Part III Actuarial Memorandum

Blue Cross and Blue Shield of Oklahoma
Individual Rate Filing
Effective January 1, 2018

“CONFIDENTIAL TREATMENT REQUESTED PURSUANT TO: 5 U.S.C. § 552(b)(4), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and applicable state laws.”
Introduction:

This actuarial memorandum supports a rate filing on behalf of Blue Cross and Blue Shield of Oklahoma (BCBSOK), a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association for the Individual medical policies.

This actuarial memorandum and certifications do not guarantee the adequacy of the proposed rates. Rather, they are subject to the qualifications and/or assumptions of the actuarial memorandum and certify that the proposed rates would be adequate if the assumptions were realized. This actuarial memorandum [and any related Rate Filing Justifications (Parts I and II), proposed and/or approved rates, other rate filing documentation, attestations and/or certifications] are subject to amendment, revision and/or withdrawal (in whole or in part), if determined necessary or appropriate by BCBSOK, the attester(s), and/or the certifying actuary.

This would include, but would not be limited to, any amendment, revision and/or withdrawal necessary (in whole or in part) to address any change to and/or modifications of the premium tax credits (26 U.S.C. 36B) and/or cost-sharing reductions (42 U.S.C. 18071) by statute, regulation, court decision, and/or agency sub-regulatory guidance, implementation, administration, and/or interpretation, as well as any department or agency decision regarding BCBSOK’s product, plan and/or rate filings (in whole or in part).

This actuarial memorandum has been prepared for the sole purpose of demonstrating compliance with regulatory authority, including the Department of Health and Human Services’ Actuarial Memorandum and Certification Instructions and is not intended for and may not be appropriate for any other purpose.

4.2 General Information:

Company Identifying Information:

<table>
<thead>
<tr>
<th>Company Legal Name</th>
<th>Blue Cross and Blue Shield of Oklahoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>Oklahoma</td>
</tr>
<tr>
<td>HIOS Issuer ID</td>
<td>87571</td>
</tr>
<tr>
<td>Market</td>
<td>Individual</td>
</tr>
<tr>
<td>Effective Date</td>
<td>January 1, 2018</td>
</tr>
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</table>

Company Contact Information:

<table>
<thead>
<tr>
<th>Primary Contact Name</th>
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CONFIDENTIAL TREATMENT REQUESTED PURSUANT TO: 5 U.S.C. § 552(b)(4), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and applicable state laws.™
4.3 Proposed Rate Increase(s):

The proposed increase is 7.8% across the entire block of BCBSOK Individual ACA-compliant plans effective January 1, 2018, and reflects the expected migration to available plans. The premium rate changes will vary by plan.

The average rate increase is calculated using the 2017 rate tables, the proposed 2018 rate tables, the mapping of terminated plans to existing or new plans, and the membership distribution by plan, age, tobacco user status, and area for 2017 members in our membership system as of March 31, 2017.

Reason for Rate Increase(s):

The proposed rates are primarily based on the following factors:

- Claim experience for the population insured in the experience period,
- Anticipated medical inflation from the experience period to the projection period,
- Anticipated utilization changes from the experience period to the projection period,
- Changes in member cost sharing,
- Anticipated change in morbidity of the Single Risk Pool population,
- Anticipated change in morbidity of the market wide population, which includes a loosening on the enforcement of the individual mandate,
- Anticipated changes in demographics,
- Anticipated changes in provider networks,
- Anticipated changes in the risk adjustment program,
- Anticipated changes associated with the final Market Stabilization rule,
- Permitted rating factors (geographic area, age, and tobacco use),
- Anticipated administrative expenses including taxes and fees imposed on the insurer, and
- Changes in anticipated costs associated with the uncertainty regarding continued federal reimbursement for members' access to, eligibility for, and enrollment in Cost-Sharing Reduction (CSR) plans.

The cost relativities among products are different from the experience period to the prospective rating period due to anticipated non-uniform changes in network reimbursement levels. Additionally, the rates vary by plan due to the leveraging and utilization differences driven by variations in member cost sharing. Therefore, the proposed rates may vary by both product and plan.
4.4 Market Experience:

4.4.1 Experience Period Premium and Claims:

Paid Through Date:

Payments have been made through March 31, 2017, on claims incurred during the experience period calendar year 2016.

Premiums (net of MLR Rebate) in Experience Period:

Earned premiums were determined using corporate earned premium records. After determining earned premiums, the 2016 accrual for MLR rebates, if any, was backed out.

We do not anticipate refunding premiums through MLR rebates for 2016. The earned premiums and MLR rebates accrued are:

- Total Earned Premium in the Experience Period = $659,788,779
- MLR Rebates Accrued = $0
- Earned Premium (net of MLR rebates accrued) = $659,788,779

The 2016 rebate accrual was calculated in accordance with the prescribed methodology from the HHS MLR Report.

Allowed and Incurred Claims Incurred During the Experience Period:

Allowed claims and incurred claims are pulled from the same source(s) and calculated using a similar methodology. Only claim amounts for members in the Individual Single Risk Pool for claims which have already been processed are included in our claims data (incomplete claims).

A set of completion factors is applied to the incomplete claims to develop the expected allowed and incurred claims for the experience period.

Both allowed and incurred claims were reduced by drug manufacturer rebates.

The allowed claims incurred during the experience period are:

- Best estimate of claims incurred and paid through the claim system as of the paid through date = [Redacted]
- Best estimate of claims incurred and paid outside the claim system as of the paid through date = [Redacted]
- Best estimate of claims incurred but not paid as of the paid through date = [Redacted]
The incurred claims incurred during the experience period are:

- Best estimate of claims incurred and paid through the claim system as of the paid through date = [Redacted]
- Best estimate of claims incurred and paid outside the claim system as of the paid through date = [Redacted]
- Best estimate of claims incurred but not paid as of the paid through date = [Redacted]

Claims paid outside the claim system consist primarily of drug manufacturer rebates.

The methodology used to develop the estimate of claims incurred but not paid for both allowed claims and incurred claims in the experience period is the same. The methodology incorporates estimates based upon developed completion factors. Consideration is given to additional relevant information not fully reflected in the pricing model. Model results are evaluated for reasonableness and actuarial judgment may be applied.

The claims used to develop any completion factors reflect the experience period claims for the information submitted. The incurred but not paid claims are not unusually high or unusually low relative to the experience period claims paid.

4.4.2 Benefit Categories:

The claims experience that appears on Worksheet 1, Section II, is broken into six benefit categories: Inpatient Hospital, Outpatient Hospital, Professional, Other Medical, Capitation, and Prescription Drug. We used a combination of claim/procedure specific attributes (including but not limited to ICD-9, ICD-10, Revenue Codes, CPT4, HCPCS, and NDCs) to determine into which category each claim in the experience period falls.

<table>
<thead>
<tr>
<th>Benefit Category</th>
<th>Category Description</th>
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<tbody>
<tr>
<td>Inpatient Hospital (Units = Days)</td>
<td>Includes non-capitated facility services for medical, surgical, maternity, and other services provided in an inpatient facility setting and billed by the facility.</td>
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<tr>
<td>Outpatient Hospital (Units = Visits)</td>
<td>Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation, and other services provided in an outpatient facility setting and billed by the facility.</td>
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<tr>
<td>Professional (Units = Services)</td>
<td>Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital based professionals whose payments are included in facility fees.</td>
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<td>Other Medical (Units = See Below)</td>
<td>Includes non-capitated ambulance, DME, prosthetics, supplies, and other services.</td>
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<td>Capitation</td>
<td>Includes all services provided under one or more capitated</td>
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<td>(Units = See Below)</td>
<td>arrangements.</td>
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<td>Prescription Drug</td>
<td>includes drugs dispensed by a pharmacy, net of any rebates received from drug manufacturers.</td>
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<tr>
<td>(Units = Prescriptions)</td>
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Due to the variability of benefits included in the Other Medical benefit category, we are characterizing this as simply Annual Units per Member, such that the per-unit cost is meant to represent the annual per member allowed charges.

4.4.3 Projection Factors:

Changes in the Morbidity of the Population Insured:

Changes in Benefits:

Change in Covered Services:
Change in Benefit Richness:

Changes in Demographics:

The assumptions for changes in demographics were developed by comparing the population mix from the experience period to the assumed population mix in the projection period. The assumed population mix in the projection period was developed in the manner described in the Changes in the Morbidity of the Population Insured section.

Age/gender and area cost relativities were separately developed using internal claims data normalized for other demographic characteristics and applied to each of the 2016 single risk pool and 2018 expected population to determine the expected change in cost due to age/gender and area mix.

Other Adjustments:
Trend Factors (Cost/Utilization):

The source data has adjustments applied:

- to normalize for age and gender,
- to complete the data,
- for number/type of days of the week, holidays,
- for any one-time events not anticipated to reoccur during the projection period,
- for anticipated changes to the provider contracts that differ from those underlying the experience period, and
- for anticipated changes to prescription drug mix and utilization.

4.4.4 Credibility Manual Rate Development:

No manual rate was needed as the experience period claims are deemed fully credible as discussed in section 4.4.5 Credibility of Experience.

4.4.5 Credibility of Experience:

Full credibility has been assigned to the base period experience, appropriately adjusted to reflect the material changes anticipated between the experience period and the projected period.

This assignment of full credibility is consistent relative to:
(1) Actuarial Standard of Practice No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages, specifically section 3.4, "Professional Judgment," the ASOP states, "...In some situations, an acceptable procedure for blending the subject experience with the relevant experience may be based on the actuary assigning full, partial, or zero credibility to the subject experience without using a rigorous mathematical model," and

(2) A review of the MLR credibility standards, as described in 45 CFR Part 158, §158.230(c)(1). An MLR calculation is fully credible if it is based on the experience of 75,000 or more life-years. As such, we felt that applying 100% credibility was appropriate.

There are no material changes from the prior credibility procedures.

4.4.6 Paid to Allowed Ratio:

The paid to allowed average factor in the projection period for the market, shown in Worksheet 1, Section III, uses the assumed population distribution across the metallic plans. Each metallic plan assumes a paid to allowed ratio based entirely on BCBSOK historical experience. The paid to allowed average factor may ultimately differ from the factor presented if member migration to the metallic plans does not follow the distribution assumed.

We have made an adjustment to our projected paid claims for the members expected to enroll in a cost sharing reduction (CSR) variant plan to account for the uncertainty regarding continued federal reimbursement for these subsidies.

Worksheet 1, Section III shows an expected aggregate paid to allowed factor of [insert factor].

Worksheet 2, Section IV shows an expected aggregate paid to allowed factor of [insert factor], based on the following calculation:

Paid Amount = Total Incurred claims, payable with issuer funds (cell F94)

Allowed Amount = Total Allowed Claims (cell F87)
- Net Amount of Risk Adjustment (cell F97)

Worksheet 2 Paid to Allowed Ratio = [insert calculation]

The difference between the Worksheet 1 Paid to Allowed Ratio and the Worksheet 2 Paid to Allowed Ratio is the impact of the Risk Adjustment user fees, which are included in the values in cell F97 in Worksheet 2.
The ratio for each plan is consistent with the corresponding metallic actuarial value, but adjusted for narrow networks to be reasonably lower due to the leveraging impact of anticipated reduced claims costs associated with provider network differences.

4.4.7 Risk Adjustment and Reinsurance:

Experience Period Risk Adjustment and Reinsurance Adjustments PMPM:

Projected Risk Adjustments PMPM:

Estimates of the risk-adjustment revenue in the projection period were developed using information from the process described in the Changes in the Morbidity of the Population Insured section, and incorporating that into the risk adjustment transfer formula provided by HHS in the Final Notice of Benefit and Payment Parameters.

Market and plan level inputs to the risk adjustment transfer formula are shown in the following table.
The inputs were estimated using the following information. PLRS, IDF, GCF, ARF, and AV are defined by HHS in the Final Notice of Benefit and Payment Parameters as follows:

- **PLRS (Plan Liability Risk Score):** The baseline is estimated from the process described in the Changes in the Morbidity of the Population Insured section, then adjusted for estimated carrier risk capture efficiency. Risk capture efficiency is the ability of a carrier to properly document the risk it carries. Large carriers and carriers with experience in other risk adjustment markets (such as Medicare Advantage) are expected to more efficiently document the conditions of their members.

- **IDF (Induced Demand Factor):** This is tied to the metallic plan a member is enrolled in. Metallic distribution is sourced from the process described in the Changes in the Morbidity of the Population Insured section.

- **GCF (Geographic Cost Factor):** This is sourced from the process described in the Changes in the Morbidity of the Population Insured section and calculated as prescribed by HHS regulations.

- **ARF (Allowable Rating Factor):** The ages of enrollees are sourced from the process described in the Changes in the Morbidity of the Population Insured section, and the standard CMS age curve is applied to determine the ARF.

- **AV (Actuarial Value):** This is tied to the metallic plan a member is enrolled in. Metallic distribution is sourced from the process described in the Changes in the Morbidity of the Population Insured section.

- **Market share:** This is sourced from the process described in the Changes in the Morbidity of the Population Insured section.

- For purposes of developing the final projected risk adjustment PMPM, the market average premium has been reduced by 14% to account for the proportion of administrative costs that do not vary with claims in accordance with the final 2018 Notice of Benefit and Payment Parameters.

The final calculation of risk adjustment transfer estimate is below. Note that the risk transfer calculation is actually applied at the level of carrier/plan combination as per HHS regulations.

Net Plan Average Risk Adjustment as % of BCBSOK Premium =
Please note that the risk adjustment modeling is completed before final rates are set, which
causes the final BCBSOK premium to be different from premium used in this process. This
difference does not materially impact rate development. The above exhibit has been slightly
adjusted from the original analysis in order to be consistent with the final projected risk
adjustment PMPM and BCBSOK premium PMPM.

The pool that buys insurance and the risk of this pool was generated by the process described
in the Changes in the Morbidity of the Population Insured section. To the extent that
purchasing decisions and risk scores are different from the BCBSOK modeling results, then this
could have an impact on the transfers.

The difference between BCBSOK average premium and market average premium is sourced
from the process described in the Changes in the Morbidity of the Population Insured section.
This difference is the basis for the Net Plan Average Risk Adjustment as % of Market Premium
shown in the table above. To the extent that Market Premium differs from BCBSOK premium
other than this assumption, then this could have a significant impact on transfers.

The estimated risk adjustment transfers net of the risk adjustment user fee were allocated
uniformly to all products and plans as a percentage of the premium. For the purposes of
Worksheet 1, Section III and Worksheet 2, Section IV, we have converted the percentage of
premium as described to a PMPM. The final PMPM netted for the user fee is 6.

Projected ACA Reinsurance Recoveries Net of Reinsurance:

As stated in the final 2017 Notice of Benefit and Payment Parameters and confirmed in the final
2018 Notice of Benefit and Payment Parameters, the Federal Reinsurance Program will end
prior to 2017. Therefore, there are no anticipated contributions or payments.

4.4.8 Non-Benefit Expenses and Profit & Risk:

Administrative Expense Load:

The administrative expense load built into the pricing of the Individual products is based on
allocated expenses as they exist in the current operating model, adjusted for expected 2018
membership, expected expense inflation, and other budgeted adjustments related to the
individual block of business. Additionally, all Individual premiums include a flat load to account
for commissions, which incorporate the expected external sales commission percentage and
Marketplace User Fees.

The source data is based on allocated expenses applicable to each line of business as they exist
in the current operating model which has been adjusted for expected expense inflation,
expected membership in 2018, and changes in operations as a result of the Marketplace.
Membership in 2018 is aligned with the projected membership as described in the Changes in the Morbidity of the Population Insured section.

Administrative expenses are allocated uniformly as a percentage of premium across all products and plans.

Profit (or Contribution to Surplus) & Risk Margin:

The pre-tax target contribution to surplus, inclusive of underwriting gain/loss margin and any additional risk margin, is [ ] of the billed premiums. [ ] The target as a percent of premium has not changed from the prior submission.

Please note, there is a distinction between the pricing margin used in ratemaking, which is [ ], and the pre-tax target contribution to surplus. The pricing margin used for ratemaking includes an adjustment for not being able to collect premium from terminating Advanced Premium Tax Credit (APTC) eligible members in the first month of their grace period and also includes a contingency to account for uncertainty regarding continued federal reimbursement for members' access to, eligibility for, and enrollment in Cost-Sharing Reduction (CSR) plans. Both of these adjustments were accounted for in the prior submission.

Taxes and Fees:

All taxes and fees, whether calculated as a PMPM, PMPY, or percentage of premium, are allocated uniformly as a percentage of premiums across all products and plans.

The following Taxes and Fees may be subtracted from premiums for purposes of calculating MLR:

<table>
<thead>
<tr>
<th>State Premium Tax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Fee on Health Insurers</td>
</tr>
<tr>
<td>High Risk Pool Assessments</td>
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<tr>
<td>PCORI Fee</td>
</tr>
<tr>
<td>Marketplace User Fee</td>
</tr>
<tr>
<td>Miscellaneous Taxes</td>
</tr>
<tr>
<td>Federal Income Tax</td>
</tr>
</tbody>
</table>
As described in the Changes in the Morbidity of the Population Insured section, the anticipated membership was allocated to networks, Marketplace participation, and metallic level using internal assumptions. The allocations were based on members’ presumed income levels, prior insured status, and the number of networks available in the insured geographic location. From this allocation, assumed premium levels were assigned to each member based on their demographic characteristics and allowable rating variables so that the market level Marketplace User Fee was determined as total Marketplace participation premium divided by total premium for on and off Marketplace business.

### 4.5 Projected Loss Ratio:

The projected loss ratio using the Federally prescribed MLR methodology is [formula]. The MLR calculation is in accordance with the formula in the HHS Notice of Benefits and Payment Parameters.

\[
MLR = \frac{(i + q + n - r)}{((p - n + r) - t - f - (-n + r))} + c
\]

Which simplifies to,

\[
MLR = \left[\frac{(i + q + n - r)}{(p + t + f)}\right] + c
\]

Where,
- \( i \) = incurred claims
- \( q \) = expenditures on quality improving activities
- \( p \) = earned premiums
- \( t \) = Federal and State taxes and assessments
- \( f \) = licensing and regulatory fees, including transitional reinsurance contributions
- \( n \) = issuer’s risk corridors and risk adjustment related payments
- \( r \) = issuer’s risk corridors and risk adjustment related receipts
- \( c \) = credibility adjustment, if any

The following are the values for each component listed above stated as a percentage of premium:

- \( i \) =
- \( q \) =
- \( p \) =
- \( t \) =
- \( f \) =
- \( n \) =

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The projected MLR is greater than 80%.

4.6 Application of Market Reform Rating Rules:

4.6.1 Single Risk Pool:

The Single Risk Pool for the experience period includes all non-grandfathered covered lives in the Oklahoma Individual market. This includes transitional products and plans. The Single Risk Pool for the projection period includes all covered lives projected to enroll in a fully ACA-compliant plan during the projection period.

4.6.2 Index Rate:

The index rate represents the estimated total allowed claims per member per month (PMPM) for all non-grandfathered plans for essential health benefits (EHBs) in the Oklahoma Individual market.

The Index Rate is then adjusted for:

- Expected payments and charges under the Risk Adjustment program including the Risk Adjustment User Fee,
- Marketplace user fees, on a market wide basis,
- Administrative costs excluding Marketplace user fees,
- Other taxes and fees as described in the Taxes and Fees section, and
- Contribution to Surplus & Risk Margin.

The plan rate level can be determined by further adjusting the Index Rate for:
4.6.3 Market Adjusted Index Rate:

The Market Adjusted Index Rate is the Index Rate adjusted for all allowable market wide modifiers defined in the market rating rules, on an allowed basis (grossed up by the expected paid to allowed ratio). These modifiers include Risk Adjustment and Marketplace user fees.

The Market Adjusted Index Rate is calculated as follows:

\[ \text{MAIR} = \text{IR} - \text{RA} + \text{MUFA} \]

Where,
- \( \text{MAIR} = \text{Market Adjusted Index Rate} \)
- \( \text{IR} = \text{Index Rate} \)
- \( \text{RA} = \text{Risk Adjustment} \)
- \( \text{MUFA} = \text{Marketplace User Fee Adjustment} \)

The Payments and Contributions for the Risk Adjustment program are described in the Risk Adjustment and Reinsurance section. The Marketplace User Fee is described in the Taxes and Fees section.

4.6.4 Plan Adjusted Index Rate:

The Plan Adjusted Index Rate is the Market Adjusted Index Rate adjusted for the AV Pricing Value.

The AV Pricing Value is made up of the following components:
The AV Pricing Value is the product of these components. The values for each of these components and the final resulting AV Pricing Value for each Standard Component ID can be found in the AV Pricing Values section.

For catastrophic plans, an adjustment was made to reflect the differences in anticipated demographics and morbidity of the catastrophic plans as compared to the Single Risk Pool.

### 4.6.5 Calibration:

**Age Curve Calibration:**

The approximate weighted average age associated with the projected 2018 Single Risk Pool is 33. The approximate average age factor associated with the projected Single Risk Pool is 0.16.

This factor was developed using the projected membership for the Single Risk Pool in conjunction with the CMS standard age curve. The member-weighted average age factor for the expected 2018 population is calculated as follows: \( \frac{\sum \text{CMS Age Factor} \times 2018 \text{ Rated Member Months}}{\sum \text{2018 Total Member Months}} \).

According to the 2018 Unified Rate Review instructions, CMS will allow for the application of a factor of zero (0) for the distribution of members expected to pay no premium when developing the approximate weighted average age to account for the lost revenue due to the three under age 21 child dependent cap. Therefore, a distribution of 2018 projected membership for the Single Risk Pool expected to pay no premium was developed and used in the development of member-weighted average age factor.

The following table below shows the projected 2018 membership distribution by age.

<table>
<thead>
<tr>
<th>Age</th>
<th>Age Factor</th>
<th>Projected Rated Member Months</th>
<th>Projected Non-Rated Member Months</th>
<th>Age</th>
<th>Age Factor</th>
<th>Projected Rated Member Months</th>
<th>Projected Non-Rated Member Months</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Age</th>
<th>Age Factor</th>
<th>Projected Rated Member Months</th>
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The age calibration adjustment is not plan specific, and the same factor is applied for all plans in the projected Single Risk Pool.

**Geographic Factor Calibration:**

CONFIDENTIAL TREATMENT REQUESTED PURSUANT TO: 5 U.S.C. § 552(b)(4), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and applicable state laws.
The following table shows the 2018 geographic area factors and the projected membership distribution used to develop the geographic area calibration adjustment.

<table>
<thead>
<tr>
<th>Rating Area</th>
<th>Geographic Factor</th>
<th>Projected Member Months</th>
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</thead>
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<td>Rating Area 1: Fort Smith, AR-OK</td>
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<td>Rating Area 5: Non MSA</td>
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The geographic area calibration adjustment is not plan specific, and the same factor is applied for all plans in the projected Single Risk Pool.

**Tobacco Use Rating Factor Calibration:**

The average tobacco use rating factor associated with the projected Single Risk Pool only reflects the expected surcharge collected for tobacco users and is equal to [fill in]. It is calculated as follows:

[fill in formula]

where non-tobacco users are assigned a factor of [fill in].

The tobacco use rating factors by age are identical to the factors used for 2015, 2016, and 2017. The tobacco use rating factors were developed by comparing individual claims costs by age for tobacco and non-tobacco users after normalizing for other variables such as rating area, gender, and underwriting duration.

The following table shows the 2018 tobacco use rating factors by age and the projected membership distribution used to develop the tobacco use rating factor calibration. Note that non-tobacco users have a factor of [fill in].
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<th>Age</th>
<th>Age Factor</th>
<th>Tobacco Use Rating Factor</th>
<th>Projected Tobacco User Member Months</th>
<th>Projected Non Tobacco User Member Months</th>
<th>Projected Total Member Months</th>
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The tobacco use rating factor calibration adjustment is not plan specific, and the same factor is applied for all plans in the projected Single Risk Pool.

4.6.6 Consumer Adjusted Premium Rate Development:

The Consumer Adjusted Premium Rate is calculated by first dividing the Plan Adjusted Index Rate by the age calibration factor, the geographic calibration factor, and the tobacco use rating factor calibration factor. The result can then be multiplied by the individual's specific age factor, geographic factor, and tobacco factor, to determine the approximate Consumer Adjusted Premium Rate (CAPR). The premium for family coverage is determined by summing
the premiums for each individual family member, provided at most three child dependents under age 21 are taken into account.

\[ \text{CAPR} = \frac{\text{Plan Adjusted Index Rate}}{\text{Age Calibration} \times \text{Geographic Calibration} \times \text{Tobacco Calibration} \times \text{Geographic Factor} \times \text{Tobacco Factor}} \times \text{Age Factor} \]

Example calculation for age 40 non-tobacco user in Rating Area 1

Plan: Blue Preferred Gold PPO 205, 87571OK0320088  
Plan Adjusted Index Rate = [Blank]  
Age Calibration = [Blank]  
Geographic Calibration = [Blank]  
Tobacco Calibration = [Blank]  
Age 40 Factor = [Blank]  
Non-Tobacco Factor = [Blank]  
Rating Area 1 Factor = [Blank]

\[ \text{CAPR} = \text{[Blank]} \]

The Premium Rate listed in the Rates Template is [Blank]. Any differences are due to rounding.

4.7 Plan Product Info

4.7.1 AV Metal Values:

The AV Metal Values included in Worksheet 2 of the Part I Unified Rate Review Template are based entirely on the AV Calculator results. While certain member cost-sharing features may not be fully compatible with the AV Calculator parameters and potentially remain unaccounted for, the impact of these features is likely small enough that no plan's metallic status would be impacted.

4.7.2 AV Pricing Values:

The AV Pricing value represents the relative cost of each plan. The table below indicates the portion of the AV Pricing Value that is attributable to each of the allowable modifiers to the Index Rate, as described in 45 CFR Part 156, §156.80(d)(2).
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<th>Standard Component ID</th>
<th>AV Pricing Value</th>
<th>Provider Network</th>
<th>Cost-Sharing</th>
<th>Benefits in Addition to EHBs</th>
<th>Catastrophic Plan Eligibility</th>
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The following is the definition of each cost sharing reduction (CSR) variant:

- **00** = Off Marketplace
- **01** = On Marketplace with no CSR
- **02** = Zero Cost Sharing Plan

CONFIDENTIAL TREATMENT REQUESTED PURSUANT TO: 5 U.S.C. § 552(b)(4), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and applicable state laws."
- 03 = Limited Cost Sharing Plan
- 04 = 73% AV Level Silver Plan CSR (200% to 250% of FPL)
- 05 = 87% AV Level Silver Plan CSR (150% to 200% of FPL)
- 06 = 94% AV Level Silver Plan CSR (100% to 150% of FPL)

### 4.7.4 Terminated Products:

The following products will be terminated prior to January 1, 2018. The 2018 Standard Component ID listed is the plan to which the terminated plan will be mapped.

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*The product ID is listed for terminated transitional plans.

**4.7.5 Plan Type:**

All health plans fit the plan types listed in the drop-down box in Worksheet 2, Section 1 of the URRT.

**4.7.6 Warning Alerts:**

All warning alerts in the URRT are indicated as "OK".

**4.8 Miscellaneous Instructions:**

**4.8.2 Reliance:**

I have relied upon financial data, summaries and analyses prepared by responsible officers and employees of Health Care Service Corporation, and my analysis included such review of the assumptions as I considered necessary.

**4.8.3 Actuarial Certification:**

I, [Name], am a Fellow of the Society of Actuaries, a Member of the American Academy of Actuaries in good standing, and I meet the qualification standards necessary to prepare and certify rate filings for health plan entities.

This memorandum has been prepared in conformity with the applicable Actuarial Standards of Practice, including:

- ASOP® No. 1, Introductory Actuarial Standard of Practice
- ASOP No. 5, Incurred Health and Disability Claims
- ASOP No. 8, Regulatory Filings for Health Plan Entities
- ASOP No. 12, Risk Classification
- ASOP No. 23, Data Quality
- ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- ASOP No. 41, Actuarial Communications

CONFIDENTIAL TREATMENT REQUESTED PURSUANT TO: 5 U.S.C. § 552(b)(4), 45 C.F.R. §§ 5.31(d) and (f), the Trade Secrets Act (18 U.S.C. § 1905) and applicable state laws.”
• ASOP No. 50, Determining Minimum Value and Actuarial Value under the Affordable Care Act

I hereby certify to the best of my knowledge that:

1. I am a member of the American Academy of Actuaries.
2. The projected index rate is:
   a. In compliance with all applicable State and Federal statutes and regulations (45 CFR 156.80 and 45 CFR 147.102),
   b. Developed in compliance with the applicable Actuarial Standards of Practice,
   c. Reasonable in relation to the benefits provided and the population anticipate to be covered, and
   d. Neither excessive nor deficient.
3. The index rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
4. The percent of total premium that represents essential health benefits included in Worksheet 2, Sections III and IV were calculated in accordance with actuarial standards of practice.
5. The geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
6. 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.

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

Respectfully submitted,

Date: August 10, 2017