearing Aids
Professional Professional	IP Visits - IP Psychiatric IP Visits - IP Substance Abuse
Professional	IP Visits - IP Substance Abuse IP Visits - Medical
Professional	Inpatient Surgery - Primary Surgeon
Professional	Inpatient Surgery - Assistant Surgeon
Professional Professional	Inpatient Surgery - Assistant Surgeon Maternity - Cesarean Deliveries
Professional	Maternity - Non Deliveries
Professional	Maternity - Normal Deliveries
Professional Professional	Office Administered Drugs Office/Misc - Allergy Immunotherapy
Professional	Office/Misc - Allergy Testing
Professional	Office/Misc - Misc. Medical
Professional	Office/Misc - Office/Home Visits
Professional Professional	Office/Misc - Urgent Care Other Physician - Cardiovascular
Professional	Other Physician - Chiropractor
Professional	Other Physician - Consults
Professional	Other Physician - Emergency Room Visits
Professional Professional	Other Physician - Physicial Therapy Pathology/Lab - IP
Professional	Preventive care - Hearing/Speech Exams
Professional	Preventive care - Immunization
Professional Professional	Preventive care - Other
Professional Professional	Preventive care - Physical Exams Preventive care - Well Baby Exams
Professional	Radiology - IP
Professional	Unmapped ADDI Box Gra Other
Professional Professional	ADDL Benefits Other Hearing Aids
Professional Professional	IP Visits - Medical
Professional	Independent Lab
Professional Professional	Maternity - Cesarean Deliveries
Professional Professional	Maternity - Non Deliveries Maternity - Normal Deliveries
Professional	OP Visits - OP Psychiatric
Professional	OP Visits - OP Substance Abuse
Professional	Office Administered Drugs
Professional Professional	Office/Misc - Allergy Immunotherapy Office/Misc - Allergy Testing
Professional	Office/Misc - Misc. Medical
Professional	Office/Misc - Office/Home Visits
Professional	Office/Misc - Urgent Care Other Physician - Cardiovascular
Professional Professional	Other Physician - Cardiovascular Other Physician - Chiropractor
Professional	Other Physician - Consults
Professional	Other Physician - Emergency Room Visits
Professional Professional	Other Physician - Physicial Therapy Outpatient Surgery - Anesthesia
Professional Professional	Outpatient Surgery - Anesthesia Outpatient Surgery - Office
Professional	Outpatient Surgery - Outpatient Facility
Professional	Pathology/Lab - OP
Professional Professional	Pathology/Lab - Office Preventive care - Hearing/Speech Exams
Professional Professional	Preventive care - Hearing/Speech Exams Preventive care - Immunization
Professional	Preventive care - Other
Professional	Preventive care - Physical Exams
Professional	Preventive care - Well Baby Exams Radiology - OP - CT/MRI/PET
Professional Professional	Radiology - OP - CT/MRI/PET Radiology - OP - General
Professional	Radiology - Office - CT/MRI/PET
Professional	Radiology - Office - General
Professional Other Medical	Unmapped
Other Medical Other Medical	Unmapped OP - Ambulance
Other Medical	OP - DME
Other Medical	OP - Home Health/PDN
Other Medical	OP - Medical Surgical Supplies
Other Medical	Dental Other - Ambulance
Other Medical	Other - DME
Other Medical Other Medical	
Other Medical Other Medical	Other - Glassess/Contacts
Other Medical Other Medical Other Medical	Other - PDN/Home Health
Other Medical Other Medical Other Medical Other Medical	Other - PDN/Home Health Other - Prosthetics
Other Medical Other Medical Other Medical	Other - PDN/Home Health
Other Medical	Other - PDN/Home Health Other - Prosthetics Preventive care - Vision Exams Dental Other - Ambulance
Other Medical	Other - PDN/Home Health Other - Prosthetics Preventive care - Vision Exams Dental Other - Ambulance Other - DME
Other Medical	Other - PDN/Home Health Other - Prosthetics Preventive care - Vision Exams Dental Other - Ambulance

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Benefit Mix Changes

Benefit Mix Calculation

	Manual Cost PMPM
Average in Experience Period	250.11
Average in Rating Period	254.46
Benefit Mix Adjustment	1.017

			4,37	371			6,576
BEP Manual	Cost Calculation	250.11	4,37	371	Projected 2025 Manual Co	254.46	6,576
							Proj Member
Company	HIOS 14 Digit	Manual Cost PMPM	BEP MM		HIOS 14 Digit	<u>Total</u>	<u>Dist</u>
KHPC	53789PA0100008	250.74	3,892		53789PA0100008	254.99	6,252
KHPC	53789PA0100004	245.00	479		53789PA0100004	244.24	324

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Network Mix Changes

Network Change			1.000
Projected MemberMonths	6,576	100.0%	1.000
НМО	6,576	100.0%	1.00
<u>BEP</u>	4,371	100.0%	1.000
HMO	4,371	100.0%	1.00

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Benefit Additions

Senate Bill 8 - Coverage of mammographic examinations and diagnostic breast imaging at no cost share

Additional Claim PMPM \$0.20

MHPAEA - Add Autism coverage to Small Group and Individual Plans

Additional Claim PMPM \$0.40 Benefit Change Factor 1.001

Keystone Health Plan Central Individual Rates Effective 1/1/2025

Trend

Trend by Service Category

		Year 1			Year 2					
<u>Category</u>	<u>Cost</u>	<u>Util</u>	Induced Demand	<u>Cost</u>	<u>Util</u>	Induced Demand	Total Year 1	Total Year 2	Weights	Total Weights
Inpatient Hospital	5.00%	0.50%	0.00%	5.70%	0.50%	0.0%	5.5%	6.2%	49.4%	42%
Outpatient Hospital	5.10%	1.00%	0.00%	5.60%	1.00%	0.0%	6.2%	6.7%	30.0%	26%
Professional	5.90%	1.00%	0.00%	4.60%	1.00%	0.0%	7.0%	5.6%	17.1%	15%
Other Medical	5.10%	0.50%	0.00%	5.60%	0.50%	0.0%	5.6%	6.1%	3.3%	3%
Capitation	3.00%	0.00%	0.00%	3.00%	0.00%	0.0%	3.0%	3.0%	0.2%	0%
Prescription Drug	7.90%	1.10%	0.00%	7.00%	1.00%	0.0%	9.1%	8.1%	100.0%	14%
Dental & Vision	0.00%	1.00%	0.00%	0.00%	1.00%	0.0%	1.0%	1.0%	100.0%	100%

Aggregate Pricing Tr	end Year 1
Total	6.4%
Medical	6.0%
Drug	9.1%
Agg Med + Rx Trend	6.4%
Dental and Vision	1.0%

Aggregate Pricing Tr	end Year 2
Total	6.5%
Medical	6.2%
Drug	8.1%
Agg Med + Rx Trend	6.5%
Dental and Vision	1.0%

Average Pricing	Trend_
Total	6.5%
Medical	6.1%
Drug	8.6%
Agg Med + Rx Trend	6.5%
Dental and Vision	1.0%

Year	1	Raw	Trends*
1 Cai	1	1Xa w	richus

Year 2 Raw Trends*	
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Total Train Honor				1 001 2	Tta (i Trollas			
URRT Categories	Cost	<u>Utilization</u>	Induced Demand	<u>Composite</u>	Cost	<u>Utilization</u>	Induced Demand	<u>Composite</u>
Inpatient Hospital	5.0%	0.5%	0.0%	5.6%	5.7%	0.5%	0.0%	6.2%
Outpatient Hospital	5.1%	1.0%	0.0%	6.1%	5.6%	1.0%	0.0%	6.7%
Professional	5.9%	1.0%	0.0%	7.0%	4.6%	1.0%	0.0%	5.6%
Other Medical	5.1%	0.5%	0.0%	5.6%	5.6%	0.5%	0.0%	6.2%
Capitation	3.0%	0.0%	0.0%	3.0%	3.0%	0.0%	0.0%	3.0%
Prescription Drugs	7.9%	1.1%	0.0%	9.1%	7.0%	1.0%	0.0%	8.1%
Dental & Vision	0.0%	1.0%	0.0%	1.0%	0.0%	1.0%	0.0%	1.0%

^{*}From Hospital and Physician Trend Models

Adjustments to Pricing Trend

	<u>Medical</u>	<u>Drug</u>	7
Intensity	0.0%	Contracting	0.0%
Leveraging	0.0%	Leveraging	0.0%
Demographics	0.0%	Demographics	0.0%
Buy-Downs	0.0%	Buy-Downs	0.0%
Other	0.0%	Pipeline	0.0%
Total	0.0%	Total	0.0%

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Keystone Health Plan Central Individual Rates Effective 1/1/2025 URRT

Experience Period Member Months

4,371

Section II: Projections		•	Year 1 Trend	Y	ear 2 Trend					
							Trended EHB			
	Experience Perio	d Index Rate					Allowed Claims			
Benefit Category	PMPM		Cost	Utilization	Cost	Utilization	PMPM	Incurred	Allowed	PMPM
Inpatient Hospital	\$	285.97	1.050	1.005	1.057	1.005	320.57 \$	1,217,740	\$ 1,249,995	\$ 285.97
Outpatient Hospital	\$	173.38	1.051	1.010	1.056	1.010	196.29 \$	479,906	\$ 757,861	\$ 173.38
Professional	\$	99.19	1.059	1.010	1.046	1.010	112.08 \$	293,929	\$ 433,573	\$ 99.19
Other Medical	\$	18.93	1.051	1.005	1.056	1.005	21.22 \$	66,892	\$ 82,757	\$ 18.93
Capitation	\$	1.16	1.030	1.000	1.030	1.000	1.23 \$	5,057	\$ 5,057	\$ 1.16
Prescription Drug	\$	95.00	1.079	1.011	1.070	1.010	112.00 \$	340,730	\$ 415,251	\$ 95.00
Total	\$	673.63					763.39			\$ 673.63

Change in Morbidity - Impact of Reinsurance Progra	1.000
Change in Morbidity - All Other	0.570
Total Morbidity	0.570
*Other	
Change in Demographics	1.000
Change in Network	1.000
Change in Benefits	1.001
Change in Other	1.000
Projected Index Rate	435.57

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Paid to Allowed Ratio Development

Medical Rate Development

Medical Rate Development				
Base Experience Period:	1/1/2023 - 12/31/2023			
Data as of	2/28/2024			
Rating Period:	1/1/2025 - 12/31/2025			
Trend Months:	24			
Average 2 Year Trend:	6.1%			

1	Medical Paid and Incurred Claims Net CSR*	2,013,799
2	Completion Factor	0.98
3	BEP Completed Claims (1) / (2)	2,046,139
4	BEP Member Months Net CSR*	4,371
5	BEP Completed Claim PMPM (3) / (4)	468.12
6	Trend Factor	1.13
7	Trended Claim PMPM (5) x (6)	526.99
8	Benefit Change Factor	1.02
9	Morbidity Adjustment	0.570
10	Network	1.000
11	Capitation	5,057
12	Capitation PMPM	1.16
13	Senate Bill 8 and Autism	0.60
14	Other Adjustment	1.000
15	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (12)] x (13) x (14)	307.36

	Expected Claim PMPM in
	Rating Period
Medical	307.36
Drug	53.29
Pediatric Dental	1.60
Pediatric Vision	0.04
Expected Distribution of Embedded Dental Benefit	100%
Total Expected Incurred in Rating Period	362.30
Total Expected Incurred in Rating Period Net RA and Reinsurance + Exchange Fee	444.41
Projected Allowed Net CSR*	435.57
Paid to Allowed Ratio	0.832

^{*}Claims and MemberMonths are net of CSR claims/members

Drug Rate Development				
Base Experience Period:	1/1/2023 - 12/31/2023			
Data as of	2/28/2024			
Rating Period:	1/1/2025 - 12/31/2025			
Trend Months:	24			
Average 2 Year Trend:	8.6%			

Pediatric Dental Rate Development			
Base Experience Period:	1/1/2023 - 12/31/2023		
Data as of	2/28/2024		
Rating Period:	1/1/2025 - 12/31/2025		
Trend Months:	24		
Average 2 Year Trend:	1.0%		

Pediatric Vision Rate Development				
Base Experience Period:	1/1/2023 - 12/31/2023			
Data as of	2/28/2024			
Rating Period:	1/1/2025 - 12/31/2025			
Trend Months:	24			
Average 2 Year Trend:	1.0%			

1 BEP Paid and Incurred Claims Net Rx Rebates	340,730	1 B	BEP Paid and Incurred Claims	11,835	1	BEP Paid and Incurred Claims	265
2 Completion Factor	1.000	2 C	Completion Factor	0.983	2	Completion Factor	0.931
3 BEP Completed Claims (1) / (2)	340,730	3 B	BEP Completed Claims (1) / (2)	12,043	3	BEP Completed Claims (1) / (2)	284
4 BEP Member Months Net CSR*	4,371	4 B	BEP Member Months	4,371	4	BEP Member Months	4,371
5 BEP Completed Claim PMPM (3) / (4)	77.95	5 B	BEP Completed Claim PMPM (3) / (4)	2.76	5	BEP Completed Claim PMPM (3) / (4)	0.06
6 Trend Factor	1.18	6 T	Frend Factor	1.02	6	Trend Factor	1.02
7 Trended Claim PMPM (5) x (6)	91.90	7 T	Frended Claim PMPM (5) x (6)	2.81	7	Trended Claim PMPM (5) x (6)	0.07
8 Benefit Change Factor	1.02	8 B	Benefit Change Factor	1.00	8	Benefit Change Factor	1.00
9 Morbidity Adjustment	0.57	9 N	Morbidity Adjustment	0.57	9	Morbidity Adjustment	0.57
10 Network	1.000	10 N	Network	1.00	10	Network	1.00
11		11			11		
12		12			12		
13 Other Adjustment	0.000	13 O	Other Adjustment	0.000	13	Other Adjustment	0.000
14 Other Adjustment	1.000	14 O	Other Adjustment	1.000	14	Other Adjustment	1.000
15 Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) - (12)] x (13) x (14)	53.29	15 T	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10)] x (13) x (14)	1.60	15	Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10)] x (13) x (14)	0.04

The Paid-to-Allowed Ratio is developed by removing CSR claims and membership so not to overcount the impact of CSR

Additional incurred claims due to CSR are covered by the CSR defunding factor seperately

This calculation is gross of reinsurance - both the paid and allowed amounts are gross of reinsurance

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Retention

	$\underline{Medical + Rx}$	<u>Dental</u>	Vision
Reinsurance Contribution	\$0.00	\$0.00	\$0.00
Risk Adjustment Fee	\$0.20	\$0.00	\$0.00
Admin PMPM	\$47.23	\$1.71	\$0.38
Broker PMPM	\$9.71	\$0.00	\$0.00
Placeholder1	\$0.00	\$0.00	\$0.00
Placeholder2	\$0.00	\$0.00	\$0.00
Placeholder3	\$0.00	\$0.00	\$0.00
Quality Improvement	0.0%	0.0%	0.0%
Contingency	2.0%	2.0%	2.0%
Patient-Centered Outcomes Research Trust Fund:	\$0.27	\$0.00	\$0.00
Insurer Tax	0.0%	0.0%	0.0%
Exchange Fee	\$0.00	\$0.00	\$0.00
Federal Income Tax	0.5%	0.5%	0.5%
Premium Tax	0.0%	0.0%	0.0%

<u>Total</u>	% of Premium			
\$0.00	0.0%			
\$0.20	0.04%			
\$49.32	9.7%			
\$9.71	1.9%			
\$0.00	0.0%			
\$0.00	0.0%			
\$0.00	0.0%			
0.0%	0.0%			
2.0%	2.0%			
\$0.27	0.1%			
0.0%	0.0%			
\$0.00	0.0%			
0.5%	0.5%			
0.0%	0.0%			

Insurer Tax and Admin Fee Calc

Applied HIF to All Quarters

0.00%

Quarter	% of Enrollees	HIF		2022 assessmer	2023 assessment
1	100%	0.00%	0	0.0%	0.0%
			3	0.0%	0.0%
			6	0.0%	0.0%
			9	0.0%	0.0%

	<u>Admin</u>	<u>Profit</u>	<u>Taxes</u>
	11.7%	2.0%	0.6%
Claims	9.8%		
Broker	1.9%		
Quality Improvement	0.0%		

Plan Deductible Expected Claim Cost Expected Premium PMPM *	Bronze HMO 7450/0/50 7450 445.79 \$518.41	Catastrophic HMO 9200/0/0 9200 276.14 \$344.36
Allowed Adjustments to Premium for MLR		
Reinsurance Contribution	0.00	0.00
Patient-Centered Outcomes Research Trust Fund:	0.27	0.27
Risk Adjustment Fee	0.20	0.20
Premium Tax	0.00	0.00
Insurer Tax	0.00	0.00
Exchange Fee	0.00	0.00
Quality Improvement	0.00	0.00
Federal Income Tax**	2.18	1.45
MLR Adjusted Claims	\$445.79	\$276.14
MLR Adjusted Premium	\$515.77	\$342.44
Expected Member Distribution	95.1%	4.9%

Claims	\$437.43
Unadjusted Premium	\$509.84
Expected MLR Adjusted Claims	\$437.43
Expected MLR Adjusted Premium	\$507.23

MLR	86.2%

^{*} From Exhibit L

^{**21%} of profit or contingency (assumed to be 2%)

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Projected Index Rate

Projected Index Rate	\$435.58				
Effective Date	Total Index Rate	Trend	Distribution of Members	Projected Allowed	Market Adjusted Index Rate
January - December	\$435.58		100%	\$435.58	
Average for Projection Period	\$435.58			\$435.58	\$534.30

^{*} From URRT and Exhibit B

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Market Adjusted Index Rate

Development of Market Adjusted Index Rate

Development of trialited flag about the contract		
Q1 Index Rate	435.58	Iı
Paid to Allowed	0.83	Γ
Q1 Projected Claims	362.31	
Net Projected ACA Reinsurace Recoveries	20.02	
Net Projected Risk Adjustments PMPM	-102.13	
Exchange User Fee Adjustment	0.00	
Q1 Market-Adjusted Projected Paid EHB Claims PMPM	444.42	
Q1 Market Adjusted Index Rate	534.30	

Index Rate Calculated in II Rate Development & Change Differs slightly from URRT due to rounding

Development of Exchange User Fee

Average Exchange Premium	\$0.00
Average Exchange Fee	\$0.00
Percentage of Membership on Exchange	6%
Normalized Exchange Fee for Retention	89%
Exchange Fee to Add to Market Index Rate	\$0.00

Development of Risk Adjustment Projection

Projected 2025 Risk Adjustment Transfer	-\$102.13

Rate Development by Benefit Option	Off Exchange	Off Exchange	
Level of Coverage	Bronze	Bronze	
HIOS 16 Digit	53789PA010000800	53789PA010000400	
HIOS Plan ID	53789PA0100008	53789PA0100004	
		Catastrophic HMO	
Med Plan Name:	Bronze HMO 7450/0/50	9200/0/0	
Rx:	All	All	
Plan Type:	НМО	HMO	
HRA	N	N	
Q1 Market Adjusted Index Rate	534.30	534.30	
AV and Cost-Sharing Adjustment	0.83	0.80	
Network	1.000	1.000	
Non-Funding of CSR Adjustment	1.000	1.000	
Catastrophic Adjustment	1.000	0.660	
Induced Demand	1.001	0.981	
Plan Pricing Relativities:			
Pricing Relativity	1.000	0.619	
Total Projected Claims PMPM + Market Level Adjustments:	445.79	276.14	
Retention			
Admin PMPM	\$49.32	\$49.32	
Broker PMPM	\$9.71	\$9.71	
Risk Adjustment User Fee	\$0.20	\$0.20	
PCORTF	\$0.27	\$0.27	
Value-Based Benefits	\$0.00	\$0.00	
BCBSA Identity Theft	\$0.00	\$0.00	
Premium Tax	0.0%	0.0%	
Federal Income Tax	0.5%	0.5%	
Insurer Tax	0.0%	0.0%	
Contingency	2.0%	2.0%	
Quality Improvement	0.0%	0.0%	
Dramium Mautualite	1 71	1 71	
Premium Neutrality Total Premium Single Rate	1.71	1.71	
Total Premium Single Rate:	\$303.42	\$201.55	
Plan Adjusted Index Rates	\$518.41	\$344.36	
Expected Member Distribution	95.1%	4.9%	
	\$59.03	\$59.03	
Admin	11.4%	17.1%	
Taxes	0.6%	0.7%	

Exhibit M_PlanAdjInd **Benefit Plans** 100% 6,576

Average Plan Adj Ul Plan Adj Index I Rate Medical & Rx Dental & Vision Aggregate Trend Q1 Calibrated Plan Index Q2 Calibrated Plan Index Q3 Calibrated Plan Index Q4 Calibrated Plan Index Calibrated Index from PA Exhibits % Admin % Taxes Plan ID (14) HIOS ID (16) Projected Membership Proj MM New or Existing Product ID Plan ID (14) On/Off Exchange Metal Level Metal Value Pricing Value Network Induced Demand Catastophic **Combo Description** 6.40% 1.0% 6.40% 6.40% 1.0% 6.40% 95.1% 6,252 Existing 53789PA010 53789PA0100008 Off Exchange Bronze 64.9% 83.4% 1.00 1.00 Bronze HMO 7450/0/50 11.4% 0.6% 53789PA0100008 53789PA010000800 Catastrophic HMO 9200/0/0 Bronze HMO 7450/0/50 \$303.42 Catastrophic HMO 9200/0/0 4.9% 324 Existing 53789PA010 53789PA0100004 Off Exchange Bronze 59.7% 79.8% 1.00 0.98 Catastrophic HMO 9200/0/0 9200 Combined Embedded Embedded \$201.55 201.55 17.1% 0.7% 53789PA0100004 53789PA010000400 Bronze HMO 7450/0/50 \$344.36 \$344.36 KHPC

5/10/2024

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Calibration

Expected Average Age Factor:	1.599
List-Billed Adjustment for Max 3 Children	1.002
Adjusted Average Age Factor	1.595
Expected Average Region Factor:	1.06
Expected Average Tobacco Factor	1.006
Cumulative Rating Factors (Premium Neutrality):	1.71

lative Rating Fac	tors (Premium Neutrality):	1./1						
	Age Factors			Region Factors		Т	obacco F	actors
<u>Age</u>	Distribution of Population	Age Factor	Region	<u>Distribution of Population</u>	<u>Factor</u>	<u>PPO</u>	<u>HMO</u>	Final Factor
0-14	12.59%	0.765	6	37%	1.0000	1.006	1.010	1.006
15	0.36%	0.833	7	51%	1.1150			
16	1.82%	0.859	9	12%	1.0500			
17	1.46%	0.885						
18	1.09%	0.913						
19	1.64%	0.941						
20	1.28%	0.970						
21	1.28%	1.000						
22	1.46%	1.000						
23	0.73%	1.000						
24	1.28%	1.000						
25	0.18%	1.004						
26	1.28%	1.024						
27	1.09%	1.048						
28	0.00%	1.087						
29	1.09%	1.119						
30	2.37%	1.135						
31	0.91%	1.159						
32	1.82%	1.183						
33	1.64%	1.198						
34	2.19%	1.214						
35	1.09%	1.222						
36	1.09%	1.230						
37	2.55%	1.238						
38	1.28%	1.246						
39	1.64%	1.262						
40	1.09%	1.278						
41	2.55%	1.302						
42	2.19%	1.325						
43	2.74%	1.357						
44	2.55%	1.397						
45	2.74%	1.444						
46	2.37%	1.500						
47	2.19%	1.563						
48	1.82%	1.635						
49	0.91%	1.706						
50	1.82%	1.786						
51	1.28%	1.865						
52	1.46%	1.952						
53	1.64%	2.040						
54	2.01%	2.135						
55	1.82%	2.230						
56	2.37%	2.333						
57	1.82%	2.437						
58	2.19%	2.548						
59	3.10%	2.603						
60	2.74%	2.714						
61	2.37%	2.810						
62	2.37%	2.873						
63	3.10%	2.952						
64+	3.47%	3.000						

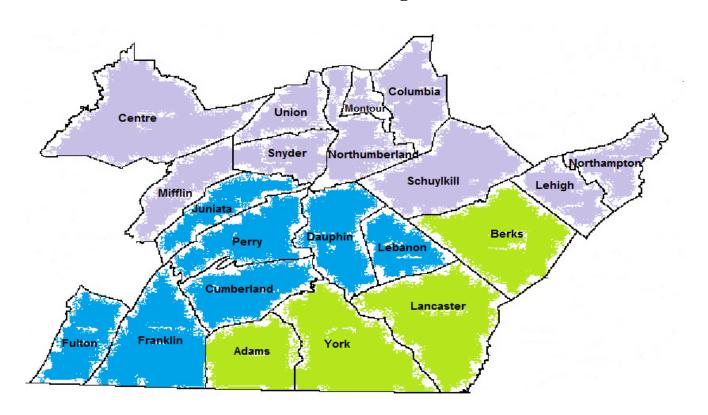
Filing 23-33

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Rating Factors

Age Factors

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

Region



<u>Region</u>	<u>Factor</u>
6	1.000
7	1.115
9	1.050

<u>Network</u>	<u>Factor</u>
HMO	1.00

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Regional Rating Factors

2023 CAAC Individual Data - Loss Ratio is (Total Claims - Reinsurance)/(Premium+Risk Adj)

							<u>Proposed</u>
Rating Area	<u>Network</u>	Curr Members	Loss Ratio	BEP Region	Current Region	Formula Region	Region
Rating Area 6	PPO	19,379	84%	1.00	1.00	1.00	1.000
Rating Area 7	PPO	17,665	86%	1.14	1.13	1.17	1.115
Rating Area 9	PPO	15,595	92%	0.98	1.025	1.08	1.050
Total		52,639			1.05	1.08	1.05

5/10/2024

1/1/2025 - 12/31/2025 **Combo Description** Plan ID On/Off Exchange Metal Level Metal Value Pricing Value Induced Demand Product Pediatric Dental **Total Dental & Vision Medical Plan Description**
 53789PA010
 53789PA0100008
 Off Exchange
 Bronze
 64.9%
 83.4%

 53789PA010
 53789PA0100004
 Off Exchange
 Bronze
 59.7%
 79.8%
 6,252 1.00 0.98 \$51.20 \$33.88 \$0.25 \$0.25 \$303.42 \$201.55 Bronze HMO 7450/0/50 6.4% Bronze HMO 7450/0/50 95.1% HMO Combined Embedded \$301.19 \$249.99 \$1.98 1.0% 324 Catastrophic HMO 9200/0/0 HMO 6.4% 4.9% Existing Catastrophic HMO 9200/0/0 9200 Combined Embedded Embedded \$199.32 \$165.44 \$1.98 1.0%

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Morbidity Factor Calculation

Morbidity Factor Applied
0.570

^{*}Applied to KHPC to align rates with CAAC and consider previous favorable experience

Keystone Health Plan Central Individual Rates Effective 1/1/2025 MLR Exhibit

	MLR	Member	Months	
Calendar Year	Actual	Pricing	Actual	Pricing
2020	81.04%	83.72%	12,232	17,727
2021	67.97%	86.83%	7,216	12,420
2022	63.75%	85.76%	5,196	8,009

Keystone Health Plan Central Individual Rates Effective 1/1/2025 Claim Cost Projection

	Paid		Paid Risk Adjustment Exhange User Fees		Iser Fees	Market Adjusted Paid		
Year	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual
2020	\$307.76	\$282.54	-\$111.62	-\$169.47	\$0.00	\$0.00	\$419.38	\$452.01
2021	\$371.09	\$264.63	-\$121.49	-\$133.61	\$0.00	\$0.00	\$470.05	\$398.24
2022	\$314.45	\$335.60	-\$166.56	\$6.81	\$0.00	\$0.00	\$459.93	\$328.79
2023	\$301.66	\$550.05	-\$134.12	-\$102.13	\$0.00	\$0.00	\$417.75	\$652.18

KEYSTONE HEALTH PLAN CENTRAL

Standard Questions Individual Rates Effective January 1, 2025

Question 1 – **Membership.** If the projected membership for plan year 2025 significantly differs from the current 2/1/2024 membership, please explain why.

Answer 1. The projected membership for plan year 2025 does not significantly differ from the current 2/1/2024 membership.

Question 2 – Experience Period Claims.

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

Answer 2.

- a. I confirm that all claims which are capitated have been removed from the experience period claims.
- b. I confirm that all non-EHB claims have been removed from the experience period claims.
- c. Drug rebates are projected to be trended at the drug trend. This change has been reflected in the rate development in Exhibit G_PdtoAll. Paid and allowed claims are net of rebates similar to the URRT.

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

Answer 3.

- a. I confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. I also confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.
- b. There are no adjustments in the rate dev due to COVID.

c. Capital will revert to handling COVID testing by application of normal benefits and cost sharing. Coverage for OTC COVID tests will be discontinued. COVID vaccinations will be covered as part of the preventive benefit at 100%.

Question 4 – Trend.

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

Answer 4.

- a. N/A
- b. N/A

Question 5 – 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.
- 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.
- 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.

Answer 5.

- a. I confirm that the federal income tax in calculated using a Federal Income Tax Rate of 21%.
- b. I confirm that the Risk Adjustment User Fee PMPM is consistent with the HHS Final Notice of Benefit and Payment Parameters for plan year 2025.
- c. Brokers are paid more for new business to appropriately compensate them for the additional time required to enroll a new member over an existing member, i.e. marketing and the time to educate a new enrollee over a renewal.

Broker Commissions

	OEP	SEP
New	\$22.00	\$22.00
Renewing	\$18.00	\$18.00

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

Answer 6.

- a. I confirm that the Pricing AVs were calculated using a single risk pool.
- b. Capital uses Milliman, Inc. Health Cost Guidelines Commercial Rating Structures (for active employees) to develop benefit relativities, which translate into pricing AVs.
 Below, I am pulling from Milliman's methodology description. Anything in quotations is directly from Milliman, Inc.

"Milliman utilizes an enrollment and utilization database of full medical and prescription drug claims experience for over 78 million lives, of which approximately 41 million lives were selected and used as the primary source in developing the [model]. Other sources include a database of inpatient admission representing a large percentage of all admissions nationwide, retail pharmacy information, and other reference data sources." CBC adjusts nationwide data to CBC's average costs and contracting in our service area.

Capital uses the actuarial cost model noted above to measure the impact of cost-sharing designs on cost and utilization amounts by service category. The cost model shows frequency per 1,000 per year by type of service (IP, OP, Professional), and allowed cost per service for each of the same types of service, normalized to a \$0 office visit copayment and a \$25 ER copayment. Given a particular benefit design (for example, \$20 office visit copayment), utilization is adjusted from the benchmark based on assumed utilization change factors, and cost per service is reduced by the copayment or coinsurance per service. Cost and utilization are multiplied together to derive a PMPM by service, summed for all services. The impact of global deductible, coinsurance, and out-of-pocket max is then measured based on cumulative probability distributions (CPDs), where the value of services that apply to the CPDs adjusts the level of the curve, as well as global utilization adjustments.

The reference to actuarial judgment in the memorandum is a general statement to show that the model is evaluated regularly to ensure pricing relativities are reasonable. For this filing, all pricing AVs are developed in the Milliman model.

The pricing AV is calculated relative to the paid-to-allowed ratio. It is important to note that the average pricing AV in Table 10 matches the pricing AV calculated in Exhibit G, so rates are not inflated. Relativities are developed from Capital's manual cost model.

Question 7 – Expanded Bronze Plans. Please provide an exhibit which demonstrates that the criteria for expanded bronze plans have been met.

Answer 7. Please see the following file for an exhibit which demonstrates that expanded bronze plans have been met.

"Ind_24-56_Initial_KHP_HMO_ExpandedBronze_Supporting_20240515.xlsx"

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

Answer 8.

- a. The proposed 2025 geographic rating area factors are changing from 2024. The qualitative and quantitative support are found in the actuarial memorandum, Calibrated Plan Adjusted Index Rates, Geographic Factor Calculation.
- b. The proposed 2025 network factors are changing from 2024, and two additional networks are being offered. The qualitative and quantitative support are found in the actuarial memorandum, Plan Adjusted Index Rates, 3. Provider Network.

Question 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 pricing information is from the plan year 2021 annual filing submitted in 2020)
- b. Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.
- c. Does the insurer expect to pay MLR rebates for the 3-year period above?

Answer 9.

a. The MLR Exhibit is below:

	ML	R	Member	Months
Calendar Year	Actual	Pricing	Actual	Pricing
2020	81.04%	83.72%	12,232	17,727
2021	67.97%	86.83%	7,216	12,420
2022	63.75%	85.76%	5,196	8,009

- b. Historically, the projected MLR has been higher than actual due to instability in the Individual market, making both claim and risk adjustment projections difficult to predict.
- c. KHPC does not expect to refund any MLR rebates in the BEP.

Question 10 – Plan of Withdrawal.

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

Answer 10.

a. I confirm that a Plan of Withdrawal has been submitted for discontinued plans.

Question 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.

Answer 11

a. Capital does not have any transitional plans and does not foresee migration from transition members into ACA-compliant plans.

Question 12 – Copay Adjustment Programs.

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

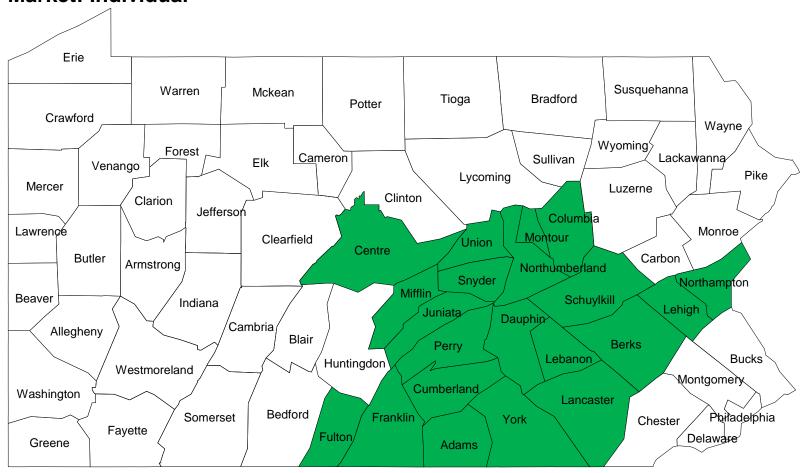
Answer 12

- a. Capital will be using a copay accumulator program for plan year 2025.
- b. Coupons do not apply to the MOOP.
- c. Capital started the copay accumulator program in 2024. Since the 2025 plan year filing uses 2023 BEP, Capital does not have sufficient data to make pricing conclusions. The assumed pricing impact in the 2025 filings is 0%.

2024 Service Area

Issuer: 53789

Market: Individual



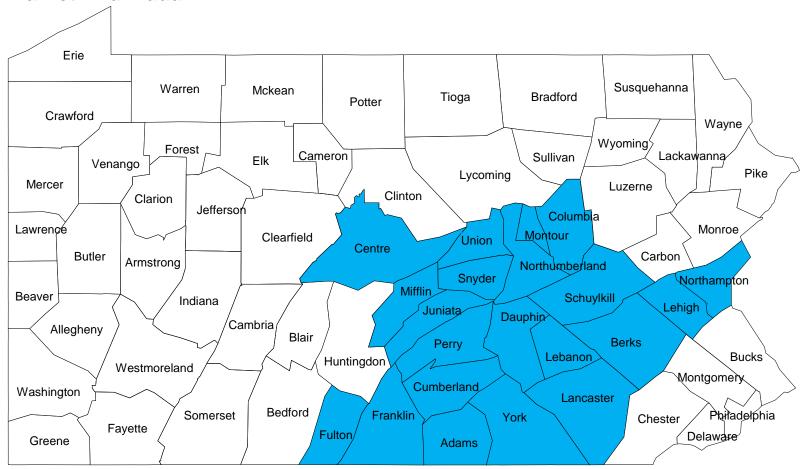
Key (modify as needed)

: 2024 on-exchange service area: 2024 off-exchange only service area

2025 Service Area

Issuer: 53789

Market: Individual



Key (modify as needed)

: 2025 on-exchange service area

: 2025 off-exchange only service area