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## **QCC – Individual Plans**

Rate request filing ID # INAC-134056107 – 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 <a href="https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx">https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx</a>

### Overview

Initial request average rate change: 8.61% Revised requested average rate change: 8.61%

Range of requested: 7.57% to 9.53% Effective date: January 1, 2025

Mapped members: 34,031
Available in: Rating Area 8

### **Key Information**

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

Premiums	\$329,972,047
Claims	\$238,146,259
Administrative Expenses	\$21,577,825
Taxes & Fees	\$21,009,066
Insurer made (after taxes)	\$49,238,896

### How insurer plans to spend your premium

This is how the insurance company plans to spend

the premium it collects in 2025

Claims: 85%
Administrative: 8%

Taxes & Fees: 5%

Profit: 2%

The insurer expects its annual medical costs to increase 8.6%.

### **Explanation of Requested Rate Change:**

Premium rates for health care insurance are increasing as the cost of health care service rise.

<sup>&</sup>lt;sup>1</sup> 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.

# Independence 🚭

May 15, 2024

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

### **SUBMITTED VIA SERFF**

RE: QCC Insurance Company, Inc. Individual PPO Rate Filing effective 1/1/2025 INAC-134056107

Dear Ms. Swartz:

Attached is the 2025 annual rate filing for PPO plans of QCC Insurance Company, Inc. (QCC) in the Individual (non-group) marketplace in the Commonwealth of Pennsylvania. Rates for new and renewing plans are being filed and satisfy market reform requirements of the Affordable Care Act (ACA).

This rate filing includes rates for these plans and specifies compliance with rating requirements of the ACA. The enclosed is for rating periods effective from January 1, 2025 through December 31, 2025.

Per the guidance provided in the 2025 ACA-Compliant Health Insurance Rate Filing Guidance provided by the Pennsylvania Insurance Department, we applied a Reinsurance Morbidity Adjustment factor of 1.00 to all individual plans. We also applied a factor of 1.22 to Silver plans for the impact of non-payment of CSR costs per the guidance. This submission incorporates a 50% coinsurance parameter for the reinsurance program.

The proposed rates represent a 8.6% increase over the previously approved 2024 rates.

### Information for the Pennsylvania Bulletin:

1. Company Name and NAIC Number: QCC Insurance Company, Inc. 93688

Market Individual
 On or Off Exchange On and Off
 Effective Date of Coverage January 1, 2025

5. Average Rate Change Requested 8.6%

6. Range of Rate Changes Requested 7.6% to 9.5%

# Independence 👨

7. Total Annual Revenue Generated from the Proposed Rate Change \$22,600,990 8. **Products** PPO 9. Rating Areas and Change from 2024 Rating Area 8; No Change Metal Levels and Catastrophic Plans 10. Gold, Silver, Bronze Current covered lives and policyholders 34,031 lives 11. as of February 1, 2024 12. Number of plans offered in 2025 and 17 plans in 2025; 16 plans in 2024 change from 2024 Corresponding contract form number, 13. INLG-134089690, INLG-134089706, SERFF, and binder numbers INLG-134089714 INLG-PA25- 125118174, See appendix for form numbers HIOS Issuer ID # 31609; Tracking # 14. HIOS Issuer ID # and submission tracking Number N/A Please contact or with any questions at regarding this filing. Sincerely, cc:

# Independence 👨

### **APPENDIX**

### Form Numbers

08535.ON Rev. 1.25 08535-OC.ON Rev. 1.25 08535-OC.OFF Rev. 1.25 08535-OC.OFF Rev. 1.25 08537.ON.PDEN Rev. 1.25 08537-OC.ON.PDEN Rev. 1.25 08537-OC.OFF Rev. 1.25 08537-OC.OFF Rev. 1.25 08537-OC.ON.PDEN.HSA Rev. 1.25 08537-OC.ON.PDEN.HSA Rev. 1.25 08537-OC.ON.PDEN.HSA Rev. 1.25 08537-OC.OFF.PDEN.HSA Rev. 1.25 PREV/SCH-II Rev. 1.25

### PENNSYLVANIA ACTUARIAL MEMORANDUM

### **PURPOSES**

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

### 1. BASIC INFORMATION AND DATA

### A. COMPANY INFORMATION

Company Legal Name: QCC Insurance Co., Inc. ("QCC")

State: Pennsylvania

NAIC #: 93688
Market: Individual

Marketplace: On and Off Exchange

Effective Date(s): 1/1/2025 – 12/31/2025

**Average Rate Change:** 8.6%

**Range of Rate Changes:** 7.6% to 9.5%

**Products:** PPO

**Rating Areas:** Rating Area 8

*Metal Levels:* Gold, Silver, Bronze, Catastrophic

Current Members: 34,031
Number of 2025 Plans: 17
HIOS Issuer ID (5-digit): 31609

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

### **COMPANY CONTACT INFORMATION**

**Primary Contact Name:** 

Primary Contact Telephone Number:

**Primary Contact Email Address:** 



### **B. RATE HISTORY AND PROPOSED VARIATIONS IN RATE CHANGES**

January 1, 2021	-3.90%	INAC- 132358777
January 1, 2022	-0.80%	INAC- 132818429
January 1, 2023	0.90%	INAC- 133254407
January 1, 2024	-2.70%	INAC- 133668798

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

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

### C. AVERAGE RATE CHANGE

The average proposed rate change shown in Cell AC15 of Table 10 is 8.6%. The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2023 to calendar year 2025 are incorporated into the pricing and reflected in the Unified Rate Review Template.

The change in 21-year-old Non-Tobacco Premium PMPM calculated in Table 11, Cell AN13 is 8.6%.

### D. MEMBERSHIP COUNT

Table 1 illustrates the Experience Period member-months, Current Period members as of February 1, 2024, and Projected Rating Period Member-months by ages.

### **E. BENEFIT CHANGES**

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

### F. EXPERIENCE PERIOD CLAIMS AND PREMIUMS

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

We combined the experience period data for QCC with the experience period data for Keystone Health
Plan East ("KHPE"). This should provide a more stable basis for projecting the Index Rate. The combined
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data is shown in Tab Ib. The Change in Network Factor is intended to result in QCC rates that are reasonable in relation to KHPE rates.

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2023 and paid through February 2024. Earned premiums and member months are for January through December 2023. The data are for all direct-written individual business of QCC in the Commonwealth of Pennsylvania, including out-of-network claims written by QCC but paid by QCC for POS plans. No private reinsurance was applicable.

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

### **Projected Risk Adjustment PMPM**

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

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2023 risk transfer results.

In the URRT v6.0, it is necessary to divide Risk Adjustment by the Paid to Allowed factor when it is used in calculations based on Allowed Claims to produce calculations that are consistent with the Actuarial Memo Rate Exhibit.

### G. CREDIBILITY OF DATA

The experience period data, defined in Section F as the combined experience of QCC Insurance Company, Inc., and the experience period data for Keystone Health Plan East ("KHPE"). is considered 100% credible.

### H. TREND IDENTIFICATION

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

We populated the URRT with the Total Annual Trend calculated in cell G52 of Table 3. The URRT requires that factors are rounded to four decimal places which results in some small differences. To arrive more closely with the result in the Actuarial Memo Rate Exhibit, we adjusted the utilization component of Capitation trend in the URRT.

### I. HISTORICAL EXPERIENCE

Table 4 illustrates historical experience from 2019 through 2023 for the product line.

### a. Annualized Cost Trend

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

### b. Annualized Utilization Trend

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

### c. Rebates

Rebate payments will be made as appropriate for 2023 for QCC in Consumer. Rebate payments will be made if applicable for the 2024 policy period. We do not anticipate 2025 rebates for QCC Consumer.

### d. Benefit Changes

Historical medical costs are normalized for the impact of benefit and mix factors to isolate the effect that changes in plan design or member movements amongst plans has on historical trend. By isolating this impact we avoid projecting cost trends into the future that are due to non-repeatable historical member movements or benefit changes.

- 1. Benefit changes are calculated to value the cost-to-health-plan impact of year-over-year changes in plan designs. The methodology used to calculate the benefit changes is consistent with the one used in the calculation of Pricing AV.
- 2. Mix impact is calculated using the historical average costs by member at the metallic level, separately for HMO and PPO products.

### J. TERMINATED PLANS

No plans are being terminated in 2025:

### 2. RATE DEVELOPMENT AND CHANGE

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

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

### **Changes in Population Risk Morbidity**

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

### **Development of Reinsurance Tables**

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Experience Period Information was populated using 2023 QCC Individual claims data by individual member. 2023 claims paid through February 2024 were completed and complied into the Annual Incurred Claims Ranges shown on Tab II.a. of the Actuarial Memorandum Exhibit.

The Continuance Table for Calculating Reinsurance Impact - Individual Market Only, Projection Period Information was populated by trending the data from the Experience Period table to 2025 using a 12%

trend assumption on the incurred claims. The resulting impact is shown in Cell E7 of Tab II.b. of the Actuarial Memorandum Exhibit.

### **Changes in Other Factors**

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

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

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

### **B. RETENTION ITEMS**

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

Administrative Expenses		13.15%
General and Claims	10.40%	
Agent/Broker Fees and Commissions	1.95%	
Quality Improvement Initiatives	0.80%	
Taxes and Fees		2.64%
RA User Fee	0.05%	
PCORI Fee	0.07%	
PA Premium Tax	2.00%	
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Federal Income Tax	0.53%	
Health Insurance Providers Fee	0.00%	
Profit/Contingency		2.00%
Total Retention		17.80%

### C. NORMALIZED MARKET-ADJUSTED PROJECTED ALLOWED TOTAL CLAIMS

Table 7 compares the normalization factors used in this filing to those used in the 2024 filing. The changes in the factors reflect small differences from the projected populations in 2024 and 2025.

### D. COMPONENTS OF RATE CHANGE

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

Data in Table 9 is consistent with the 2024 and 2025 URRT with the exception of Risk Adjustment which was revised to project company-specific values.

### **E. MLR DEMONSTRATION**

Projected Claims PMPM (After Reinsurance)	\$573.72
Premium PMPM	\$697.91
Quality Improvement Expense PMPM	\$5.58
Exchange User Fee PMPM	\$13.51
HIF PMPM	\$0.00
Federal Income Tax PMPM	\$3.71
Premium Tax PMPM	\$13.96
Federal MLR	84.9%

### 3. PLAN RATE DEVELOPMENT

Table 10 is populated with plan information consistent with entries in the 2025 URRT. Plan mappings, where applicable, are illustrated in Column F of Table 10.

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

The factor "AV and Cost Sharing Design of Plan" in Worksheet 2 of the URRT is the product of the Pricing AV, the Non-Funding of CSR Adjustment, and the Benefit Richness Factors from the Actuarial Memo

Rate Exhibit. Again, please note that the URRT requires factors to be rounded to four decimal places, resulting in small differences.

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

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

### 5. PLAN FACTORS

Tables 12, 13, and 14 illustrate the factors used in pricing for age, tobacco, geographic rating area, and network. The tobacco factors match the previously approved tobacco factors from the 2024 filing.

### 6. ACTUARIAL CERTIFICATION

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

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

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

- The projected index rate is:
  - —In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.08(d)(1) and 147.106);
  - —Developed in compliance with applicable Actuarial Standards of Practice;
  - Reasonable in relation to the benefits provided and the population anticipated to be covered;
     and
  - —Neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
- The AV Calculator was used to determine the AV Metal Values illustrated in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required.

If an alternate methodology was used to calculate the AV Metal Value for at least one plan offered, a copy of the actuarial certification required by 45 CFR Part 156, §156.135 will be included.

- All factor, benefit, and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- New plans cannot be considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2025 Rate Filing Justification.

May 15, 2024

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

### Table 0. Identifying Information

Carrier Name:	QCC Insurance Company, Inc.
Product(s):	PPO
Market Segment:	Individual
Rate Effective Date:	1/1/2025
Base Period Start Date:	1/1/2023
Date of Most Recent Membership:	2/1/2024

to 12/31/2025 to 12/31/2023

### Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2024)	Projected Rating Period
Average Age	42.0	41.7	41.7
Total	409,448	34,031	408,372
<18	43,501	3,751	45,012
18-24	34,914	2.953	35.436
25-29	32,063	2,655	31,860
30-34	32,866	2,661	31,932
35-39	30.019	2.573	30.876
40-44	30,020	2,562	30,744
45-49	28,862	2,447	29,364
50-54	39,268	3,172	38,064
55-59	52,491	4,257	51,084
60-63	62,367	5.045	60.540

### 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
\$ 285,613,354.77	\$ 280,206,331.97	\$ 284,210,604.18	409,448	\$ 72,984,168.33	\$ 357,194,772.50	\$ -	\$ (31,271,322.41)	\$ 1,109,061.78	\$ 127,282.98	\$ 44,358,692.03	\$ 16,029,367.20
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)								\$ 798.72			
Loss Ratio											72.17%

### Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.50%			12.67%	17.59%
Outpatient Hospital	5.16%	6.80%		12.31%	21.23%
Professional	2.90%	6.80%		9.90%	23.16%
Other Medical	2.90%			9.90%	0.00%
Capitation				0.00%	14.39%
Prescription Drugs	-0.97%	6.80%		5.76%	23.63%
				8.58%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.179	

<sup>\*</sup>Express Cost, Utilization, Induced Utilization and Weight as percentages

\*\*Should equal URRT Trend

### Table 4. Historical Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rehates)	Allowed PMPM
Jan-20		5 17.873.443.87	1,0000	\$ 17.873.443.87	40.990	\$ 436.04	imaliidai + IIID/	\$ (1,446,354,33)	\$ 25,074,892,80 \$	611.7
Feb-20	F	S 18.739.034.44	1.0000	S 18.739.034.44	40.211	\$ 466.02		S (1.418.835.90)	S 24.391.037.63 S	606.5
Mar-20		S 17.713.962.82	1,0000	S 17.713.962.82	39.657	\$ 446.68		S (1.399.304.13)	\$ 21,690,890,38 \$	546.9
Anr.20		\$ 16,357,323,06	1,0000	\$ 16357323.06	39.462	\$ 414.51		S (1.511.941.50)	\$ 18.016.958.89 \$	456.5
May-20		S 16.699.447.43	1.0000	S 16.699.447.43	39.339	\$ 424.50		S (1.507.070.70)	S 18.833.919.74 S	478.7
Jun-20		S 19.113.214.55	1,0000	S 19.113.214.55	39.094	\$ 488.90		S (1.497.760.66)	\$ 21.973.378.06 \$	562.0
Jul-20		S 19.872.416.54	1.0000	S 19.872.416.54	38.887	S 511.03		S (1.570.688.68)	S 22.713.977.58 S	584.1
Aux-20		S 19.304.319.98	1,0000	S 19.304.319.98	38.849	\$ 496.91		S (1.569.112.45)	\$ 21.983.604.59 \$	565.8
Sep-20		\$ 20,994,772,30	1,0000	S 20,994,772,30	38.663	\$ 543.02		S (1.561.829.73)	\$ 23,849,267,68 \$	616.8
Oct-20		\$ 22,036,797,44	1.0000	\$ 22,036,797,44	38.287	\$ 575.57		\$ (1,706,233,26)	S 24,701,934,64 S	645.1
Nov-20		\$ 21,556,883,96	1,0000	S 21.556.883.96	37,770	\$ 570.74		S (1.683.179.66)	\$ 23,690,596,15 \$	627.2
Dec-20	\$ 302 517 236 44	\$ 22,670,309,14	1.0000	S 22,670,309,14	37.160	S 610.07	57 284 681 86	S (1.656.171.34)	S 24.767.666.91 S	666.5
Jan-21		S 16,739,589,49	1.0000	\$ 16,739,589,49	40.561	S 412.70		S (1.455.109.25)	S 23.266.861.73 S	573.6
Feb-21		S 16.728.031.24	1,0000	\$ 16,728,031,24	41 675	S 401.39		S (1.494.712.50)	\$ 22,057,654,60 \$	529.2
Mar-21		\$ 21.865.563.08	1.0000		41 437	\$ 527.68		S (1.486.254.19)	S 27.675.830.02 S	667.9
Anr.21	F	\$ 21,344,347,61	1,0000		41 593	\$ 513.17		\$ (1.652.699.76)	\$ 26,034,789,79 \$	625.9
May-21	F	5 22 427 963 77	1,0000	S 22,427,963,77	41 678	\$ 538.12		s (1.655.326.20)	S 26.448.155.69 S	634.5
Jun-21	F	S 23.231.730.54	1,0000		41 466	\$ 560.26		\$ (1.647.299.16)	27 258 586 82 5	657.3
bil-21	F	5 20.804.963.27	1,0000		41 316	\$ 503.56		5 (1.722.262.22)	\$ 24 339 070 67 \$	589.1
Aug-21		\$ 22.885.701.59	1.0000	\$ 22,885,701,59	41.346	\$ 553.52		S (1.722.898.93)	\$ 26.468.682.42 \$	640.1
Sep-21	F	\$ 22.712.357.52	1.0000	S 22.712.357.52	41.733	\$ 544.23		S (1.738.792.78)	S 25.870.188.34 S	619.9
Oct-21		S 24.412.722.19	1.0000	S 24.412.722.19	41.538	\$ 587.72		S (1.855.750.32)	S 27.316.323.28 S	657.6
Nov-21	F	\$ 24,257,500,02	1.0000		41.432	\$ 585.48		S (1.851.085.14)	S 27.107.589.48 S	654.2
Dec-21	207 125 622 77	\$ 35,163,316,60	1,0000		41 245	\$ 610.07	5 68 984 823 62	S (1.842.703.72)	C 27 599 694 02 C	668.9
lan,22		5 10 019 020 26	1,0000		20 452	\$ 494.60	2 00.00-002.00	C (2 214 205 67)	¢ 26.206.600.22 ¢	655.5
Feb-22	F	\$ 20,153,059,47	1,0000		38 246	\$ 526.93		5 (2.301.659.47)	\$ 25 124 356 84 \$	656.5
Mar-22	F	\$ 21 730 120 18	1,0000	S 21.730.120.18	37 644	\$ 577.25		5 (2.264.932.09)	\$ 26.871.640.58 \$	713.8
Apr-22	F	S 21.742.534.98	1.0000	S 21.742.534.98	37.082	\$ 586.34		S (2.305.835.39)	S 25.410.403.78 S	685.2
May-22	F	\$ 23,285,589,94	1.0000	\$ 23,285,589,94	36.761	\$ 633.43		S (2.286.070.26)	S 26.642.542.50 S	724.7
Jun-22	F	\$ 22,697,552,09	1,0000		36 358	\$ 624.28		5 (2.260.717.91)	\$ 25,704,332,18 \$	706.9
Jul-22	F	S 21.358.243.78	1.0000		36.070	S 592.13		S (2.223.740.40)	S 23.750.529.14 S	658.4
Aug-22	F	5 22 138 769 41	1,0000		35 814	\$ 618.16		5 (2.207.837.54)	5 24 841 470 03 5	693.6
Sep-22	F	\$ 22,019,122,77	1,0000		35 531	\$ 619.72		\$ (2.190.340.66)	\$ 24.263.940.24 \$	682.8
Oct-22	F	\$ 22,833,924,16	1,0000		35 236	\$ 648.03		5 (2.345.595.44)	\$ 24.805.151.65 \$	703.9
Nov-22	F	5 23 604 482 81	1,0000	\$ 23,604,482,81	34 967	\$ 675.05		5 (2.327.507.38)	\$ 25,638,260,44 \$	733 7
Dec-22	\$ 278 873 501 89	\$ 24.068.253.70	1,0000	\$ 24,068,253,70	34.613	\$ 695.35	5 66 867 016 07	S (2.303.961.12)	\$ 25,925,898,69 \$	749.0
Jan-23	2 270.072.02	S 21.307.711.09	0.9963	S 21.387.248.96	34 540	\$ 619.20	2 00307.040.07	S (2.538.506.61)	S 28.271.642.79 S	818.5
Feb-23	F	S 19.144.612.66	0.9969	S 19.204,399.02	34,949	\$ 549.50		S (2.568.232.96)	S 24.255.298.94 S	694.0
Mar.23		\$ 25.603.342.15	0.9935		34 663	S 743.49		S (2.547.447.86)	S 30.910.571.05 S	891.7
Apr-23	F	\$ 21 738 795 78	0.9940		34 496	\$ 633.97		5 (2.627.696.38)	\$ 25,533,201,83, \$	740.1
May.23		\$ 22,418,343,84	0.9948		24 101	\$ 659.13		\$ (2,604,260,16)	\$ 26,457,310,61 \$	773.5
Jun-23		5 23.877.827.13	0.9940		34.191	S 711.39		\$ (2.585.456.96)	5 27.647.147.18 5	814.4
Jul-23		\$ 24,001,930,62	0.9882		33,980	S 714.80		S (2.581.262.14)	5 26.851.877.86 5	790.2
Aug-23		S 25.498.086.06	0.9869	S 25.837.027.67	33.980	\$ 761.23		S (2.578.362.66)	S 28.652.338.15 S	790. 844.
Sep-23		\$ 23,498,086.06	0.9869		33,941	\$ 709.27		\$ (2,578,302.00) \$ (2,571,648.32)	S 26,194,015,09 S	773.
0rt.23		\$ 25,637,303.74	0.9844		33,656	\$ 775.91		S (2,571,648.32) S (2,680,781,46)	\$ 28,194,015.09 \$	7/3.
UCI-23 Nov.23		S 25.603.878.69 S 24.893.698.04	0.9827		33,580 33,681	5 //5.91 5 760.97		S (2.680./81.46) S (2.691.682.19)	5 28.516.870.66 S 5 27.682.416.36 S	843. 871 °
	\$ 285,613,354,77	\$ 24,893,698.04 \$ 22,480,802,17	0.9713		33,081	\$ 697.96	5 77 984 168 33	5 (2,691,682.19)	c 27,082,410.30 3	747

<sup>\*</sup> Express Completion Factor as a percentage

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

Carrier Name: QCC Insurance Company, Inc.
Product(s): PPO
Market Segment: Individual
Rate Effective Date: 1/1/2025

### 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
\$ 1,111,604,315,05	\$ 863,932,780,02	\$ 874,403,772,25	1.820.963	\$ 180,766,807,68	\$ 1.055,170,579,93	s -	\$ (98.291.013.11)	\$ 158.658.877.37	\$ 306,122,82	\$ 2,529,366.21	\$ 44,211,266.15
Experience Period Total Allowed EHB Claims • EHB Capitation PMPM (net of prescription drug rebates)									\$ 612.61		
Loss Ratio										79.96%	

Loss Ratio
"Express Prescription Drug Rebates as a negative number

### Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.50%	6.80%		12.67%	17.59%
Outpatient Hospital	5.16%	6.80%		12.31%	21.23%
Professional	2.90%	6.80%		9.90%	23.16%
Other Medical	2.90%	6.80%		9.90%	0.00%
Capitation				3.51%	14.39%
Prescription Drugs	-0.97%	6.80%		5.76%	23.63%
Total Annual Trend		l		9.06%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.189	

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

### 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 Druz Rebates)	Allowed PMPM
Jan-20		\$ 61.577.299.90	1.0000	\$ 61.577.299.90	157.551			\$ (4.719.110.48)		
Feb-20		\$ 56,129,918.94	1.0000	\$ 56,129,918.94	152,254			\$ (4,564,295.08)	\$ 67,373,751.10	442.51
Mar-20		S 52.382.927.18	1.0000	S 52.382.927.18	150.593			\$ (4.513.914.25)		403.48
Apr-20		S 47.998.694.64	1,0000	S 47.998.694.64	149.729			\$ (4.923,972.89)	S 51,333,492,86	342.84
May-20		\$ 49,683,997.30	1.0000	\$ 49,683,997.30	149,621			\$ (4,919,170.91)	\$ 54,036,580.08	361.16
Jun-20		S 57.600.159.37	1.0000	\$ 57.600.159.37	148.292			\$ (4.876.303.41)		429.26
Jul-20		\$ 61,195,049.25	1.0000	\$ 61,195,049.25	147,512			\$ (5,228,424.90)		
Aug-20		\$ 61,087,674.79	1.0000	\$ 61,087,674.79	146,747			\$ (5,202,283.72)	\$ 66,586,274.19	453.79
Sep-20		S 63.337.076.72	1,0000	S 63.337.076.72	145.817			\$ (5.169,717.00)	S 69.153.421.85	474.29
Oct-20		\$ 66,397,404.60	1.0000	\$ 66,397,404.60	144,459			\$ (5,547,714.56)	\$ 71,937,717.49	497.98
Nov-20		S 65.025.717.57	1.0000	\$ 65.025.717.57	142.273			\$ (5.464.339.93)	\$ 69.578.179.74	
Dec-20	\$ 1,100,254,427,85	\$ 67,873,105.23	1.0000	\$ 67,873,105.23	139,776		\$ 140,519,098,65	\$ (5,369,022.64)		
Jan-21		\$ 55,605,291.82	1.0000	\$ 55,605,291.82	149,540			\$ (5,177,075.95)		
Feb-21		S 54.806.468.81	1.0000	S 54.806.468.81	152.680			\$ (5.285.149.47)		
Mar-21		S 71.754.704.61	1,0000	S 71.754.704.61	151,689			\$ (5.251,235,53)		546.33
Apr-21		\$ 68,143,682.43	1.0000	\$ 68,143,682.43	151,931			\$ (5,788,220.14)	\$ 76,925,500.85	506.33
May-21		S 65.189.970.17	1.0000	S 65.189.970.17	152.725			\$ (5.817.521.29)		474.03
Jun-21		\$ 69,710,918.28	1.0000	\$ 69,710,918.28	153,662			\$ (5,852,339.55)		503.27
Jul-21		S 67.650.477.52	1.0000	\$ 67.650.477.52	154.912			\$ (6.038.221.27)		477.38
Aug-21		S 73.586.320.11	1,0000	S 73.586.320.11	156,221			\$ (6.087,318.17)		510.18
Sep-21		\$ 74,264,376.64	1.0000	\$ 74,264,376.64	157,288			\$ (6,128,998.83)	\$ 79,567,390.29	505.87
Oct-21		\$ 75.848.290.10	1.0000	\$ 75.848.290.10	156.586			\$ (6.302.747.17)	\$ 80.910.834.50	516.72
Nov-21		\$ 76,681,852.34	1.0000	\$ 76,681,852.34	155,470			\$ (6,258,979.73)	\$ 81,366,559.80	523.36
Dec-21	\$ 1,109,353,658.71	\$ 76,508,969.68	1.0000	\$ 76,508,969.68	153,972		\$ 157,874,327.85	\$ (6,198,953.89)		520.84
Jan-22		S 62.101.622.44	1.0000	S 62.101.622.44	154.040			\$ (7.375,433.88)		
Feb-22		S 62.768.020.67	1,0000	S 62.768.020.67	155,268			S (7.424,973.84)		461.71
Mar-22		\$ 71,182,611.77	1.0000	\$ 71,182,611.77	153,233			\$ (7,326,075.01)		
Apr-22		S 67.095.362.20	1.0000	\$ 67.095.362.20	151.421			\$ (7.596.361.85)		
May-22		\$ 69,379,531.56	1.0000	\$ 69,379,531.56	149,892			\$ (7,520,828.95)	\$ 75,547,476.94	504.01
Jun-22		\$ 69.837.573.26	1.0000	\$ 69.837.573.26	148.729			S (7.460.451.84)	\$ 75.935.993.44	510.57
Jul-22		S 67.640.611.82	1,0000	S 67.640.611.82	147.981			\$ (7.217.746.96)		489.00
Aug-22		\$ 69,468,875.67	1.0000	\$ 69,468,875.67	147,240			\$ (7,180,169.90)		
Sep-22		S 70.772.413.74	1.0000	S 70.772.413.74	146.396			\$ (7.137.965.32)		514.11
Oct-22		\$ 68,951,166.67	1.0000	\$ 68,951,166.67	145,264			\$ (7,317,534.09)		
Nov-22		S 71.343.659.88	1.0000	S 71.343.659.88	143.986	S 495.49		\$ (7.253.615.23)	S 75.183.025.23	522.16
Dec-22	\$ 1.042,320,735,81	S 69.892.524.36	1.0000	S 69.892.524.36	142.089		\$ 163,091,481,60	\$ (7.159.811.90)		515.90
Jan-23		\$ 66,598,720.11	0.9988	\$ 66,678,257.98	148,698			\$ (7,788,840.11)		534.34
Feb-23		\$ 62,610,477.45	0.9983	\$ 62,715,213.39	153,282			\$ (8,010,725.26)		
Mar-23		S 75,772,340,53	0.9968	S 76.018.657.80	152,237			\$ (7.956.217.24)		
Apr-23		\$ 66,186,065.34	0.9965	\$ 66,417,905.23	151,369			\$ (8,169,814.33)	5 73,442,335.11	485.19
May-23		S 72.557.950.24	0.9964	S 72.820.987.83	150.336			S (8.112.452.94)		
Jun-23		S 71.154.604.32	0.9939	S 71.593.887.63	150.151			\$ (8.096.861.85)	S 78.692.918.58	
Jul-23		\$ 71,591,127.62	0.9928	\$ 72,111,594.38	150,992			\$ (8,166,208.39)	\$ 77,317,248.58	512.00
Aug-23		\$ 76.162.253.15	0.9902	S 76.919.301.44	151.550			\$ (8.193.630.09)	S 82.738.155.63	545.99
Sep-23		\$ 74,318,720.26	0.9859	\$ 75,377,840.30	152,459			\$ (8,234,984.92)		
Oct-23		\$ 81.078.322.25	0.9813	\$ 82.622.230.40	152.385			\$ (8.459.608.74)		
Nov-23		S 76.034.643.26	0.9738	S 78.077.545.95	153,814			\$ (8.540.443.05)	S 82,243,539,18	
Dec-23	\$ 1.111.604.315.05	\$ 69.867.555.49	0.9564	\$ 73.050.349.90	153.690	S 475.31	\$ 180,766,807,68	S (8.561,226,21)	S 76.630.419.72	498.60

\*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

QCC Insurance Company, Inc. PPO Individual Carrier Name:

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

Reinsurance Cap: Coinsurance Rate:

Attachment Point:

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

Incurred Dates: 1/1/2023 to 12/31/2023 Proj. Incurred Claim Impact: -3.6%

Individual ACA Compliant Policies Only: Incurred Dates 1/1/2023 to 12/31/2023										
Annual Incurre	d Claims Range	Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims with Reinsurance					
\$0	\$29,999	184.092	1.764.128	\$495.633.941	\$495,633,941					
\$30,000	\$34,999	761	8.173	\$24,628,317	\$24,628,317					
\$35,000	\$39,999	560	6,179	\$20,884,334	\$20,884,334					
\$40,000	\$44,999	443	4.846	\$18,808,006	\$18,808,006					
\$45,000	\$49,999	344	3,779	\$16,293,279	\$16,293,279					
		308								
\$50,000	\$54,999		3,378	\$16,146,649	\$16,146,649					
\$55,000	\$59,999	271 209	3,001	\$15,550,246	\$15,550,246					
\$60,000	\$64,999		2,286	\$13,066,110	\$12,803,055					
\$65,000	\$69,999	183	1,986	\$12,345,280	\$11,662,640					
\$70,000	\$74,999	157	1,678	\$11,340,606	\$10,380,303					
\$75,000	\$79,999	128	1,418	\$9,869,987	\$8,774,994					
\$80,000	\$84,999	128	1,415	\$10,546,642	\$9,113,321					
\$85,000	\$89,999	106	1,143	\$9,273,157	\$7,816,578					
\$90,000	\$94,999	99	1,112	\$9,154,571	\$7,547,286					
\$95,000	\$99,999	72	781	\$7,034,831	\$5,677,415					
\$100,000	\$109,999	157	1,733	\$16,458,538	\$13,318,538					
\$110,000	\$119,999	152	1,645	\$17,425,370	\$14,385,370					
\$120,000	\$129,999	116	1,277	\$14,493,131	\$12,173,131					
\$130,000	\$139,999	89	937	\$12,014,081	\$10,234,081					
\$140,000	\$149,999	93	1,017	\$13,469,449	\$11,609,449					
\$150,000	\$159,999	75	798	\$11,597,588	\$10,097,588					
\$160,000	\$169,999	71	806	\$11,716,135	\$10,296,135					
\$170,000	\$179,999	60	643	\$10,478,742	\$9,278,742					
\$180,000	\$189,999	47	501	\$8,705,035	\$7,765,035					
\$190,000	\$199,999	49	523	\$9,573,881	\$8,593,881					
\$200,000	\$209,999	41	456	\$8,428,602	\$7,608,602					
\$210,000	\$219,999	35	412	\$7,549,271	\$6,849,271					
\$220,000	\$229,999	35	381	\$7,849,695	\$7,149,695					
\$230,000	\$239,999	31	340	\$7,311,616	\$6,691,616					
\$240,000	\$249,999	38	408	\$9,288,456	\$8,528,456					
\$250,000	\$259,999	19	197	\$4.852.895	\$4,472,895					
\$260,000	\$269,999	21	240	\$5,586,195	\$5,166,195					
\$270,000	\$279,999	20	207	\$5,502,752	\$5,102,752					
\$280,000	\$289,999	17	181	\$4,831,321	\$4,491,321					
\$290,000	\$299,999	15	169	\$4,410,774	\$4,110,774					
\$300,000	\$324,999	25	278	\$7,803,053	\$7,303,053					
\$325,000	\$349,999	25	274	\$8,429,306	\$7,929,306					
\$350,000	\$374,999	24	277	\$8,684,901	\$8,204,901					
	. ,	22	244	\$8,684,901						
\$375,000	\$399,999	18	194		\$8,048,494					
\$400,000	\$424,999			\$7,366,963	\$7,006,963					
\$425,000	\$449,999	9	104	\$3,958,524	\$3,778,524					
\$450,000	\$474,999	17	183	\$7,842,769	\$7,502,769					
\$475,000	\$499,999	13	154	\$6,328,350	\$6,068,350					
\$500,000	\$599,999	32	364	\$17,174,126	\$16,534,126					
\$600,000	\$699,999	19	184	\$12,283,668	\$11,903,668					
\$700,000	\$799,999	14	156	\$10,553,043	\$10,273,043					
\$800,000	\$899,999	8	82	\$6,798,983	\$6,638,983					
\$900,000	\$999,999	4	43	\$3,850,372	\$3,770,372					
\$1,000,000+		23	252	\$41,380,616	\$40,920,616					
Total		189,295	1,820,963	\$1,033,062,650	\$995,527,058					

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

QCC Insurance Company, Inc. PPO Individual Carrier Name:

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

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

Proj. Incurred Claim Impact: -3.7% Proj. Morbidity Impact: 0.0%

Reinsurance Program Impact Continuance Table Development - Plan Year 2025										
Annual Incurre	ed Claims Range	Unique Members	Member Months	Total Incurred Claims	Total Incurred Claims wit Reinsurance					
\$0	\$29,999	182.801	1.750.266	\$578,253,930	\$578,253,930					
\$30,000	\$34,999	886	9.472	\$28,787,762	\$28,787,762					
\$35,000	\$39,999	732	7,896	\$27,358,131	\$27,358,131					
\$40,000	\$44,999	557	5,998	\$23,677,906	\$23,677,906					
\$45,000	\$49,999	422	4.685	\$19,985,406	\$19,985,406					
\$50,000	\$54,999	367	4,000	\$19,271,816	\$19,271,816					
\$55,000	\$59,999	302	3,341	\$17,342,200	\$17,342,200					
	· '	252	2,692	\$17,342,200	· ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					
\$60,000	\$64,999		-/	\$15,756,692	\$15,438,346					
\$65,000	\$69,999	238 214	2,680 2,365		\$15,174,905					
\$70,000	\$74,999		,	\$15,501,262	\$14,170,631					
\$75,000	\$79,999	169	1,849	\$13,104,941	\$11,622,470					
\$80,000	\$84,999	149	1,616	\$12,287,216	\$10,613,608					
\$85,000	\$89,999	148	1,609	\$12,954,633	\$10,917,317					
\$90,000	\$94,999	118	1,269	\$10,907,774	\$8,993,887					
\$95,000	\$99,999	94	1,036	\$9,127,998	\$7,383,999					
\$100,000	\$109,999	196	2,156	\$20,551,876	\$16,631,876					
\$110,000	\$119,999	152	1,679	\$17,450,686	\$14,410,686					
\$120,000	\$129,999	127	1,397	\$15,915,969	\$13,375,969					
\$130,000	\$139,999	124	1,362	\$16,763,410	\$14,283,410					
\$140,000	\$149,999	116	1,254	\$16,791,644	\$14,471,644					
\$150,000	\$159,999	101	1,093	\$15,694,047	\$13,674,047					
\$160,000	\$169,999	70	733	\$11,542,138	\$10,142,138					
\$170,000	\$179,999	74	815	\$12,970,298	\$11,490,298					
\$180,000	\$189,999	71	779	\$13,111,226	\$11,691,226					
\$190,000	\$199,999	59	626	\$11,477,252	\$10,297,252					
\$200,000	\$209,999	53	605	\$10,841,920	\$9,781,920					
\$210,000	\$219,999	57	611	\$12,230,695	\$11,090,695					
\$220,000	\$229,999	39	421	\$8,760,744	\$7,980,744					
\$230,000	\$239,999	39	422	\$9,164,458	\$8,384,458					
\$240,000	\$249,999	40	420	\$9,822,848	\$9,022,848					
\$250,000	\$259,999	32	363	\$8,182,943	\$7,542,943					
\$260,000	\$269,999	31	353	\$8,229,066	\$7,609,066					
\$270,000	\$279,999	29	343	\$7,995,657	\$7,415,657					
\$280,000	\$289,999	25	262	\$7,100.395	\$6,600,395					
\$290,000	\$299,999	24	256	\$7,100,747	\$6,620,747					
\$300,000	\$324,999	57	613	\$17,640,281	\$16,500,281					
\$325,000	\$349,999	44	475	\$14,860,767	\$13,980,767					
\$350,000	\$374,999	32	350	\$11,568,110	\$10,928,110					
\$350,000	\$374,999	21	238	\$11,568,110	\$10,928,110					
		19	194	\$8,145,735	\$7,725,735					
\$400,000	\$424,999	19	194 227	\$7,872,450	· <i>' · '</i>					
\$425,000	\$449,999			1-77	\$7,883,214					
\$450,000	\$474,999	23	255	\$10,655,065	\$10,195,065					
\$475,000	\$499,999	12	135	\$5,841,417	\$5,601,417					
\$500,000	\$599,999	50	553	\$27,341,747	\$26,341,747					
\$600,000	\$699,999	37	428	\$24,056,951	\$23,316,951					
\$700,000	\$799,999	13	131	\$9,884,774	\$9,624,774					
\$800,000	\$899,999	13	130	\$10,945,723	\$10,685,723					
\$900,000	\$999,999	12	133	\$11,445,666	\$11,205,666					
\$1,000,000+		35	377	\$65,266,394	\$64,566,394					
Total	1	189,295	1,820,963	\$1,295,873,788	\$1,247,558,626					

PA Rate Template Part II
Rate Development and Change
Carrier Name:
Product(s):
Market Segment:
Rate Effective Date:

farket Segment: ate Effective Date:	1/1/2025	
able F. Davideamont of the Designated Index Date	Market Adjusted Index Bate and Total Allamed Claims	

Development of the Projected Index Rate	Act	ual Experience Data	,	Asnual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	s	798.72	s	612.61	<ul> <li>Actual Experience PMPM sh</li> </ul>
Two year trend projection Factor		1.179		1.189	
Unadjusted Projected Allowed EHB Claims PMPM	\$	941.72	\$	728.58	
Sinale Risk Pool Adjustment Factors					
Change in Morbidity - Impact of Reinsurance Program		1.000		1.000	
Change in Morbidity - All Other		1.000		1.000	<- See URRT Instructions
Total Non-Morbidity Changes		0.994		1.350	
Change in Demographics		0.994		0.990	<- See URRT Instructions
Change in Network		1.001		1.164	
Change in Benefits		1.000		1.000	<- See URRT Instructions
Change in Other	H	1.000		1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHS Claims PMPM	s	936.22	s	981.91	
Credibility Factors		0%		100%	<- See Instructions
Blended Projected EHB Claims PMPM			5	953.93	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims					•
Adjusted Projected Allowed EHE Claims PMPM	5	983.93	<- Ind	lex Rate for Proje	ction Period on URRT
Projected Paid to Allowed Ratio		0.690			
Projected Incurred EHB Claims PMPM	5	679.30			
Market-wide Adjustments					
Projected Incurred Risk Adjustment PMPM	5	105.05			
Projected Incurred Exchange User Fees PMPM		\$13.51			
Projected Incurred Reinsurance Recoveries PMPM Market-Adjusted Projected Incurred EHB Claims PMPM		\$25.33 562.43			
Market-Migration Projection Incurred Line Collins PrePrin	,	302.43			
	\$	814.64	< Ma	rket-Adjusted In	dex Rate
Market-Adjusted Projected Allowed EHB Claims PMPM					
Market-Adjusted Projected Allowed EHS Claims PMPM Projected Allowed Non-EHS Claims PMPM	5	0.24			
Projected Allowed Non-EHB Claims PMPM Catastrophic Eligibility Adjustment	5	1.000			
Projected Allowed Non-EHB Claims PMPM	5				

Blended Base Period Unadjusted Claims before Normalization	5	612.61	Index Rate of Experience Period on URI
Blended Earned Premium	5	1,111,604,315.05	
Blended Loss Ratio		79.96%	

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

Effective Date		1/1/2025	1/1/2025	7/1/2025	10/1/2025	Tota	l Sinale Risk Pool
# of Member Months Renewing in Quarter							
Adjusted Projected Allowed EHS Claims PMPM	5	983.93	\$ 983.93	\$ 983.93	\$ 981.91	\$	983.93
Months of Trend			3	6	9		
Annual Trend		9.06%	9.06%	9.06%	9.06%		
Single Risk Pool Projected Allowed Claims	5	983.93	\$ 1,005.48	\$ 1,027.51	\$ 1,050.02	\$	

### Table 6. Retention

Setention Items - Express in percentages	Pi	ercentages	PMPM Amounts
Administrative Expenses		13.15%	\$90.0
General and Claims		10.40%	\$71.1
Agent/Broker Fees and Commissions		1.95%	\$13.3
Quality Improvement Initiatives		0.80%	\$5.4
Taxes and Fees		2.54%	\$18.0
Risk Adjustment User Fee		0.05%	\$0.3
PCORI Fee		0.07%	\$0.4
PA Premium & Other Taxes (if applicable)		2.00%	\$13.6
Federal Income Tax		0.53%	\$1.6
Health Insurance Providers Fee (Prorated for Small Groups only)		0.00%	\$0.0
Profit/Contingency (after tax)		2.00%	\$13.6
Total Retention		17.80%	\$121.7
Projected Required Revenue PMPM	s	684.39	

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

Normalization Factors		2024		2025
Average Age Factor		1.743		1.738
Average Geographic Factor		1.000		1.000
Average Tobacco Factor		1.004		1.004
Average Benefit Richness (induced demand)		1.000		1.000
Average Network Factor		1.000		1.000
Market-Adjusted Projected Allowed Total Claims PMPM	5	753.40	5	814.88
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	5	430.40	5	466.99

### Table 8. Components of Rate Change

Rate Components		2024		2025		ofference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	5	368.24	\$	399.95	5	31.72	8.6%
					ı		
Base period allowed claims before normalization	\$	572.52	\$	612.61	s	40.09	10.9%
C. Normalization factor component of change	\$	(245.45)	\$	(251.54)	\$	(16.08)	-4.4%
D. Change in Normalized Allowed Claims Adjustment Components							
D1. Base period allowed claims after normalization	5	327.06	\$	351.07	5	24.01	6.5%
D2. URRT Trend	\$	59.95	ŝ	66.46	5	6.51	1.8%
D3. URRT Morbidity	\$		\$		\$		0.0%
D4. URRT Other	\$	145.66	\$	146.33	s	0.67	0.2%
DS. Normalized URRT Risk Adjustment on an allowed basis	\$	(90.44)	\$	(87.20)	5	3.24	0.9%
D6. Normalized Exchange User Fee on an allowed basis	5	11.18	\$	11.21	5	0.03	0.0%
D7. Normalized Reinsurance Recoveries on an allowed basis	\$	(23.17)	\$	(21.03)	\$	2.14	0.6%
DB. Subtotal - Sum(D1:07)	\$	430.25	\$	466.85	\$	36.60	9.9%
E. Change in Allowable Plan Adjusted Level Components							
E1. Network	\$		\$		\$		0.0%
E2. Pricing AV	\$	(134.53)	\$	(144.54)	\$	(10.00)	-2.7%
E3. Benefit Richness	\$		\$		\$		0.0%
E4. Catastrophic Eligibility	5		s	(0.00)	s	(0.00)	0.0%
ES. Benefits in Addition to EMB	\$	0.11	\$	0.11	\$	0.01	0.0%
E6. Subtotal - Sum(E1:E5)	\$	(134.43)	\$	(144.42)	\$	(10.00)	-2.7%
F. Change in Retention Components							
F1. Administrative Expenses	5	47.93	\$	52.60	5	4.67	1.3%
F2. Taxes and Fees	\$	9.57	ŝ	10.57	s	1.00	0.3%
F3. Profit and/or Contingency	s	7.36	ŝ	8.00	s	0.64	0.2%
F4. Subtotal - Sum(F1:F3)	5	64.86	ŝ	71.17	s	6.31	1.7%
G. Change in Miscellaneous Items	5		ŝ		s		0.0%
N. Sum of Components of Rate Change (should approximate the change shown in line A)	5	360.69	s	393.60	\$	32.91	8.9%
			ľ		Ľ		

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

	2024	2025	1
Paid-to-Allowed	0.687	0.690	
URRT Trend (Total Applied Trend Factor)	1.183	1.189	<- URRT W1, 52
URRT Morbidity	1.000	1.000	<- URRT W1, 52
URRT "Other"	1.376	1.350	<- URRT W1, 52
Risk Adjustment	5 (108.81)	\$ (105.05)	<- URRT W1, 53
Exchange User Fee	\$ 13.45	\$ 13.51	<- URRT W1, S3
Reinsurance Recoveries	\$ 27.88	\$ 25.33	<- URRT W1, S3
Capitation		5 -	<- URRT W1, 52
Network	1,000	1.000	i e
Pricing AV	0.687		<- For 2024 in cell JB1, please include a factor equ
Benefit Richness	1.000		<ul> <li>For 2024 in cell let, please include a ractor equ</li> </ul>
Catastrophic Eligibility	1.000		
Benefits in Addition to CHB	1.000	1.000	
Administrative Expenses	13.02%		
Taxes and Fees	2,60%		
Profit and/or Contingency	2.00%	2.00%	

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PA Rate Template Part IIII Table 10. Plan Rates  Carrier Name. (CC linearus Company, Inc. Production.) Indianate Indianate		Solutions  descriptions  descr		
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			1	
Test			1	
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Fig. 10			100 100 100 100 100 100 100 100 100 100	
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Dec   17			100   100	
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Dec   10			100   100	
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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 Band	Age Factor	Tobacco Factor		Age Band	Age Factor	Tobacco Factor
0-14	0.765			40	1.278	1.225
15	0.833			41	1.302	1.225
16	0.859			42	1.325	1.225
17	0.885			43	1.357	1.225
18	0.913			44	1.397	1.225
19	0.941			45	1.444	1.225
20	0.970			46	1.500	1.225
21	1.000	1.125		47	1.563	1.225
22	1.000	1.125		48	1.635	1.225
23	1.000	1.125		49	1.706	1.225
24	1.000	1.125		50	1.786	1.375
25	1.004	1.125		51	1.865	1.375
26	1.024	1.125		52	1.952	1.375
27	1.048	1.125		53	2.040	1.375
28	1.087	1.125		54	2.135	1.375
29	1.119	1.125		55	2.230	1.375
30	1.135	1.175		56	2.333	1.375
31	1.159	1.175		57	2.437	1.375
32	1.183	1.175		58	2.548	1.375
33	1.198	1.175		59	2.603	1.375
34	1.214	1.175		60	2.714	1.375
35	1.222	1.175		61	2.810	1.375
36	1.230	1.175		62	2.873	1.375
37	1.238	1.175		63	2.952	1.375
38	1.246	1.175		64+	3.000	1.375
39	1.262	1.175				

<sup>\*</sup>PA follows the federal default age curve.

QCC Insurance Company, Inc.

Carrier Name: Product(s): Market Segment: Rate Effective Date: PPO Individual 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												
Rating Area 7												
Rating Area 8	Bucks, Chester, Delaware, Philadelphia, Montgomery	1.000	1.000									
Rating Area 9												

**Table 14. Network Factors** 

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

# PA Rate Template Part VI - Rate Change Summary Table 15. Rate Change Summary Information

Overview
Initial Requested Average Rate Change:
Revised Requested Average Rate Change:
Revised Requested Rate Change:
Maximum Requested Rate Change:
Maximum Requested Rate Change:
Mayed Members:
Available in Rating Areas:

Key Information
Jan. 2023 - Dec. 2023 Financial Experience
Premium
Claims
Administrative Expenses
Taxes & Fees
Company Made After Taxes

How it Plans to Spend Your Premium
This is how the company plans to spend the premium a collects in 2025:
Claims:

85%
Administrative Expenses:
55%
Profit:
25%

The company expects its annual medical costs to increase:

Explanation of requested rate change:

8.58%

Table 16. Risk Adjustme	nt Calculation	
Component	Statewide	Insurer Specific
State Average Monthly Premium Before Adjustment	700.12	
Administrative Cost Adjustment	0.86	
State Average Monthly Premium	602.10	
Actuarial Value (AV)	0.72	0.68
Plan Liability Risk Score (PLRS)	1.47	1.62
Allowable Rating Factor (ARF)	1.80	1.74
Induced Demand Factor (IDF)	1.04	1.02
Geographic Cost Factor (GCF)	1.04	0.98
Factors Including Risk Score	1.59	1.61
Factors Excluding Risk Score	1.39	1.17
Risk Adjustment Transfer PMPM		105.05
Insurer Specific Manual Adjustment PMPM		
High Cost Risk Pool Adjustment PMPM		
Total Risk Adjustment Transfer		105.05

<-- Negative implies payer of RA

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

Company Name:	QCC Insuran	се Сотрату																																
Product: Effective Date of Rates:	99 January	10			Ending date of		December	31.300																										
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OOP Maximum 12	50.7			250	59.3		59.2		50.21		59.3		\$7.40		59.2			200	59.2			450	59.3		59.7		58.2		59.2		50.2		59.21	
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Are Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tebacco	Tobacco	Non-Tebacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tebacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tebacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tebacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco /	Non-Tobacco	Tebacco	Non-Tobacco	Tobacco
0-14	\$450.37	\$450.37	\$386.42	\$386.42	\$262.90	\$262.90	\$376.32	\$276.32	\$487.59	\$487.59	\$214.27	\$214.27	\$241.01	\$241.01	\$218.29	\$218.19	\$260.94	\$240.94	\$214.27	\$214.27	\$241.01	\$241.01	\$218.19	\$218.19	\$240.94	\$240.94	\$450.37	\$450.27	\$362.90	\$262.90	\$487.59	\$487.59	\$209.43	\$309.43
25	\$490.40	\$490.40	\$420.76	\$420.76	5296.27	\$286.27	\$409.77	\$429.77	\$530.93	\$530.93	\$233.31	5222.21	\$262.43	\$262.43	\$237.58	\$237.58	\$362.35	\$262.35	5222.31	5222.21	5262.43	\$262.43	\$227.58	\$227.58	5262.35	\$262.25	\$490.40	\$490.40	\$286.27	\$296.27	\$530.93	\$530.93	\$336.94	\$236.94
36	\$505.71	\$505.71	\$433.90	\$422.90	\$295.20	\$295.20	\$422.56	\$422.56	\$547.50	\$547.50	\$240.60	\$240.60	\$270.62	\$270.62	\$245.00	\$245.00	\$270.54	\$270.54	\$240.60	\$240.60	\$270.62	\$270.62	\$345.00	\$245.00	\$270.54	\$270.54	\$505.71	\$505.71	\$295.20	\$295.20	\$547.50	\$547.50	\$247.46	\$347.46
17	\$521.02 \$537.50	\$521.02 \$537.50	\$647.03 \$661.17	\$447.03 \$461.17	\$304.14 \$313.76	\$304.14 \$313.76	\$435.35 \$449.12	\$435.35 \$449.12	\$564.07 \$581.92	\$564.07 \$581.92	\$247.88 \$255.72	\$247.88 \$255.72	5279.81 5297.63	\$279.81 \$297.63	\$252.41 \$260.40	\$252.41 \$260.40	\$278.72 \$287.55	\$279.72 \$297.55	\$247.88 \$255.72	\$247.88 \$255.72	\$279.91 \$297.63	\$279.81 \$287.63	\$252.41 \$260.40	\$2\$2.41 \$2\$0.40	\$279.72 \$297.55	\$279.73 \$297.55	\$\$21.02 \$\$37.50	\$\$21.02 \$\$37.50	\$304.14 \$313.76	\$304.14 \$313.76	\$564.07 \$581.92	\$564.07 \$581.92	\$357.97 \$369.30	\$257.97 \$369.30
19	\$553.99	99.5222	\$475.32	\$475.32	5323.38	\$323.38	\$462.90	\$462.90	\$599.77	\$599.77	\$263.56	\$263.56	5296.45	5296.45	5268.38	\$268.38	\$296.37	5296.37	5263.56	\$263.56	5296.45	5296.45	5268.38	5268.38	5296.37	5296.37	5553.99	\$553.99	5323.38	\$323.38	\$599.77	\$599.77	5380.63	5380.63
20	\$571.06	\$571.06	\$489.97	\$489.97	5333.35	\$333.35	\$477.16	\$477.16	\$618.25	\$618.25	\$271.69	\$271.69	\$305.59	\$305.59	5276.65	\$276.65	\$305.50	\$305.50	5271.69	5271.69	\$305.59	\$305.59	\$276.65	5276.65	\$305.50	\$305.50	\$\$71.06	\$571.06	\$333.35	\$333.35	5618.25	\$618.25	\$392.36	5392.36
21	\$588.72	\$662.31	\$505.12	\$568.26	\$242.66	\$386.62	\$491.92	\$553.41	\$637.37	\$717.04	\$290.09	\$315.10	\$315.04	\$354.42	\$285.21	\$220.86	\$314.95	\$354.32	\$290.09	\$315.10	\$315.04	\$354.42	\$285.21	\$320.86	\$314.95	\$354.32	\$588.72	\$662.31	\$343.66	\$386.62	\$637.37	\$717.04	5404.49	\$455.05
22	\$588.72	\$662.31	\$505.12	\$568.26	\$343.66	\$386.62	\$491.92	\$553.41	\$637.37	\$717.04	\$290.09	\$315.10	\$315.04	\$354.42	\$285.21	\$320.86	\$314.95	\$354.32	\$280.09	\$315.10	\$315.04	\$354.42	\$285.21	\$320.86	\$314.95	\$354.32	\$588.72	\$662.31	\$343.66	\$386.62	\$637.37	\$717.04	\$404.49	\$455.05
23	\$588.72	\$662.31	\$505.12	\$568.26	\$343.66	\$386.62	\$491.92	\$553.41	\$637.37	\$717.04	\$290.09	\$315.10	\$315.06	\$354.42	\$285.21	\$320.86	\$314.95	\$354.32	\$290.09	\$315.10	\$315.04	\$354.42	5285.21	\$320.86	5314.95	\$354.32	\$588.72	\$662.31	\$343.66	\$386.62	\$617.17	\$717.06	5404.49	\$455.05
24	\$588.72 \$591.07	\$662.31 \$664.96	\$505.12 \$507.14	\$5500.36 \$570.53	\$343.66 \$345.03	\$386.62 \$388.16	\$491.92 \$493.89	\$553.41 \$555.62	\$637.37 \$639.92	\$717.04 \$719.91	\$280.09 \$281.21	\$315.10 \$316.36	\$315.06 \$316.30	\$354.42 \$355.84	\$285.21 \$286.35	\$320.86 \$322.14	\$314.95 \$316.21	\$354.32 \$355.74	\$280.09 \$281.21	\$315.10 \$316.36	\$315.04 \$316.30	\$254.42 \$255.84	\$285.21 \$286.35	\$320.86 \$322.14	\$314.95 \$316.21	\$354.32 \$355.74	\$588.72 \$591.07	\$662.31 \$664.96	\$343.66 \$345.03	\$386.62 \$388.16	\$637.37 \$639.92	\$717.06 \$719.91	\$404.49 \$406.11	\$455.05 \$456.87
20	\$602.85	\$678.21	\$507.14 \$517.24	\$581.90	5351.91	5395.90	\$503.73	\$566.69	\$652.67	\$734.25	\$285.81 \$286.81	\$322.66	\$322.60	\$362.93	\$292.06	\$322.14 \$328.56	5322.51	\$362.82	5286.81	\$310.66 \$322.66	\$316.80 \$322.60	\$355.84 \$362.93	5292.06	\$322.14 \$328.56	5322.51	\$362.82	5602.85	5679.21	\$351.91	\$295.90	\$652.67	5734.25	\$414.20	\$496.87 \$465.97
27	5616.98	\$694.10	\$529.37	\$595.54	\$360.16	\$405.18	\$515.53	\$579.97	\$667.96	\$751.46	5293.53	5330.23	\$330.16	5371.43	5298.90	5336.26	\$330.07	5371.33	5293.53	\$330.23	5330.16	5371.43	5298.90	5336.76	\$330.07	5371.33	5616.98	5694 10	\$360.16	\$405.18	\$667.96	5751.46	5423.91	\$476.89
28	5639.94	\$729.93	\$549.07	\$617.70	\$373.56	\$420.25	\$534.72	\$601.56	5692.92	\$779.42	\$304.46	\$342.52	5342.45	\$385.25	\$310.02	\$348.78	\$342.35	\$385.14	\$304.46	\$342.52	5342.45	\$385.25	\$310.02	5348.78	5342.35	\$385.14	5639.94	\$719.93	\$273.56	\$420.25	5692.82	5779.42	\$439.68	5494.64
29	\$658.78	\$741.12	\$565.23	\$635.88	\$384.56	\$432.62	\$550.46	\$609.27	\$713.22	\$802.37	\$313.42	\$352.60	\$352.53	\$396.60	\$319.15	\$359.04	\$352.43	5396.48	\$313.42	\$352.60	\$352.53	\$396.60	\$319.15	\$359.04	\$352.43	\$396.48	\$658.78	\$741.12	\$284.56	\$432.62	5713.22	\$802.37	\$452.62	\$509.20
30	\$668.20	\$785.13	\$572.21	\$673.64	\$390.05	\$458.31	\$558.33	\$656.04	5723.41	\$850.01	\$317.90	\$372.54	\$357.57	\$420.15	\$323.71	\$280.36	\$357.47	\$420.03	\$317.90	\$272.54	\$357.57	\$420.15	5323.71	\$390.36	\$357.47	\$420.03	5668.20	\$785.13	\$290.05	\$458.31	5723.41	\$850.01	\$459.10	\$539.44
21	5682.33	\$800.72	\$585.43	\$687.89	\$298.30	\$468.00	\$570.14	\$669.91	\$739.71	\$867.99	\$334.62	\$381.43	\$365.13	\$429.03	\$330.56	\$288.41	\$365.03	\$428.91	\$324.62	\$381.43	\$365.13	\$429.03	\$230.56	\$388.41 \$386.45	\$365.03	\$429.91	5692.33	\$801.73	\$298.30	\$468.00	\$728.71	5867.99 5885.96	\$468.80	\$550.84 \$562.75
22	\$696.46 \$705.29	5818.34 5828.71	5507.56 5605.13	\$302.13 \$711.03	\$406.55 \$411.70	\$477.70 \$483.75	\$581.94 \$589.32	5683.78 5692.45	\$754.01 \$763.57	5885.96 5897.10	\$331.35 \$335.55	\$389.33 \$394.27	\$372.69 \$377.42	\$437.91 \$443.47	\$227.40 \$341.68	\$296.45 \$401.48	\$372.50 \$377.31	\$437.79 \$443.34	\$331.35 \$335.55	\$189.33 \$194.27	\$372.69 \$377.42	\$437.91 \$443.47	\$337.40 \$341.68	\$196.45 \$400.48	\$372.59 \$377.31	\$437.79 \$443.34	\$696.46 \$705.29	5818.34 5828.71	\$406.55 \$411.70	\$477.70 \$483.75	\$7\$4.01 \$7\$3.57	5885.96 5897.19	\$479.51 \$494.50	\$562.25 \$569.38
24	\$705.29 \$714.71	5828.71 5839.78	5613.22	\$720.53	\$411.70 \$417.20	\$490.21	\$589.42 \$597.19	\$301.70	\$773.77	5997.19 5909.18	\$340.00	5399.53	\$392.46	5449.39	5346.24	\$405.84	5382.35	5440.76	\$340.03	\$399.53	\$377.42 \$382.46	5642.47	5345.34	SADE NA	5392.35	SA40 36	\$705.29 \$214.21	\$828.71 \$839.78	S411.70	\$484.75 \$490.71	\$773.77	\$897.19 \$909.19	5494.58 5491.05	5599.28 5576.98
, , , , , , , , , , , , , , , , , , ,	5719.42	5845.31	\$617.26	\$725.28	\$419.95	5493.44	5601.13	\$206.32	\$779.97	5915.17	\$342.27	5402.17	5384.98	\$452.35	5348.53	5609.52	\$384.87	\$452.22	5342.27	\$402.17	5384.98	\$452.35	5348.53	5409.52	5384.97	\$452.22	5719.42	5845.74	5419.95	\$493.44	\$778.87	5915.17	5494.29	SS80.79
36	\$724.13	\$850.85	\$621.30	\$790.02	\$422.70	\$496.67	\$605.06	\$710.95	\$783.97	5921.16	\$344.51	\$404.80	\$397.50	\$455.31	\$350.81	\$412.20	\$387.39	\$455.18	\$344.51	\$404.90	\$387.50	\$455.31	\$350.81	\$412.20	\$387.39	\$455.18	\$724.13	\$850.85	\$422.70	\$496.67	\$793.97	\$921.16	\$497.52	\$594.59
37	\$728.84	5856.38	\$625.34	\$734.77	\$425.45	\$499.91	\$609.00	\$715.57	\$789.06	\$927.15	\$346.75	\$407.43	\$390.02	\$458.27	\$253.09	\$414.88	\$389.91	\$458.14	\$346.75	\$407.43	\$390.02	\$458.27	\$353.09	\$454.88	\$389.91	\$458.14	\$728.84	5856.38	\$425.45	\$499.91	\$789.06	\$927.15	\$500.76	\$588.29
28	5733.55	\$861.92	\$629.38	\$739.52	\$429.20	\$503.14	\$612.93	\$720.20	\$794.16	5922.14	\$348.99	\$410.07	\$392.54	\$461.23	\$355.37	\$417.56	\$292.43	\$461.10	\$348.99	\$410.07	5392.54	5461.23	\$355.37	\$417.56	\$392.43	\$461.10	5723.55	\$861.92	\$428.20	\$509.14	\$794.16	\$933.54	\$503.99	\$592.29
29	\$742.96 \$752.38	\$872.98 \$921.67	5637.46 5645.54	\$349.02 \$390.79	\$433.70 \$439.20	\$509.60 \$538.02	\$620.80 \$628.67	\$729.44 \$770.13	\$804.36 \$814.56	9945.12 9997.83	\$3\$3.47 \$3\$7.96	\$415.33 \$438.49	\$397.58 \$402.62	\$467.16 \$493.21	\$259.94 \$364.50	\$422.92 \$446.51	\$297.47 \$402.51	\$467.02 \$493.07	\$353.47 \$357.96	\$415.33 \$438.49	\$397.58 \$402.62	\$467.16 \$893.31	\$359.94 \$364.50	\$422.92 \$446.51	\$397.47 \$402.51	\$467.02 \$493.07	\$742.96 \$752.38	5872.98 5921.67	\$433.70 \$439.70	\$509.60 \$538.02	5804.36 5814.56	5945.12 5997.83	\$510.47 \$516.94	\$599.80 \$633.35
40	5766.51	\$938.98	5657.67	\$805.64	5447.45	SS48.12	5640.48	\$784.59	5829.86	\$1,016.57	\$364.68	\$446.73	\$410.18	\$502.47	5371.34	5454.90	\$410.06	\$502.33	\$364.68	5446.73	\$410.18	SS02.47	5371.34	5454.00	S410.05	\$502.07	5766.51	5921.67	5447.45	SS48.12	5829.86	\$1,016,57	5526.65	5645.34
43	5780.05	\$955.57	5669.28	\$819.87	\$455.35	\$557.80	\$651.79	\$798.45	5844.52	\$1,034.53	\$371.12	\$454.62	\$417.49	\$511.35	\$377.90	\$462.93	5417.31	\$511.20	5371.12	5454.62	\$417.43	\$511.35	\$377.90	5462.93	5417.31	\$511.20	\$780.05	6965 57	5455.35	\$557.80	5844.52	\$1,034,53	\$535.95	5656.54
42	\$798.89	\$978.64	5685.45	\$839.67	\$466.35	\$\$71.27	\$667.54	\$817.73	\$864.91	\$1,059.52	\$380.08	\$465.60	\$427.51	\$523,70	\$387.03	\$474.11	\$427.39	\$523.55	\$380.08	\$465.60	\$427.51	\$523.70	\$387.03	\$474.11	\$427.39	\$523.55	\$798.89	5979.64	\$466.35	\$\$71.27	\$864.91	\$1,059.52	\$548.99	\$672.29
44	\$822.44	\$1,007.49	\$705.65	\$864.42	\$480.09	\$588.11	\$687.21	\$841.83	\$890.41	\$1,090.75	\$390.29	\$479.33	\$440.11	\$539.14	\$398.44	\$488.09	\$439.99	\$538.98	\$391.29	\$479.33	\$440.11	\$539.14	\$298.44	\$488.09	\$429.99	\$538.98	\$822.44	\$1,007.49	\$480.09	\$588.11	\$890.41	\$1,090.75	\$565.07	\$692.21
45	5850.11	\$1,041.39	\$729.39	5893.51	\$496.25	\$607.90	\$710.33	\$870.16	\$920.36	\$1,127.44	\$404.45	\$495.45	\$454.92	\$557.27	\$411.84	\$504.51	\$454.79	\$557.12	\$404.45	\$495.45	5454.92	\$557.27	\$411.84	\$504.51	\$454.79	\$557.12	5950.11	\$1,041.29	5496.25	\$607.90	\$620.36	\$1.127.46	\$584.08	\$715.50
46	5883.08 5920.17	\$1.081.77 \$1.127.21	\$757.68 \$789.50	\$928.16 \$967.14	\$515.49 \$537.14	\$631.48 \$658.00	\$737.88 \$768.87	\$903.90 \$941.87	\$956.06 \$996.21	\$1.171.17 \$1.220.36	\$430.14 \$437.78	\$514.67 \$536.28	\$472.56 \$492.41	\$579.89 \$603.20	\$427.82 \$445.78	\$524.07 \$546.08	\$472.43 \$492.27	\$579.72 \$603.03	\$420.14 \$437.78	SS14.67 SS36.28	\$472.56 \$492.41	\$579.89 \$603.20	\$427.82 \$445.78	\$534.07 \$546.08	\$472.43 \$492.27	\$579.72 \$603.03	5883.08 5920.17	\$1.081.77 \$1.127.21	\$515.49 \$537.14	\$631.48 \$658.00	\$956.06 \$996.21	\$1.171.17 \$1.220.36	\$606.74 \$632.22	5743.25 5734.47
	5962.56	\$1,179.13	\$825.87	\$1,001.69	5561.88	5688.31	\$804.29	5985.25	\$1,042.10	\$1,276.57	\$457.95	\$560.99	\$515.09	\$630.99	5466.32	5571.24	CC14 04	\$630.81	\$457.95	\$560.99	\$515.09	\$630.99	SAGE 22	5571.24	SS14 94	\$630.01	5967.56	\$1,179.13	5561.00	\$688.31	\$1,042.10	\$1,276.57	5661.34	5910.14
49	\$1,004.36	\$1,230.34	5861.73	\$1,055,63	\$586.28	5718.20	5839.22	\$1,028,04	\$1,087.35	\$1,332.01	\$477.83	\$585.35	\$537.46	5658.39	\$486.57	\$596.05	\$537.30	\$658.20	\$477.83	\$585.35	\$537.46	\$658.39	\$486.57	\$596.05	\$537.30	\$658.20	\$1,004.36	\$1,230,34	5586.28	5718.20	\$1,087.35	\$1,332.01	\$690.06	5845.32
50	\$1,051.45	\$1,445.75	\$902.14	\$1,240.45	\$613.78	\$843.94	\$879.57	\$1,208.03	\$1,139.34	\$1,565.22	\$500.24	\$687.83	\$562.66	\$773.66	\$509.39	\$700.40	\$562.50	\$773.44	\$500.24	5687.83	\$562.66	\$773.66	\$509.39	\$700.40	\$562.50	\$773.44	\$1.051.45	\$1,445.75	\$613.78	\$843.94	\$1.138.34	\$1,565.22	\$722.42	5993.33
51	\$1,097.96	\$1,509.70	5942.05	\$1,295.32	\$640.93	\$881.27	5917.43	\$1,261.47	\$1.188.70	\$1,634.46	\$522.37	\$718.26	\$587.55	\$807.88	\$531.92	\$731.39	\$587.38	\$807.65	\$522.37	\$718.26	\$587.55	\$807.88	\$531.92	5721.29	\$587.38	\$807.65	\$1.097.96	\$1,509.70	\$643.93	\$881.27	\$1.188.70	\$1,634.46	\$754.37	\$1.037.26
Ω.	\$1,149.18	\$1.580.12	5985.99	\$1.355.74	\$670.92	\$922.38	\$960.23	\$1,320,31	\$1,244.15	\$1,710.70	\$546.74	\$751.76	\$614.96	\$845.57	\$556.73	\$765.50	\$654.78	\$845.33	\$546.74	\$751.76	5614.96	\$845.57	\$556.73	\$765.50	\$614.78	\$845.33	\$1,149.18	\$1,580.12	\$670.92	\$922.38	\$1,244.15	\$1.710.70	\$789.56	\$1.085.65
Ω.	\$1,200.99 \$1,256.92	\$1.651.36 \$1.728.26	\$1,030.44 \$1,078.43	\$1.416.86 \$1.482.84	\$701.07 \$733.71	\$963.97 \$1,008.86	\$1,003.52 \$1,050.25	\$1,379.84 \$1,444.09	\$1,360.23 \$1,360.78	\$1,787.82 \$1,871.08	\$\$71.38 \$\$97.99	5785.65 5822.24	\$642.68 \$672.61	5924.84	\$581.83 \$608.92	\$800.01 \$837.27	\$642.50 \$672.42	5883.43 5924.58	\$571.38 \$597.99	5785.65 5822.24	\$642.68 \$672.61	5883.60 5924.84	\$581.83 \$608.92	\$800.01 \$837.27	\$642.50 \$672.42	5883.43 5924.58	\$1,200.99	\$1.651.36 \$1.728.26	\$701.07 \$733.71	\$963.97 \$1,008.86	\$1,300.23 \$1,360.78	\$1.797.92 \$1.871.08	5825.16 5863.59	\$1.134.59 \$1.187.43
54 65	\$1,312.85	\$1,728.26 \$1,805.16	\$1,079.43 \$1,126.42	\$1.482.84 \$1.548.82	5733.71 5766.36	\$1,053.75	\$1,050.25 \$1,096.98	\$1.444.00 \$1.508.35	\$1.360.78 \$1.421.34	\$1,971.00 \$1,954.34	\$634.60	5822.24 5858.83	\$672.61 \$702.54	5924.84 5965.99	\$609.92 \$636.02	S827.27 S874.53	5672.42 5302.34	5924.58 5965.72	\$624.60	5822.24 5858.83	\$672.61 \$702.54	5924.84 5965.99	\$608.92 \$696.02	S837.27 S834.53	\$672.42 \$702.34	5924.58 5965.72	\$1.256.92 \$1.312.85	\$1,729.36 \$1,935.36	\$733.71 \$766.36	\$1,000.86 \$1,053.75	\$1.360.78 \$1.421.34	\$1,971.08 \$1,954.34	5963.59 5902.01	\$1.187.43 \$1.240.27
54	\$1,373.48	\$1,888.54	\$1,178.44	\$1,620.36	5801.76	\$1,002.42	\$1,147.65	\$1,578.02	\$1,486.98	52,044.60	\$653.45	5898.49	\$7724.99	\$1,010.61	5665.39	9914 92	\$734.78	\$1,010.32	5653.45	5898.49	5734.99	\$1,010.61	5665.39	5914.92	5734.78	\$1,010.32	\$1,372.48	\$1,888.54	5901.76	\$1,102.42	\$1,486.98	52,054.50	5943.68	\$1,240.27
57	\$1,434.71	\$1,972.72	\$1,230.98	\$1,692.59	\$837.50	\$1.151.56	\$1.198.81	\$1,648.36	\$1.553.27	\$2,135.75	\$682.58	\$938.55	\$767.75	\$1,055.66	\$695.06	\$955.70	\$767.53	\$1,055.36	\$682.58	5938.55	\$767.75	\$1,055.66	5095.06	\$955.70	\$767.53	\$1,055.36	\$1.434.71	\$1,972.73	\$837.50	\$1.151.56	\$1.553.27	\$2,135.75	5985.74	\$1,355.40
SB	\$1,500.06	\$2,062.58	\$1,287.05	\$1,769.69	\$875.65	\$1,204.01	\$1,253.41	\$1,723.44	\$1,624.02	\$2,233.03	\$713.67	\$981.30	\$802.72	\$1,103.74	\$726.72	5999.23	\$802.49	\$1,103.43	\$713.67	\$981.30	\$802.72	\$1,103.74	\$726.72	\$999.23	\$802.49	\$1,109.43	\$1,500.06	\$2,062.58	\$875.65	\$1,204.01	\$1,624.02	\$2,233.03	\$1,030.64	\$1,417.13
59	\$1.532.44	\$2,107.10	\$1,314.83	\$1.907.99	\$894.55	\$1,230.00	\$1,280.47	\$1,760,64	\$1,659.07	52.281.23	\$729.07	\$1,002.48	\$820.05	\$1.127.57	\$742.40	\$1,020.80	\$819.81	\$1.127.25	\$729.07	\$1,002.48	\$820.05	\$1.127.57	\$342.40	\$1,000.80	\$819.81	\$1.127.25	\$1.532.44	\$2,107.10	5894.55	\$1230.00	\$1,659.07	\$2,291.23	\$1,052.89	\$1.447.72
60	\$1.597.79	\$2.196.96	\$1,370.90	\$1,884.98	5932.69	\$1.282.45	\$1,335.07	\$1,835.72	\$1.729.82	\$2,378.51	\$760.16	\$1,045.23	\$855.02	\$1.175.65	\$774.06	\$1,064.33	\$854.77	\$1.175.31	\$760.16	\$1,045.23	5855.02	\$1.175.65	\$774.06	\$1,064.33	\$854.77	\$1.175.31	\$1.597.79	\$2,196.96	\$922.69	\$1292.45	\$1.729.92	\$2,379.51	\$1,097.79	\$1.509.46
61	\$1,654,30 \$1,691,39	\$2.274.67 \$2.325.66	\$1.419.29 \$1.451.21	\$1.951.66 \$1.995.41	5965.68 5987.34	\$1.327.82 \$1.357.59	\$1.392.30 \$1.413.29	\$1,900.66 \$1,943.27	\$1,791.01 \$1,831.16	\$2,462,64 \$2,517,85	\$797.05 \$804.70	\$1,002.20 \$1,106.46	\$885.26 \$905.11	\$1,217.24 \$1,244.53	5801.44 5819.41	\$1.101.98 \$1.126.69	\$885.01 \$904.85	\$1216.89 \$1244.17	\$797.05 \$804.70	\$1.082.20 \$1.106.46	5885.26 5905.11	\$1,217.24 \$1,246.53	\$801.44 \$819.41	\$1,100.98 \$1,126.69	\$885.01 \$904.85	\$1,216.89 \$1,244.17	\$1,654.30 \$1,691.39	\$2,274.67 \$2,325.66	5965.68 5987.34	\$1,327.92 \$1,357.59	\$1.791.01 \$1.831.16	\$2.462.64 \$2.517.85	\$1.136.62 \$1.162.10	\$1.562.85 \$1.597.89
8	\$1,691.39	\$2,389.61	\$1.451.21 \$1.491.11	\$1.995.41 \$2.050.28	\$987.34 \$1,014.48	\$1.357.50 \$1.394.92	\$1.413.29 \$1.452.15	\$1.943.27 \$1.996.70	\$1,831.16 \$1,881.52	\$2.517.85 \$2.587.08	5804.70 5826.83	\$1,136,89		\$1,264.52 \$1,278.75	5819.41 5841.94	\$1,157,67	5904.85 5929.73	\$1244.17 \$1278.38	\$804.70 \$826.83	\$1,136,89	\$905.11 \$930.00	\$1,244.53 \$1,278.75	5819.41 5841.94	\$1,157.67	\$904.85 \$929.73	\$1,244.17 \$1,278.38	\$1.691.39 \$1.737.90	52.325.66 52.389.61	\$987.34 \$1,004.48	\$1.357.50 \$1.394.92	\$1,891.16 \$1,881.52	\$2.517.85 \$2.587.08	\$1.162.10 \$1.194.05	\$1.597.89 \$1.641.82
644	\$1.766.16	52.439.47	\$1.515.36	52.083.62	\$1,030.98	\$1,417.60	\$1,475.76	52.029.17	\$1,912.11	52,629.15	S840 27	\$1,155,37	5945 12	\$1,299,54	5955 63	\$1,176.49	5044.05	\$1299.17	5840.27	\$1 155 27	5945.12	\$1,299.54	5855.63	\$1,175.49	5944.95	\$1,299.17	\$1.766.16	52,420,42	\$1,000.48	\$1,417.60	\$1,912.11	52 629 15	\$1212.47	\$1,660.52
											40.27	*******				*****			FV-21				******	/	17.61				*****					

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### QCC Insurance Company Individual Plan Design Summary

31609PA0070003	Plan Marketing Name Personal Choice PPO Gold	Product	HIOS Plan ID Plan Marketing Name Product Metal Exchange Network Rating Area Cou										
31609PA0070003	Personal Choice PPO Gold			Exchange	Network	Rating Area	Counties Covered						
		PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0070004	Personal Choice PPO Silver Classic	PPO	Silver	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
	Personal Choice PPO Bronze	PPO	Bronze	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0070011	Personal Choice PPO Gold Classic	PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0070012	Personal Choice PPO Gold Preferred	PPO	Gold	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0160001	Personal Choice EPO Catastrophic	EPO	Catastrophic	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0160005	Personal Choice EPO Bronze Reserve	EPO	Bronze	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0160006	Personal Choice EPO Bronze Basic	EPO	Bronze	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0160009	Personal Choice EPO Bronze Classic	EPO	Bronze	On/Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0180001	Personal Choice EPO Catastrophic	EPO	Catastrophic	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0180004	Personal Choice EPO Bronze Reserve	EPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0180005	Personal Choice EPO Bronze Basic	EPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0180008	Personal Choice EPO Bronze Classic	EPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0190002 I	Personal Choice PPO Gold	PPO	Gold	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0190004	Personal Choice PPO Bronze	PPO	Bronze	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0190006	Personal Choice PPO Gold Preferred	PPO	Gold	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						
31609PA0190007	Personal Choice PPO Silver Basic	PPO	Silver	Off	Personal Choice	8	Bucks, Chester, Delaware, Montgomery, Philadelphia						

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Unified Rate Review v6.0		, and the second	· ·		0				To add a product to Workshe			
onnied hate heview vo.o												
Company Legal Name:	QCC Insurance Company, Inc.						ſ		To add a plan to Worksheet 2 To validate, select the Validat			or Ctri + Snift
HIOS Issuer ID:		Chaha.	PA				Į.					
		State: Market:	Individual						To finalize, select the Finalize	button or Ctri + Snift	+ r.	
Effective Date of Rate Change(s):	1/1/2025	iviarket:	Individual									
Market Level Calculations (Same for	all Diane)											
vial ket Level Calculations (Same for	an rians)											
												_
Section I: Experience Period Data		4/4/0000	1 .	42/24/2022								
Experience Period:		1/1/2023		12/31/2023 PMPM								
Allowed Claims			<u>Total</u> \$327,159,794.85	<u>PMPM</u> \$799.03								
Reinsurance			\$16,029,367.20	\$39.15								
Incurred Claims in Experience Period			\$238,146,259.32	\$581.63								
Risk Adjustment			\$44,358,692.03	\$108.34								
Experience Period Premium			\$285,613,354.77	\$697.56								
Experience Period Member Months			409,448									
-	·			<u></u>								
Section II: Projections							i					
		Year	Trend	Year 2 Tr	rend							
Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Trended EHB Allowed Claims PMPM						
patient Hospital	\$140.49	1.055		1.055	1.068	\$178.36						
Outpatient Hospital	\$169.56					7170.30						
				1.052	1.068	\$214.04						
		1.052		1.052 1.029	1.068 1.068	\$214.04 \$223.43						
Professional	\$185.00 \$0.00	1.052 1.029 1.029	1.068	1.052 1.029 1.029	1.068 1.068 1.068	\$214.04 \$223.43 \$0.00						
Professional Other Medical Capitation	\$185.00 \$0.00 \$114.90	1.029 1.029 1.000	1.068 1.068 1.000	1.029 1.029 1.000	1.068 1.000	\$223.43 \$0.00 \$114.90						
Professional Other Medical Capitation Prescription Drug	\$185.00 \$0.00 \$114.90 \$188.76	1.029 1.029	1.068 1.068 1.000	1.029 1.029	1.068 1.068	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional Other Medical Capitation Prescription Drug	\$185.00 \$0.00 \$114.90	1.029 1.029 1.000	1.068 1.068 1.000	1.029 1.029 1.000	1.068 1.000	\$223.43 \$0.00 \$114.90						
Professional Other Medical Capitation Prescription Drug Total	\$185.00 \$0.00 \$114.90 \$188.76	1.029 1.029 1.000	1.068 1.068 1.000	1.029 1.029 1.000 0.990	1.068 1.000	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment	\$185.00 \$0.00 \$114.90 \$188.76	1.029 1.029 1.000	1.068 1.068 1.000	1.029 1.029 1.000 0.990	1.068 1.000	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift	\$185.00 \$0.00 \$114.90 \$188.76	1.029 1.029 1.000	1.068 1.068 1.000	1.029 1.029 1.000 0.990	1.068 1.000	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional  Other Medical Capitation  Prescription Drug  Total  Morbidity Adjustment  Demographic Shift  Plan Design Changes	\$185.00 \$0.00 \$114.90 \$188.76	1.029 1.029 1.000	1.068 1.068 1.000	1.029 1.029 1.000 0.990 1.000 0.994 1.000	1.068 1.000	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift	\$185.00 \$0.00 \$114.90 \$188.76 \$798.71	1.025 1.025 1.000 0.990	1.068 1.068 1.000 1.068	1.029 1.029 1.000 0.990 1.000 0.994 1.000	1.068 1.000	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other	\$185.00 \$0.00 \$114.90 \$188.76 \$798.71	1.029 1.029 1.000	1.068 1.068 1.000 1.068	1.029 1.029 1.000 0.990 1.000 0.994 1.000 1.001 5937.04	1.068 1.000	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional  Other Medical Capitation Prescription Drug  Total  Morbidity Adjustment  Demographic Shift Plan Design Changes  Other  Adjusted Trended EHB Allowed Claim  Manual EHB Allowed Claims PMPM	\$185.00 \$0.00 \$114.90 \$188.76 \$798.71	1.025 1.025 1.000 0.990	1.068 1.068 1.000 1.068	1.029 1.029 1.000 0.990 1.000 0.994 1.000 1.001 \$937.04	1.068 1.000	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional  Other Medical Capitation Prescription Drug  Total  Morbidity Adjustment  Demographic Shift Plan Design Changes  Other  Adjusted Trended EHB Allowed Claim  Manual EHB Allowed Claims PMPM	\$185.00 \$0.00 \$114.90 \$188.76 \$798.71	1.025 1.025 1.000 0.990	1.068 1.068 1.000 1.068	1.029 1.029 1.000 0.990 1.000 0.994 1.000 1.001 5937.04	1.068 1.000	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claim	\$185.00 \$0.00 \$114.90 \$188.76 \$798.71	1.025 1.025 1.000 0.990	1.068 1.068 1.000 1.068	1.029 1.029 1.000 0.990 1.000 0.994 1.000 1.001 \$937.04	1.068 1.068 1.000 1.068	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional Other Medical Capitation Prescription Drug Total  Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claim Manual EHB Allowed Claims PMPM Applied Credibility %	\$185.00 \$0.00 \$114.90 \$188.76 \$798.71	1,025 1,025 1,005 0,990	1.068 1.068 1.000 1.068	1.029 1.029 1.000 0.990 1.000 0.994 1.000 1.001 \$937.04	1.068 1.068 1.000 1.068	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional  Other Medical Capitation Prescription Drug  Total  Morbidity Adjustment  Demographic Shift Plan Design Changes  Other  Adjusted Trended EHB Allowed Claim  Manual EHB Allowed Claims PMPM	\$185.00 \$0.00 \$114.90 \$188.76 \$798.71	1.025 1.025 1.000 0.990	1.068 1.068 1.000 1.068	1.029 1.029 1.000 0.990  1.000 0.990  1.000 0.994 1.000 1.000 5937.04	1.068 1.068 1.000 1.000 1.068	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claim Manual EHB Allowed Claims PMPM Applied Credibility %	\$185.00 \$0.00 \$114.90 \$188.76 \$798.71	1,025 1,025 1,005 0,990	1.068 1.068 1.000 1.068	1.029 1.029 1.000 0.990 1.000 0.994 1.000 1.001 \$937.04	1.068 1.068 1.000 1.068 Projected Period Totals \$401,809,461.96 \$14,983,168.68	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional  Dither Medical Capitation Prescription Drug Total  Morbidity Adjustment Demographic Shift Plan Design Changes Dither Adjusted Trended EHB Allowed Claim Manual EHB Allowed Claims PMPM Applied Credibility %  Projected Index Rate for	\$185.00 \$0.00 \$114.90 \$188.76 \$798.71	1,025 1,025 1,005 0,990	1.068 1.068 1.000 1.068	1.029 1.000 1.029 1.000 0.990  1.000 0.994 1.000 1.001 5937.04  \$ 5983.93 0.00%	1.068 1.068 1.000 1.000 1.068	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional Other Medical Capitation Prescription Drug Total Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility % Projected Index Rate for Reinsurance Risks Adjustment Payment/Charge	\$185.00 \$0.00 \$114.90 \$188.76 \$798.71	1,025 1,025 1,005 0,990	1.068 1.068 1.000 1.068	1.029 1.029 1.000 0.990  1.000 0.990  1.000 0.994 1.000 1.001 5937.04 5983.93 0.00%	1.068 1.068 1.000 1.068 Projected Period Totals 5401,809,461.96 534,983,168.68 562,137,883,52	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						
Professional  Other Medical Capitation Prescription Drug Total  Morbidity Adjustment Demographic Shift Plan Design Changes Other Adjusted Trended EHB Allowed Claims Manual EHB Allowed Claims PMPM Applied Credibility %  Projected Index Rate for Reinsurance Risk Adjustment Payment/Charge Exchange User Fees	\$185.00 \$0.00 \$114.90 \$188.76 \$798.71	1,025 1,025 1,005 0,990	1.068 1.068 1.000 1.068	1.029 1.029 1.000 0.990 1.000 0.990 1.000 0.994 1.000 1.001 \$937.04 \$983.93 0.00% \$583.93 \$536.69 \$5152.16 2.40%	1.068 1.068 1.000 1.068 1.068 Projected Period Totals 5401,809,461.96 541,983,168.68 562,137,883.52 57,984,141.22	\$223.43 \$0.00 \$114.90 <u>\$211.02</u>						

### Product-Plan Data Collection

Company Legal Name:

HIOS Issuer ID: Effective Date of Rate Change(s): 31609 1/1/2025 State: Market: PA Individual To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.

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

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

To disables, selected the finalise bottom or Cirl + Shift + I.

To finalise, selected the finalise bottom or Cirl + Shift + I.

To remove a priority, mining the total corresponding Product Name/Product D field and select the Remove Product button or Cirl + Shift + Q.

To remove a plan, invaligate to the corresponding Plan Name/Plan D field and select the Remove Plan button or Cirl + Shift + A.

### Product/Plan Level Calculations

Field # Section I: General Product and Plan Information																			
1.1 Product Name		Personal (	Choice ON Exchange	PPO Indiv			Personal Choice	ON Exchange EPO			Personal Choice C	OFF Exchange EPO			Personal C	hoice OFF Exchange	PPO Indiv		
1.2 Product ID			31609PA007				31609	PA016			31609	PA018				31609PA019			
1.3 Plan Name	PPO Gold	PPO Silver	PPO Bronze	PPO Gold Classic	PPO Gold	EPO Catastrophic	EPO Bronze	EPO Bronze Basic	EPO Bronze Classic	EPO Catastrophic	EPO Bronze	EPO Bronze Basic	<b>EPO Bronze Classic</b>	PPO Gold	PPO Silver	PPO Bronze	PPO Gold	PPO Silver Basic	
1.4 Plan ID (Standard Component ID)	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006	31609PA0190007	
1.5 Metal	Gold	Silver	Bronze	Gold	Gold	Catastrophic	Bronze	Bronze	Bronze	Catastrophic	Bronze	Bronze	Bronze	Gold	Silver	Bronze	Gold	Silver	
1.6 AV Metal Value	0.794	0.702	0.629	0.786	0.820	0.608	0.631	0.619	0.646	0.608	0.631	0.619	0.646	0.794	0.715	0.629	0.820	0.716	
1.7 Plan Category	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Renewing	Terminated	Renewing	Renewing	New	
1.8 Plan Type	PPO	PPO	PPO	PPO	PPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	EPO	PPO	PPO	PPO	PPO	PPO	
1.9 Exchange Plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	
1.10 Effective Date of Proposed Rates	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	1/1/2025	
1.11 Cumulative Rate Change % (over 12 mos prior)	7.95%	8.94%	9.07%	8.16%	8.60%	9.53%	8.64%	9.30%	7.57%	9.53%	8.64%	9.30%	7.57%	7.95%	0.00%	9.07%	8.60%	0.00%	
1.12 Product Rate Increase %			8.59%			9.00% 8.80%							8.30%						
1.13 Submission Level Rate Increase %						8.63%													

Worksheet 1 Totals	Section II: Experience Period and Current Plan Leve	I Information																		
	2.1 Plan ID (Standard Component ID)	Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006	31609PA0190007
\$327,159,795	2.2 Allowed Claims	\$327,159,795	\$54,855,165	\$41,166,818	\$27,123,011	\$7,396,111	\$0	\$80,694	\$29,159,510	\$29,254,609	\$0	\$46,076	\$26,420,028	\$9,364,121	\$0	\$73,530,501	\$14,274,871	\$14,488,278	\$0	\$0
\$16,029,367	2.3 Reinsurance	\$14,967,690	\$2,535,394	\$1,861,150	\$1,210,728	\$320,204	\$0	\$0	\$1,457,448	\$1,228,603	\$0	\$0	\$1,059,113	\$408,773	\$0	\$3,746,359	\$604,004	\$535,914	\$0	\$0
	2.4 Member Cost Sharing	\$72,984,168	\$6,854,727	\$6,279,954	\$9,624,712	\$1,655,732	\$0	\$52,676	\$8,249,526	\$11,317,062	\$0	\$31,067	\$7,097,928	\$2,724,017	\$0	\$9,312,390	\$4,186,007	\$5,598,372	\$0	\$0
	2.5 Cost Sharing Reduction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$238,146,259	2.6 Incurred Claims	\$239,207,937	\$45,465,044	\$33,025,715	\$16,287,571	\$5,420,176	\$0	\$28,018	\$19,452,536	\$16,708,945	\$0	\$15,008	\$18,262,988	\$6,231,331	\$0	\$60,471,753	\$9,484,860	\$8,353,992	\$0	\$0
\$44,358,692	2.7 Risk Adjustment Transfer Amount	\$44,358,692	\$14,886,093	\$10,580,831	-\$578,146	\$60,650	\$0	-\$13,838	-\$385,355	-\$12,454,263	\$0	\$19,949	\$4,988,559	-\$1,243,146	\$0	\$25,300,296	\$2,791,983		\$0	\$0
\$285,613,355	2.8 Premium	\$285,613,355	\$35,088,249	\$31,211,541	\$33,120,284	\$6,809,412	\$0	\$170,178	\$26,690,261	\$43,597,745	\$0	\$91,904	\$19,282,173	\$8,083,783	\$0	\$49,976,867	\$15,200,014	\$16,290,944	\$0	\$0
409,448	2.9 Experience Period Member Months	409,448	36,266	34,661	52,445	8,287	0	566	44,828	84,184	0	269	32,894	16,115	0	53,065	18,033	27,835	0	0
	2.10 Current Enrollment	34,031	2,881	2,866		878	272	34	3,670	6,839		20	2,696	1,239	108	4,530	0	3,152	332	
	2.11 Current Premium PMPM	\$677.77	\$958.24	\$868.11		\$824.61		\$290.61	\$580.84	\$498.81	\$533.11	\$347.52	\$579.22	\$488.83	\$475.75	\$924.77	\$0.00		\$974.38	\$0.00
	2.12 Loss Ratio	72.49%	90.98%	79.02%	50.05%	78.90%	#DIV/0!	17.92%	73.95%	53.65%	#DIV/0!	13.42%	75.25%	91.09%	#DIV/0!	80.33%	52.72%	50.04%	#DIV/0!	#DIV/0!
	Per Member Per Month																			
	2.13 Allowed Claims	\$799.03	\$1,512.58	\$1,187.70	\$517.17	\$892.50	#DIV/0!	\$142.57	\$650.48	\$347.51	#DIV/0!	\$171.29	\$803.19	\$581.08	#DIV/0!	\$1,385.67	\$791.60	\$520.51	#DIV/0!	#DIV/0!
	2.14 Reinsurance	\$36.56	\$69.91	\$53.70	\$23.09	\$38.64	#DIV/0!	\$0.00	\$32.51	\$14.59	#DIV/0!	\$0.00	\$32.20	\$25.37	#DIV/0!	\$70.60	\$33.49		#DIV/0!	#DIV/0!
	2.15 Member Cost Sharing	\$178.25	\$189.01	\$181.18	\$183.52	\$199.80	#DIV/0!	\$93.07	\$184.03	\$134.43	#DIV/0!	\$115.49	\$215.78	\$169.04	#DIV/0!	\$175.49	\$232.13	\$201.13	#DIV/0!	#DIV/0!
	2.16 Cost Sharing Reduction	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	#DIV/0!												
	2.17 Incurred Claims	\$584.22	\$1,253.65	\$952.82	\$310.56	\$654.06	#DIV/0!	\$49.50	\$433.94	\$198.48	#DIV/0!	\$55.79	\$555.21	\$386.68	#DIV/0!	\$1,139.58	\$525.97	\$300.13	#DIV/0!	#DIV/0!
	2.18 Risk Adjustment Transfer Amount	\$108.34	\$410.47	\$305.27	-\$11.02	\$7.32	#DIV/0!	-\$24.45	-\$8.60	-\$147.94	#DIV/0!	\$74.16	\$151.66	-\$77.14	#DIV/0!	\$476.78	\$154.83	\$14.55	#DIV/0!	#DIV/0!
	2.19 Premium	\$697.56	\$967.52	\$900.48	\$631.52	\$821.70	#DIV/0!	\$300.67	\$595.39	\$517.89	#DIV/0!	\$341.65	\$586.19	\$501.63	#DIV/0!	\$941.80	\$842.90	\$585.27	#DIV/0!	#DIV/0!

Section III: Plan Adjustment Factors																			
3.1 Plan ID (Standard Component ID)		31609PA0070002	31609PA0070003	31609PA0070004 3	1609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160009 31	609PA0180001	31609PA0180004 3	1609PA0180005	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006	31609PA0190007
3.2 Market Adjusted Index Rate										\$814.63	l								
3.3 AV and Cost Sharing Design of Plan		1.0139	0.8699	0.5918	0.8472	1.0976	0.5078	0.5711	0.5170	0.5709	0.5072	0.5705	0.5165	0.5704	1.0129	0.0000	0.5913	1.0966	0.6959
3.4 Provider Network Adjustment		1.0225	1.0225	1.0225	1.0225	1.0225	0.9713	0.9713	0.9713	0.9713	0.9713	0.9713	0.9713	0.9713	1.0225	0.0000	1.0225	1.0225	1.0225
3.5 Benefits in Addition to EHB		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0010	1.0010	1.0010	1.0010	1.0010	0.0000	1.0010	1.0010	1.0010
Administrative Costs																			
3.6 Administrative Expense		13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	13.15%	0.00%	13.15%	13.15%	13.15%
<ol> <li>Taxes and Fees</li> </ol>		2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	2.64%	0.00%	2.64%	2.64%	2.64%
3.8 Profit & Risk Load		2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	2.00%	0.00%	2.00%	2.00%	2.00%
3.9 Catastrophic Adjustment		1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.0000	1.0000	1.0000	1.0000
3.10 Plan Adjusted Index Rate		\$1,027.29	\$881.39	\$599.62	\$858.39	\$1,112.10	\$488.75	\$549.67	\$497.60	\$549.48	\$488.66	\$549.64	\$497.62	\$549.55	\$1,027.31	\$0.00	\$599.71	\$1,112.20	\$705.80
3.11 Age Calibration Factor	0.5755									0.5755									
3.12 Geographic Calibration Factor	1.0000									1.0000									
3.13 Tobacco Calibration Factor	0.9958									0.9958									
3.14 Calibrated Plan Adjusted Index Rate		\$588.72	\$505.11	\$343.63	\$491.93	\$637.33	\$280.09	\$315.01	\$285.17	\$314.90	\$280.04	\$314.99	\$285.18	\$314.93	\$588.73	\$0.00	\$343.68	\$637.38	\$404.48
Section IV: Projected Plan Level Information																			

Total	31609PA0070002	31609PA0070003	31609PA0070004	31609PA0070011	31609PA0070012	31609PA0160001	31609PA0160005	31609PA0160006	31609PA0160009	31609PA0180001	31609PA0180004	31609PA0180005	31609PA0180008	31609PA0190002	31609PA0190003	31609PA0190004	31609PA0190006	31609PA0190007
\$380,901,647	\$35,959,331	\$34,046,936	\$45,808,416	\$10,351,067	\$3,494,483	\$352,999	\$38,382,505	\$71,052,959	\$3,555,775	\$207,819	\$28,217,832	\$12,883,046	\$1,130,358	\$56,571,955	\$0	\$34,618,636	\$4,267,529	\$0
\$10,345,447	\$875,826	\$871,266	\$1,268,899	\$266,913	\$82,688	\$10,336	\$1,115,682	\$2,079,061	\$103,360	\$6,080	\$819,586	\$376,657	\$32,832	\$1,377,123	\$0	\$958,210	\$100,928	\$0
\$98,883,408	\$2,723,297	\$5,107,913	\$15,262,656	\$1,685,113	\$128,836	\$141,388	\$13,333,022	\$27,886,082	\$1,235,665	\$83,342	\$9,816,372	\$5,062,659	\$393,377	\$4,312,223	\$0	\$11,552,023	\$159,440	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$271,672,793	\$32,360,208	\$28,067,757	\$29,276,861	\$8,399,041	\$3,282,959	\$201,274	\$23,933,801	\$41,087,816	\$2,216,750	\$118,397	\$17,581,875	\$7,443,731	\$704,149	\$50,882,609	\$0	\$22,108,404	\$4,007,160	\$0
\$42,900,164	\$3,631,847	\$3,612,937	\$5,261,829	\$1,106,824	\$342,889	\$42,861	\$4,626,476	\$8,621,381	\$428,611	\$25,212	\$3,398,632	\$1,561,908	\$136,147	\$5,710,609	\$0	\$3,973,475	\$418,526	\$0
\$284,994,799	\$35,516,125	\$30,313,265	\$30,034,099	\$9,044,148	\$3,629,946	\$199,411	\$24,207,809	\$40,837,619	\$2,241,900	\$117,279	\$17,782,257	\$7,398,658	\$712,221	\$55,845,225	\$0	\$22,683,777	\$4,431,060	\$0
408,372	34,572	34,392	50,088	10,536	3,264	408	44,040	82,068	4,080	240	32,352	14,868	1,296	54,360	0	37,824	3,984	0
82.85%	82.66%	82.73%	82.95%	82.74%	82.64%	83.08%	83.00%	83.07%	83.01%	83.09%	83.01%	83.07%	83.00%	82.66%	#DIV/0!	82.94%	82.63%	#DIV/0!
\$932.73	\$1,040.13	\$989.97	\$914.56	\$982.45	\$1,070.61	\$865.19	\$871.54	\$865.78	\$871.51	\$865.91	\$872.21	\$866.49	\$872.19	\$1,040.69	#DIV/0!	\$915.26	\$1,071.17	#DIV/0!
\$25.33	\$25.33	\$25.33	\$25.33	\$25.33	\$25.33	\$25.33	\$25.33	\$25.33	\$25.33	\$25.33	\$25.33	\$25.33	\$25.33	\$25.33	#DIV/0!	\$25.33	\$25.33	#DIV/0!
\$242.14	\$78.77	\$148.52	\$304.72	\$159.94	\$39.47	\$346.54	\$302.75	\$339.79	\$302.86	\$347.26	\$303.42	\$340.51	\$303.53	\$79.33	#DIV/0!	\$305.42	\$40.02	#DIV/0!
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	#DIV/0!
\$665.26	\$936.02	\$816.11	\$584.51	\$797.18	\$1,005.81	\$493.32	\$543.46	\$500.66	\$543.32	\$493.32	\$543.46	\$500.65	\$543.32	\$936.03	#DIV/0!	\$584.51	\$1,005.81	#DIV/0!
\$105.05	\$105.05	\$105.05	\$105.05	\$105.05	\$105.05	\$105.05	\$105.05	\$105.05	\$105.05	\$105.05	\$105.05	\$105.05	\$105.05	\$105.05	#DIV/0!	\$105.05	\$105.05	#DIV/0!
\$697.88	\$1,027.31	\$881.40	\$599.63	\$858.40	\$1,112.12	\$488.75	\$549.68	\$497.61	\$549.49	\$488.66	\$549.65	\$497.62	\$549.55	\$1,027.32	#DIV/0!	\$599.72	\$1,112.21	#DIV/0!
	\$380,901,647 \$10,345,447 \$10,345,447 \$98,883,408 \$0 \$271,672,793 \$42,901,793 \$42,801,793 \$932,73 \$932,73 \$25,33 \$242,14 \$00,00 \$665,26 \$105,05	\$38,00,647 \$33,959,331 \$510,105,647 \$35,959,331 \$510,105,647 \$37,958,65 \$65,05 \$10,105,647 \$37,958,105,105,105,105,105,105,105,105,105,105	\$38.00.1647 \$35.993.31 \$32,046.936 \$51.03.54.64.936 \$57.26.6 \$97.26.6 \$97.26.6 \$97.26.6 \$97.26.6 \$97.26.6 \$97.26.6 \$97.26.6 \$98.83.408 \$12.722.277 \$50.95.25.6 \$98.83.408 \$12.722.277 \$50.95.25.6 \$98.83.408 \$12.722.277 \$50.95.25.6 \$90.95.25.6 \$10.9	\$30,034,07 \$35,99,311 \$34,049,06 \$45,89,814 \$50,034,07 \$50,093,17	\$380,01647 \$38,99,321 \$34,04,016 \$45,004.416 \$10,31,047.515.510.316,047.515.51	\$30,016,67 \$35,99,321 \$34,049,316 \$45,004,416 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$34,964,426 \$10,031,07 \$10,0	\$30,016,07 \$35,939,318 \$34,040,398 \$45,808,416 \$10,331,007 \$34,044,431 \$32,329 \$10,031,007 \$37,009,311 \$34,040,398 \$45,808,416 \$10,331,007 \$34,044,431 \$32,329 \$10,031,007 \$34,044,431 \$32,329 \$10,031,007 \$34,044,431 \$32,329 \$10,031,007 \$34,044,431 \$32,329 \$10,031,007 \$34,044,431 \$32,329 \$10,031,007 \$34,044,431 \$32,329 \$10,031,007 \$34,044,431 \$32,329 \$10,031,007 \$34,047,107 \$34	\$30,016,47 \$35,99,312 \$34,046,316 \$45,864.16 \$310,316,000 \$3,464.48\$ \$322,990 \$38,812,500 \$510,345,47 \$375,982 \$372,866 \$3872,866 \$310,355,600 \$3,464.48\$ \$322,990 \$38,812,500 \$510,345,47 \$375,982 \$372,866 \$310,355,601,350 \$312,864.88\$ \$313,333,022 \$98,883,008 \$2,723,277 \$51,079,13 \$11,262,666 \$1,685,113 \$512,8,816 \$141,388 \$13,333,022 \$327,727,723 \$312,000 \$510,777 \$273,764,125 \$10,851,13 \$10,851,13 \$10,851,13 \$13,330,022 \$327,727,723 \$313,000 \$518,677,77 \$273,764,125 \$3,390,041 \$3,242,990 \$501,274 \$23,333,801 \$254,000,90 \$35,612,125 \$30,031,000 \$30,000,100,100 \$30,000,100,100,100,100,100,100,100,100,1	\$30,016.47 \$38,99,331 \$34,046.38 \$45,986.45 \$30,231.067 \$3,496.443 \$352.299 \$38,387.205 \$71,072.299 \$10,045.47 \$38,99,331 \$34,046.38 \$45,286.45 \$30,231.067 \$3,496.443 \$352.299 \$38,387.205 \$71,072.299 \$98,881.005 \$27,23.27 \$31,23.295 \$12,688.295 \$12,688.295 \$10,036 \$45,247.295 \$10,036.295 \$10,036 \$10,0	\$30,016.47 \$35,959.31 \$34,046.02 \$45,004.16 \$10,051.07 \$3,484.40 \$352.99 \$38,322.00 \$71,052.99 \$15,557.70 \$10,054.67 \$35,959.31 \$34,046.02 \$45,004.16 \$10,051.01 \$34,046.02 \$36,004.07 \$36,	\$30,034,07 \$33,593,31 \$34,04939 \$45,828,46 \$10,334,007 \$3,849,448 \$52,299 \$33,832,595 \$71,02,299 \$33,577 \$520,738 \$10,034,07 \$37,593,31 \$34,04939 \$45,828,46 \$10,334,007 \$34,844,48 \$52,299 \$33,832,595 \$71,02,099 \$33,577 \$520,738 \$50,034,007 \$37,00	\$30,045,47 \$335,99,312 \$34,046,936 \$45,804.816 \$310,935.000 \$34,044.48\$ \$332,990 \$38,312,505 \$71,025,590 \$33,557.75 \$207,2819 \$232,712,325 \$10,045,47 \$375,981 \$397,826 \$387,266 \$32,048,848 \$32,049,448\$ \$322,090 \$34,3812,505 \$71,025,590 \$315,57.75 \$207,2819 \$232,712,025 \$97,000 \$310,300 \$56,000	\$30.016.47 \$35,993.21 \$34,04.916 \$45,00.64.6 \$10.35.0.7 \$3.84.48.5 \$12.999 \$3.83.2.95 \$71,05.599 \$15,55.77 \$577.81 \$22,217.85 \$12.88.0.67 \$98,88.1.00 \$71,05.599 \$15,55.77 \$577.81 \$22,217.85 \$12.88.0.67 \$98,88.1.00 \$2.70.2.07 \$10.30.8 \$1.83.2.00 \$71,05.599 \$15,55.77 \$577.81 \$28,217.81 \$12.88.0.67 \$98,88.1.00 \$2.70.2.07 \$10.30.8 \$1.10.80 \$1.10.80 \$1.10.8	\$30,034,07 \$35,933,11 \$34,046,028 \$45,004,145 \$10,05,107 \$3,464,489 \$352,999 \$38,382,509 \$71,025,999 \$35,55,775 \$207,819 \$58,217,822 \$12,885,046 \$110,358 \$10,045,07 \$38,883,007 \$32,045,048 \$31,035,007 \$34,046,489 \$31,035,007 \$34,046,489 \$31,035,007 \$34,046,489 \$31,035,007 \$34,046,489 \$31,035,007 \$34,046,489 \$31,035,007 \$34,046,489 \$31,035,007 \$34,046,489 \$31,035,007 \$34,046,489 \$31,035,007 \$34,046,489 \$31,046,489 \$34,046,4	\$30.034.07 \$35.99.318 \$34.040.398 \$54.808.416 \$10.031.067 \$3.404.481 \$32.209 \$38.38.2.005 \$71.02.209 \$33.55.78 \$207.319 \$28.2.2178 \$12.883.06 \$31.303.38 \$56.71.905 \$30.034.07 \$35.909.319 \$30.000 \$6.	\$30.045.47 \$35.99.321 \$34.04.939 \$45.08.04.48 \$10.33.047 \$14.04.482 \$352.999 \$38.382.95 \$71.02.599 \$35.557.75 \$207.210 \$28.272.822 \$12.883.046 \$1.10.288 \$555.71.25 \$10.345.47 \$27.227 \$27.227 \$10.345.47 \$10.345	\$30,034.67 \$35,933.11 \$34,046.02 \$45,004.01 \$31,035.07 \$3,446.42 \$52,091 \$38,322.00 \$71,025.09 \$13,557,77 \$207,818 \$22,217.02 \$12,283,046 \$11,103.08 \$56,571,55\$ \$0 \$54,861,861 \$10,351,07 \$34,844.81 \$32,290 \$18,822.00 \$71,025.09 \$13,557,77 \$207,818 \$22,217,023 \$12,283,046 \$11,103.08 \$56,571,55\$ \$0 \$54,861,861 \$10,351,07 \$10,351,0	\$30,04547 \$35,99318 \$49,040,029 \$45,000,446 \$10,051,007 \$3,494,489 \$32,299 \$38,382,506 \$71,02999 \$53,557,77 \$207,7819 \$28,247,242 \$12,880,046 \$11,03,88 \$54,577,950 \$0 \$548,88,89 \$52,207,906 \$10,050 \$50,000

### 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 Factor Rating Area Rating Area 8

### **GENERAL OVERVIEW**

### **PURPOSES**

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

### **GENERAL INFORMATION**

### **COMPANY IDENTIFYING INFORMATION**

Company Legal Name: QCC Insurance Company, Inc. ("QCC")

State: Pennsylvania

HIOS Issuer ID (5-digit): 31609
Market: Individual
Effective Date(s): 1/1/2025

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

### **COMPANY CONTACT INFORMATION**

**Primary Contact Name:** 

Primary Contact Telephone Number:

Primary Contact Email Address:



### PROPOSED RATE INCREASE

The changes to the single risk pool gross premium average rate per member per month (PMPM) from calendar year 2023 to calendar year 2025 were incorporated into the pricing and reflected in the Unified Rate Review Template. The changes are driven by factors including: changes in market-wide population risk morbidity and covered services, increasing unit costs for medical services, increasing utilization of medical services, increasing fees and taxes imposed by the federal government, anticipated costs to administer the plan, and anticipated revenue or payments due to market-wide risk adjustment.

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

We are projecting that claims will increase by 8.6% in 2025. Nearly half of the change in health care service costs is driven by changes to health care provider fees.

A reinsurance program administered by the state became effective January 1, 2021. We project that this will reduce rates by approximately 3.7% in the 2025 time period.

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

The weighted average increase across QCC plans based on projected membership, inclusive of the impact of benefit and cost sharing changes, is 8.6%. The minimum increase is 7.6% and the maximum increase is 9.5%.

### **WORKSHEET 1: MARKET EXPERIENCE**

**SECTION I: EXPERIENCE PERIOD DATA** 

### **SINGLE RISK POOL**

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

### **PAID THROUGH DATE**

Experience period premium, claims, and member months are obtained from the company's internal data warehouse. The claims data is collected for incurred dates from January through December 2023 and paid through February 2024. Earned premiums and member months are for January through December 2023. The data are for all direct-written individual business of QCC in the Commonwealth of Pennsylvania.

### PREMIUMS IN EXPERIENCE PERIOD

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

### ALLOWED AND INCURRED CLAIMS INCURRED DURING THE EXPERIENCE PERIOD

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

Insurer fee-for-service claims expenses and member liabilities for dates of service in January 2023 through December 2023 and paid through February 2024 are sourced from the IBCFOC's internal data warehouse. The claims and member liabilities are completed with incurred but not reported (IBNR) adjustments to develop ultimate incurred insurer fee-for-service claims expenses and member liabilities for the January through December 2023 period. Capitation amounts are also sourced from the internal data warehouse for the January through December 2023 period but they are not adjusted for IBNR.

### **Allowed Claims**

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

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

### **IBNR Development**

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

The completion factors are developed annually in the 2Q - 3Q period. We do not believe our IBNR is unusually high or unusually low for incurred 2023 paid through February 2024.

### **Experience Period Index Rate**

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

### **SECTION II: PROJECTIONS**

### **BENEFIT CATEGORIES**

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

### **PROJECTION FACTORS**

The estimated incurred claims experience on an allowed basis for January 2023 through December 2023 is projected to the future rating period by several factors.

### **Morbidity Adjustment**

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

### **Demographic Shift**

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

### **Plan Design Changes**

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

### **Other Changes**

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

### **Trend Factors**

### a. Annualized Cost Trend

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

### b. Annualized Utilization Trend

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

### **CREDIBILITY MANUAL RATE DEVELOPMENT**

We combined the experience period data for QCC with the experience period data for Keystone Health Plan East ("KHPE"). This should provide a more stable basis for projecting the Index Rate. The combined data is shown in Tab Ib. The Change in Network Factor is intended to result in QCC rates that are reasonable in relation to KHPE rates. The combined claims are determined to be 100% credible as reflected in Table 5.

### **RISK ADJUSTMENT AND REINSURANCE**

### **Projected Risk Adjustment PMPM**

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

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

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

The projected risk adjustment amounts for KHPE and Independence Blue Cross (QCC) are consistent with the projection made in the respective submissions. We also considered preliminary 2023 risk transfer results.

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

### **MARKET ADJUSTED INDEX RATE**

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

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

### **WORKSHEET 2: PRODUCT-PLAN DATA COLLECTION**

### SECTION I: GENERAL PRODUCT AND PLAN INFORMATION

#### **AV METAL VALUES**

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

### SECTION II: EXPERIENCE PERIOD AND CURRENT PLAN LEVEL INFORMATION

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

#### **SECTION III: PLAN ADJUSTMENT FACTORS**

The MAIR is adjusted for each plan based on its plan design, provider network, and non-EHBs.

Administrative costs are added to calculate the Plan Adjusted Index Rate. The Plan Adjusted Index Rate is multiplied by the Age Calibration Factor, Geographic Calibration Factor, and Tobacco Calibration Factor to calculate the Calibrated Plan Adjusted Index Rate.

### **PLAN ADJUSTED INDEX RATE**

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

#### **NON-BENEFIT EXPENSES AND PROFIT & RISK**

#### **Administrative Expense Load**

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

#### **Profit & Risk Load/Contribution to Surplus**

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

### **Taxes and Fees**

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

#### **CALIBRATION**

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

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

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

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

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

#### MEMBERSHIP PROJECTIONS

Enrollment is projected based on current and anticipated enrollment by plan. Items impacting these projections include changes in the size of the market due to guarantee issue requirements and the individual mandate changes. The enrollment is our February 2024 enrollment.

### **LOSS RATIO**

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

#### **INDEX RATE**

The Index Rate is defined as the EHB portion of projected allowed claims divided by all projected single risk pool lives. The Index Rate is the same value for all non-grandfathered plans for QCC Individual Plans in Pennsylvania. The Index Rate reflects the twelve month projection for calendar year 2025. It has been developed following the specifications of 45 CFR § 156.80(d)(1).

### **TERMINATED PLANS**

No plans are being terminated in 2025.

## **WORKSHEET 3: RATING AREAS**

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

### **ACTUARIAL CERTIFICATION**

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

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

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

- The projected index rate is:
  - —In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102);
  - —Developed in compliance with applicable Actuarial Standards of Practice;
  - Reasonable in relation to the benefits provided and the population anticipated to be covered; and
  - -Neither excessive nor deficient.
- The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
- Geographic rating factors reflect only differences in the costs of delivery of and do not include differences for population morbidity by geographic area.

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The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, unless an alternate methodology was required. When an alternate methodology was used to calculate the AV Metal Value a copy of the actuarial certification required by 45 CFR Part 156, §156.135 was included.

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## **Cover Page**

HIOS Issuer ID: 31609

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

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

# Unique Plan Design Supporting Documentation and Justification

### **ACTUARIAL MEMORANDUM**

**HIOS Issuer ID:** 31609

**HIOS Product IDs:** 31609PA007, 31609PA019

Applicable HIOS Plan IDs (Standard Component): 31609PA0070002, 31609PA0190002,

31609PA0070003, 31609PA0070004, 31609PA0190004, 31609PA0070011,

31609PA0070012, 31609PA0190006, 31609PA0190007

## **Purpose of document:**

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2025. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost-sharing for inpatient hospital services for a subset of these plans differs by facility and professional claims. Inpatient hospital services account for about 16% of allowed costs in the AV calculation.

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

The outpatient facility fee cost-sharing for a subset of these plans varies by site of service. Services have different copays or coinsurances for a free-standing facility setting and a hospital setting. Outpatient facility fee accounts for about 13% of allowed costs in the AV calculation.

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

The cost-sharing for specialist care for a subset of these plans is a combination of copays for office visits in person and virtual care. Specialist services account for about 8% of allowed costs in the AV calculation.

The cost-sharing for occupational and physical therapy for a subset of these plans varies by site

of service. Occupational and physical therapy accounts for about 2% of allowed costs in the AV calculation.

The cost-sharing for x-rays and diagnostic imaging for a subset of these plans varies by site of service. X-rays and diagnostic imaging accounts for about 3% of allowed costs in the AV calculation.

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

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Outpatient Mental Health and Substance Abuse accounts for about 4% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for these plans varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 4% of allowed costs in the AV calculation.

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

Method 156.135(b)(2) was used for inpatient hospital, laboratory site of service, outpatient facility, primary care, specialist care, occupational and physical therapy, x-rays, imaging, outpatient mental health and substance abuse, and generic drugs cost-sharing.

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

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

## Description of the standardized plan population data used:

For the inpatient hospital utilization, we considered our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the freestanding and hospital utilization data for outpatient facility, we considered our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the freestanding and hospital utilization data for laboratory services, we considered our commercial PPO data incurred between January 2023 and December 2023.

For the physical therapy and radiology site-of-service utilization, we considered our commercial PPO data incurred between January 2023 and December 2023.

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2023 and December 2023. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the generic drugs utilization, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

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

## Primary Care Copay Differential

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

	Cost - s	haring	
HIOS_ID	PCP	Virtual PCP	AV Input
31609PA0070002, 31609PA0190002	\$30	\$20	\$ 28.50
31609PA0070003	\$30	\$20	\$ 28.50
31609PA0070003-04	\$30	\$20	\$ 28.50
31609PA0070003-05	\$25	\$20	\$ 24.25
31609PA0070003-06	\$5	\$0	\$ 4.25
31609PA0070012, 31609PA0190006	\$15	\$5	\$ 13.50
31609PA0190007	\$35	\$25	\$ 33.50

## Specialist Copay Differential

For specialist visits, our recent data indicated that 95% of utilization came from office visits in person and 5% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost	- sharing	
HIOS_ID	SP	Virtual SP	AV Input
31609PA0070002, 31609PA0190002	\$65	\$45	\$ 64.00
31609PA0070003	\$75	\$50	\$ 73.75
31609PA0070003-04	\$75	\$50	\$ 73.75
31609PA0070003-05	\$50	\$35	\$ 49.25
31609PA0070003-06	\$10	\$5	\$ 9.75
31609PA0070012, 31609PA0190006	\$15	\$5	\$ 14.50
31609PA0190007	\$80	\$55	\$ 78.75

## Combination of Copays and Coinsurance for IP Hospital

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

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

The average cost per admit was divided by the average length of stay to calculate the average cost per day. Based on our data, we assumed that 85% of the cost was from facility claims and the remaining 15% was from professional claims.

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

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

HIOS IDs		31609PA0070012, 31609PA0190006
IP Cost Sharing		
Facility	\$750	\$500
Professional	20%	20%

AVC Continuance Table	Gold		Gold
PMPY for IP		\$1,321	\$1,321
Admit PMPY		0.05	0.05
Claim per Admit		\$27,080	\$27,080
Average LOS (days)		1.6	1.6
Effective Copay Factor for 5-days		0.41	0.41

Assumption from Data		
% Facility Cost	85%	85%
% Professional Cost	15%	15%

Calculations		
Professional Claim per Admit	\$4,062	\$4,062
Professional Claim per Day	\$2,476	\$2,476
Equiv. Copay per Day no max	\$495	\$495
Equiv. Copay per Day, 5-day max	\$1,217	\$1,217
Total Copay per Day, 5-day max	\$1,967	\$1,717

## Combination of Coinsurance for IP Hospital

The coinsurance for inpatient hospital facility claims was blended with the coinsurance on professional claims to calculate equivalent coinsurance for inpatient claims. Based on our data, we assumed that 85% of the cost was from facility claims and the remaining 15% was from professional claims.

	31609PA0070003,	31609PA0070004,
HIOS IDs	31609PA0190007	31609PA0190004
Facility	25%	25%
Professional	30%	50%
Blend	74.3%	71.3%

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the facility and professional inpatient coinsurances. In fact, the actual benefit coinsurance amounts were entered directly into the AV calculator.

## Combination of Coinsurance for Laboratory Services

For the lab site of service cost-sharing, our recent data suggested that 20% of units are at a hospital setting with an average unit cost of \$58.81, while 80% of units are at a freestanding setting with an average unit cost of \$21.78. Taking a weighted average of a 50% issuer coinsurance applied to \$58.81 and a 100% issuer coinsurance applied to \$21.78 produced an average issuer paid amount of \$23.30 out of an average cost of \$29.18, giving an effective issuer coinsurance of 79.9% which was entered into the AV calculator.

## Combination of Coinsurance for Outpatient Facility Fee

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

	31609PA0070003	31609PA0070011
Hospital	50.0%	40.0%
ASC	30.0%	20.0%
Blend	54.0%	64.0%

The silver variations, 31609PA0070003-04, 31609PA0070003-05 and 31609PA0070003-06, do not require blending of the hospital and ambulatory surgery center coinsurances. In fact, the actual benefit coinsurance amounts were entered directly into the AV calculator.

## Combination of Copays for Outpatient Facility Fee

For the outpatient facility site of service cost-sharing, our recent data indicated that 55% of outpatient facility utilization came from the hospital setting. The cost-sharing entered into the AV calculator is a blend of the copay in a hospital setting and the copay in an ambulatory surgery center.

Blend	\$520.00	\$520.00
ASC	\$300	\$300
Hospital	\$700	\$700
	31609PA0190002	31609PA0190006
	31609PA0070002,	31609PA0070012,

### Occupational and Physical Therapy Site-of-service Differential

For the physical therapy site of service cost-sharing, our recent data indicated that 80% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of the copays at each site.

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

For the x-ray site of service cost-sharing, our recent data indicated that 30% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

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

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

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

For the imaging site of service cost-sharing, our recent data indicated that 30% of utilization came from the preferred site. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

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

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

		Cost-s		
HIOS ID	Sarvica Tupa	Preferred Site	Non professed Site	AV
חוט וט	Service Type	Preferred Site	Non-preferred Site	Input
31609PA0070002,	Phys. Ther.	\$65	\$95	\$71.00
31609PA0070002, 31609PA0190002	X-rays	\$60	\$90	\$81.00
31003FA0130002	Imaging	\$120	\$160	\$148.00
31609PA0070003	Phys. Ther.	\$75	\$105	\$81.00
	X-rays	30%	50%	55%
	Imaging	30%	50%	54%
	Phys. Ther.	\$80	\$110	\$86.00
31609PA0190007	X-rays	\$100	\$150	\$135.00
	Imaging	\$200	\$250	\$235.00

## Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 75% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services. For plans where this cost-sharing is a combination of copay and coinsurance, a separate exhibit has been included to show the development of the effective copay that was used in the AV calculator.

	Cost - s	haring	
HIOS_ID	MH/SA Office	MH/SA Other	AV Input
31609PA0070002, 31609PA0190002	\$65	\$65	\$65.00
31609PA0070004, 31609PA0190004	50%	50%	50%
31609PA0070011	20%	20%	80%
31609PA0070012, 31609PA0190006	\$15	\$45	\$22.50
31609PA0190007	\$80	\$80	\$80.00

For plan 31609PA0070003 and its silver variations, the cost-sharing for outpatient mental health was input in the AV calculator as an effective copay to capture the blending of a copay for outpatient mental health visits and coinsurance for all other outpatient mental health services. For plans 31609PA0070003 and 31609PA0070003-04, the coinsurance for all other outpatient mental health services was effective after the deductible. Accordingly, the effective copays for these plans were developed to recognize separate costs for when the member was in the deductible. We determined a utilization split for services in the deductible using the plan's deductible value and our CPD model.

OP Visit Cost-sharing OP Visit Weight	31609PA0070003 \$75 75%	31609PA0070003-04 \$75 75%
Avg Cost/Unit OP Other	\$269.32	\$269.32
OP Other Cost-sharing in Deductible	100%	100%
OP Other Weight in Deductible	12%	12%
OP Other Cost-sharing after Deductible	30%	20%
OP Other Weight after Deductible	13%	13%
Effective Copay (AV Input)	\$99.31	\$94.54

OP Visit Cost-sharing OP Visit Weight	31609PA0070003-05 \$50 75%	31609PA0070003-06 \$10 75%
Avg Cost/Unit OP Other	\$269.32	\$269.32
OP Other Cost-sharing in Deductible	N/A	N/A
OP Other Weight in Deductible	N/A	N/A
OP Other Cost-sharing after Deductible	10%	10%
OP Other Weight after Deductible	25%	25%
Effective Copay (AV Input)	\$44.23	\$14.23

## Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization for low-cost generic drugs and normal generic drugs.

	Cost - sharing		
HIOS_ID	<b>Low-Cost Generic</b>	Generic	AV Input
31609PA0070002, 31609PA0190002	\$3	\$20	\$ 13.20
31609PA0070003	\$3	\$20	\$ 13.20
31609PA0070004, 31609PA0190004	\$5	\$35	\$ 23.00
31609PA0070003-04	\$3	\$20	\$ 13.20
31609PA0070003-05	\$3	\$10	\$ 7.20
31609PA0070003-06	\$3	\$4	\$ 3.60
31609PA0070011	\$3	\$20	\$ 13.20
31609PA0070012, 31609PA0190006	\$3	\$15	\$ 10.20
31609PA0190007	\$3	\$20	\$ 13.20

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

Not applicable.

### **Certification Language:**

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

The analysis was

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

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

Actuary signa	nture:		
Actuary Prin	ted Name:		
Date:	4/29/2024		

AV screenshots redacted.

## Unique Plan Design Supporting Documentation and Justification

### **ACTUARIAL MEMORANDUM**

**HIOS Issuer ID:** 31609

**HIOS Product IDs:** 31609PA016, 31609PA018

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

31609PA0180001, 31609PA0160001

## **Purpose of document:**

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2025. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

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

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Additionally, the cost-sharing for the first 3 outpatient mental health office visits for these plans is exempt from the deductible. Outpatient Mental Health and Substance Abuse accounts for about 4% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for plans 31609PA0160006 and 31609PA0180005 varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 4% of allowed costs in the AV calculation.

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

Method 156.135(b)(2) was used for the primary care, outpatient mental health and substance abuse, and generic drugs cost-sharing.

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

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

### Description of the standardized plan population data used:

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2023 and December 2023. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the generic drugs utilization, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

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

## Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 75% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services.

For these plans, the cost-sharing for outpatient mental health was input in the AV calculator as an effective copay to capture the fact that the first 3 outpatient mental health visits are exempt from the deductible. The effective copays for these plans were developed to recognize separate costs for when the member was in the deductible. We determined a utilization split for services in the deductible using the plan's deductible value and our CPD model.

Using the bronze continuance table in the Final 2025 AV Calculator, we calculated the average cost per visit for outpatient mental health before the out-of-pocket maximum. This average cost was used as a point estimate of the allowed cost per visit for services before satisfying the out-of-pocket maximum. An effective member copay is calculated by taking a weighted average of \$0 for the first three visits times the proportion of visits within the first three visits, which according to our experience period between January 2023 and December 2023 for commercial PPO is 11.00%, and the average cost per service from the AV Calculator times the remaining proportion of visits. This effective copay was then used as the cost-sharing for outpatient mental health office visits in our blended outpatient mental health calculation below.

	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001
Cost per Visit	\$99.89	\$99.89
Copay for Visits 1-3:	\$0.00	\$0.00
Visits 1-3 Proportion:	11.00%	11.00%
Eff. Member Copay	\$88.90	\$88.90

	31609PA0160006, 31609PA0180005	31609PA0160001, 31609PA0180001
OP Visit Cost-sharing	\$88.90	\$88.90
OP Visit Weight	75%	75%
Avg Cost/Unit OP Other	\$269.32	\$269.32
OP Other Cost-sharing in Deductible	100%	100%
OP Other Weight in Deductible	24.7%	24.7%
OP Other Cost-sharing after Deductible	0%	0%
OP Other Weight after Deductible	0.3%	0.3%
Effective Copay (AV Input)	\$133.08	\$133.08

## Primary Care Copay Differential

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

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

## Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization for low-cost generic drugs and normal generic drugs.

	Cost - sharing		
HIOS_ID	Low-Cost Generic	Generic	AV Input
31609PA0160006, 31609PA0180005	\$5	\$25	\$ 17.00

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

Not applicable.

### **Certification Language:**

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

The analysis was

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

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

Actuary signs	ature:		
Actuary Prin	ited Name:		
<b>D</b> ate:	4/29/2024		

AV screenshots redacted.

## Unique Plan Design Supporting Documentation and Justification

#### ACTUARIAL MEMORANDUM

**HIOS Issuer ID:** 31609

HIOS Product IDs: 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160005, 31609PA0180004

### **Purpose of document:**

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2025. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Outpatient Mental Health and Substance Abuse accounts for about 4% of allowed costs in the AV calculation.

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

Method 156.135(b)(2) was used for outpatient mental health and substance abuse.

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

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

### Description of the standardized plan population data used:

For the outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2023 and December 2023. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

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

## Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 75% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services.

	Cost - s	haring	
HIOS_ID	MH/SA Office MH/SA Other		AV Input
31609PA0160005, 31609PA0180004	0%	0%	100%

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

Not applicable.

## **Certification Language:**

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

## The analysis was

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

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

Actuary sign	ature:		
A atropres Desire	And Name.		
Actuary Prin	ited Name:		
Date:	4/29/2024		

AV screenshots redacted.

## Unique Plan Design Supporting Documentation and Justification

### ACTUARIAL MEMORANDUM

**HIOS Issuer ID: 31609** 

**HIOS Product IDs:** 31609PA016, 31609PA018

Applicable HIOS Plan IDs (Standard Component): 31609PA0160009, 31609PA0180008

## **Purpose of document:**

The purpose of this document is to provide CMS with a justification of the methods used in calculating the actuarial value for unique plan designs offered in the individual or small group market for the plan year beginning 1/1/2025. As prescribed by law, the AV calculation was based on the AV calculator to the full extent possible. The AV is meant to represent the average percent of costs paid by the insurer for a standard population and may vary from actual member experience. The resulting AV was based on prescribed methodology and, therefore, may not reasonably reflect the actuary's estimate of the portion of allowed costs covered by the health insurance plan. The AV was determined based on the plan's benefits and coverage data, the standard population, and utilization and continuance tables published by HHS for purposes of the valuation of AV. This actuarial analysis is not appropriate for any other purposes.

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

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

The cost-sharing for specialist care for a subset of these plans is a combination of copays for office visits in person and virtual care. Specialist services account for about 8% of allowed costs in the AV calculation.

The cost-sharing for Outpatient Mental Health and Substance Abuse for these plans varies between Office visits and All Other services. Outpatient Mental Health and Substance Abuse accounts for about 4% of allowed costs in the AV calculation.

The cost-sharing for Generic Drugs for these plans varies between low-cost Generics and normal Generics. Generic Drugs accounts for about 4% of allowed costs in the AV calculation.

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

Method 156.135(b)(2) was used for primary care, specialist care, outpatient mental health and substance abuse, and generic drugs cost-sharing.

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

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

### Description of the standardized plan population data used:

For the primary care and specialist utilization, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the outpatient mental health and substance abuse utilization, we used our commercial PPO data incurred between January 2023 and December 2023. For average cost per unit, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

For the generic drugs utilization and average cost per low-cost generic drug, we used our commercial PPO and HMO data incurred between January 2023 and December 2023.

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

## Primary Care Copay Differential

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

	Cost - sharing		
HIOS_ID	PCP Virtual PCP		AV Input
31609PA0160009, 31609PA0180008	\$65	\$50	\$ 62.75

## Specialist Copay Differential

For specialist visits, our recent data indicated that 95% of utilization came from office visits in person and 5% from virtual care. The cost-sharing entered into the AV calculator is a weighted average of copays based on utilization at each site.

	Cost - sharing		
HIOS_ID	SP	Virtual SP	AV Input
31609PA0160009, 31609PA0180008	\$65	\$50	\$ 64.25

## Combination of Cost-sharing for Outpatient Mental Health and Substance Abuse

For the outpatient mental health and substance abuse cost-sharing, our recent data indicated that 75% of outpatient mental health utilization came from office visits. The cost-sharing entered into the AV calculator is a blend of the cost-sharing for outpatient mental health office visits and the cost-sharing for all other outpatient mental health services.

For these plans, the cost-sharing for outpatient mental health was input in the AV calculator as an effective copay to capture the blending of a copay for outpatient mental health visits and coinsurance for all other outpatient mental health services. Additionally, the coinsurance for all other outpatient mental health services was effective after the deductible. Accordingly, the effective copays for these plans were developed to recognize separate costs for when the member was in the deductible. We determined a utilization split for services in the deductible using the plan's deductible value and our CPD model.

	31609PA0160009, 31609PA0180008
OP Visit Cost-sharing	\$65
OP Visit Weight	75%
Avg Cost/Unit OP Other	\$269.32
OP Other Cost-sharing in Deductible	100%
OP Other Weight in Deductible	13.8%
OP Other Cost-sharing after Deductible	50%
OP Other Weight after Deductible	11.2%
Effective Copay (AV Input)	\$100.96

### Generic Drugs Copay Differential

For generic drugs, our recent data indicated that 40% of utilization came from low-cost generic drugs. For these plans, the cost-sharing entered into the AV calculator is an effective coinsurance to capture the blending of a copay for low-cost generic drugs and coinsurance for normal generic drugs.

	Cost - sha	ring		
	Low-Cost		Low-Cost	
HIOS_ID	Generic	Generic	<b>Generic Cost</b>	AV Input
31609PA0160009, 31609PA0180008	\$5	50%	\$6.94	41%

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

Not applicable.

### **Certification Language:**

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

The analysis was

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

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

Actuary sign	ature:		
Actuary Prin	ted Name:		
Actuary 1111	icu ivanic.		
Date	4/29/2024		

AV screenshots redacted.

A Reinsurance Morbidity Adjustment of 1.000 was used.

An Individual Morbidity Adjustment of 1.000 was used.

No adjustment was made for the impact of COVID in the Experience Period that we do not expect to recur in the Projection Period.

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

The change in the average age was measured by comparing the average age factor calculated in this filing, based on February 2024 enrollments, to the average age factor calculated for the prior annual filing.

	2024	2025	
	Filing	Filing	Change
Age Factor	1.743	1.738	0.997
Geographic Factor	1.000	1.000	1.000
Tobacco Factor	1.004	1.004	1.000
Total change			0.997

No changes were assumed for this filing.

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

The network factor used for PPO was 1.000.

The network factor used for EPO was 0.950.

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

Table 10 factors: PPO 1.022

EPO 0.971

### **REDACTION JUSTIFICATION – KHPE CONSUMER**

### **DOCUMENT**

### <u>URRT Part III – Federal Actuarial Memorandum</u>

Redacted Name of opining actuary (page 8)
Redacted Company Contact Information (page 1) – name, telephone number, email address

### PA Actuarial Memorandum

Redacted Name of opining actuary (pages 8 and 9)
Redacted Company Contact Information (page 1) – name, telephone number, email address

### PA Actuarial Memo Rate Exhibits

Column C through E in Tabs "II.a. Reins Table – Exp" and "II.b. Reins Table – Proj" – confidential and proprietary information

#### **Cover Letter**

Redacted names and contact information (page 2)

### **AV Screenshots**

Entire File Redacted

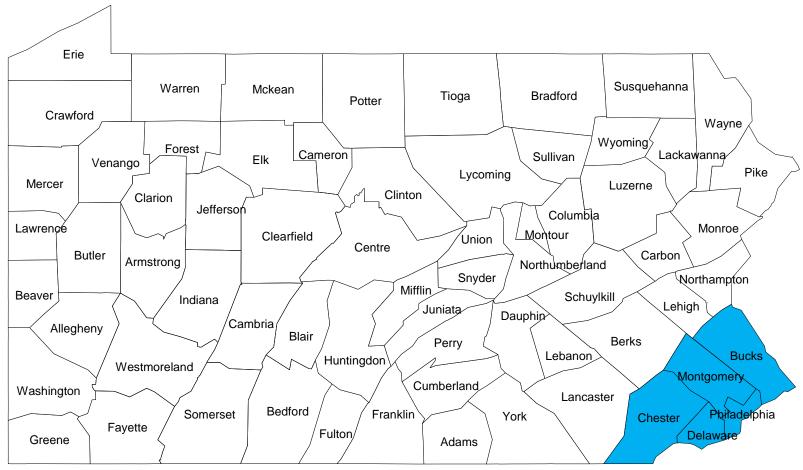
### Unique AV Justification file

Redacted name of opining actuary (page 26) Redacted AV Screenshots (all)

## 2024 and 2025 Service Area

**Issuer: QCC Insurance Company** 

**Market: Individual** 



**Key** (modify as needed)

: On-exchange service area

: Off-exchange only service area

## **Responses to Section E, Standard Questions**

1. <u>Membership</u>: a. If the projected membership for plan year 2025 significantly differs from the current 2/1/2024 membership, please explain why.

We do not project that 2025 membership will differ significantly from the current membership.

2. <u>a. Experience Period Claims</u>: a. Please confirm that all claims which are capitated have been removed from the experience period claims.

We confirm that capitated claims have been removed.

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

We confirm that non-EHB claims have been removed.

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?

We work with our PBM to forecast rx rebate increases from the base period to the rating period. These projected increases are fully reflected in the trend component of the rate development.

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

We confirm there is no COVID adjustment in Tables 2-4. No COVID adjustment was made in Table 5.

### 4. Trend

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

N/A

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

N/A

#### 5. Table 6 – Retention

a. Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a

demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.

We confirm that we used a Federal Income Tax rate of 21% in this 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.

We confirm that these factors are consistent.

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.

We confirm that the commission PMPM is consistent between the four options.

#### 6. Pricing AVs

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

We confirm that the Pricing AV's were calculated using a single risk pool.

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

Metal AV is a national average AV which is not intended for pricing purposes per CMS Guidance (noted below). Please see attached model for Pricing AV calculation. The metal AV is based on the AV calculator which is calibrated to national average costs. The Philadelphia market is significantly more expensive than the national average from a cost of services standpoint. The same deductible or copay is worth significantly less as a percentage of total allowed cost in the Philadelphia market compared to the national average. This leads to different Pricing AVs for the same metal level.

Pricing based on local data should give a more accurate result than pricing using national data. Our pricing model is using data that is more aligned with of how members buying these plans in this area will use them than another model which relies on national data.

In addition, CMS continues to state that "the AV Calculator is intended to establish a comparison tool and was not developed for pricing purposes" in its Actuarial Calculator Methodology.

This is further supported by the Society of Actuaries paper, "A Summary of the 2020 Actuarial Value Calculator", which states " It is important to remember that the AV calculator was designed to determine if specific benefit designs meet the de minimis criteria and not for plan pricing."

#### 7. Expanded Bronze Plans

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

Please see the attached "EBP" exhibit.

### 8. PAAM Exhibits – Consumer Factors

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

The proposed geographic area rating factors shown in Tab V are the same as those used in the previous year.

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

The proposed network factors shown in Tab V are the same as those used in the previous year. Within Table 10, they are normalized using the membership in Table 10 to result in a composite factor of 1.000.

#### 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. Pricing 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)
- 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. Pricing is the information which was projected in the final annual filing for the given year (i.e., 2020 pricing information is from the plan year 2020 annual filing submitted in 2019)

	MLR		Member	Months
Calendar Year	Actual	Pricing	Actual	Pricing
2020	72.2%	83.2%	468,369	505,932
2021	71.3%	85.2%	497,020	498,720
2022	70.0%	85.0%	436,775	503,940

#### 10. Plan of Withdrawal:

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

No withdrawals are proposed in this filing.

### 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.

There are no transitional plans.

### 12. Copay Adjustment Programs

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

Yes, IBX has copay card maximizer and accumulator adjustment programs in place.

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

The manufacturer coupon programs are used to reduce/eliminate the member cost share and save on the cost of the medication. Because they are not an out of pocket expense for the member they do not count towards 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.

We reduced our pharmacy trend by 0.7%. This was based on guidance provided to us by our PBM rather than an internal study.

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

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

QCC	HIOS IDs	Plan Marketing Name	FDC Generic Rx	FDC Primary Care Services	<b>HSA Plan</b>
	31609PA0070004, 31609PA0190004	Personal Choice PPO Bronze	X	X	
	31609PA0160006, 31609PA0180005	Personal Choice EPO Bronze Basic	X		
	31609PA0160005, 31609PA0180004	Personal Choice EPO Bronze Reserve			X
	31609PA0160009, 31609PA0180008	Personal Choice EPO Bronze Classic		X	

## Completeness and Redaction Justification Checklist

Issuer Name: QCC Insurance Company, Inc.

Market: Individual PPO SERFF ID: INAC-134056107

		I	Redaction Justification		
TOC#	Description	Completed (Mark with "X")	Redacted (Y/N)	Page # in Public PDF	Justification submitted (Y/NA)
Federal Do	cuments Required to Be Filed with PID			l	
	RFJ Part I - Unified Rate Review Template	Х			
	RFJ Part II – Consumer Friendly Justification				
A.2.	RFJ Part III – Actuarial Memorandum	Х	Υ	31-39	Υ
	Federal Rates Template	Х		Red Page # in Public PDF  31-39  4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 6 13 3 7 7 14 4 7 7 14 14 7 7 17 10 11 17 10 11 17 17 17 17 10 11 11 12 11 11 12 11 12 11 12 11 11 11	
Summary I	Documents/Confirmation of HIOS & SERFF Submissions				•
A.2.B.	HIOS Submission	Х			
A.2.C.	SERFF Submission	Х			
A.2.D.	SERFF Rate/Rule Schedule Tab	Х			
В.	Cover Letter & PA Bulletin Information	Х			
PA Actuari	al Memorandum and Rate Exhibits				
D.1.A.	Company Information	Х	Υ	4	Υ
D.1.B.	Rate History & Proposed Variation in Rate Changes	X			N/A
D.1.C.	Average Rate Change	X			N/A
	Membership Count				N/A
D.1.D.	PA Act. Exhibits Table 1		N 5 N 5 N 13 N 5 N 5-6 N 13 N 7 N 14 N 7		N/A
D.1.E.	Benefit Changes	1		Y 31-39  Y 31-39  Y 4 N 5 N 5 N 5 N 5 N 13 N 7 N 13 N 7 N 14 N 7 N 13 N 7 N 14 N 7 N 13 N 7 N 14 N 7 N 17 N 10 N 11 N 11 N 22 N 11 N 11	N/A
D.1.L.	Experience Period Claims & Premium				N/A
D.1.F.	PA Act. Exhibits Table 2				N/A
	Credibility of Data				N/A
D.1.G.	·				N/A N/A
D.1.G.	PA Act. Exhibits Tables 2b, 3b, 4b (if applicable)	1			
D.1.H.	Trend Identification				N/A
	PA Act. Exhibits Table 3	1		5-6 13 7 14 7 13 7 13 8 17 9-10	N/A
D.1.I.	Historical Experience	1			N/A
	PA Act. Exhibits Table 4	+			N/A
D.2.A.	Development of PAIR, MAIR and Total Allowed Claims	+			N/A
	PA Act. Exhibits Table 5	X         N         5           X         N         13           X         N         5-6           X         N         13           X         N         7           X         N         7           X         N         14           X         N         7           X         N         7           X         N         13           X         N         13           X         N         13           X         N         17           X         N         17           X         N         17           X         N         17           X         N         10           X         N         17           X         N         17	N/A		
D.2.B.	Retention Items	1			N/A
	PA Act. Exhibits Table 6	1	N 13 N 5 N 5-6 N 13 N 7 N 14 N 7 N 14 N 7 N 13 N 17 N 10 N 17 N 10 N 17	N/A	
D.2.C.	Normalized Market-Adjusted Projected Allowed Total Claims	+			N/A
	PA Act. Exhibits Table 7	+	Y 4 N 5 N 5 N 5 N 13 N 5 N 13 N 5 N 13 N 7 N 14 N 7 N 14 N 7 N 13 N 7 N 10 N 17 N 10 N 11 N 22 N 11 N 22 N 11 N 22 N 11 N 22 N 11	N/A	
	Components of Rate Change	+	N		N/A
D.2.D.	PA Act. Exhibits Table 8	Х	N	17	N/A
	PA Act. Exhibits Table 9	Х	Y  Y  N  N  N  N  N  N  N  N  N  N  N  N	17	N/A
D.3.	Plan Rate Development	Х	N	10-11	N/A
	PA Act. Exhibits Table 10	Х	N	19	N/A
D.4.	Plan Premium Development for 21-Year-Old Non-Tobacco User	Х	N	11	N/A
	PA Act. Exhibits Table 11	Х	N	20-21	N/A
D.5.A.	Age and Tobacco Factors	Х	N	11	N/A
	PA Act. Exhibits Table 12	Х	N	22	N/A
D.5.B.	Geographic Factors	X	N	11	N/A
0.5.	PA Act. Exhibits Table 13	Х	N	22	N/A
D.5.C.	Network Factors	Х	N	11	N/A
2.3.0.	PA Act. Exhibits Table 14	Х	N	22	N/A
D.5.D	Rate Change Request Summary	Х	N	23	N/A
5.5.0	PA Act. Exhibits Table 15	Х	N	23	N/A
D.5.E.	Service Area Composition	Х	N	11	N/A
D.5.F	Composite Rating	X	N	11	N/A
D.6.	Actuarial Certifications	Х	Y	11-12	Υ
Additional	Exhibits				
	Department Plan Design Summary & Rate Tables	Х	N	25-27	N/A
E.	Service Area Map	Х	N	75	N/A
Summary I	Documents/Confirmation of HIOS & SERFF Submissions	Х			Υ