

Keystone Health Plan Central – Small Group Plans

Rate request filing ID # CABC-134095176 — This document is prepared by the insurance company submitting the rate filing as a consumer tool to help explain the rate filing. It is not intended to describe or include all factors or information considered in the review process. For more information, see the filing at https://www.insurance.pa.gov/Consumers/HealthInsuranceFilings/Pages/ACA-Health-Rate-Filings.aspx

Overview

Initial request average rate change: 6.81% Revised requested average rate change: 6.81%

Range of requested: 6.81% to 6.81% Effective date: January 1, 2025

Mapped members: 131

Available in: Rating Areas 6, 7, and 9

Key Information

Jan. 2023 - Dec. 2023 financial experience

Premiums	\$239,213
Claims	\$197,550
Administrative Expenses	\$22,785
Taxes & Fees	\$-12,246
Insurer made (after taxes)	\$31,124

How insurer plans to spend your premium

2%

This is how the insurance company plans to spend

the premium it collects in 2025

Claims: 84%
Administrative: 13%
Taxes & Fees: 1%

Profit:

The insurer expects its annual medical costs to increase 6.7%.

Explanation of Requested Rate Change:

• Future cost and utilization: 6.8%

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



May 15, 2024

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

Re: Keystone Health Plan Central

Small Group Rates Filing No 24-45

TOI Code: HOrg02G: Group Health Organizations – Health Maintenance (HMO)

Sub-TOI Code: HOrg02G.004F Small Group Only - HMO

Filing Type: Rate

Dear Ms. Swartz:

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

The following is a summary of the rate filing:

- Company Name: Keystone Health Plan Central (KHPC)
- NAIC: 95199
- Market: Small Group
- On/Off Exchange: Off Exchange
- Effective Date: 1/1/2025Average Rate Change: 6.8%
- Range of Requested Rate Change: 6.8% to 6.8%
- Total additional annual revenue generated from the proposed rate change: \$52,940
- Product: HMORating Areas: 6,7,9
- Metal Levels: Bronze
- Current Covered Lives and Policyholders: 131/89
- 2025 Number of Plans/Change from 2024: 1/No Changes
- Contract Form #: C25-KHPC-SGP
- Form Filing SERFF #: CABC-134095151
- Binder SERFF #: CABC-PA25-125118580
- HIOS Issuer ID: 53789

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

, FSA, MAAA, Senior Director, Actuarial Services

, Associate General Counsel

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM Small Group Rates Effective January 1, 2025

General Information

Company Information

• Company Legal Name: Keystone Health Plan Central

• State: PA

HIOS Issuer ID: 53789
Market: Small Group
Effective Date: 1/1/2025

PID Company Information

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• NAIC: 95199

• Market: Small Group

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• HIOS Issuer ID: 53789

Company Contact Information

• Primary Contact Name:

• Primary Contact Telephone Number:

Primary Contact Email Address:

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital Blue Cross (Capital), submits rates for products to be made available to all small groups effective January 1, 2025. KHPC will offer small group products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF#	Annual Increase
Small Group	KHPC	1/1/2021	CABC-132352804	-8.7%
Small Group	KHPC	10/1/2021	CABC-132750972	-7.3%
Small Group	KHPC	1/1/2022	CABC-132795960	4.6%
Small Group	KHPC	1/1/2023	CABC-133252133	8.4%
Small Group	KHPC	7/1/2023	CABC-133583560	7.1%
Small Group	KHPC	1/1/2024	CABC-133657249	5.1%

Average Rate Change

KHPC is proposing an aggregate annual 6.8% rate change, which varies by plan. The rate change is calculated in PA Rate Exhibits Part IV, Table 11, cell AN13.

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

• Future cost and utilization: 6.8%

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 38.

Benefit Changes 2024-2025

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

There are benefit changes being implemented in 2025. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

Experience Period Premium and Claims

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

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

Transitional membership is not included in PA Rate Exhibits Table 2 or URRT.

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

Premiums (net of MLR Rebate) in BEP: Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments are equal to zero as KHPC does not expect to refund any MLR rebates in the BEP.

Allowed and Incurred Claims in BEP:

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

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

- 1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
- 2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
- 3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.
- 4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar

- to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
- 5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
- 6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

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

BEP Allowed Claims

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

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

Loss Ratio in BEP: Loss ratio is 82.58%

Credibility of Data

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from Capital subsidiaries. Combining the experience is actuarially justifiable for several reasons:

- 1. The demographics of members buying PPO and other products are similar.
- 2. Cost and utilization between PPO and other products are similar.
- 3. Medical policy between PPO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO.

The credibility manual is the combination of KHPC, Capital Advantage Assurance Company (CAAC), and Capital Advantage Insurance Company (CAIC) data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2023 and December 31, 2023. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.72%

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

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

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

past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. Capital strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

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

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

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

Rate Development & Change

Projection Factors

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

KHPC is applying a factor of 0.335 to reflect the difference is projected Plan Liability Risk Score (PLRS) between KHPC and its subsidiary, CAAC, which underwrites the vast majority of the BEP experience. This factor aligns the rates with similar benefits offered under CAAC.

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

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

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

- Senate Bill 8: Coverage of mammographic examinations and diagnostic breast imaging at no cost share. This bill goes into effect for Small Group and Individual policies in 2025, but Capital adopted early compliance and covered the relevant services at no cost share starting in 2024.
 - Capital will continue to adjust plan year 2025 claims by an additional claim PMPM of \$0.20. This amount is unchanged from the additional claim PMPM calculated in 2024.

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

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

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

Changes in Network: A network adjustment is applied to show the value of changes in network from the BEP to the rating period. The value is calculated as:

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Network Factor
= ([Projected MM by Plan] \times [Network Factor by Plan])
\div [Total Projected MM]
```

The network calculation is found on Exhibit D2 – Network Mix Changes.

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

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

Index Rate

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

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

To calculate the projected index rate:

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

See Exhibit J for the Index Rate.

Paid to Allowed Ratio

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

Projected Paid and Incurred Claims are calculated as follows:

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

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

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

3. Develop the BEP Paid and Incurred Claim PMPM:

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

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

Trended Claim PMPM

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

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

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Projected Paid and Incurred Claims PMPM
= [Trended Claim PMPM] × [Benefit Adjustment]
× [Morbidity Adjustment] + [Benefit Additions]
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The *Benefit Adjustment*, *Morbidity Adjustment*, and *Benefit Additions* are discussed in the <u>Projections Factors</u> section above.

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

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

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

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

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

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

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

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

a. So the *Projected Claims PMPM by Benefit* is:

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

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

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

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

Market Adjusted Index Rate

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

[Market Adjusted Index Rate]

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

Projected Incurred Risk Adjustments PMPM:

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

- 1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
- 2. Statewide average premiums
- 3. Current market penetration of this company and competitors in the market and in the state
- 4. 2022-2023 risk adjustment results
- 5. Market improvement in coding risk: Capital's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging.

Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is believed that Capital is disadvantaged in the market. This will drive Capital's relative risk to the market down over time.

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

Projected Incurred Reinsurance Recoveries:

Reinsurance does not apply to the small group market.

Exchange Fee PMPM:

KHPC only offers off-exchange plans in the small group market, so the exchange fee is \$0.

The exchange fee PMPM is calculated as:

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

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

Retention Items

Administrative Expense Load:

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

expense allocated to Capital small group products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.

- a. Value-Based Benefits (VBB): Standard with each plan, Capital Blue Cross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
 - i. Complete biometric screening and receive a gift card.
 - ii. Meeting biometric measure or finish online coaching program and receive a gift card reward.
 - iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
 - iv. Fees are included in overall administrative expense fee discussed above.
 - v. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
- 3. Broker Expense: Calculated based on Capital's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Brokers are paid on new business and renewals the same commission rate for all geographic locations, enrollment dates, and metal levels. Capital anticipates 2025 contracts to be finalized mid-summer. Until contracts are finalized, Capital will be sending 2024 approved contracts. Attached please find the approved 2024 broker agreements redacted versions. Files are as follows:
 - a. Redacted Standard Producer Master Agreement: "SG_24-45_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20240515.pdf"
 - b. Redacted Preferred Producer Master Agreement: "SG_24-
 - 45_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20240515.pdf"
- 4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.0%. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

Profit (or Contribution to Surplus) & Risk Margin:

5. Contingency: Contingency is included in URRT Worksheet 2, "Profit & Risk Load" and PA Rate Exhibits Table 6.

Taxes and Fees:

- 1. Fee for Patient-Centered Outcomes Research Trust Fund (PCORTF): As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2023, and before October 1, 2024, the applicable dollar amount is \$3.22 per member per year (\$0.27 PMPM). Capital assumes the 2025 projected fee will be trended at 0%.
- 2. Exchange Fee: N/A

3. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, "Taxes and Fees", and PA Rate Exhibits, Table 6.

See Exhibit H as well as PA Rate Exhibits Table 6 for all retention values.

Plan Rate Development

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

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

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

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

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

- 3. Provider Network: The Provider network is the same across all HMO plans.
- 4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
- 5. Adjustment for distribution and administrative costs: Described in <u>Retention Items</u> section above.
- 6. Tobacco Adjustment: Not applied to Small Group plans.

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

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current small group enrollment by age in Capital. Age factors are applied in accordance with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater

than three children under the age of 21. Please see file SG_24-45_Initial_KHP_HMO_List-Billed_Supporting_20240515.xlsb for the calculation.

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

Geographic factors are unchanged from 2025.

Tobacco Factor Calibration: Tobacco factor not applied.

The calibration is:

```
[Calibrated Plan Adjusted Index Rate] = [Plan Adjusted Index Rate] \div ([Age Curve Calibration] \times [Geographic Factor Calibration] \times [Tobacco Factor])
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Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10.

The calibration factors and development are found on Exhibit N.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

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

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

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

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

AV Metal Values

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

See AV Screenshots included with the submission: SG_24-45_Initial_KHP_HMO_AVScreenPrints_Supporting_CONF_20240515

AV Pricing Values

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

Projected Loss Ratio

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

Membership Projection

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

Projected versus Actual MLR

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

	MI	_R	Member Months		
Calendar Year	Actual	Pricing	Actual	Pricing	
2020	86.92%	80.33%	888	1,140	
2021	62.59%	80.92%	1,183	766	
2022	133.18%	81.66%	1,345	1,018	

Claim Cost Projection

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

Attachments and Examples

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

PA Rate Exhibits Part I through Part VI

Table B

Exhibit A – Benefit Summary

Exhibit B – Benefit Change Summary

Exhibit C – Benefit Categories

Exhibit D – Benefit Mix

Exhibit D1 – Network Mix

Exhibit D2 – Benefit Additions

Exhibit E – Trend

Exhibit F – URRT

Exhibit G – Paid-to-Allowed Development

Exhibit H – Retention

Exhibit I – Projected Loss Ratio

Exhibit J – Index Rate

Exhibit K – Market Adjusted Index Rate

Exhibit L – Rate Development by Plan

Exhibit M – Plan Adjusted Index Rates

Exhibit N – Calibration

Exhibit O – Rating Factors

Exhibit P – Quarterly Base Rates

Exhibit Q – Morbidity Factor

Exhibit R – MLR Exhibit

Exhibit S – Claim Cost Projection

Broker Contracts Actuarial Value Screenshots List-Billed Data Standard Questions

Actuarial Statement

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

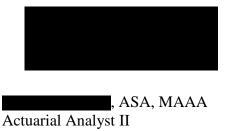
I, ASA, MAAA, do hereby certify that:

- 1. This filing has been prepared in accordance with the following:
 - a. Actuarial Standard of Practice No. 5, "Health and Disability Claims"
 - b. Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"
 - c. Actuarial Standard of Practice No. 12, "Risk Classification"
 - d. Actuarial Standard of Practice No. 23, "Data Quality"
 - e. Actuarial Standard of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage"
 - f. Actuarial Standard of Practice No. 26, "Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans"
 - g. Actuarial Standard of Practice No. 41, "Actuarial Communications".

2. The index rate is:

- a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
- b. Developed in compliance with the applicable Actuarial Standards of Practice.

- c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
- d. Neither excessive nor deficient.
- e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
- 3. The percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice.
- 4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, the development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.
 - a. The analysis was
 - i. conducted by a member of the American Academy of Actuaries, and
 - ii. performed in accordance with generally accepted actuarial principles and methods.
- 5. Geographic area rating factors reflect only differences in the costs of delivery and not differences due to population morbidity.
- 6. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- 7. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- 8. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2023 Rate Filing Justification.



Capital Blue Cross

PA Rate Template Part I

Data Relevant to the Rate Filing

Table 0. Identifying Information

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

Table 1. Number of Members

	Member-months	Members	Member-months
	Experience Period	Current Period (as of 02-01-2024)	Projected Rating Period
Average Age	39.8	37.8	37.8
Total	1,273	131	1,513
<18	116	16	185
18-24	98	11	127
25-29	148	16	185
30-34	154	13	150
35-39	123	11	127
40-44	78	16	185
45-49	114	14	162
50-54	140	10	115
55-59	150	12	139
60-63	96	10	115
64+	56	2	23

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
	\$625,462.17	\$194,746.09	\$197,804.33	1,273	\$180,345.42	\$378,149.75	\$0.00	(\$2,122.31)	\$1,868.42	\$0.00	(\$386,249.00	
E	Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)								\$ 296.85			
1.	es Patio											92 58%

*Express Prescription Drug Rebates as a negative number

Table 3. Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.35%	0.50%		5.88%	15.91%
Outpatient Hospital	5.35%	1.00%		6.40%	40.67%
Professional	5.25%	1.00%		6.30%	21.66%
Other Medical	5.35%	0.50%		5.88%	2.13%
Capitation				3.00%	0.00%
Prescription Drugs	7.45%	1.05%		8.58%	19.63%
Total Annual Trend				6.72%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.139	

* 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 Rebates)	Allowed PMPM
Jan-20		\$17,237.38	1.0000	\$ 17,237.38	69 \$	249.82		(\$354.48	\$31,576.31 \$	457.63
Feb-20		\$15,177.60	1.0000	\$ 15,177.60	69 \$	219.97		(\$209.95		285.15
Mar-20	<u></u>	\$8,549.49	1.0000		69 \$	123.91		(\$28.30		175.92
Apr-20		\$88,864.42	1.0000		69 \$	1,287.89		(\$947.23		1,385.03
May-20		\$2,759.89	1.0000	\$ 2,759.89	67 \$	41.19	-	(\$225.14		160.66
Jun-20		\$35,199.19	1.0000		63 \$	558.72	-	\$0.00		754.24
Jul-20	<u> </u>	\$3,838.98	1.0000	\$ 3,838.98	69 \$	55.64	-	(\$595.55		191.65
Aug-20 Sep-20	<u> </u>	\$19,125.89	1.0000 1.0000		85 \$ 84 \$	225.01	-	\$0.00 (\$194.90		295.85 840.74
Oct-20		\$63,555.74 \$12,085.32	1.0000	\$ 63,555.74 \$ 12,085.32	82 \$	756.62 147.38		(\$194.90 (\$344.72		232.08
Nov-20		\$12,083.32	1.0000		80 \$	181.50		(\$1,130.37		333.48
Dec-20	\$424,699.05	\$23,750.99	1.0000	\$ 23,750.99	82 \$	289.65	\$108,170.32	\$0.00		449.56
Jan-21	Ç424,033.03	\$10,435.07	1.0000		89 \$	117.25		(\$432.59		142.75
Feb-21		\$33,185.86	1.0000		90 \$	368.73		(\$1,427.96		434.96
Mar-21		\$18,818.03	1.0000		95 \$	198.08		(\$660.96		234.24
Apr-21		\$19,619.47	1.0000	\$ 19,619.47	98 \$	200.20		\$0.00		341.07
May-21		\$33,741.95	1.0000	\$ 33,741.95	101 \$	334.08		(\$1,658.19		435.58
Jun-21		\$17,980.11	1.0000	\$ 17,980.11	94 \$	191.28		(\$1,490.41		326.21
Jul-21		\$13,118.49	1.0000	\$ 13,118.49	98 \$	133.86		(\$388.69	-	274.27
Aug-21		\$22,803.34	1.0000	\$ 22,803.34	103 \$	221.39		(\$2,247.54	\$36,519.41 \$	354.56
Sep-21		\$11,923.18	1.0000	\$ 11,923.18	103 \$	115.76		(\$814.37	\$20,413.71 \$	198.19
Oct-21		\$9,316.87	1.0000		106 \$	87.90		\$0.00	- 1 / 1	135.49
Nov-21	<u></u>	\$22,369.19	0.9999	\$ 22,370.53	106 \$	211.04		(\$1,501.16		268.35
Dec-21	\$521,868.89	\$20,974.98	1.0000		100 \$	209.76	\$112,948.41	(\$1,981.30		258.30
Jan-22		\$37,542.43	0.9999	\$ 37,546.95	103 \$	364.53		(\$1,175.52		463.54
Feb-22	<u> </u>	\$42,867.44	0.9999		111 \$	386.23 364.09		(\$3,562.59		371.37
Mar-22		\$41,501.97	0.9999		114 \$			(\$2,612.22		454.43
Apr-22	<u> </u>	\$39,683.11	0.9999		114 \$	348.14		(\$2,387.13		434.15
May-22	<u> </u>	\$70,303.80	0.9998		114 \$	616.81		(\$2,623.28	-	790.48
Jun-22	<u> </u>	\$22,048.92	1.0000		115 \$	191.74		(\$2,350.91 (\$2,603.38		222.48 396.09
Jul-22		\$38,383.94 \$67,905.84	0.9998 0.9998		114 \$ 117 \$	336.76 580.53		(\$2,693.28 (\$2,762.28		668.05
Aug-22 Sep-22		\$26,059.75	0.9996		117 \$	232.77	=	(\$2,762.28		282.70
Oct-22	_	\$35,916.91	0.9995		111 \$	323.73		(\$108.66		483.36
Nov-22	_	\$27,638.71	0.9994		112 \$	246.91		\$0.00		367.69
Dec-22	\$614,841.04	\$31,403.06	0.9751		108 \$	298.19				439.67
Jan-23	Ψ02.1,0.12.0.1	\$15,849.44	0.9991		91 \$	174.33		(\$4.83		343.48
Feb-23		\$16,631.89	0.9987		95 \$	175.30		(\$315.21	-	330.62
Mar-23		\$14,532.14	0.9983		93 \$	156.52		(\$753.89		268.72
Apr-23		\$18,306.76	0.9850		90 \$	206.51		(\$58.32	-	381.96
May-23		\$16,339.58	0.9958		90 \$	182.31		(\$227.91	-	399.29
Jun-23		\$22,843.27	0.9880		89 \$	259.79		(\$422.67		385.29
Jul-23		\$12,819.77	0.9764	\$ 13,128.98	108 \$	121.56		(\$169.64		216.56
Aug-23		\$26,956.53	0.9774		112 \$	246.24		(\$169.84		472.37
Sep-23		\$15,144.63	0.9429		110 \$	146.02		\$0.00		209.14
Oct-23		\$17,596.58	0.9583		119 \$	154.31	-	\$0.00		194.23
Nov-23		\$12,889.87	0.9369		137 \$	100.43		\$0.00		250.33
Dec-23	\$625,462.17	\$4,835.61	0.8646	\$ 5,592.93	139 \$	40.24	\$180,345.42	\$0.00	0 \$28,927.29 \$	208.11

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

Product(s):

Market Segment:

Rate Effective Date:

Keystone Health Plan Central

HMO

Small Group

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
\$284,038,938.63	\$278,987,656.10	\$286,037,075.87	417,547	\$47,882,833.02	\$333,919,908.89		(\$21,123,088.30)	\$1,868.42	\$0.00	\$16,310,376.00	
Experience Period Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates)										\$ 749.13	
Loss Ratio											88.20%
*Express Prescription Drug Rebates as a neg	gative number										

Table 3b. Manual Trend Components

Service Category	Cost*	Utilization*	Induced Demand*	Composite Trend	Weight*
Inpatient Hospital	5.35%	0.50%		5.88%	15.91%
Outpatient Hospital	5.35%	1.00%		6.40%	40.67%
Professional	5.25%	1.00%		6.30%	21.66%
Other Medical	5.35%	0.50%		5.88%	2.13%
Capitation				3.00%	0.00%
Prescription Drugs	7.45%	1.05%		8.58%	19.63%
Total Annual Trend				6.72%	100.00%
Months of Trend				24	
Total Applied Trend Projection Factor				1.139	

Table 4b. Historical Manual Experience

Month-Year	Total Annual Premium	Incurred Claims	Completion Factors*	Ultimate Incurred Claims	Members	Ultimate Incurred PMPM	Estimated Annual Cost Sharing (Member + HHS)	Prescription Drug Rebates**	Allowed Claims (Net of Prescription Drug Rebates)	Allowed PMPM
Jan-20		\$18,252,975.33	1.0000 \$	18,252,975.33	35,007 \$	521.41		(\$750,603.51)	\$21,399,163.08 \$	61
Feb-20		\$19,833,201.92	1.0000 \$	19,833,201.92	34,110 \$	581.45		(\$892,226.92)	\$22,433,812.98 \$	6
Mar-20		\$16,555,134.04	1.0000 \$	16,555,134.04	33,408 \$	495.54		(\$972,966.25)	\$18,286,188.98 \$	5
Apr-20		\$12,891,424.51	1.0000 \$	12,891,424.51	32,394 \$	397.96		(\$1,040,936.39)	\$13,396,345.15 \$	4
May-20		\$14,016,290.60	1.0000 \$	14,016,290.60	31,481 \$	445.23		(\$915,882.65)		4
Jun-20		\$17,000,723.84	1.0000 \$	17,000,723.84	30,749 \$			(\$958,449.16)		6
Jul-20		\$18,655,711.67	1.0000 \$	18,655,711.67	30,166 \$			(\$990,357.28)	\$20,361,193.21 \$	6
Aug-20		\$18,770,093.91	1.0000 \$	18,770,093.91	29,895 \$	627.87		(\$987,213.68)	\$20,492,429.90 \$	6
Sep-20		\$16,863,950.44	1.0000 \$	16,863,950.44	29,335 \$	574.87		(\$926,414.75)	\$18,469,653.55 \$	6
Oct-20		\$16,438,892.94	1.0000 \$	16,438,892.94	28,646 \$	573.86	_	(\$929,307.09)	\$17,943,235.90 \$	6
Nov-20		\$16,728,569.91	1.0000 \$	16,728,569.91	28,078 \$	595.79		(\$932,923.47)		6
Dec-20	\$242,962,530.00	\$16,946,230.44	1.0000 \$	16,946,230.44	26,537 \$		\$31,612,997.53	(\$969,723.45)		7
Jan-21		\$17,406,844.80	1.0000 \$	17,406,844.80	27,752 \$		_	(\$967,857.08)	\$19,556,102.38 \$	7
Feb-21		\$15,965,428.34	1.0000 \$	15,965,428.34	27,764 \$			(\$932,822.68)	\$17,654,576.08 \$	6
Mar-21		\$18,686,721.12	1.0000 \$	18,686,721.12	28,040 \$			(\$1,117,793.22)		7
Apr-21		\$18,321,132.40	1.0000 \$	18,321,132.40	28,252 \$	648.49	_	(\$1,095,084.10)	\$20,033,982.65 \$	7
May-21		\$16,241,413.25	1.0000 \$	16,241,413.25	28,330 \$	573.29	_	(\$977,135.11)		6
Jun-21		\$18,838,296.18	1.0000 \$	18,838,296.18	28,537 \$	660.14	_	(\$1,045,460.48)	\$20,525,144.10 \$	7
Jul-21		\$17,527,590.22	1.0000 \$	17,527,590.22	28,866 \$	607.21	_	(\$1,065,957.27)	\$19,119,835.83 \$	6
Aug-21		\$17,696,200.33	1.0000 \$	17,696,200.33	28,931 \$	611.67	_	(\$1,074,903.60)	\$19,368,106.03 \$	6
Sep-21		\$17,938,984.64	1.0000 \$	17,938,984.64	29,226 \$	613.80	_	(\$1,074,210.81)		6
Oct-21		\$19,428,874.58	0.9999 \$	19,430,231.95	29,974 \$		_	(\$1,132,682.13)		7
Nov-21		\$20,420,672.34	0.9999 \$	20,422,390.61	30,647 \$			(\$1,127,598.70)		7
Dec-21	\$228,177,016.92	\$23,162,943.09	0.9999 \$. ,	35,212 \$		\$34,813,116.45	(\$1,295,624.30)		7
Jan-22		\$22,180,058.84	0.9999 \$	22,182,589.84	36,894 \$	601.25	_	(\$1,388,579.84)		6
Feb-22		\$20,355,747.84	0.9999 \$	20,358,385.70	36,959 \$		_	(\$1,347,938.63)	\$23,147,189.71 \$	6
Mar-22		\$26,890,724.02	0.9999 \$	-,,	36,835 \$			(\$1,701,916.98)		8
Apr-22		\$22,743,784.68	0.9998 \$	22,747,412.37	37,195 \$			(\$1,519,191.22)		6
May-22		\$23,255,480.41	0.9998 \$	23,259,311.55	37,288 \$	623.77		(\$1,644,258.85)		6
Jun-22		\$23,237,205.00	0.9998 \$	23,241,810.27	37,620 \$			(\$1,671,001.28)		6
Jul-22		\$22,402,213.77	0.9998 \$		37,726 \$			(\$1,586,806.81)		6
Aug-22		\$25,437,823.38	0.9998 \$	25,443,597.45	37,878 \$			(\$1,695,471.78)		7
Sep-22		\$24,372,757.08	0.9997 \$		38,045 \$			(\$1,710,646.45)		6
Oct-22		\$25,692,533.36	0.9996 \$	25,701,959.63	37,900 \$		_	(\$1,584,861.43)		7
Nov-22		\$25,693,561.73	0.9995 \$	25,705,419.70	37,865 \$			(\$1,571,219.67)	\$27,874,213.98 \$	
Dec-22	\$288,134,032.63	\$24,000,682.34	0.9801 \$		37,215 \$		\$47,766,723.45	(\$1,450,012.32)		
Jan-23		\$24,221,567.55	0.9993 \$		35,957 \$			(\$1,702,710.96)		7
Feb-23		\$21,629,587.58	0.9990 \$	21,652,170.37	35,829 \$			(\$1,521,957.36)		6
Mar-23		\$26,521,063.63	0.9985 \$		35,534 \$			(\$1,772,728.03)		3
Apr-23		\$21,923,695.30	0.9887 \$		35,334 \$	627.59		(\$1,603,169.67)		6
May-23		\$24,192,263.34	0.9969 \$	24,268,572.53	35,119 \$			(\$1,799,014.53)		7
Jun-23		\$22,869,724.94	0.9909 \$		34,759 \$			(\$1,755,987.55)		
Jul-23		\$23,498,163.37	0.9814 \$		34,561 \$	692.82		(\$1,679,831.22)		
Aug-23		\$24,133,522.98	0.9829 \$		34,429 \$			(\$1,958,971.61)		
Sep-23		\$21,566,713.46	0.9562		34,223 \$	659.04		(\$1,738,603.95)		
Oct-23		\$23,681,825.18	0.9671		34,033 \$			(\$1,878,019.66)		
Nov-23		\$23,877,398.81	0.9516		34,014 \$			(\$1,903,901.78)		7
Dec-23	\$284,038,938.63	\$20,872,129.98	0.8908	23,430,802.94	33,755 \$	694.14	\$47,882,833.02	(\$1,808,191.98)	\$26,223,579.03 \$	7

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

PA Rate Template Part II

Rate Development and Change

Carrier Name:
Product(s):
Market Segment:
Rate Effective Date: Keystone Health Plan Central HMO Small Group 1/1/2025

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

Development of the Projected Index Rate	,	Actual Experience Data	Manual Data	
Total Allowed EHB Claims + EHB Capitation PMPM (net of prescription drug rebates) PMPM	\$	296.85	\$ 749.13	<- Actual Experience PMPM sho
Two year trend projection Factor		1.139	1.139	
Unadjusted Projected Allowed EHB Claims PMPM	\$	338.08	\$ 853.16	
Single Risk Pool Adjustment Factors				
Change in Morbidity - Impact of Reinsurance Program		1.000	1.000	
Change in Morbidity - All Other		0.335	0.335	<- See URRT Instructions
Total Non-Morbidity Changes		0.984	0.984	
Change in Demographics		1.000	1.000	<- See URRT Instructions
Change in Network		0.983	0.983	
Change in Benefits		1.001	1.001	<- See URRT Instructions
Change in Other		1.000	1.000	<- See URRT Instructions
Total Adjusted Projected Allowed EHB Claims PMPM	\$	111.44	\$ 281.23	
Credibility Factors		0%	100%	<- See Instructions
Blended Projected EHB Claims PMPM			\$ 281.23	<- Projected Index Rate
Development of the Market-Adjusted Index Rate and Total Allowed Claims				_
Adjusted Projected Allowed EHB Claims PMPM	\$	281.23	<- Index Rate for Projec	tion Period on URRT
Projected Paid to Allowed Ratio		0.564		
Projected Incurred EHB Claims PMPM	\$	158.74		
Market-wide Adjustments				
Projected Incurred Risk Adjustment PMPM	\$	(303.42)		
Projected Incurred Exchange User Fees PMPM		\$0.00		
Projected Incurred Reinsurance Recoveries PMPM Market-Adjusted Projected Incurred EHB Claims PMPM	خ	\$0.00 462.15		
ivial ket-Aujusteu FTOjecteu IIIculTeu EFID Ciaillis FIVIFIVI	\$	402.15		

818.79 <- Market-Adjusted Index Rate

462.1526166

818.79

Table 6. Retention

Market-Adjusted Projected Allowed EHB Claims PMPM

Market-Adjusted Projected Incurred Total Claims PMPM

Market-Adjusted Projected Allowed Total Claims PMPM

Projected Allowed Non-EHB Claims PMPM

Catastrophic Eligibility Adjustment

Retention Items - Express in percentages	Percentages	PMPM Amounts
Administrative Expenses	13.43%	\$73.9
General and Claims	8.92%	\$49.0
Agent/Broker Fees and Commissions	4.52%	\$24.8
Quality Improvement Initiatives	0.00%	\$0.0
Taxes and Fees	0.62%	\$3.4
Risk Adjustment User Fee	0.04%	\$0.2
PCORI Fee	0.05%	\$0.2
PA Premium & Other Taxes (if applicable)	0.00%	\$0.0
Federal Income Tax	0.53%	\$2.9
Health Insurance Providers Fee (Prorated for Small Groups only)	0.00%	\$0.0
Profit/Contingency (after tax)	2.00%	\$11.0
Total Retention	16.05%	\$88.3
Projected Required Revenue PMPM	\$ 550.50	

Table 8. Components of Rate Change

Rate Components	2024	2025	Di	fference	Percent Change
A. Calibrated Plan Adjusted Index Rate (PMPM)	\$ 320.44	\$ 342.27	\$	21.83	6.89
B. Base period allowed claims before normalization	\$ 703.15	\$ 749.13	\$	45.98	14.39
C. Normalization factor component of change	\$ (263.36)	\$ (283.36)	\$	(20.01)	-6.29
D. Change in Normalized Allowed Claims Adjustment Components					
D1. Base period allowed claims after normalization	\$ 439.80	\$ 465.77	\$	25.97	8.1
D2. URRT Trend	\$ 56.87	\$ 64.68	\$	7.80	2.4
D3. URRT Morbidity	\$ (264.73)	\$ (352.75)	\$	(88.02)	-27.5
D4. URRT Other	\$ (3.95)	\$ (2.85)	\$	1.10	0.3
D5. Normalized URRT Risk Adjustment on an allowed basis	\$ 246.44	\$ 334.22	\$	87.78	27.4
D6. Normalized Exchange User Fee on an allowed basis	\$ -	\$ -	\$	-	0.0
D7. Normalized Reinsurance Recoveries on an allowed basis	\$ -	\$ -	\$	-	0.0
D8. Subtotal - Sum(D1:D7)	\$ 474.44	\$ 509.08	\$	34.64	10.8
E. Change in Allowable Plan Adjusted Level Components					
E1. Network	\$ -	\$ -	\$	-	0.0
E2. Pricing AV	\$ (209.61)	\$ (221.74)	\$	(12.13)	-3.8
E3. Benefit Richness	\$ -	\$ 0.00	\$	0.00	0.0
E4. Catastrophic Eligibility	\$ -	\$ -	\$	-	0.0
E5. Benefits in Addition to EHB	\$ (264.83)	\$ -	\$	264.83	82.6
E6. Subtotal - Sum(E1:E5)	\$ (474.44)	\$ (221.74)	\$	252.70	78.9
F. Change in Retention Components					
F1. Administrative Expenses	\$ 47.21	\$ 45.97	\$	(1.24)	-0.4
F2. Taxes and Fees	\$ 1.99	\$ 2.11		0.12	0.0
F3. Profit and/or Contingency	\$ 6.41	\$ 6.85		0.44	0.1
F4. Subtotal - Sum(F1:F3)	\$ 55.61	\$ 54.93	\$	(0.68)	-0.2
G. Change in Miscellaneous Items	\$0.00		\$	-	0.0
H. Sum of Components of Rate Change (should approximate the change shown in line A)	\$ 55.61	\$ 342.27	\$	286.66	89.5

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

For Informational Purposes only - No input required.		
Blended Base Period Unadjusted Claims before Normalization	\$ 749.13	<- Index Rate of Experience Period on UR
Blended Earned Premium	\$ 284,038,938.63	
Blended Loss Ratio	88.20%	

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

Effective Date	1/1/2025	4/1/2025	7/1/2025	10/1/2025	Total	Single Risk Pool
# of Member Months Renewing in Quarter	439	184	235	655		1,513
Adjusted Projected Allowed EHB Claims PMPM	\$ 281.23	\$ 281.23	\$ 281.23	\$ 281.23	\$	281.23
Months of Trend	-	3	6	9		
Annual Trend	6.72%	6.72%	6.72%	6.72%		
Single Risk Pool Projected Allowed Claims	\$ 281.23	\$ 285.84	\$ 290.52	\$ 295.28	\$	289.32
Quarterly Trend Factor	1.000	1.016	1.033	1.050		1.029

Table 7. Normalized Market-Adjusted Projected Allowed Total Claims

Normalization Factors	2024	2025
Average Age Factor	1.552	1.558
Average Geographic Factor	1.030	1.032
Average Tobacco Factor	1.000	1.000
Average Benefit Richness (induced demand)	1.000	1.000
Average Network Factor	1.000	1.000
Market-Adjusted Projected Allowed Total Claims PMPM	\$758.54	\$ 818.79
Normalized Market-Adjusted Projected Allowed Total Claims PMPM	\$ 474.44	\$ 509.08

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

	2024	2025	
Paid-to-Allowed	0.558	0.564	
URRT Trend (Total Applied Trend Factor)	1.129	1.139	<- URRT W1, S2
URRT Morbidity	0.467	0.335	<- URRT W1, S2
URRT "Other"	0.983	0.984	<- URRT W1, S2
Risk Adjustment	\$ 219.94		<- URRT W1, S3
Exchange User Fee	\$ -	\$ -	<- URRT W1, S3
Reinsurance Recoveries	\$ -	\$ -	<- URRT W1, S3
Capitation	\$ 0.30	\$0.30	<- URRT W1, S2
Network	1.000	1.000	
Pricing AV	0.558	0.564	<- For 2024 in cell J81, please include a factor equal to the product of the average Pricing AV and the Non-Funding of CSR Adjustment
Benefit Richness	1.000	1.000	
Catastrophic Eligibility	1.000	1.000	
Benefits in Addition to EHB		1.000	
Administrative Expenses	14.73%	13.43%	
Taxes and Fees	0.62%	0.62%	
Profit and/or Contingency	2.00%	2.00%	

PA Rate Template Part III
Table 10. Plan Rates

| Calibration Factor | 1.558 | | Geographic Calibration Factor | 1.558 | | Geographic Calibration Factor | 1.000 | Geographic Calibration Factor | 1.000 | | Geographic Calibration Factor | 1.0

Base Period Start Date 1/1/2023 Date of Most Recent Membership: 2/1/2024 Market Adjusted Index Rate: \$ 818.79 As CFR Part 156.8 (d) (2) Allowable Factors As CFR	Rate Effective D		1/1/2025						Aggregate Calibration Factor 1.608	1				
			1/1/2023											
	Date of Most Re	ecent Membership:	: 2/1/2024											
	Market Adjuste	ed Index Rate:	\$ 818.79				45	CFR Part 156.8 (d) (2) Allow	able Factors					02-01-2024 Number of Covered Lives by Rating Area
	Plan Number		(HMO, POS, PPO, EPO,		New, Discontinued & Mapped, 1/1/2025 HIOS Plan ID Discontinued & Not (If 1/1/2024 Plan Mapped (E,M,N,DM, Discontinued & Metallic	Tier Standard AV, Exchange (company- Ri Actuarial Approach (1), On/Off or determined (in	hness Benefits in duced addition to Provider	Catastrophic of CSR	including Profit or	Covered Lives Mapped into 2025 Plans @ 02- Total Projected	Plan Adjusted Calibrated Plan Index Rate Adjusted Index	Change Compared to		Continued/ Discontinued Plans De Minimis
	Totals - Current N	Membership				0.642 0.564	1.000 1.000 1.00	0 1.000 1.000	\$ 462.15 13.4% 0.6% 2.0%	131 126	\$ 320.44 \$ 342.27	6.8%		34 90 - 7 131
						0.642 0.564	1.000 1.000 1.00	0 1.000 1.000	\$ 462.15 13.4% 0.6% 2.0%					
Column C	Transitional Plans				DNM TRANSITIONAL N/A	14/11	14/74	N/A N/A	13/11			N/A	N/A	
Column C	Plan 1	53789PA0090004	HMO B	Bronze HMO 8000/0/50	E Expanded B	0.64158654 Standard AV Off 0.564	1.000 1.000 1.0	00 1.000 1.000	5462.15 13.4% 0.6% 2.0%	131 126	\$320.44 \$ 342.27	6.8%	100.0%	
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March Marc	Plan 4								\$0.00		\$ -	0.0%	0.0%	
Color Colo	Plan 5								\$0.00	-	\$ -	0.0%	0.0%	- 0
Column C	Plan 6								\$0.00	- 1	\$ -	0.0%	0.0%	- 0
Marie	Plan 7								\$0.00	-	\$ -	0.0%		
Mail	Plan 8								\$0.00	-	\$ -	0.0%	0.0%	
State	Plan 10								\$0.00	-	\$ -	0.0%	0.0%	
Heat									\$0.00	-	\$ -	0.0%		
Heat	Plan 12								\$0.00	- 1	\$ -	0.0%	0.0%	- 0
	Plan 13								\$0.00	-	\$ -	0.0%		- 0
	1 1011 2 1								\$0.00	-	\$ -	0.0%	0.0%	
1										-	\$ -			
Part	Plan 17								\$0.00	-	\$ -	0.0%		
Fig.	Plan 18								\$0.00	-	\$ -	0.0%		- 0
782 6	Plan 19								\$0.00	-	\$ -			- 0
Page	Plan 20								\$0.00	-	\$ -	0.0%		- 0
Fig. 25.	Plan 21								\$0.00	-	\$ -			- 0
Pair	Plan 22								\$0.00	-	\$ -			
Pau S	Plan 24								\$0.00	-	\$ -			
Part	Plan 25								\$0.00	-	\$ -			
	Plan 26								\$0.00	- 1	\$ -			- 0
Mar	Plan 27								\$0.00	-	\$ -			- 0
Fig. 1	Plan 28								\$0.00	-	\$ -			
Fin 3	Plan 29								\$0.00	-	\$ -			
Pin 12	Plan 31								\$0.00		\$ -			
Fin 33	Plan 32								\$0.00	-	\$ -			
Plan 35	Plan 33								\$0.00		\$ -	0.0%	0.0%	- 0
Plan 36	Plan 34								\$0.00	-	\$ -			- 0
Plan 37	Plan 35								\$0.00	-	\$ -			
Plan 38	Plan 37								\$0.00		\$ -			
Plan 39 9 50.00 5.00 0.0% <t< th=""><th>Plan 38</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>\$0.00</th><th>-</th><th>\$ -</th><th></th><th></th><th></th></t<>	Plan 38								\$0.00	-	\$ -			
Plan 4	Plan 39								\$0.00	-	\$ -			- 0
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	Plan 50								\$U.UU	-	\$ -	0.0%	0.0%	- 0

PA Rate Template Part IV B - Small Group Annual Table 11. Plan Premium Development for 21-Year-Old Non-Tobacco User

Carrier Name:

Product(s):

Market Segment:

Rate Effective Date:

Keystone Health Plan Central
HMO
Small Group
1/1/2025

							Output at 1 2024 1	1-year-old Non-Tobacco Prer	nairrean DRADRA				Overter 1 2025	, 21-year-old Non-Tobacco Premium Pl	ADNA		Change in Quarter 1, 21-year-old Non-Tobacco Premium PMPM						
							Quarter 1 2024, 2	1-year-old Non-Tobacco Fiel	IIIUIII PIVIPIVI	Average			Quarter 1 2025,	, 21-year-old Non-Tobacco Flemium Fi	Average			Change in Quarter	i, zi-year-old No	i-Tobacco Freimum F	IVIFIVI	Average	
			Discontinued,							(weighted					(weighted							(weighted	
			New, Modified,	1/1/2025 HIOS Plar	n ID (If					enrollment					enrollment							enrollment	
	HIOS Plan ID (Standard	1/1/2024 Plan	Existing (D,N,M,E)	1						by rating .					by rating				_		_	by rating	
Plan Number	Component)	Marketing Name	for 2025	Discontinued & Ma	pped) Metallic Tier On/Off or Off	1	2 3 4	5 6	7 8	9 area)	1	2	3 4	5 6 7	8 9 area)	1	2	3 4	5	6 7	8	9 area)	
Totals		These cells auto-	ill using the data ent	ered in Table 10.		\$ -	\$ - \$ - \$ -	\$ - \$ 320.44 \$	346.08 \$	- \$ 326.85 \$ 338.40	\$ -	\$ -	\$ - \$ -	\$ - \$ 342.27 \$ 369.65	5 \$ - \$ 349.12 \$ 361.45	0.0%	% 0.0%	0.0%	0.0%	6.8%	0.0%	6.8% 6.8%	
Plan 1	53789PA0090004	Bronze HMO 8000/0/50	E	0	kpanded Bronz Off			\$320.44	\$346.08	\$326.85 \$ 338.40	\$ -	\$ -	\$ - \$ -	\$ - \$ 342.27 \$ 369.65	5 \$ - \$ 349.12 \$ 361.45					6.8% 6.8%		6.8% 6.8%	
Plan 2 Plan 3	0	0	0	0	0 0			\$0.00	\$0.00	\$0.00 \$ -	\$ -	\$ -	\$ - \$ -	\$ - \$ - \$ -	\$ - \$ - \$ -								
Plan 4	0	0	0	0	0 0			\$0.00	\$0.00	\$0.00 \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ - \$ - \$ -	\$ - \$ - \$ - \$ - \$ - \$ -								
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Plan 6	0	0	0	0	0 0			\$0.00	\$0.00	\$0.00 \$ -	\$ -	\$ -	\$ - \$ -	\$ - \$ - \$ -	\$ - \$ -								
Plan 7 Plan 8	0	0	0	0	0 0			\$0.00	\$0.00	\$0.00 \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ -	\$ - \$ - \$ -	\$ - \$ - \$ -								
Plan 9	0	0	0	0	0 0			\$0.00	\$0.00	\$0.00 \$ -	\$ -	\$ -	\$ - \$ -	\$ - \$ - \$ -	\$ - \$ - \$ -								
Plan 10	0	0	0	0	0 0			\$0.00	\$0.00	\$0.00 \$ -	\$ -	\$ -	\$ - \$ -	\$ - \$ - \$ -	\$ - \$ - \$ -								
Plan 11	0	0	0	0	0 0			\$0.00	\$0.00	\$0.00 \$ -	\$ -	\$ -	\$ - \$ -	\$ - \$ - \$ -	\$ - \$ - \$ -								
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Plan 18	0	0	0	0	0 0			\$0.00	\$0.00	\$0.00 \$ -	\$ -	\$ -	\$ - \$ -	\$ - \$ - \$ -	\$ - \$ - \$ -								
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Plan 37	0	0	0	0	0 0			\$0.00		\$0.00 \$ -		-		\$ - \$ - \$ -									
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Plan 40	0	0	0	0	0 0			\$0.00	\$0.00	\$0.00 \$ -		•			\$ - \$ - \$ -								
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Plan 50	0	0	0	0	0 0					\$ -					\$ - \$ - \$ -								

Quarter 2 2025, 21-year-old Non-Tobacco Premium PMPM	Quarter 3 2025, 21-year-old Non-Tobacco Premium PMPM	Quarter 4 2025, 21-year-old Non-Tobacco Premium PMPM
Average	Average	Average
weighted by	weighted by	weighted by
enrollment	enrollment	enrollment
1 2 3 4 5 6 7 8 9 area)	1 2 3 4 5 6 7 8 9 area)	1 2 3 4 5 6 7 8 9 area)
\$ - \\$ - \\$ - \\$ - \\$ - \\$ - \\$ 347.88 \\$ 375.71 \\$ - \\$ 354.84 \\$ 367.37	\$ - \$ - \$ - \$ - \$ - \$ 353.58 \$ 381.87 \$ - \$ 360.65 \$ 373.39	\$ - \$ - \$ - \$ - \$ - \$ 359.37 \$ 388.12 \$ - \$ 366.56 \$ 379.51
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PA Rate Quarterly Template Part V Consumer Factors

Table 12. Age and Tobacco Factors

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

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

Carrier Name: Keystone Health Plan Central

Product(s): HMO

Market Segment: Small Group

Rate Effective Date: 1/1/2025

Table 13. Geographic Factors

	Geographic Area Factors		
Area	Counties	Current Factor	Proposed Factor
Rating Area 1			
Rating Area 2			
Rating Area 3			
Rating Area 4			
Rating Area 5			
Rating Area 6	Centre, Columbia, Lehigh, Mifflin, Montour, Northampton, Northumberland, Schutlkill, Snyder, Union	1.000	1.000
Rating Area 7	Adams, Berks, Lancaster, York	1.080	1.080
Rating Area 8			
Rating Area 9	Cumberland, Dauphin, Franklin, Fulton, Juniata, Lebanon, Perry	1.020	1.020

Table 14. Network Factors

Projection Period Network Factors									
Network Name	Rating Area	Current Factor	•						
НМО	All	1.000	1.000						

PA Rate Template Part VI - Rate Change Summary

Table 15. Rate Change Summary Information

Overview		
Initial Requested Average Rate Change:		0.0682
Revised Requested Average Rate Change:		6.81%
Minimum Requested Rate Change:		6.81%
Maximum Requested Rate Change:		6.81%
Mapped Members:		133
Available in Rating Areas:	Rating Areas 6, 7, and 9	

Key Information

Jan. 2023 - Dec. 2023 Financial Experience

Premium	\$239,213.1
Claims	\$197,550.44
Administrative Expenses	\$22,785.00
Taxes & Fees	(\$12,246.00
Company Made After Taxes	\$ 31,123.73

The company expects its annual medical costs to increase:

Explanation of requested rate change: • Future cost and utilization: 6.8% Carrier Name: Product(s): Market Segment: Rate Effective Date:

6.72%

Keystone Health Plan Central нмо Small Group 1/1/2025

13% 1%

How It Plans to Spend Your Premium

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

Claims: Administrative Expenses: Taxes & Fees: Profit:

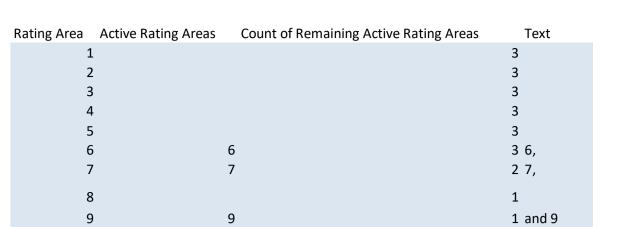


Table 16. Risk Adjustment Calculation						
Component	Statewide	Insurer Specific				
State Average Monthly Premium Before Adjustment	588.87					
Administrative Cost Adjustment	0.86					
State Average Monthly Premium	506.42					
Actuarial Value (AV)	0.78	0.60				
Plan Liability Risk Score (PLRS)	1.24	0.32				
Allowable Rating Factor (ARF)	1.51	1.57				
Induced Demand Factor (IDF)	1.07	1.00				
Geographic Cost Factor (GCF)	0.97	1.18				
Factors Including Risk Score	1.29	0.38				
Factors Excluding Risk Score	1.22	1.11				
Risk Adjustment Transfer PMPM		(308.00) <				
Insurer Specific Manual Adjustment PMPM		\$7.62				
High Cost Risk Pool Adjustment PMPM		(\$3.04)				
Total Risk Adjustment Transfer		(303.42)				

<-- Negative implies payer of RA

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

Keystone Health Plan Central Small Group Rates Effective 1/1/2025 Table B

			Projected Member	r Projected Allowed	Projected Paid	Paid to Allowed	Average Tobacco	AV and Cost	(8)/(6*7) Induced	Induced Demand
<u>Plan ID</u>	Plan Name	Metal Level	<u>Months</u>	<u>Claims</u>	<u>Claims</u>	<u>Factor</u>	<u>Factor</u>	Sharing Factor	<u>Utilization</u>	<u>Table 10</u>
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
53789PA0090004	Bronze HMO 8000/0/50	Bronze	1,513	\$1,238,828	\$699,237	0.56	1.000	0.56	1.00	1.00
Total			1,513	1,238,828	699,237	0.564	1.00	0.564	1.00	1.00
PMPM				818.79	462.15					
Rate Dev II				818.79						

Keystone Health Plan Central
(KHPC)
Market: Small Group
Product: HMO

Effective Date of Rates: January 1, 2025

Ending date of Rates:

March 31, 2025

HIOS Plan ID (On Exchange)=>							
HIOS Plan ID (Off Exchange)=>	53789PA	0090004	53789PA	.0090004	53789PA0090004		
Plan Marketing Name =>		0 8000/0/50	Bronze HMO 8000/0/50		Bronze HMO 8000/0/50		
Form # =>	C25-KH	IPC-SGP	C25-KH	PC-SGP	C25-KH	PC-SGP	
Rating Area =>		6	7		9		
Network =>		MO	нмо		нмо		
Metal =>		nze	_	nze	_	nze	
Deductible =>		Rx Combined		Rx Combined		Rx Combined	
Coinsurance =>		0))	
Copays =>		PCP/SPC/ER		PCP/SPC/ER		PCP/SPC/ER	
OOP Maximum => Pediatric Dental (Yes/No) =>		Rx Combined es		Rx Combined es		Rx Combined es	
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0 - 14	\$261.84	\$261.84	\$282.78	\$282.78	\$267.07	\$267.07	
15	\$285.11	\$285.11	\$307.92	\$307.92	\$290.81	\$290.81	
16	\$294.01	\$294.01	\$317.53	\$317.53	\$299.89	\$299.89	
17	\$302.91	\$302.91	\$327.14	\$327.14	\$308.97	\$308.97	
18	\$312.49	\$312.49	\$337.49	\$337.49	\$318.74	\$318.74	
19	\$322.08	\$322.08	\$347.84	\$347.84	\$328.52	\$328.52	
20	\$332.00	\$332.00	\$358.56	\$358.56	\$338.64	\$338.64	
21	\$342.27	\$342.27	\$369.65	\$369.65	\$349.12	\$349.12	
22	\$342.27	\$342.27	\$369.65	\$369.65	\$349.12	\$349.12	
23	\$342.27	\$342.27	\$369.65	\$369.65	\$349.12	\$349.12	
24 25	\$342.27 \$343.64	\$342.27	\$369.65	\$369.65	\$349.12	\$349.12	
25 26	\$343.64	\$343.64 \$350.48	\$371.13 \$378.52	\$371.13 \$378.52	\$350.51 \$357.49	\$350.51 \$357.49	
26	\$350.48	\$350.48	\$378.52	\$378.52	\$357.49	\$357.49	
28	\$372.05	\$372.05	\$401.81	\$401.81	\$379.49	\$303.87	
29	\$383.00	\$383.00	\$413.64	\$413.64	\$390.66	\$390.66	
30	\$388.48	\$388.48	\$419.55	\$419.55	\$396.25	\$396.25	
31	\$396.69	\$396.69	\$428.43	\$428.43	\$404.62	\$404.62	
32	\$404.91	\$404.91	\$437.30	\$437.30	\$413.00	\$413.00	
33	\$410.04	\$410.04	\$442.84	\$442.84	\$418.24	\$418.24	
34	\$415.52	\$415.52	\$448.76	\$448.76	\$423.83	\$423.83	
35	\$418.25	\$418.25	\$451.71	\$451.71	\$426.62	\$426.62	
36	\$420.99	\$420.99	\$454.67	\$454.67	\$429.41	\$429.41	
37	\$423.73	\$423.73	\$457.63	\$457.63	\$432.20	\$432.20	
38	\$426.47	\$426.47	\$460.59	\$460.59	\$435.00	\$435.00	
39	\$431.94	\$431.94	\$466.50	\$466.50	\$440.58	\$440.58	
40	\$437.42	\$437.42	\$472.41	\$472.41	\$446.17	\$446.17	
41	\$445.64	\$445.64	\$481.29	\$481.29	\$454.55	\$454.55	
42 43	\$453.51 \$464.46	\$453.51 \$464.46	\$489.79	\$489.79 \$501.62	\$462.58 \$473.75	\$462.58 \$473.75	
45	\$478.15	\$478.15	\$501.62 \$516.40	\$516.40	\$473.73	\$473.73	
45	\$494.24	\$494.24	\$533.78	\$533.78	\$504.12	\$504.12	
46	\$513.40	\$513.40	\$554.48	\$554.48	\$523.67	\$523.67	
47	\$534.97	\$534.97	\$577.77	\$577.77	\$545.67	\$545.67	
48	\$559.61	\$559.61	\$604.38	\$604.38	\$570.80	\$570.80	
49	\$583.91	\$583.91	\$630.63	\$630.63	\$595.59	\$595.59	
50	\$611.29	\$611.29	\$660.20	\$660.20	\$623.52	\$623.52	
51	\$638.33	\$638.33	\$689.40	\$689.40	\$651.10	\$651.10	
52	\$668.11	\$668.11	\$721.56	\$721.56	\$681.47	\$681.47	
53	\$698.23	\$698.23	\$754.09	\$754.09	\$712.20	\$712.20	
54	\$730.75	\$730.75	\$789.21	\$789.21	\$745.36	\$745.36	
55	\$763.26	\$763.26	\$824.32	\$824.32	\$778.53	\$778.53	
56	\$798.52	\$798.52	\$862.40	\$862.40	\$814.49	\$814.49	
57 50	\$834.11	\$834.11	\$900.84	\$900.84	\$850.79	\$850.79	
58 59	\$872.10 \$890.93	\$872.10 \$890.93	\$941.87 \$962.20	\$941.87 \$962.20	\$889.55 \$908.75	\$889.55 \$908.75	
59 60	\$890.93	\$890.93	\$962.20	\$962.20	\$908.75 \$947.50	\$908.75 \$947.50	
61	\$961.78	\$961.78	\$1,003.23	\$1,003.23	\$981.01	\$981.01	
62	\$983.34	\$983.34	\$1,062.01	\$1,062.01	\$1,003.01	\$1,003.01	
63	\$1,010.38	\$1,010.38	\$1,091.21	\$1,091.21	\$1,030.59	\$1,030.59	
64+	\$1,026.80	\$1,026.80	\$1,108.94	\$1,108.94	\$1,047.35	\$1,047.35	

Page Number: 1 12/24/2014

Keystone Health Plan Central
(KHPC)
Market: Small Group
Product: HMO

Effective Date of Rates: April 1, 2025

Ending date of Rates:

June 30, 2025

HIOS Plan ID (On Exchange)=>							
HIOS Plan ID (Off Exchange)=>	53789PA	0090004	53789PA	0090004	53789PA	0090004	
Plan Marketing Name =>	Bronze HMC	8000/0/50	Bronze HMC	8000/0/50	Bronze HMC	8000/0/50	
Form # =>	C25-KHPC-SGP		C25-KH	PC-SGP	C25-KHPC-SGP		
Rating Area =>	(i	7	7	9		
Network =>	HN	10	нмо		НМО		
Metal =>	Bro		Bro		Bronze		
Deductible =>	\$8000 Med/I		\$8000 Med/F		\$8000 Med/F		
Coinsurance =>	((
Copays =>	\$50/\$85/\$0		\$50/\$85/\$0		\$50/\$85/\$0		
OOP Maximum =>	\$8700 Med/I		\$8700 Med/F		\$8700 Med/F		
Pediatric Dental (Yes/No) => Age Band	Non-Tobacco	Tobacco	Ye Non-Tobacco	Tobacco	Yes Non-Tobacco Tobacco		
0 - 14	\$266.13	\$266.13	\$287.42	\$287.42	\$271.45	Tobacco \$271.	
15	\$289.78	\$289.78	\$312.97	\$312.97	\$295.58	\$271.	
16	\$298.83	\$298.83	\$312.37	\$312.97	\$304.81	\$304.	
17	\$307.87	\$307.87	\$332.50	\$332.50	\$314.03	\$314.	
18	\$317.61	\$317.61	\$343.02	\$343.02	\$323.97	\$323.	
19	\$327.36	\$327.36	\$353.54	\$353.54	\$333.90	\$333.	
20	\$337.44	\$337.44	\$364.44	\$364.44	\$344.19	\$344.	
21	\$347.88	\$347.88	\$375.71	\$375.71	\$354.84	\$354.	
22	\$347.88	\$347.88	\$375.71	\$375.71	\$354.84	\$354.	
23	\$347.88	\$347.88	\$375.71	\$375.71	\$354.84	\$354.	
24	\$347.88	\$347.88	\$375.71	\$375.71	\$354.84	\$354.	
25	\$349.27	\$349.27	\$377.21	\$377.21	\$356.26	\$356.	
26	\$356.23	\$356.23	\$384.73	\$384.73	\$363.35	\$363	
27	\$364.58	\$364.58	\$393.74	\$393.74	\$371.87	\$371	
28	\$378.15	\$378.15	\$408.40	\$408.40	\$385.71	\$385	
29	\$389.28	\$389.28	\$420.42	\$420.42	\$397.06	\$397	
30	\$394.84	\$394.84	\$426.43	\$426.43	\$402.74	\$402	
31	\$403.19	\$403.19	\$435.45	\$435.45	\$411.26	\$411	
32	\$411.54	\$411.54	\$444.47	\$444.47	\$419.77	\$419	
33	\$416.76	\$416.76	\$450.10	\$450.10	\$425.10	\$425	
34	\$422.33	\$422.33	\$456.11	\$456.11	\$430.77	\$430	
35	\$425.11	\$425.11	\$459.12	\$459.12	\$433.61	\$433	
36	\$427.89	\$427.89	\$462.12	\$462.12	\$436.45	\$436	
37	\$430.68	\$430.68	\$465.13	\$465.13	\$439.29	\$439	
38	\$433.46	\$433.46	\$468.14	\$468.14	\$442.13	\$442	
39	\$439.02	\$439.02	\$474.15	\$474.15	\$447.81	\$447	
40	\$444.59	\$444.59	\$480.16	\$480.16	\$453.48	\$453	
41	\$452.94	\$452.94	\$489.17	\$489.17	\$462.00	\$462	
42	\$460.94	\$460.94	\$497.82	\$497.82	\$470.16	\$470	
43	\$472.07	\$472.07	\$509.84	\$509.84	\$481.51	\$481	
44	\$485.99	\$485.99	\$524.87	\$524.87	\$495.71	\$495	
45	\$502.34	\$502.34	\$542.53	\$542.53	\$512.39	\$512	
46 47	\$521.82 \$543.74	\$521.82 \$543.74	\$563.57	\$563.57 \$587.24	\$532.26	\$532 \$554	
48	\$568.78	\$568.78	\$587.24 \$614.29	\$614.29	\$554.61 \$580.16	\$580	
49	\$593.48	\$593.48	\$640.96	\$640.96	\$605.35	\$605	
50	\$621.31	\$621.31	\$671.02	\$671.02	\$633.74	\$633	
51	\$648.80	\$648.80	\$700.70	\$700.70	\$661.77	\$661	
52	\$679.06	\$679.06	\$733.39	\$733.39	\$692.64	\$692	
53	\$709.68	\$709.68	\$766.45	\$766.45	\$723.87	\$723	
54	\$742.72	\$742.72	\$802.14	\$802.14	\$757.58	\$757	
55	\$775.77	\$775.77	\$837.83	\$837.83	\$791.29	\$791	
56	\$811.60	\$811.60	\$876.53	\$876.53	\$827.84	\$827	
57	\$847.78	\$847.78	\$915.61	\$915.61	\$864.74	\$864	
58	\$886.40	\$886.40	\$957.31	\$957.31	\$904.13	\$904	
59	\$905.53	\$905.53	\$977.97	\$977.97	\$923.64	\$923	
60	\$944.15	\$944.15	\$1,019.68	\$1,019.68	\$963.03	\$963	
61	\$977.54	\$977.54	\$1,055.75	\$1,055.75	\$997.09	\$997	
62	\$999.46	\$999.46	\$1,079.42	\$1,079.42	\$1,019.45	\$1,019	
63	\$1,026.94	\$1,026.94	\$1,109.10	\$1,109.10	\$1,047.48	\$1,047	
64+	\$1,043.63	\$1,043.63	\$1,127.12	\$1,127.12	\$1,064.51	\$1,064	

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Keystone Health Plan Central
(KHPC)
Market: Small Group
Product: HMO

Effective Date of Rates: July 1, 2025

Ending date of Rates:

September 30, 2025

HIOS Plan ID (On Exchange)=>							
HIOS Plan ID (Off Exchange)=>	53789PA	0090004	53789PA	0090004	53789PA	0090004	
Plan Marketing Name =>	Bronze HMC		Bronze HMC		Bronze HMC		
Form # =>	C25-KHPC-SGP		C25-KHPC-SGP		C25-KH	PC-SGP	
Rating Area =>	6	5	7	7	9		
Network =>	HN	10	HN	НМО		НМО	
Metal =>	Bro	nze	Bro	nze	Bro	Bronze	
Deductible =>	\$8000 Med/F	Rx Combined	\$8000 Med/F	Rx Combined	\$8000 Med/F	Rx Combined	
Coinsurance =>	((C)	
Copays =>	\$50/\$85/\$0		\$50/\$85/\$0		\$50/\$85/\$0		
OOP Maximum =>	\$8700 Med/F		\$8700 Med/F		\$8700 Med/F		
Pediatric Dental (Yes/No) =>	Ye		Ye		Ye		
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0 - 14	\$270.49	\$270.49	\$292.13	\$292.13	\$275.90	\$275.	
15	\$294.53	\$294.53	\$318.09	\$318.09	\$300.42	\$300.	
16	\$303.73	\$303.73	\$328.02	\$328.02	\$309.80	\$309	
17	\$312.92	\$312.92	\$337.95	\$337.95	\$319.18	\$319	
18	\$322.82	\$322.82	\$348.64	\$348.64	\$329.27	\$329	
19	\$332.72	\$332.72	\$359.34	\$359.34	\$339.37	\$339	
20	\$342.97	\$342.97	\$370.41	\$370.41	\$349.83	\$349	
21	\$353.58	\$353.58	\$381.87	\$381.87	\$360.65	\$360	
22	\$353.58 \$353.58	\$353.58	\$381.87	\$381.87 \$381.87	\$360.65 \$360.65	\$360 \$360	
23 24	\$353.58	\$353.58 \$353.58	\$381.87 \$381.87	\$381.87	\$360.65	\$360	
25	\$354.99	\$354.99	\$383.39	\$383.39	\$362.09	\$362	
26	\$362.07	\$362.07	\$391.03	\$391.03	\$369.31	\$369	
27	\$370.55	\$370.55	\$400.20	\$400.20	\$377.96	\$377	
28	\$384.34	\$384.34	\$415.09	\$415.09	\$392.03	\$392	
29	\$395.66	\$395.66	\$427.31	\$427.31	\$403.57	\$403	
30	\$401.31	\$401.31	\$433.42	\$433.42	\$409.34	\$409	
31	\$409.80	\$409.80	\$442.58	\$442.58	\$418.00	\$418	
32	\$418.29	\$418.29	\$451.75	\$451.75	\$426.65	\$426	
33	\$423.59	\$423.59	\$457.48	\$457.48	\$432.06	\$432	
34	\$429.25	\$429.25	\$463.59	\$463.59	\$437.83	\$437	
35	\$432.07	\$432.07	\$466.64	\$466.64	\$440.72	\$440	
36	\$434.90	\$434.90	\$469.70	\$469.70	\$443.60	\$443	
37	\$437.73	\$437.73	\$472.75	\$472.75	\$446.49	\$446	
38	\$440.56	\$440.56	\$475.81	\$475.81	\$449.37	\$449	
39	\$446.22	\$446.22	\$481.92	\$481.92	\$455.14	\$455	
40	\$451.88	\$451.88	\$488.03	\$488.03	\$460.91	\$460	
41	\$460.36	\$460.36	\$497.19	\$497.19	\$469.57	\$469	
42	\$468.49	\$468.49	\$505.97	\$505.97	\$477.86	\$477	
43	\$479.81	\$479.81	\$518.19	\$518.19	\$489.40	\$489	
44	\$493.95	\$493.95	\$533.47	\$533.47	\$503.83	\$503	
45	\$510.57	\$510.57	\$551.42	\$551.42	\$520.78	\$520	
46	\$530.37	\$530.37	\$572.80	\$572.80	\$540.98	\$540	
47	\$552.65	\$552.65	\$596.86	\$596.86	\$563.70	\$563	
48	\$578.10	\$578.10	\$624.35	\$624.35	\$589.67	\$589	
49	\$603.21	\$603.21	\$651.46	\$651.46	\$615.27	\$615	
50	\$631.49	\$631.49	\$682.01	\$682.01	\$644.12	\$644	
51	\$659.43	\$659.43	\$712.18	\$712.18	\$672.62	\$672	
52	\$690.19	\$690.19	\$745.40	\$745.40	\$703.99	\$703	
53	\$721.30	\$721.30	\$779.01	\$779.01	\$735.73	\$735	
54	\$754.89	\$754.89	\$815.28	\$815.28	\$769.99	\$769	
55	\$788.48	\$788.48	\$851.56	\$851.56	\$804.25	\$804	
56	\$824.90	\$824.90	\$890.89	\$890.89	\$841.40	\$841	
57	\$861.67	\$861.67	\$930.61	\$930.61	\$878.91	\$878	
58	\$900.92	\$900.92	\$973.00	\$973.00	\$918.94	\$918	
59	\$920.37	\$920.37	\$994.00	\$994.00	\$938.78	\$938	
60	\$959.62	\$959.62	\$1,036.39	\$1,036.39	\$978.81	\$978	
61	\$993.56	\$993.56	\$1,073.04	\$1,073.04	\$1,013.43	\$1,013	
62 62	\$1,015.84 \$1,043.77	\$1,015.84 \$1,043.77	\$1,097.10 \$1,127.27	\$1,097.10	\$1,036.15 \$1,064.64	\$1,036 \$1,064	
63 64+	\$1,043.77	\$1,043.77	\$1,127.27	\$1,127.27 \$1,145.60	\$1,084.84	\$1,064	

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Keystone Health Plan Central
(KHPC)
Market: Small Group
Product: HMO

Effective Date of Rates: October 1, 2025

Ending date of Rates:

December 31, 2025

HIOS Plan ID (On Exchange)=>							
HIOS Plan ID (Off Exchange)=>	53789PA	0090004	53789PA	0090004	53789PA	0090004	
Plan Marketing Name =>	Bronze HMC	8000/0/50	Bronze HMC	8000/0/50	Bronze HMC	8000/0/50	
Form # =>	C25-KHPC-SGP		C25-KHPC-SGP		C25-KHPC-SGP		
Rating Area =>	- 6		7	7	g	9	
Network =>	HN		НМО		НМО		
Metal =>	Bro		Bro		Bronze		
Deductible =>	\$8000 Med/I		\$8000 Med/F	Rx Combined	\$8000 Med/F		
Coinsurance =>	,,,,,,		(C		
Copays =>	\$50/\$85/\$0	PCP/SPC/ER	\$50/\$85/\$0	PCP/SPC/ER	\$50/\$85/\$0	PCP/SPC/ER	
OOP Maximum =>	\$8700 Med/I		\$8700 Med/F		\$8700 Med/F		
Pediatric Dental (Yes/No) =>	Ye		Ye		Ye		
Age Band	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	
0 - 14	\$274.92	\$274.92	\$296.91	\$296.91	\$280.42	\$280.	
15	\$299.36	\$299.36	\$323.30	\$323.30	\$305.34	\$305	
16	\$308.70	\$308.70	\$333.39	\$333.39	\$314.87	\$314	
17	\$318.04	\$318.04	\$343.49	\$343.49	\$324.40	\$324	
18	\$328.10	\$328.10	\$354.35	\$354.35	\$334.67	\$334	
19	\$338.17	\$338.17	\$365.22	\$365.22	\$344.93	\$344	
20	\$348.59	\$348.59	\$376.48	\$376.48	\$355.56	\$355	
21	\$359.37	\$359.37	\$388.12	\$388.12	\$366.56	\$366	
22	\$359.37	\$359.37	\$388.12	\$388.12	\$366.56	\$366	
23	\$359.37	\$359.37	\$388.12	\$388.12	\$366.56	\$366	
24	\$359.37	\$359.37	\$388.12	\$388.12	\$366.56	\$366	
25	\$360.81	\$360.81	\$389.67	\$389.67	\$368.02	\$368	
26	\$367.99	\$367.99	\$397.43	\$397.43	\$375.35	\$375	
27	\$376.62	\$376.62	\$406.75	\$406.75	\$373.33	\$384	
28	\$390.64	\$390.64	\$421.89	\$421.89	\$398.45	\$398	
29	\$402.14	\$402.14	\$434.31	\$434.31	\$410.18	\$410	
	\$407.88	\$407.88		-	· ·		
30		-	\$440.52	\$440.52	\$416.04	\$416	
31	\$416.51	\$416.51	\$449.83	\$449.83	\$424.84	\$424	
32	\$425.13	\$425.13	\$459.15	\$459.15	\$433.64	\$433	
33	\$430.53	\$430.53	\$464.97	\$464.97	\$439.14	\$439	
34	\$436.28	\$436.28	\$471.18	\$471.18	\$445.00	\$445	
35	\$439.15	\$439.15	\$474.28	\$474.28	\$447.93	\$447	
36	\$442.03	\$442.03	\$477.39	\$477.39	\$450.87	\$450	
37	\$444.90	\$444.90	\$480.49	\$480.49	\$453.80	\$453	
38	\$447.78	\$447.78	\$483.60	\$483.60	\$456.73	\$456	
39	\$453.52	\$453.52	\$489.81	\$489.81	\$462.60	\$462	
40	\$459.27	\$459.27	\$496.02	\$496.02	\$468.46	\$468	
41	\$467.90	\$467.90	\$505.33	\$505.33	\$477.26	\$477	
42	\$476.17	\$476.17	\$514.26	\$514.26	\$485.69	\$485	
43	\$487.67	\$487.67	\$526.68	\$526.68	\$497.42	\$497	
44	\$502.04	\$502.04	\$542.20	\$542.20	\$512.08	\$512	
45	\$518.93	\$518.93	\$560.44	\$560.44	\$529.31	\$529	
46	\$539.05	\$539.05	\$582.18	\$582.18	\$549.84	\$549	
47	\$561.70	\$561.70	\$606.63	\$606.63	\$572.93	\$572	
48	\$587.57	\$587.57	\$634.58	\$634.58	\$599.32	\$599	
49	\$613.09	\$613.09	\$662.13	\$662.13	\$625.35	\$625	
50	\$641.83	\$641.83	\$693.18	\$693.18	\$654.67	\$654	
51	\$670.23	\$670.23	\$723.84	\$723.84	\$683.63	\$683	
52	\$701.49	\$701.49	\$757.61	\$757.61	\$715.52	\$715	
53	\$733.11	\$733.11	\$791.76	\$791.76	\$747.78	\$747	
54	\$767.25	\$767.25	\$828.64	\$828.64	\$782.60	\$782	
55	\$801.40	\$801.40	\$865.51	\$865.51	\$817.42	\$817	
56	\$838.41	\$838.41	\$905.48	\$905.48	\$855.18	\$855	
57	\$875.78	\$875.78	\$945.85	\$945.85	\$893.30	\$893	
58	\$915.67	\$915.67	\$988.93	\$988.93	\$933.99	\$933	
59	\$935.44	\$935.44	\$1,010.28	\$1,010.28	\$954.15	\$954	
60	\$975.33	\$975.33	\$1,053.36	\$1,053.36	\$994.84	\$994	
61	\$1,009.83	\$1,009.83	\$1,090.62	\$1,090.62	\$1,030.03	\$1,030	
62	\$1,032.47	\$1,032.47	\$1,115.07	\$1,115.07	\$1,053.12	\$1,053	
63	\$1,060.86	\$1,060.86	\$1,145.73	\$1,145.73	\$1,082.08	\$1,082	
64+	\$1,078.10	\$1,078.10	\$1,164.35	\$1,164.35	\$1,099.67	\$1,099	

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Keystone Health Plan Central (KHPC) Small Group Plan Design Summary

HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Network	Rating Area	Counties Covered
53789PA0090004	Bronze HMO 8000/0/50	НМО	Bronze	Off	НМО	6,7,9	All

Company Name Keystone Health Plan Central (KHPC)
Market Small Group

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

	RATING AREA 6 RAT					RATING AR	EA 7			RATING AREA 9															
02-01-2024 Number of Covered Lives by Rating County				735	276	4,823	92	97	4,304	432	1,822	173	317	782	3,055	5,156	2,079	2,755	2,874	1,003	182	125	1,412	137	
HIOS Plan ID	Plan Marketing Name	Product	Metal	On/Off Exchange	Centre	Columbia	Lehigh	Mifflin	Montour	Northampton	Northumberland	Schuylkill	Snyder	Union	Adams	Berks	Lancaster	York	Cumberland	Dauphin	Franklin	Fulton	Juniata	Lebanon	Perry
53789PA009000	4 Bronze HMO 8000/0/50	НМО	Bronze	Off	\$342.27	\$342.27	\$342.27	\$342.27	\$342.27	\$342.27	\$342.27	\$342.27	\$342.27	\$342.27	\$369.65	\$369.65	\$369.65	\$369.65	\$349.12	\$349.12	\$349.12	\$349.12	\$349.12	\$349.12	349.12

В	С	D	E	F	G	н	I J K L M N O P	Q R
Unified Rate Review v6.0		•		•			To add a product to Worksheet 2 - Plan Product Info, select the Add Prod	uct button or Ctrl +
							To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan but	
Company Legal Name:	Keystone Health Plan Centra	1					To validate, select the Validate button or Ctrl + Shift + I.	on or can a single a
HIOS Issuer ID:	53789	State:	PA					
			Small Group				To finalize, select the Finalize button or Ctrl + Shift + F.	
Effective Date of Rate Change(s):	1/1/2025	Market:	Small Group					
Market Level Calculations (Same for a	all Plans)							
Section I: Experience Period Data								
Experience Period:		1/1/20	023 to	12/31/2023				
			Total	<u>PMPM</u>				
Allowed Claims			\$377,895.86	\$296.85				
Reinsurance			\$0.00	\$0.00				
Incurred Claims in Experience Period			\$197,550.44	\$155.18				
Risk Adjustment			-\$386,249.00	-\$303.42				
Experience Period Premium			\$625,462.17	\$491.33				
Experience Period Member Months			1,273					
Section II: Projections								
		Ye	ar 1 Trend	Year 2	Trend			
Benefit Category	Experience Period Index Rate PMPM	Cost	Utilization	Cost	Utilization	Trended EHB Allowed Claims PMPM		
npatient Hospital	\$10.6		050 1.005	1.057	1.005	\$11.92	2	
Outpatient Hospital	\$124.1		051 1.010	1.056	1.010	\$140.57		
Professional	\$148.9	93 1.0	059 1.010	1.046	1.010	\$168.29	9	
Other Medical	\$3.0		051 1.005	1.056	1.005	\$3.45	5	
Capitation	\$1.4	47 1.0	030 1.000	1.030	1.000	\$1.56	6	
Prescription Drug	\$8.5		079 1.011	1.070	1.010	<u>\$10.13</u>		
Total	\$296.8	36				\$335.91	1	
Morbidity Adjustment				0.335				
Demographic Shift				1.000				
Plan Design Changes Other				1.001 0.983				
Adjusted Trended EHB Allowed Claim	s PMPM for	1/1/20	025	\$110.73				
Manual EHB Allowed Claims PMPM				\$281.23				
Applied Credibility %				0.00%				
					Projected Period Totals			
Projected Index Rate for		1/1/20	025	\$281.23	\$425,500.99			
Reinsurance				\$0.00	\$0.00			
Risk Adjustment Payment/Charge				-\$537.56	-\$813,328.28			
Exchange User Fees Market Adjusted Index Rate				0.00% \$818.79	\$0.00 \$1,238,829.27			
warket Adjusted index kate				\$818.79	\$1,238,829.27			
Projected Member Months				1,513				
Information Not Releasable to the P	Public Unless Authorized by L	aw: This information has not been	publically disclosed and may be privilege	ed and confidential. It is for internal	government use only and must not	be disseminated, distributed, or o	copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecu	tion
	•				ktent of the law.			

Product-Plan Data Collection

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

Product/Plan Level Calculations

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

1.1	Product Name	HMO
1.2	Product ID	53789PA009
1.3	Plan Name	8000/0/50
1.4	Plan ID (Standard Component ID)	53789PA0090004
1.5	Metal	Bronze
1.6	AV Metal Value	0.642
1.7	Plan Category	Renewing
1.8	Plan Type	HMO
1.9	Exchange Plan?	No
1.10	Effective Date of Proposed Rates	1/1/2025
1.11	Cumulative Rate Change % (over 12 mos prior)	6.81%
1.12	Product Rate Increase %	6.81%
1.13	Submission Level Rate Increase %	6.81%

Worksheet 1 Totals	Section II: Experience Period and Current Plan	Level Information	
	2.1 Plan ID (Standard Component ID)	Total	53789PA0090004
\$377,896	2.2 Allowed Claims	\$377,896	\$377,896
\$0	2.3 Reinsurance	\$0	\$0
	2.4 Member Cost Sharing	\$180,345	\$180,345
	2.5 Cost Sharing Reduction	\$0	\$0
\$197,550	2.6 Incurred Claims	\$197,550	\$197,550
-\$386,249	2.7 Risk Adjustment Transfer Amount	-\$386,249	-\$386,249
\$625,462	2.8 Premium	\$625,462	\$625,462
1,273	2.9 Experience Period Member Months	1,273	1,273
	2.10 Current Enrollment	131	131
	2.11 Current Premium PMPM	\$536.23	\$536.23
	2.12 Loss Ratio	82.58%	82.58%
	Per Member Per Month		
	2.13 Allowed Claims	\$296.85	\$296.85
	2.14 Reinsurance	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$141.67	\$141.67
	2.16 Cost Sharing Reduction	\$0.00	\$0.00
	2.17 Incurred Claims	\$155.18	\$155.18
	2.18 Risk Adjustment Transfer Amount	-\$303.42	-\$303.42
	2.19 Premium	\$491.33	\$491.33

Section III: Plan Adjustment Factors		
3.1 Plan ID (Standard Component ID)	53789PA0090004	

3.2	Market Adjusted Index Rate		\$818.79
3.3	AV and Cost Sharing Design of Plan		0.5644
3.4	Provider Network Adjustment		1.0000
3.5	Benefits in Addition to EHB		1.0000
	Administrative Costs		
3.6	Administrative Expense		13.43%
3.7	Taxes and Fees		0.62%
3.8	Profit & Risk Load		2.00%
3.9	Catastrophic Adjustment		1.0000
3.10	Plan Adjusted Index Rate		\$550.48
3.11	Age Calibration Factor	0.6419	0.6419

3.11 Age Calibration Factor	0.6419	0.6419
3.12 Geographic Calibration Factor	0.9686	0.9686
3.13 Tobacco Calibration Factor	1.0000	1.0000
3.14 Calibrated Plan Adjusted Index Rate		\$342.26

Section IV: Projected Plan Level Information

4.1	Plan ID (Standard Component ID)	Total	53789PA0090004
4.2	Allowed Claims	\$425,503	\$425,503
4.3	Reinsurance	\$0	\$0
4.4	Member Cost Sharing	\$185,334	\$185,334
4.5	Cost Sharing Reduction	\$0	\$0
4.6	Incurred Claims	\$240,169	\$240,169
4.7	Risk Adjustment Transfer Amount	-\$459,069	-\$459,069
4.8	Premium	\$832,907	\$832,907
4.9	Projected Member Months	1,513	1,513
4.10	Loss Ratio	64.24%	64.24%
	Per Member Per Month		
4.11	Allowed Claims	\$281.23	\$281.23
4.12	Reinsurance	\$0.00	\$0.00
4.13	Member Cost Sharing	\$122.49	\$122.49
4.14	Cost Sharing Reduction	\$0.00	\$0.00
4.15	Incurred Claims	\$158.74	\$158.74
4.16	Risk Adjustment Transfer Amount	-\$303.42	-\$303.42
4 17	Premium	\$550.50	\$550.50

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 demand, select the Finalise bottom of UT + Stiff + 1.

To finalize, select the Finalise bottom of UT + Stiff + 1.

To remove a graduat, noisyate to the corresponding Product Nama/Product ID field and select the Remove Product button or Crist + Stiff + 0.

To remove a glan, uniquest to the corresponding Plan Nama/Plan ID field and select the Remove Plan Button or Crist + Stiff + 0.

To remove a plan, uniquest to the corresponding Plan Nama/Plan ID field and select the Remove Plan Button or Crist + Stiff + 0.

Rating Area Data Collection

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

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

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

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

Rating Area	Rating Factor
Rating Area 6	1.0000
Rating Area 7	1.0800
Rating Area 9	1.0200

KEYSTONE HEALTH PLAN CENTRAL

ACTUARIAL MEMORANDUM Small Group Rates Effective January 1, 2025

General Information

Company Information

• Company Legal Name: Keystone Health Plan Central

• State: PA

HIOS Issuer ID: 53789Market: Small GroupEffective Date: 1/1/2025

PID Company Information

• Company Name: Keystone Health Plan Central (KHPC)

• NAIC: 95199

• Market: Small Group

• On/Off Exchange: Off Exchange

Effective Date: 1/1/2025Average Rate Change: 6.8%

• Range of Requested Rate Change: 6.8% to 6.8%

• Total additional annual revenue generated from the proposed rate change: \$52,940

Product: HMORating Areas: 6,7,9Metal Levels: Bronze

• Current Covered Lives and Policyholders: 131/89

• 2025 Number of Plans/Change from 2024: 1/No Changes

• Contract Form #: C25-KHPC-SGP

• Form Filing SERFF #: CABC-134095151

• Binder SERFF #: CABC-PA25-125118580

• HIOS Issuer ID: 53789

Company Contact Information

• Primary Contact Name:

• Primary Contact Telephone Number:

Primary Contact Email Address:

Scope and Purpose

By this filing, Keystone Health Plan Central (KHPC), a subsidiary of Capital Blue Cross (Capital), submits rates for products to be made available to all small groups effective January 1, 2025. KHPC will offer small group products off the federally-facilitated exchange.

Rate History and Proposed Variations in Rate Changes

Market	Company	Effective Date	SERFF#	Annual Increase
Small Group	KHPC	1/1/2021	CABC-132352804	-8.7%
Small Group	KHPC	10/1/2021	CABC-132750972	-7.3%
Small Group	KHPC	1/1/2022	CABC-132795960	4.6%
Small Group	KHPC	1/1/2023	CABC-133252133	8.4%
Small Group	KHPC	7/1/2023	CABC-133583560	7.1%
Small Group	KHPC	1/1/2024	CABC-133657249	5.1%

Average Rate Change

KHPC is proposing an aggregate annual 6.8% rate change, which varies by plan. The rate change is calculated in PA Rate Exhibits Part IV, Table 11, cell AN13.

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

• Future cost and utilization: 6.8%

Membership

Membership is shown in PA Rate Template Part I, Table 1. The average age is 38.

Benefit Changes 2024-2025

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

There are benefit changes being implemented in 2025. All benefit changes comply with the uniform modification of coverage standards described in 45 CFR 147.106(e). Any plan with a benefit change that did not meet the uniform modification of coverage standard was terminated, and a new plan was created in its place. Benefit changes by plan are listed in Exhibit B, highlighted in yellow.

Experience Period Premium and Claims

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

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

Transitional membership is not included in PA Rate Exhibits Table 2 or URRT.

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

Premiums (net of MLR Rebate) in BEP: Premiums are calculated on an earned basis in the BEP. MLR rebate adjustments are equal to zero as KHPC does not expect to refund any MLR rebates in the BEP.

Allowed and Incurred Claims in BEP:

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

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

- 1. Historical fee-for-service claims are viewed by date of service and date of payment in a claims triangle.
- 2. The claims triangle payments are then accumulated by date of service to develop factors that represent the rate of accumulation or rate of "completion".
- 3. Historical rates of completion by duration are used to derive projected rates of completion. Some of the methods used to develop projected completion factors are averages (e.g. harmonic averages, time weighted averages, geometric averages) and regression methods. Numerous items are considered when viewing these averages or regression statistics, such as the impact of high claims on perceived completion patterns.
- 4. For durations that exhibit a projected completion factor greater than the Valuation Actuary's chosen threshold (e.g. 80% complete), cumulative paid and incurred claims are divided by the projected completion factor to arrive at ultimate incurred claims. For durations that are less than the chosen threshold, a projection methodology is used. Similar

- to completion factor development, projection methodologies are worthy of a lengthy discussion. In general, an ultimate incurred claims PMPM is derived by projecting a recent 12-month period to the current month(s) and seasonally adjusting.
- 5. With all months having both a cumulative paid amount and an estimated ultimate incurred amount, the completion factors used in pricing are calculated by taking the quotient of the two. Allowed completion and incurred completion are assumed to be identical.
- 6. Both allowed and paid claims in the BEP are completed by applying completion factors by incurred month developed in Step 6.

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

BEP Allowed Claims

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

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

Loss Ratio in BEP: Loss ratio is 82.58%

Credibility of Data

For the purpose of rate development, KHPC small group products are combined with other product offerings (HMO, PPO) from Capital subsidiaries. Combining the experience is actuarially justifiable for several reasons:

- 1. The demographics of members buying PPO and other products are similar.
- 2. Cost and utilization between PPO and other products are similar.
- 3. Medical policy between PPO and other products are almost identical, with the exception of referrals and no out-of-network benefit on HMO.

The credibility manual is the combination of KHPC, Capital Advantage Assurance Company (CAAC), and Capital Advantage Insurance Company (CAIC) data. The credibility manual BEP includes completed fee-for-service paid and incurred claims and capitation for dates of service between January 1, 2023 and December 31, 2023. All data is trended and benefit-adjusted in the same manner as the experience data (same projection factors and trend).

Trend Identification

Trend: 6.72%

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

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

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

past experience in developing current pricing assumptions. As a result, carriers are often increasing their pricing trends when actual experience trends have begun to decline, and decreasing their pricing trends actual trends are increasing. Capital strives to mitigate the underwriting cycle by keeping trends consistent through times of increasing and decreasing claim cost and utilization.

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

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

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

Rate Development & Change

Projection Factors

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

KHPC is applying a factor of 0.335 to reflect the difference is projected Plan Liability Risk Score (PLRS) between KHPC and its subsidiary, CAAC, which underwrites the vast majority of the BEP experience. This factor aligns the rates with similar benefits offered under CAAC.

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

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

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

- Senate Bill 8: Coverage of mammographic examinations and diagnostic breast imaging at no cost share. This bill goes into effect for Small Group and Individual policies in 2025, but Capital adopted early compliance and covered the relevant services at no cost share starting in 2024.
 - Capital will continue to adjust plan year 2025 claims by an additional claim PMPM of \$0.20. This amount is unchanged from the additional claim PMPM calculated in 2024.

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

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

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

Changes in Network: A network adjustment is applied to show the value of changes in network from the BEP to the rating period. The value is calculated as:

```
Network Factor
= ([Projected MM by Plan] \times [Network Factor by Plan])
\div [Total Projected MM]
```

The network calculation is found on Exhibit D2 – Network Mix Changes.

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

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

Index Rate

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

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

To calculate the projected index rate:

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

See Exhibit J for the Index Rate.

Paid to Allowed Ratio

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

Projected Paid and Incurred Claims are calculated as follows:

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

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

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

3. Develop the BEP Paid and Incurred Claim PMPM:

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

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

Trended Claim PMPM

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

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

```
Projected Paid and Incurred Claims PMPM
= [Trended Claim PMPM] × [Benefit Adjustment]
× [Morbidity Adjustment] + [Benefit Additions]
```

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

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

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

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

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

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

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

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

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

a. So the *Projected Claims PMPM by Benefit* is:

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

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

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

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

Market Adjusted Index Rate

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

[Market Adjusted Index Rate]

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

Projected Incurred Risk Adjustments PMPM:

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

- 1. Risk profile of the those enrolled in CRA eligible plans for the market or state (i.e. competitors) relative to risk profile of CRA eligible membership enrolled in our plans
- 2. Statewide average premiums
- 3. Current market penetration of this company and competitors in the market and in the state
- 4. 2022-2023 risk adjustment results
- 5. Market improvement in coding risk: Capital's ACA book of business has had a churn rate that makes a multi-year perspective of member diagnosis and risk very challenging.

Because closing gaps in care and coding, and a myriad of other risk adjustment functions require more than a single year of data to facilitate an accurate depiction of risk, it is believed that Capital is disadvantaged in the market. This will drive Capital's relative risk to the market down over time.

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

Projected Incurred Reinsurance Recoveries:

Reinsurance does not apply to the small group market.

Exchange Fee PMPM:

KHPC only offers off-exchange plans in the small group market, so the exchange fee is \$0.

The exchange fee PMPM is calculated as:

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

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

Retention Items

Administrative Expense Load:

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

expense allocated to Capital small group products. Administrative expenses are included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Expense as a percentage of premium vary by plan because a fixed dollar admin PMPM is applied to each plan.

- a. Value-Based Benefits (VBB): Standard with each plan, Capital Blue Cross includes wellness incentives to maximize the likelihood that consumers make positive behavioral changes, which lead to better health, and curbed health care costs for employers and employees alike. The incentive is as follows:
 - i. Complete biometric screening and receive a gift card.
 - ii. Meeting biometric measure or finish online coaching program and receive a gift card reward.
 - iii. The wellness program is administered through a vendor and costs are based on vendor fees, anticipated participation, and reward card amounts.
 - iv. Fees are included in overall administrative expense fee discussed above.
 - v. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.
- 3. Broker Expense: Calculated based on Capital's explicit per contract broker fee. Broker Expense is included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6. Brokers are paid on new business and renewals the same commission rate for all geographic locations, enrollment dates, and metal levels. Capital anticipates 2025 contracts to be finalized mid-summer. Until contracts are finalized, Capital will be sending 2024 approved contracts. Attached please find the approved 2024 broker agreements redacted versions. Files are as follows:
 - a. Redacted Standard Producer Master Agreement: "SG_24-45_Initial_KHP_HMO_SPMABrokerGroupRedacted_Supporting_20240515.pdf"
 - b. Redacted Preferred Producer Master Agreement: "SG_24-
 - 45_Initial_KHP_HMO_PPMABrokerGroupRedacted_Supporting_20240515.pdf"
- 4. Additional Quality Improvement: Additional QI amounts applied in rating equal 0.0%. Included in URRT Worksheet 2, "Administrative Expense", and PA Rate Exhibits Table 6.

Profit (or Contribution to Surplus) & Risk Margin:

5. Contingency: Contingency is included in URRT Worksheet 2, "Profit & Risk Load" and PA Rate Exhibits Table 6.

Taxes and Fees:

- 1. Fee for Patient-Centered Outcomes Research Trust Fund (PCORTF): As per the Notice of Proposed Rulemaking for Fees on Health Insurance Policies and Self-Insured Plans for the Patient-Centered Outcomes Research Trust Fund (REG-136008-11), 77 Fed. Reg. 22691: For policy years ending on or after October 1, 2023, and before October 1, 2024, the applicable dollar amount is \$3.22 per member per year (\$0.27 PMPM). Capital assumes the 2025 projected fee will be trended at 0%.
- 2. Exchange Fee: N/A

3. Federal Income Tax: Federal Income Tax will be collected on the 2% contingency built into the premium. The projected Federal Income Tax is included in URRT Worksheet 2, "Taxes and Fees", and PA Rate Exhibits, Table 6.

See Exhibit H as well as PA Rate Exhibits Table 6 for all retention values.

Plan Rate Development

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

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

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

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

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

- 3. Provider Network: The Provider network is the same across all HMO plans.
- 4. Adjustment for benefits in addition to EHBs: No benefits other than EHBs are included in the plans, so no adjustment is necessary.
- 5. Adjustment for distribution and administrative costs: Described in <u>Retention Items</u> section above.
- 6. Tobacco Adjustment: Not applied to Small Group plans.

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

Calibrated Plan Adjusted Index Rates

Age Curve Calibration: The average age factor is calculated by taking the member-weighted average of current small group enrollment by age in Capital. Age factors are applied in accordance with CMS's Standard Age Curve. The age calibration factor is adjusted for contracts with greater

than three children under the age of 21. Please see file SG_24-45_Initial_KHP_HMO_List-Billed_Supporting_20240515.xlsb for the calculation.

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

Geographic factors are unchanged from 2025.

Tobacco Factor Calibration: Tobacco factor not applied.

The calibration is:

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

Calibrated Plan Adjusted Index Rates are found on PA Rate Exhibits Table 10.

The calibration factors and development are found on Exhibit N.

Consumer Adjusted Premium Rate Development

The Consumer Adjusted Premium Rate is developed as follows:

1. Member-Level Consumer Adjusted Premium Rate:

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

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

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

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

AV Metal Values

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

See AV Screenshots included with the submission: SG_24-45_Initial_KHP_HMO_AVScreenPrints_Supporting_CONF_20240515

AV Pricing Values

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

Projected Loss Ratio

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

Membership Projection

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

Projected versus Actual MLR

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

	MI	_R	Membei	r Months
Calendar Year	Actual	Pricing	Actual	Pricing
2020	86.92%	80.33%	888	1,140
2021	62.59%	80.92%	1,183	766
2022	133.18%	81.66%	1,345	1,018

Claim Cost Projection

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

Attachments and Examples

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

PA Rate Exhibits Part I through Part VI

Table B

Exhibit A – Benefit Summary

Exhibit B – Benefit Change Summary

Exhibit C – Benefit Categories

Exhibit D – Benefit Mix

Exhibit D1 – Network Mix

Exhibit D2 – Benefit Additions

Exhibit E – Trend

Exhibit F – URRT

Exhibit G – Paid-to-Allowed Development

Exhibit H – Retention

Exhibit I – Projected Loss Ratio

Exhibit J – Index Rate

Exhibit K – Market Adjusted Index Rate

Exhibit L – Rate Development by Plan

Exhibit M – Plan Adjusted Index Rates

Exhibit N – Calibration

Exhibit O – Rating Factors

Exhibit P – Quarterly Base Rates

Exhibit Q – Morbidity Factor

Exhibit R – MLR Exhibit

Exhibit S – Claim Cost Projection

Broker Contracts Actuarial Value Screenshots List-Billed Data Standard Questions

Actuarial Statement

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

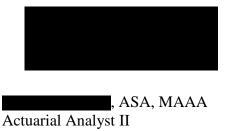
I, ASA, MAAA, do hereby certify that:

- 1. This filing has been prepared in accordance with the following:
 - a. Actuarial Standard of Practice No. 5, "Health and Disability Claims"
 - b. Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"
 - c. Actuarial Standard of Practice No. 12, "Risk Classification"
 - d. Actuarial Standard of Practice No. 23, "Data Quality"
 - e. Actuarial Standard of Practice No. 25, "Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverage"
 - f. Actuarial Standard of Practice No. 26, "Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans"
 - g. Actuarial Standard of Practice No. 41, "Actuarial Communications".

2. The index rate is:

- a. Projected in compliance with all applicable state and federal statutes and regulations (45 CFR 156.80(d) (1)).
- b. Developed in compliance with the applicable Actuarial Standards of Practice.

- c. Reasonable in relation to the benefits provided and the population anticipated to be covered.
- d. Neither excessive nor deficient.
- e. Adjusted by only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) to generate plan level rates.
- 3. The percent of total premium that represents essential health benefits were calculated in accordance with actuarial standards of practice.
- 4. The AV Calculator was used to determine the AV Metal Values shown in Worksheet 2 of the Part I Unified Rate Review Template for all plans, and in accordance with CFR 156.135(b)(2) as necessary. For any plan requiring an alternative method, the development of the actuarial value is based on one of the acceptable alternative methods outlined in 156.135(b)(2) or 156.135(b)(3) for benefits that deviate substantially from the parameters of the AVC and have a material impact on the actuarial value.
 - a. The analysis was
 - i. conducted by a member of the American Academy of Actuaries, and
 - ii. performed in accordance with generally accepted actuarial principles and methods.
- 5. Geographic area rating factors reflect only differences in the costs of delivery and not differences due to population morbidity.
- 6. All factor, benefit and other changes from the prior approved filing have been disclosed in the actuarial memorandum.
- 7. New plans are not considered modifications of existing plans under the uniform modification standards in 45 CFR 147.106.
- 8. The information presented in the PA Actuarial Memorandum and PA Actuarial Memorandum Rate Exhibits is consistent with the information presented in the 2023 Rate Filing Justification.



Capital Blue Cross

2025 Rates Table Template v14.0	If you are in a community rating state,	ired. To validate press Validate button or C select Family-Tier Rates under Rating Me	thod and fill in all columns.	
	If Tobacco is Tobacco User/Non-Toba	tate, select Age-Based Rates under Rating acco User, you must give a rate for Tobacc	to Use and Non-Tobacco Use.	for every age band.
HIOS Issuer ID*	53789	neet button, or Ctrl + Shift + H. All plans mu	st have the same dates on a sheet.	
Rate Effective Date* Rate Expiration Date*	1/1/2025 3/31/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	A1	Individual Rate*
Plan ID	Kating Area ID*	l onacco-	Age*	individual Rate
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the	Required: Enter the rate of an Individual Non-Tobacco No Preference enrollee on a plan
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53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 6 Pating Area 6	No Preference No Preference	15 16	261.8 285.1 294.0
53789PA0090004	Rating Area 6	No Preference No Preference	17 18	302.9
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53789PA0090004 53789PA0090004	Pating Area 6	No Preference No Preference	21 22	342.2 342.2
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	23	342.2 342.2
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	25 26 27	343.6 350.4
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	28	350.4 358.7 372.0
53789PA0090004	Rating Area 6	No Preference No Preference	29 30	383.0 388.4
53789PA0090004 53789PA0090004 53789PA0090004	Dollog Area 6	No Preference No Preference No Preference	31 32 33	396.6 404.9
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	33 34 35	410.0 415.5
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	36 37	418.2 420.9 423.7
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	38	426.4 431.9
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	40 41	431.9 437.4 445.6
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	42 43 44	453.5 464.4 478.1
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	45	494.2
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	46 47	513.4 534.9
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	48 49	559.6 583.9
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	50 51 52	611.2 638.3 668.1
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6 Rating Area 6	No Preference No Preference No Preference	52 53 54	668.1 698.2 730.7
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	54 55 56	763.2 798.5
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	57 58	834.1 872.1
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	59 60	890.9 928.9
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53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	63 64 and over	1010.3 1026.8
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	0-14 15	282.7 307.9
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	16 17 18	317.5 327.1 337.4
53789PA0090004 53789PA0090004	Rating Area 7	No Preference	19	337.4 347.8 358.5
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	21 22	369.6 369.6
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	23 24	369.6 369.6
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	25 26	371.1 378.5
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	27 28	387.3 401.8
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	29 30	413.6 419.5
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	31 32	428.4 437.3 442.8
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	33 34	
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53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	37 38 39	457.0 460.5 466.5
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	40 41	472.4 481.2
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	42 43	489.7 501.6
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	44 45	516.4 533.7
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference	46 47	554.4 577.7
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	48	604.3 630.6
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	50 51	660.2 689.4 721.5
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	52 53	754.0
53789PA0090004 53789PA0090004 53789PA0090004	Pating Area 7	No Preference No Preference No Preference	54 55 58	789.2 824.3 862.4
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7 Rating Area 7	No Preference No Preference	50 57 58	900.8 941.8
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	59 60	962.2 1003.2
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	61 62	1038.7 1062.0
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53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference	0-14 15	267.0 290.8
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9 Rating Area 9	No Preference No Preference No Preference	16 17 18	299.8 308.9 318.7
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference	18 19 20	328.5
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	21 22	338.6 349.1 349.1
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	23 24	349.1 349.1 350.6
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	25 26	357.4
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53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	31 32 33	404.6 413.0 418.2
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9 Rating Area 9	No Preference No Preference No Preference	33 34 35	418.2 423.8 426.6
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53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	40	446.1 454.5
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference	42	462.5 473.7
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	44 45	487.7 504.1
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	46 47	523.6 545.6
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	48 49	570.8 595.5
53789PA0090004 53789PA0090004		No Preference No Preference	50 51	623.5 651.1
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53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9 Rating Area 9	No Preference No Preference No Preference	58 59 60	908.7 947.6
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference	61 62	981.0
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference No Preference	63 64 and over	1003.0 1030.5 1047.3
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2025 Rates Table Template v14.0	If you are in a community rating state,	ired. To validate press Validate button or C select Family-Tier Rates under Rating Me	thod and fill in all columns.	
	If Tobacco is Tobacco User/Non-Tob	tate, select Age-Based Rates under Rating acco User, you must give a rate for Tobacc	to Use and Non-Tobacco Use.	for every age band.
HIOS Issuer ID*	To add a new sheet, press the Add SI 53789	neet button, or Ctrl + Shift + H. All plans mu	st have the same dates on a sheet.	
Rate Effective Date* Rate Expiration Date*	53789 4/1/2025 6/30/2025			
	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
		Required:	Remired:	Remired:
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	266.1
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	15 16	289.7i 298.8i
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	17	307.8 317.6
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	19	327.3 337.4
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	21 22	347.8i 347.8i
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	23	347.8i 347.8
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	25 26	349.2 356.2 364.5
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	26 27 28	378.1
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	29 30	389.2i 394.8
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53789PA0090004	Pating Area 6	No Preference No Preference	35 36	425.11 427.89
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference	37 38	430.6i 433.4i
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53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	41 42	452.94 460.94
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	43 44	472.07 485.99
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference	45 46	502.34 521.83
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference No Preference	46 47 48	543.74 568.78
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	49 50	593.48 621.31
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	51 52	648.80 679.06 709.68
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	53 54	742.72
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	55 56	775.77 811.60
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53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	61 62	977.54 999.46
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference	63 64 and over	1026.94 1043.63
53789PA0090004 53789PA0090004		No Preference No Preference No Preference	0-14 15	287.42 312.97
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	16 17	322.74 332.50
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	18 19	343.02 353.54
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	20 21	364.44
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	22	375.71 375.71 375.71
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	23 24 25	375.71
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	26	377.21 384.73 393.74
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	27 28 29	408.40 420.42
53789PA0090004 53789PA0090004	Pating Area 7	No Preference No Preference	30 31	426.43 426.43 435.45
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	32 33	444.47 450.10
53789PA0090004	Rating Area 7	No Preference No Preference	34 35	456.11 459.12
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	36 37	462.12 465.13
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	38	468.14 474.15
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	40 41	474.15 480.16 489.17
	Rating Area 7	No Preference No Preference No Preference	41 42 43	489.1x 497.82 509.84
53789PA0090004 53789PA0090004	Rating Area 7	No Preference	43 44 45	509.84 524.87 542.53
53789PA0090004 53789PA0090004	Pating Area 7	No Preference No Preference No Preference	46	542.5 563.5 587.2
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	47 48 49	587.24 614.25 640.96
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	50 51	671.02 700.70
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	51 52 53	700.70 733.30 766.40
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	53 54 55	802.14 837.83
53789PA0090004	Rating Area 7	No Preference No Preference	56 56 57	876.53
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7 Rating Area 7	No Preference No Preference No Preference	57 58 59	915.61 957.31 977.91
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53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	62 63	1055.75 1079.42 1109.10
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	64 and over 0-14	1127.12 271.46
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	15 16	295.58 304.81
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	17 18	314.03 323.97
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	19 20	333.90 344.19
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	21	354.84 354.84
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	23	354.84
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	24 25 26	354.84 356.26 363.38
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	27 28	371.87 385.71
53789PA0090004	Rating Area 9	No Preference No Preference	29 30	397.06 402.74
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53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	37 38	439.29 442.13
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference	39 40	447.81 453.48
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	41 42	462.00 470.16
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference	42 43 44	481.51 495.71
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53789PA0090004	Rating Area 9	No Preference No Preference	40 47 48	554.61 580.16
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	48 49 50	605.36 633.74
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference	51	633.74 661.77 692.64
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference	52 53 54	723.87 757.58
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference	54 55 56	791.29
53789PA0090004	Rating Area 9	No Preference No Preference No Preference	56 57 58	827.84 864.74 904.13
53789PA0090004	Rating Area 9	No Preference No Preference No Preference	59	923.64
	Rating Area 9	No Preference	60 61 62	963.03 997.06 1019.48
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2025 Rates Table Template v14.0	If you are in a community rating state,	ired. To validate press Validate button or C select Family-Tier Rates under Rating Me	thod and fill in all columns.	
	If Tobacco is Tobacco User/Non-Toba	ate, select Age-Based Rates under Rating acco User, you must give a rate for Tobaco neet button, or Ctrl + Shift + H. All plans mu	to Use and Non-Tobacco Use.	for every age band.
HIOS Issuer ID*	53789	teet button, or Ctrl + Shift + H. All plans mu	st have the same dates on a sneet.	
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Rating method	Ade-based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
		Required:		
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco No Preference enrollee on a plan
53789PA0090004 53789PA0090004	Rating Area 6	No Preference	0-14	
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	15 16	270.4 294.5 303.7 312.9
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	17 18 19	312.9 322.8 332.7 342.9
53789PA0090004	Rating Area 6	No Preference No Preference No Preference	20	342.9 353.5
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference	22 23	353.5 353.5
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	24 25	353.5 354.9
53789PA0090004	Rating Area 6	No Preference No Preference	26 27 28	362.0 370.5 384.3
53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	29 30	395.6 401.3
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	31 32	409.8 418.2 423.5
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	33 34 35	423.5 429.2 432.0
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	36 37	432.0 434.9 437.7
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53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference	40 41	460.3
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	42 43 44	468.4 479.8
53789PA0090004 53789PA0090004	Rating Area 6	No Preference	45	493.9 510.5 530.3
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference No Preference	46 47 48	530.3 552.6 578.1
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	49 50	603.2
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference No Preference	51 52	659.4 690.1 721.3
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 6	No Preference	53 54 55	721.3 754.8 788.4
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	56 57	824.9 861.6
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	58 59	900.9 920.3
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	60	959.6 993.5 1015.8
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53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference No Preference	0-14 15	292.1 318.0
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	16 17	328.0 337.9
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	18 19	348.6 359.3 370.4
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	21 22	381.8 381.8
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	23 24	381.8 381.8
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	25 26	383.3 391.0
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7 Rating Area 7	No Preference No Preference No Preference	27 28	400.2 415.0 427.3
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	30 31	433.4 442.5
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	32	451.7 457.4
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	34 35	463.5 466.6 469.7
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference	36 37 38	472.7 475.8
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference No Preference	39 40	481.9 488.0
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	41 42	497.1 505.9 518.1
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference	43 44 45	533.4 551.4
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference No Preference	46 47	
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	48	624.3
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	50 51 52	682.0 712.1 745.4
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	52 53 54	779.0 779.0 815.2
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	55 56	851.5 890.8
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	57 58	930.6 973.0
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7 Rating Area 7	No Preference No Preference	59 60 61	994.0 1036.3 1073.0
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	62 63	1097.1 1127.2
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 9	No Preference No Preference	64 and over 0-14	1145.6 275.9
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9 Rating Area 9	No Preference No Preference No Preference	15 16 17	300.4 309.8 319.1
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference	17 18 19	319.1 329.2 339.3
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference	20 21	349.8 360.6
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	22	360.6 360.6
53789PA0090004 53789PA0090004		No Preference No Preference	24 25 26	360.6 362.0 369.3
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference	27 28	377.9 392.0
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	29 30	403.5 409.3
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	31 32 33	418.0 426.6 432.0
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9 Rating Area 9	No Preference No Preference	33 34 35	432.0 437.8 440.7
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	36 37	443.6 446.4
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	38 39 40	449.3 455.1 460.9
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	40 41 42	460.9 469.5 477.8
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference No Preference	43 44	489.4 503.8
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference	45 46	540.9
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9 Rating Area 9	No Preference No Preference No Preference	47 48 49	563.7 589.6 615.2
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	50 51	615.2 644.1 672.6
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference	52 53	703.9 735.7
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	54 55 56	769.9 804.2
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	56 57 58	841.4 878.9 918.9
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	59 60	938.7 978.8
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference No Preference	61 62	1013.4 1036.1
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	63 64 and over	1064.6 1081.9

2025 Rates Table Template v14.0	If you are in a community rating state,	ired. To validate press Validate button or C select Family-Tier Rates under Rating Me	thod and fill in all columns.	
	If Tobacco is Tobacco User/Non-Tob	tate, select Age-Based Rates under Rating acco User, you must give a rate for Tobacc	to Use and Non-Tobacco Use.	for every age band.
HIOS Issuer ID*	To add a new sheet, press the Add SI 53789	neet button, or Ctrl + Shift + H. All plans mu	st have the same dates on a sheet.	
Rate Effective Date* Rate Expiration Date*	10/1/2025 12/31/2025			
Rating Method	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
		Required:	Remired:	Remired:
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco No Preference enrollee on a plan
53789PA0090004	Rating Area 6	No Preference	0-14	274.9
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	15 16	299.3i 308.7i
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	17	318.0 328.1 338.1
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	19	348.5
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	21 22	359.3 359.3
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	23 24	359.3 359.3
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	25 26 27	360.8 367.9
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	27 28	376.6
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	29 30	402.1 407.8
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	31	416.5 425.1
53789PA0090004 53789PA0090004	Rating Area 6	No Preference	33 34	430.5 436.2
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	35 36	439.11 442.00
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	37 38	444.9 447.7
53789PA0090004 53789PA0090004		No Preference No Preference	39 40	453.5 459.2
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	41 42	467.9 476.1
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	43	487.6° 502.0
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	45 46 47	518.90 539.00
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference	48	561.70 587.5
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	49 50	613.0 641.8
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	51 52	670.2 701.4
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference No Preference	53 54	733.1 767.2
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	55 56	801.4 838.4
53789PA0090004 53789PA0090004	Rating Area 6 Rating Area 6	No Preference	57 58	875.7i 915.6 935.4
53789PA0090004 53789PA0090004	Pating Area 6	No Preference No Preference	59 60	975.3
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference	61 62	1009.8 1032.4
53789PA0090004 53789PA0090004	Rating Area 6	No Preference No Preference No Preference	63 64 and over	1060.8 1078.1
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference	0-14 15	296.9 323.3
53789PA0090004	Rating Area 7	No Preference No Preference	16 17	333.3 343.4
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	18 19	354.3 365.2
53789PA0090004 53789PA0090004	Pating Area 7	No Preference No Preference	20 21	376.4 388.1 388.1
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	22 23	388.1
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	24 25	388.1: 389.6: 397.4:
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	26 27	406.7
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	28 29	421.8i 434.3
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	30	440.5 449.8
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	32	459.19 464.9
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	34 35	471.1i 474.2i 477.3i
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference	36 37 38	480.4
53789PA0090004	Rating Area 7	No Preference No Preference No Preference	39	483.6 489.8
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference No Preference	40 41 42	496.03 505.33 514.21
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	43	526.6i 542.2i
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	45 46	560.4 582.1
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	47 48	606.63 634.5i
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	49 50	662.1
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	51	693.1i 723.8 757.6
53789PA0090004 53789PA0090004	Rating Area 7	No Preference No Preference	52 53 54	791.70 791.70 828.6
53789PA0090004 53789PA0090004		No Preference No Preference	55 56	865.5 905.4
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	57 58	945.8t 988.9t
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	59 60	1010.2i 1053.3i
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	61 62	1090.6
53789PA0090004 53789PA0090004	Rating Area 7 Rating Area 7	No Preference No Preference	63 64 and over	1145.7: 1164.3:
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference	0-14 15	280.4 305.3
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference	16	314.8 324.4
53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference	18 19	334.6 344.9
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	20	355.5 366.5
53789PA0090004	Rating Area 9	No Preference No Preference No Preference	22 23	366.5i
53789PA0090004 53789PA0090004 53780PA0090004	Rating Area 9	No Preference No Preference No Preference	24 25	366.5 368.0 375.3
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9 Rating Area 9	No Preference No Preference No Preference	26 27	384.1
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference	28 29	398.4 410.1 416.0
53789PA0090004		No Preference No Preference No Preference	30 31	416.0 424.8 433.6
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	32 33	433.6 439.1 445.0
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9	No Preference No Preference No Preference	34 35 36	445.0 447.9 450.8
53789PA0090004 53789PA0090004 53789PA0090004	Pating Area 0	No Preference No Preference No Preference	36 37 38	450.8 453.8 456.7
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference	38 39 40	462.6
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	40 41 42	468.4 477.2 485.6
53789PA0090004	Rating Area 9	No Preference	42 43 44	497.4
53789PA0090004 53789PA0090004 53789PA0090004	Poling Area 0	No Preference No Preference No Preference	45	512.0 529.3 549.8
53789PA0090004	Rating Area 9	No Preference No Preference No Preference	46 47 48	572.9
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	48 49	599.3 625.3 654.6
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	50 51	683.6
53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	52 53 54	715.5 747.7 782.6
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	55	817.4
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	56 57 58	855.1i 893.3 933.9
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference No Preference No Preference	59	954.11
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9	No Preference	60 61 62	994.8 1030.0 1053.1
53789PA0090004 53789PA0090004 53789PA0090004	Rating Area 9 Rating Area 9 Rating Area 9	No Preference No Preference No Preference	63 64 and over	1082.0 1099.6
D3/09FA0090004			. by and over	. 1099.0

Keystone Health Plan Central Small Group Rates Effective 1/1/2025 Benefit Summary

SMALL GROUP 1-50 PORTFOLIO

Changes	Plan Name	HIOS ID	Deductible	Coinsurance	Out-of-Pocket	PCP	Specialist	Emergency	Urgent	IP Hospital	Hi-Tech Imaging	Lab	OP Surgery	Small Group: Rx \$0	Small Group: Rx \$250 (brand only deductible)
			(2x Family)		Maximum			Room	Care	per day,		Ind Hos	ASC ACH	Individual: Rx	Individual: N/A
										maximum of 5 days		·			
		Small Group: Rx \$0 Small Group: Rx \$	FO.		+								 		
		Individual: Rx (brand only deduct													
		Individual: N/A	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network		
									BR	ONZE PRODUCTS					
anges Bronze Hi	IMO 8000/0/50	53789PA0090004	\$8.000	0%	\$8,700	\$50	\$85	D/0	D/0	N/A	D/0	D/50 D/85	D/0 D/0	Rx Ded: Combined, Rx Gen - De	ed Applies? Y, Retail: 0/0/0/0, Mail: 0/0/0/0

¹ Drug copays listed are Preferred Generic/Non-Preferred Generic/Preferred Brand/Non-Preferred Brand

² Speciality drug coverage = 20% up to \$250 per fill/20% up to \$350 per fill/20% up to \$450 per fill

³ Tiered Lab benefits. Independent labs | Hospital based labs 4 D = Deductible D/\$ = Deductible applies first then a copay

⁵ Plan naming convention = Metal level, Plan type, Deductible/Coinsurance/Office Visit Copay - HRA funding

Keystone Health Plan Central Small Group Rates Effective 1/1/2025 Benefit Change Summary

								AV	Pricir	ng AV	Met	tal Level	HRA	A Amount	Deducti	tible: Tier 1	Deductible:	e: Tier 2	Coinsurance: Tie	er 1 Coi	insurance: Tier 2		МООР	PCP:	Tier 1	PCP:	Tier 2	SPC: Ti	er 1	SPC: Tier 2	2	ER	U	С	IP Hosp Copay Pe	er Day	Hi-Tech Imagi
Line On/Off Exchange New/Existing Modified	HIOS	Med Description	Rx Description	Expanded Bronze	Counties	Rx Formulary	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025	2024 2	025 202	24 2025	2024	2025	2024	2025	2024	2025	2024	2025	2024	2025 2	024 2025	2024	2025	2024 2	2025	2024
		10 8000/0/50	Combined	Х	All	Advantage	64.8%	64.2%	55.8%	56.4%	Bronze		0	0	8,000	8,000	8,000	8,000		0% 0%	6 0%	8,700		50	50	50	50	85	85	85		D/0 D/0	D/0	D/0			D/0
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Low Er	nd Imaging	La	ab: Tier 1	Lab: Tier 2		OP Surg: 1	Tier 1	OP Su	rg: Tier 2		Rx Ded	Rx Gen	- Ded Applies?	F	Rx Gen Pref		Rx Gen Non-Pref	Rx Brand Pref		Rx Brand Non-	Pref	Rx Specialty Coir	Tier 1	Rx Specialty Ma	ax Tier 1	Rx Specialty Coin	Tier 2	Rx Specialty M	Max Tier 2	Rx Gen Pref	f Coins	Rx Gen Non	n-Pref Coins	Rx Brand I	Pref Coin	Rx Brand No	n-Pref Coins	Rx Gen Pre	f Mail Copay	Rx Gen No	on-Pref Mail Copa	y Rx Bran	d Pref Mail Cop	ay Rx Brand	d Non-Pref Mail	Copay
2024 D/0	2025 D/0	2024 D/50	2025 D/50	2024 2 D/85 [2025 D/85	2024 D/0	2025 D/0	2024 D/0	2025 D/0	2024 Combined	2025 d Combined	2024 Y	2025 Y	2024 0	2025 0	20	224 2025 0 0	2024 202 0 0	025 0	2024 0	2025 0	2024 0%	2025 0%	2024 0	2025 0	2024 2 0%	2025 0%	2024 0	2025 0	2024 0%	2025 0%	2024 0%	2025 0%	2024 0%	2025 0%	2024 0%	2025 0%	2024 0	2025 0	2024 0	2025 0	2024 0	2025 0	202 4	24 202 0	5
1																																														

Keystone Health Plan Central Small Group Rates Effective 1/1/2025 Benefit Categories

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

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

Benefit Mix Calculation

	Manual Cost PMPM
Average in Experience Period	327.89
Average in Rating Period	217.55
Benefit Mix Adjustment	0.663

	Ses	
		417,547
BEP Manual Cost Calcul	327.89	417,547
	Manual Cost	
HIOS 14 Digit	<u>PMPM</u>	BEP MM
45127PA0010054	392.45	7,372
45127PA0010055	404.51	18,639
45127PA0010057	384.10	5,575
45127PA0010058	396.03	10,596
45127PA0010209	367.64	1,004
45127PA0010116	362.73	7,423
45127PA0010117	375.89	15,734
45127PA0010084	349.26	14,492
45127PA0010085	363.31	24,908
45127PA0010089	335.27	27,618
45127PA0010090	350.22	50,661
45127PA0010194	322.29	19,156
45127PA0010195	337.16	24,481
45127PA0010161	353.06	5,970
45127PA0010131	295.44	15,413
45127PA0010132	310.00	20,428
45127PA0010184	282.08	15,480
45127PA0010185	296.85	19,628
45127PA0010186	276.41	12,815
45127PA0010187	291.37	8,757
45127PA0010107	312.69	15,910
45127PA0010124 45127PA0010170	290.97	22,799
45127PA0010170 45127PA0130003	310.75	661
45127PA0130003 45127PA0130004	318.38	181
53789PA0090004	218.43	
45127PA0010135		1,273
	243.14	22,525
45127PA0010199	277.28	7,404
45127PA0010196	351.68	1,634
45127PA0130007	310.75	85
45127PA0130008	318.38	216
45127PA0010200	348.05	89
45127PA0010202	284.67	933
45127PA0010201	293.93	252
45127PA0010207	284.67	6,137
45127PA0010203	348.05	103
45127PA0010205	319.50	754
45127PA0010208	319.70	988
45127PA0010204	361.04	443
45127PA0010206	319.50	599
82795PA0130001	367.64	958
45127PA0010198	347.67	4,304
45127PA0010197	341.76	2,209
45127PA0130001	341.69	246
45127PA0130002	352.08	237
45127PA0130005	341.69	202
45127PA0130006	352.08	255

Projected 2025 Manual Co	217.55	1,513			
		Proj Member			
HIOS 14 Digit	<u>Total</u>	<u>Dist</u>			
53789PA0090004	217.55	1,513			

Filing 23-51 45127PA0130006 352.08 255 ₁₅

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

Network Change			0.983
Projected MemberMonths	1,513	100.0%	0.980
НМО	1,513	100.0%	0.98
DED	417 547	100.00/	0.007
BEP	417,547	100.0%	0.997
PPO	397,380	95.2%	1.00
Valley Advantage EPO	1,325	0.3%	0.90
Capital Advantage EPO	758	0.2%	0.90
PPO Choice	13,507	3.2%	0.96
Performance PPO	1,274	0.3%	0.98
PPO Choice Select	2,030	0.5%	0.89
НМО	1,273	0.3%	0.98

Keystone Health Plan Central Small Group Rates Effective 1/1/2025 Benefit Additions

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

Additional Claim PMPM \$0.20

MHPAEA - Add Autism coverage to Small Group and Individual Plans

Additional Claim PMPM \$0.40 Benefit Change Factor 1.001

Keystone Health Plan Central Small Group Rates Effective 1/1/2025

Trend

Trend by Service Category

		Year 1			Year 2					
Category	Cost	<u>Util</u>	Induced Demand	Cost	<u>Util</u>	Induced Demand	Total Year 1	Total Year 2	Weights	Total Weights
Inpatient Hospital	5.00%	0.50%	0.00%	5.70%	0.50%	0.0%	5.5%	6.2%	20%	16%
Outpatient Hospital	5.10%	1.00%	0.00%	5.60%	1.00%	0.0%	6.2%	6.7%	51%	41%
Professional	5.90%	1.00%	0.00%	4.60%	1.00%	0.0%	7.0%	5.6%	27%	22%
Other Medical	5.10%	0.50%	0.00%	5.60%	0.50%	0.0%	5.6%	6.1%	3%	2%
Capitation	3.00%	0.00%	0.00%	3.00%	0.00%	0.0%	3.0%	3.0%	0%	0%
Prescription Drug	7.90%	1.10%	0.00%	7.00%	1.00%	0.0%	9.1%	8.1%	100%	20%
Dental & Vision	1.00%	1.00%	0.00%	1.00%	1.00%	0.0%	2.0%	2.0%	100%	100%

Aggregate Pricing Trend Year 1							
Total	6.8%						
Medical	6.2%						
Drug	9.1%						
Agg Med + Rx Trend	6.8%						
Dental and Vision	2.0%						

Cost

5.0%

5.1%

5.9%

5.1%

3.0%

7.9%

Aggregate Pricing Trend Year 2							
Total	6.6%						
Medical	6.3%						
Drug	8.1%						
Agg Med + Rx Trend	6.6%						
Dental and Vision	2.0%						

3.0%

9.1%

2.0%

Average Pricing Trend						
Total	6.7%					
Medical	6.3%					
Drug	8.6%					
Agg Med + Rx Trend	6.7%					
Dental and Vision	2.0%					

3.0%

8.1%

2.0%

Year 2 Raw Trends*

0.0%

0.0%

0.0%

0.0%

1.0%

1.0%

Year 1	Raw T	Frends
--------	-------	--------

0.0%

0.0%

0.0%

0.0%

1.1%

1.0%

<u>Utilization</u>	Induced Demand	Composite	Cost	<u>Utilization</u>	Induced Demand	Composite
0.5%	0.0%	5.6%	5.7%	0.5%	0.0%	6.2%
1.0%	0.0%	6.1%	5.6%	1.0%	0.0%	6.7%
1.0%	0.0%	7.0%	4.6%	1.0%	0.0%	5.6%
0.5%	0.0%	5.6%	5.6%	0.5%	0.0%	6.2%

3.0%

7.0%

1.0%

URRT Categories

Inpatient Hospital

Outpatient Hospital

Prescription Drugs

Professional

Capitation

Other Medical

Adjustments to Pricing Trend

<u>M</u> e	<u>edical</u>	<u>Drug</u>	7
Intensity	0.0%	Contracting	0.0%
Leveraging	0.0%	Leveraging	0.0%
Demographics	0.0%	Demographics	0.0%
Buy-Downs	0.0%	Buy-Downs	0.0%
Other	0.0%	Pipeline	0.0%
Total	0.00%	Total	0.00%

Dental & Vision 1.0%
*From Hospital and Physician Trend Models

Keystone Health Plan Central Small Group Rates Effective 1/1/2025

Credibility Manual Development for URRT

Experience Period Member Months

417,547

Section II: Projections		Υ	ear 1 Trend	Y	ear 2 Trend					
							Trended EHB			
	Experience Period	d Index Rate					Allowed Claims			
Benefit Category	PMPM		Cost	Utilization	Cost	Utilization	PMPM	Incurred	Allowed	PMPM
Inpatient Hospital	\$	119.20	1.050	1.005	1.057	1.005	133.62	48,500,709	\$ 49,771,312	\$ 119.20
Outpatient Hospital	\$	304.70	1.051	1.010	1.056	1.010	344.97	104,625,102	\$ 127,227,075	\$ 304.70
Professional	\$	162.26	1.059	1.010	1.046	1.010	183.35	51,152,136	\$ 67,750,061	\$ 162.26
Other Medical	\$	15.95	1.051	1.005	1.056	1.005	17.88	5,346,336	\$ 6,660,516	\$ 15.95
Capitation	\$	-	1.030	1.000	1.030	1.000	0.00	1,868	\$ 1,868	\$ -
Prescription Drug	\$	147.02	1.079	1.011	1.070	1.010	173.32	55,289,705	\$ 61,387,856	\$ 147.02
Total	\$	749.13					853.14			\$ 749.13

* All data experience is from CAAC, and other CBC subsidiaries - Capital Advantage Insurance Company (CAIC), and Keystone Health Plan Central (KHPC) Morbidity 0.335

Morbidity 0.335

Other

Change in Demographics 1.0000

Change in Network 0.9830

Change in Benefits 1.0010

Change in Other 1.0000

Projected Index Rate 281.23

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

 Medical Rate Development

 Base Experience Period:
 1/1/2023-12/31/2023

 Data as of
 2/28/2024

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

 Trend Months:
 24

6.3%

Drug Rate Development						
1/1/2023-12/31/2023						
2/28/2024						
1/1/2025-12/31/2025						
24						
8.6%						
]						

Pediatric Dental Rate Development			
1/1/2023-12/31/2023			
2/28/2024			
1/1/2025-12/31/2025			
24			
2.0%			

Pediatric Vision Rate Development			
Base Experience Period:	1/1/2023-12/31/2023		
Data as of	2/28/2024		
Rating Period:	1/1/2025-12/31/2025		
Trend Months:	24		
Average 2 Yr Trend:	2.0%		

Medical Paid and Incurred Claims + ACA Payments	201,879,998
Completion Factor	0.97
BEP Completed Claims (1) / (2)	208,914,733
BEP Member Months	417,547
BEP Completed Claim PMPM (3) / (4)	500.34
Trend Factor	1.13
Trended Claim PMPM (5) x (6)	564.92
Benefit and Network Change Factor	0.652
Morbidity	0.335
0 Capitation	1,868
1 Capitation PMPM	0.00
2 Senate Bill 8 and Autism	0.60
3 Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	124.04

Average 2 Yr Trend:

BEP Paid and Incurred Claims Net Rx Rebates	55,289,705
2 Completion Factor	1.000
BEP Completed Claims (1) / (2)	55,289,705
BEP Member Months	417,547
BEP Completed Claim PMPM (3) / (4)	132.42
Trend Factor	1.18
Trended Claim PMPM (5) x (6)	156.11
Benefit and Network Change Factor	0.652
9 Morbidity	0.335
10	
11	
Other Adjustment	1.000
Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	34.11

1 BEP Paid and Incurred Claims	647,351
2 Completion Factor	0.976
3 BEP Completed Claims (1) / (2)	663,499
4 BEP Member Months	417,547
5 BEP Completed Claim PMPM (3) / (4)	1.59
6 Trend Factor	1.04
7 Trended Claim PMPM (5) x (6)	1.65
8 Benefit and Network Change Factor	1.00
9 Morbidity	0.335
10	
11	
12 Senate Bill 8 and Autism	1.000
13 Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	0.55

BEP Paid and Incurred Claims	45,646
2 Completion Factor	0.991
BEP Completed Claims (1) / (2)	46,051
BEP Member Months	417,547
BEP Completed Claim PMPM (3) / (4)	0.11
Trend Factor	1.04
Trended Claim PMPM (5) x (6)	0.11
Benefit and Network Change Factor	1.00
Morbidity Morbidity	0.335
10	
2 Senate Bill 8 and Autism	1.000
Total Benefit Adjusted Claim PMPM [(7) x (8) x (9) x (10) + (11)] x (12)	0.04

	Expected Claim PMPM in
	Rating Period
Medical	124.04
Drug	34.11
Pediatric Dental	0.55
Pediatric Vision	0.04
Expected Distribution of Embedded Dental Benefit	100%
Total Expected Incurred in Rating Period	158.74
Total Expected Incurred in Rating Period Net RA	462.15
Projected Allowed	281.23
Paid to Allowed Ratio	0.564

Keystone Health Plan Central Small Group Rates Effective 1/1/2025 Retention

	$\underline{\text{Medical} + \text{Rx}}$	<u>Dental</u>	<u>Vision</u>
Reinsurance Contribution	\$0.00	\$0.00	\$0.00
Risk Adjustment Fee	\$0.20	\$0.00	\$0.00
Admin PMPM	\$46.81	\$1.89	\$0.39
Broker PMPM	\$24.86	\$0.00	\$0.00
Placeholder 1	\$0.00	\$0.00	\$0.00
Placeholder 2	\$0.00	\$0.00	\$0.00
Placeholder 3	\$0.00	\$0.00	\$0.00
Quality Improvement	0.0%	0.0%	0.0%
Contingency	2.0%	2.0%	2.0%
Patient-Centered Outcomes Research Trust Fund:	\$0.27	\$0.00	\$0.00
Insurer Tax	0.0%	0.0%	0.0%
Exchange Fee	\$0.00	\$0.00	\$0.00
Federal Income Tax	0.5%	0.5%	0.5%
Premium Tax	0.0%	0.0%	0.0%

	•		
00	\$0.00	\$24.86	4.5%
00	\$0.00	\$0.00	0.0%
00	\$0.00	\$0.00	0.0%
00	\$0.00	\$0.00	0.0%
1%	0.0%	0.0%	0.0%
1%	2.0%	2.0%	2.0%
00	\$0.00	\$0.27	0.0%
1%	0.0%	0.0%	0.0%
00	\$0.00	\$0.00	0.0%
%	0.5%	0.5%	0.5%
1%	0.0%	0.0%	0.0%
<u> </u>	_		

% of Premium

0.0% 0.0%

8.9%

<u>Total</u> \$0.00

\$0.20

\$49.08

Insurer Tax and Admin Fee Calc

Applied HIF to All Quarters

0.00%

Quarter	% of Enrollees	HIF		20	023 assessmen	2024 assessment
1	29%	0.00%		0	0.00%	0.00%
2	12%	0.00%		3	0.00%	0.00%
3	16%	0.00%		6	0.00%	0.00%
4	43%	0.00%		9	0.00%	0.00%
	A 1	Des Ca	T			
	<u>Admin</u>	<u>Profit</u>	<u>Taxes</u>			
	13.4%	2.0%	0.6%			
Claims	8.9%					
Broker	4.5%					
Quality Improvement	0.0%					

HIOS	53789PA0090004
	Bronze HMO
Med Plan	8000/0/50
Rx Plan	Combined
Deductible	8000
Expected Claim Cost	462.15
Expected Premium PMPM *	\$550.50
Allowed Adjustments to Premium for MLR	
Reinsurance Contribution	0.00
Patient-Centered Outcomes Research Trust Fund:	0.27
Risk Adjustment Fee	0.20
Premium Tax	0.00
Insurer Tax	0.00
Exchange Fee	0.00
Quality Improvement	0.00
Federal Income Tax**	2.31
MLR Adjusted Claims	\$462.15
MLR Adjusted Premium	\$547.72
Expected Member Distribution	100.0%

Unadjusted Premium	\$550.50
Expected MLR Adjusted Claims	\$462.15
Expected MLR Adjusted Premium	\$547.72

MLR	84.4%

^{*} From Exhibit L

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

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

Projected Index Rate	\$281.23				
Effective Date	Total Index Rate	Trend	<u>Distribution of Members</u>	Projected Allowed	Market Adjusted Index Rate
January - March (Index 1)	\$281.23		29%	\$281.23	\$818.79
April - June (Index 2)	\$285.89	6.8%	12%	\$285.84	\$823.40
July - September (Index 3)	\$290.63	6.8%	16%	\$290.52	\$828.08
October - December (Index 4)	\$295.44	6.8%	43%	\$295.28	\$832.84
Average for Projection Period	\$289.41			\$289.32	\$826.88

^{*} From URRT and Exhibit B

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

Development of Market Adjusted Index Rate

Q1 Index Rate	281.23
Paid to Allowed	0.56
Q1 Projected Claims	158.74
Net Projected ACA Reinsurace Recoveries	0.00
Net Projected Risk Adjustments PMPM	-303.42
Exchange User Fee Adjustment	0.00
Q1 Market-Adjusted Projected Paid EHB Claims PMPM	462.15
Q1 Market Adjusted Index Rate	818.79

Development of Exchange User Fee

Average SHOP Premium	\$0.00
Average Exchange Fee	\$0.00
Percentage of Membership on SHOP	0%
Exchange Fee to Add to Market Index Rate	\$0.00

Development of Risk Adjustment Projection

Projected 2025 Risk Adjustment Transfer	-\$303.42

Premium Neutrality
Total Premium Single Rate:

Plan Adjusted Index Rates
Expected Member Distribution

1.61 \$342.27 \$550.50 100.0% ExhibitL_RateDev

Benefit Plans

Keystone Health Plan Central Small Group Rates Effective 1/1/2025 Calibration

Expected Average Age Factor:	1.568
List-Billed Adjustment for Max 3 Children	1.007
Adjusted Average Age Factor	1.558
Expected Average Region Factor:	1.03
Expected Average Tobacco Factor	1.00
Cumulative Rating Factors (Premium Neutrality):	1.608

ve Kating Faci	tors (Fremium Neutranty).	1.000	0	
	Age Factors			Region Factor
<u>Age</u>	Distribution of Population	Age Factor	Region	Distribution of Popu
0-14	12.3%	0.7650	6	40.0%
15	0.9%	0.8330	7	34.1%
16	1.0%	0.8590	9	25.9%
17	1.0%	0.8850		
18	1.0%	0.9130		
19	1.1%	0.9410		
20	1.2%	0.9700		
21	1.3%	1.0000		
22	1.2%	1.0000		
23	1.4%	1.0000		
24	1.4%	1.0000		
25	1.5%	1.0040		
26	1.7%	1.0240		
27	1.6%	1.0480		
28	1.6%	1.0870		
29	1.7%	1.1190		
30	1.6%	1.1350		
31	1.6%	1.1590		
32	1.9%	1.1830		
33	1.8%	1.1980		
34	1.9%	1.2140		
35	1.7%	1.2220		
36	1.9%	1.2300		
37	1.6%	1.2380		
38	1.8%	1.2460		
39	1.8%	1.2620		
40	1.7%	1.2780		
41	1.8%	1.3020		
42	1.9%	1.3250		
43	1.9%	1.3570		
44	1.9%	1.3970		
45	1.8%	1.4440		
46	1.8%	1.5000		
47	1.7%	1.5630		
48	1.6%	1.6350		
49	1.7%	1.7060		
50	1.8%	1.7860		
51	1.8%	1.8650		
52	1.9%	1.9520		
53	2.0%	2.0400		
54	2.1%	2.1350		
55	2.0%	2.2300		
56	2.2%	2.3330		
57	2.1%	2.4370		
58	2.1%	2.5480		
59	2.2%	2.6030		
60	2.2%	2.7140		
61	2.1%	2.8100		
62	2.1%	2.8730		
63	2.1%	2.9520		
64+	4.2%	3.0000		
UT F	4.2/0	3.0000		

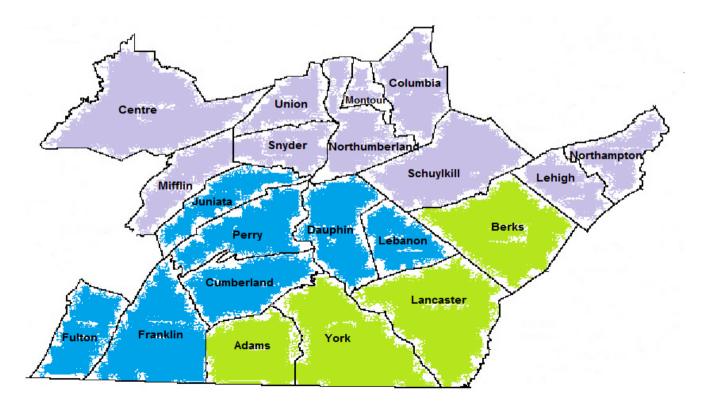
Region Factors						
Region	Distribution of Population	<u>Factor</u>				
6	40.0%	1.0000				
7	34.1%	1.0800				
9	25.9%	1.0200				

Keystone Health Plan Central Small Group Rates Effective 1/1/2025 Rating Factors

Age Factors

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

Region



Region	<u>Factor</u>
6	1.0000
7	1.0800
9	1.0200

<u>Network</u>	<u>Factor</u>
НМО	1.00

Exhibit P_QtlyRates **Benefit Plans** Base Rates 1/1/2025 - 3/31/2025 **Base Rates Base Rates Base Rates** 4/1/2025 - 6/30/2025 10/1/2025 - 12/31/2025 7/1/2025 - 9/30/2025 **Annual Trend** Deductible
8000Drug Plan Desc
CombinedPediatric Dental
EmbeddedPediatric Vision
EmbeddedMedical + Rx
\$340.45Medical
\$262.15
 Pedatric Vision
 Total
 Medical + Rx

 \$0.27
 \$347.88
 \$351.71

 Pedatric Vision
 Total
 Medical & Rx
 Dental & Vision

 \$0.27
 \$359.37
 6.72%
 6.72%

 Pedatric Vision
 Total
 Medical + Rx
 Medical

 \$0.27
 \$342.27
 \$346.04
 \$266.45

Rx Pediatric Dental \$79.59 \$1.57

Rx Pediatric Dental \$80.89 \$1.60

Medical \$270.82

 Pedatric Vision
 Total
 Medical + Rx
 Medical

 \$0.27
 \$353.58
 \$357.47
 \$275.25

Rx Pediatric Dental \$82.22 \$1.63

 Rx
 Pediatric Dental

 \$78.30
 \$1.55

Plan IDOn/Off ExchangeMetal LevelMetal ValuePricing ValueInduced Demand53789PA0090004Off ExchangeBronze64.2%56.4%1.00

<u>Product</u> HMO

Medical Plan Description

Bronze HMO 8000/0/50

Combo Description

Bronze HMO 8000/0/50

5/8/2024

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

Morbidity Factor Applied
0.335

^{*}Applied to KHPC to align rates with CAAC

Keystone Health Plan Central Small Group Rates Effective 1/1/2025 MLR Exhibit

	MLR	Member	Months	
Calendar Year	Actual	Pricing	Actual	Pricing
2020	86.92%	80.33%	888	1,140
2021	62.59%	80.92%	1,183	766
2022	133.18%	81.66%	1,345	1,018

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

	Paid		Risk Adjustment		Exhange User Fees		Market Adjusted Paid	
Year	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual
2020	\$166.72	\$338.55	-\$222.18	-\$88.75	\$0.00	\$0.00	\$388.90	\$427.30
2021	\$211.31	\$187.39	-\$138.16	-\$141.75	\$0.00	\$0.00	\$349.47	\$329.14
2022	\$279.26	\$343.12	-\$88.75	-\$199.49	\$0.00	\$0.00	\$368.01	\$542.61
2023	\$246.59	\$155.18	-\$154.79	-\$303.42	\$0.00	\$0.00	\$401.39	\$458.60

KEYSTONE HEALTH PLAN CENTRAL

Standard Questions Small Group Rates Effective January 1, 2025

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

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

Question 2 – Experience Period Claims.

- a. Please confirm that all claims which are capitated have been removed from the experience period claims.
- b. Please confirm that all non-EHB claims have been removed from the experience period claims.
- c. How are drug rebates projected to change from the base period to the rating period? How has this change been reflected in the rate development?

Answer 2.

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

Ouestion 3 – COVID.

- a. Please confirm that Tables 2-4 of the PAAM Exhibits do not have any COVID adjustment. Additionally, please confirm that any COVID adjustment factor in the filing is reflected in Table 5 of the PAAM Exhibits.
- b. If there is a COVID adjustment other than 1.0, please provide a quantitative exhibit supporting the factor.
- c. Please provide commentary on how the Company believes services such as COVID vaccinations and COVID testing will be handled in PY25. Within your response, please clarify if these services will be considered preventative and covered at 100%.

Answer 3.

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

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

Question 4 – Trend.

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

Answer 4.

- a. The Total Annual Trend in Table 3 (weighted by credibility) and the Annual Trend used to calculate the quarterly rates in Table 5A do not differ.
- b. Because the year 1 and year 2 trends are almost identical, Capital assumes the year 3 trend will be similar to the year 1 and year 2 trends. Therefore, the trend amounts in cells K32:M32 of Table 5A can reasonably remain equal to J32.

Question 5 – Retention.

- a. Please confirm that the federal income tax is calculated using a Federal Income Tax Rate of 21%. If other adjustments were made in Table 6, cell C57, please provide a demonstration of how this number was calculated and an explanation of the other adjustments included in the calculation.
- b. Please confirm that the Risk Adjustment User Fee PMPM is consistent with HHS Final Notice of Benefit and Payment Parameters for plan year 2025.
- c. Please provide an exhibit showing the commission PMPM amount to be paid to brokers in the following situations: Open-Enrollment Enrollee Renewing, Open Enrollment Enrollee New, Special Enrollment Period Enrollee New, Special Enrollment Enrollee Renewing. If the commission PMPM is not consistent between the four options above, please provide a detailed explanation as to the reason for the difference.

Answer 5.

- a. I confirm that the federal income tax in calculated using a Federal Income Tax Rate of 21%.
- b. I confirm that the Risk Adjustment User Fee PMPM is consistent with the HHS Final Notice of Benefit and Payment Parameters for plan year 2025.
- c. N/A for Small Group

Question 6 – Pricing AVs.

- a. Please confirm that the Pricing AVs were calculated using a single risk pool (i.e., claims/utilization experience is not separated by metal level).
- b. Please identify and support any differences between the company's metallic AV calculator results and the corresponding Pricing AVs.

Answer 6.

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

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

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

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

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

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

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

"SG_24-45_Initial_KHP_HMO_ExpandedBronze_Supporting_20240515.xlsx"

Question 8 – PAAM Exhibits – Consumer Factors.

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

Answer 8.

- a. The proposed 2025 geographic rating area factors are unchanged from the 2024 factors.
- b. The proposed 2025 network factors are unchanged from the 2024 factors.

Question 9 – MLR Exhibit.

- a. Please complete table below which summarizes the most recent three years of complete MLR information.
 - i. Actual is the final information which was filed for the specified calendar year
 - ii. Projected is the information which was projected in the final annual filing for the given year (i.e., 2021 pricing information is from the plan year 2021 annual filing submitted in 2020)
- b. Are the MLRs and Member Months between Actual and Pricing comparable? If not, explain.
- c. Does the insurer expect to pay MLR rebates for the 3-year period above?

Answer 9.

a. The MLR Exhibit is below:

	ML	R	Member	Months
Calendar Year	Actual	Pricing	Actual	Pricing
2020	86.92%	80.33%	888	1,140
2021	62.59%	80.92%	1,183	766
2022	133.18%	81.66%	1,345	1,018

- a. Most of the difference between actual and pricing is due to the small enrollment in KHP. For example, in 2021, KHP saw an unexpected increase in membership of approximately 50% causing a better than projected MLR.
- b. KHPC does not expect to refund any MLR rebates in the BEP.

Question 10 – Plan of Withdrawal.

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

Answer 10

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

Question 11 – Transitional Plans.

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

Answer 11

a. N/A

Question 12 – Copay Adjustment Programs.

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

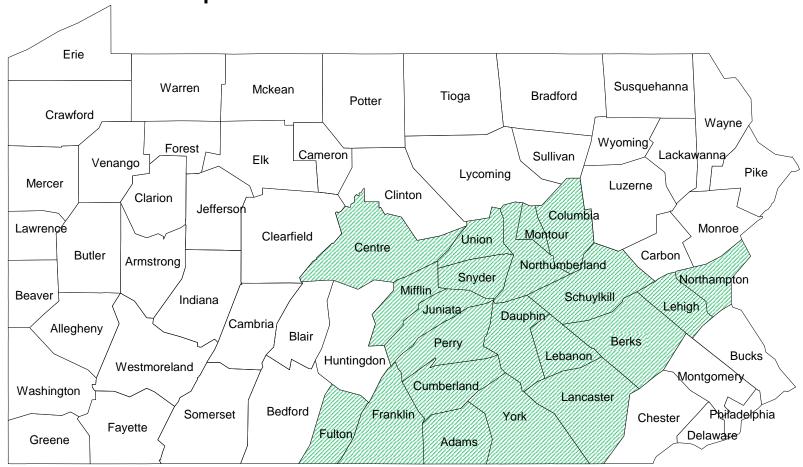
Answer 12

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

2024 Service Area

Issuer: 53789

Market: Small Group



Key (modify as needed)

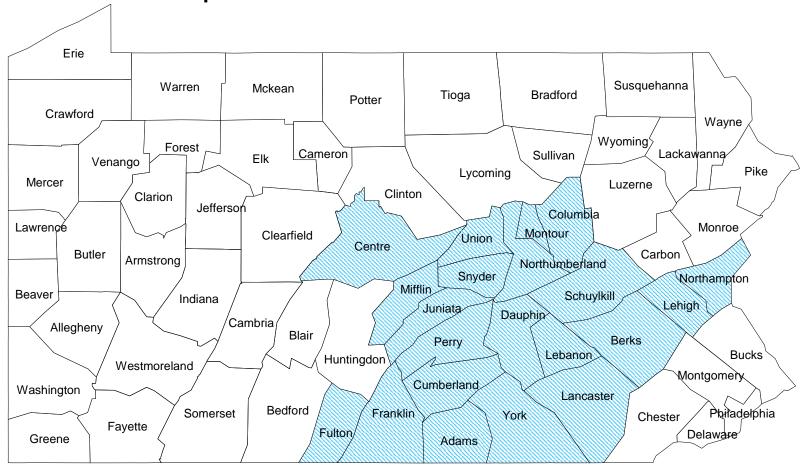
: 2024 on-exchange service area

: 2024 off-exchange only service area

2025 Service Area

Issuer: 53789

Market: Small Group



Key (modify as needed)

: 2025 on-exchange service area

: 2025 off-exchange only service area