

SERFF Tracking Number: INAC-127953618 State: Pennsylvania  
 Filing Company: Keystone Health Plan East, Inc. State Tracking Number: INAC-127953618  
 Company Tracking Number:  
 TOI: HOrg02I Individual Health Organizations - Sub-TOI: HOrg02I.005D Individual - HMO  
 Health Maintenance (HMO)  
 Product Name: KHPE Medically Underwritten Individual HMO  
 Project Name/Number: July 1, 2012/

## Filing at a Glance

Company: Keystone Health Plan East, Inc.  
 Product Name: KHPE Medically Underwritten Individual HMO  
 TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)  
 Sub-TOI: HOrg02I.005D Individual - HMO  
 Filing Type: Rate - M.U. (Medically underwritten)  
 SERFF Tr Num: INAC-127953618 State: Pennsylvania  
 SERFF Status: Assigned State Tr Num: INAC-127953618  
 Co Tr Num: State Status: Received Review in Progress  
 Reviewer(s): Rashmi Mathur (AH)  
 Authors: Tony Mazur, Susan Mielbrecht, Gretchen Walsh, Beth Forman  
 Date Submitted: 01/06/2012 Disposition Date:  
 Disposition Status:  
 Implementation Date Requested: 07/01/2012 Implementation Date:  
 State Filing Description:  
 ind rri=9.8%

## General Information

Project Name: July 1, 2012 Status of Filing in Domicile: Pending  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: PA is state of domicile.  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type: Individual, Non Employer Group - Individual  
 Overall Rate Impact: 9.8% Filing Status Changed: 01/09/2012  
 State Status Changed: 01/09/2012  
 Deemer Date: 04/04/2012 Created By: Tony Mazur  
 Submitted By: Tony Mazur Corresponding Filing Tracking Number:  
 PPACA: Not PPACA-Related  
 PPACA Notes: null

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Health Maintenance (HMO)  
Product Name: KHPE Medically Underwritten Individual HMO  
Project Name/Number: July 1, 2012/

**Filing Description:**

This is a rate filing for seven existing Medically Underwritten Individual HMO plans with a proposed effective date of July 1, 2012. A cover letter is included within the rate filing PDF.

**Company and Contact**

**Filing Contact Information**

Beth Forman, Sr. Associate Actuary beth.forman@ibx.com  
1901 Market Street, 39th Floor 215-241-9314 [Phone]  
Philadelphia, PA 19103 215-241-2544 [FAX]

**Filing Company Information**

Keystone Health Plan East, Inc. CoCode: 95056 State of Domicile: Pennsylvania  
1901 Market Street Group Code: 936 Company Type: LAH  
Philadelphia, PA 19103 Group Name: Independence Blue State ID Number:  
Cross  
(215) 241-2215 ext. [Phone] FEIN Number: 23-2405376  
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**Filing Fees**

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: Yes

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 (HMO)  
 Product Name: KHPE Medically Underwritten Individual HMO  
 Project Name/Number: July 1, 2012/

**Rate Information**

Rate data applies to filing.

**Filing Method:** Review and Approval  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 6.900%  
**Effective Date of Last Rate Revision:** 07/01/2011  
**Filing Method of Last Filing:** Review and Approval

**Company Rate Information**

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Keystone Health Plan East, Inc.	Increase	9.800%	9.800%	\$7,073,524	19,078	\$72,178,819	9.800%	9.800%
<b>Product Type:</b>	<b>HMO</b>	<b>PPO</b>	<b>EPO</b>	<b>POS</b>	<b>HSA</b>	<b>HDHP</b>	<b>FFS</b>	<b>Other</b>
<b>Covered Lives:</b>	29,537							
<b>Policy Holders:</b>	19,078							

SERFF Tracking Number: INAC-127953618 State: Pennsylvania  
Filing Company: Keystone Health Plan East, Inc. State Tracking Number: INAC-127953618  
Company Tracking Number:  
TOI: HOrg02I Individual Health Organizations - Health Maintenance Sub-TOI: HOrg02I.005D Individual - HMO  
(HMO)  
Product Name: KHPE Medically Underwritten Individual HMO  
Project Name/Number: July 1, 2012/

## Rate Review Details

### COMPANY:

Company Name: Keystone Health Plan East, Inc.  
HHS Issuer Id: 33871  
Product Names: Medically Underwritten Individual HMO  
Trend Factors:

### FORMS:

New Policy Forms:  
Affected Forms:  
Other Affected Forms: KE 621 IND COV REV. 12/07, AMND KE IND P931-5, AMND KE IND 931-7, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev. 04.11, KE 557 IND V Rev. 12/07, KE FDED 621 IND COV, AMND KE IND 931-6, PA FDED 621 IND SC

### REQUESTED RATE CHANGE

#### INFORMATION:

Change Period: Annual  
Member Months: 329,785  
Benefit Change: None  
Percent Change Requested: Min: 9.8 Max: 9.8 Avg: 9.8

#### PRIOR RATE:

Total Earned Premium: 78,581,562.00  
Total Incurred Claims: 61,918,195.00  
Annual \$: Min: 89.00 Max: 2,202.00 Avg: 342.00

#### REQUESTED RATE:

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Company Tracking Number:  
TOI: HOrg02I Individual Health Organizations - Health Maintenance Sub-TOI: HOrg02I.005D Individual - HMO  
(HMO)  
Product Name: KHPE Medically Underwritten Individual HMO  
Project Name/Number: July 1, 2012/  
Projected Earned Premium: 78,224,834.00  
Projected Incurred Claims: 64,464,983.00  
Annual \$: Min: 98.00 Max: 2,418.00 Avg: 376.00

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 Health Maintenance (HMO)  
 Product Name: KHPE Medically Underwritten Individual HMO  
 Project Name/Number: July 1, 2012/

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	KHPE HMO IMUP Rate Schedule July 2012	KE 621 IND COV New REV. 12/07, AMND KE IND P931-5, AMND KE IND 931-7, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev. 04.11, KE 557 IND V Rev. 12/07, KE FDED 621 IND COV, AMND KE IND 931-6, PA FDED 621 IND SC			khpe hmo imup rate schedule july 2012.pdf

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Standard Risk (Contract Risk Category 1)**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Standard - Contract Risk Category 1								
Option 1 HMO 10 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$172.89	\$172.89	\$517.37	\$517.37	\$344.48	\$344.48	\$688.96	\$688.96
19-24	\$179.34	\$264.50	\$523.81	\$608.96	\$443.82	\$443.82	\$788.30	\$788.30
25-29	\$187.08	\$345.76	\$532.85	\$691.53	\$534.13	\$534.13	\$878.61	\$878.61
30-34	\$216.75	\$370.28	\$561.23	\$714.77	\$587.03	\$587.03	\$931.51	\$931.51
35-39	\$252.87	\$370.28	\$597.36	\$714.77	\$623.16	\$623.16	\$967.63	\$967.63
40-44	\$300.61	\$379.32	\$645.09	\$723.79	\$679.91	\$679.91	\$1,024.40	\$1,024.40
45-49	\$376.73	\$424.46	\$721.21	\$768.94	\$801.20	\$801.20	\$1,145.68	\$1,145.68
50-54	\$519.95	\$483.82	\$864.42	\$828.30	\$1,003.76	\$1,003.76	\$1,348.25	\$1,348.25
55-59	\$686.37	\$594.78	\$1,032.14	\$939.25	\$1,282.44	\$1,282.44	\$1,626.92	\$1,626.92
60-64	\$932.81	\$712.18	\$1,277.27	\$1,056.65	\$1,644.98	\$1,644.98	\$1,989.46	\$1,989.46
65+	\$1,268.24	\$805.08	\$1,612.72	\$1,149.55	\$2,073.31	\$2,073.31	\$2,417.80	\$2,417.80
65+*	\$965.05	\$619.28	\$1,309.53	\$963.76	\$1,583.04	\$1,583.04	\$1,928.82	\$1,928.82

Standard - Contract Risk Category 1								
Option 2 HMO 15 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$157.41	\$157.41	\$470.92	\$470.92	\$314.81	\$314.81	\$628.31	\$628.31
19-24	\$162.56	\$236.10	\$477.37	\$550.90	\$398.66	\$398.66	\$713.47	\$713.47
25-29	\$169.02	\$309.65	\$483.82	\$624.45	\$479.95	\$479.95	\$793.46	\$793.46
30-34	\$196.11	\$330.28	\$509.63	\$645.09	\$526.39	\$526.39	\$841.20	\$841.20
35-39	\$228.36	\$330.28	\$541.87	\$645.09	\$558.65	\$558.65	\$873.45	\$873.45
40-44	\$269.65	\$338.03	\$584.45	\$651.54	\$607.68	\$607.68	\$921.19	\$921.19
45-49	\$336.73	\$378.03	\$650.26	\$692.82	\$714.77	\$714.77	\$1,028.27	\$1,028.27
50-54	\$461.88	\$429.64	\$775.40	\$744.43	\$891.51	\$891.51	\$1,205.03	\$1,205.03
55-59	\$608.96	\$527.68	\$923.76	\$842.48	\$1,136.65	\$1,136.65	\$1,451.46	\$1,451.46
60-64	\$824.42	\$630.90	\$1,139.23	\$945.71	\$1,455.31	\$1,455.31	\$1,770.12	\$1,770.12
65+	\$1,118.58	\$713.47	\$1,433.38	\$1,026.97	\$1,832.05	\$1,832.05	\$2,146.85	\$2,146.85
65+*	\$852.81	\$549.61	\$1,166.33	\$863.13	\$1,401.12	\$1,401.12	\$1,715.93	\$1,715.93

Standard - Contract Risk Category 1								
Option 3 HMO 20 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$143.21	\$143.21	\$429.64	\$429.64	\$286.42	\$286.42	\$572.84	\$572.84
19-24	\$148.37	\$214.16	\$434.79	\$500.59	\$362.54	\$362.54	\$648.96	\$648.96
25-29	\$154.82	\$278.67	\$441.24	\$565.10	\$432.22	\$432.22	\$718.62	\$718.62
30-34	\$178.04	\$296.75	\$464.46	\$583.16	\$473.49	\$473.49	\$759.91	\$759.91
35-39	\$205.14	\$296.75	\$491.56	\$583.16	\$501.87	\$501.87	\$788.30	\$788.30
40-44	\$243.84	\$303.20	\$530.27	\$589.60	\$545.75	\$545.75	\$832.17	\$832.17
45-49	\$301.91	\$338.03	\$588.32	\$624.45	\$639.93	\$639.93	\$926.34	\$926.34
50-54	\$411.56	\$383.18	\$697.99	\$669.60	\$794.74	\$794.74	\$1,081.17	\$1,081.17
55-59	\$540.58	\$470.92	\$827.00	\$757.33	\$1,011.50	\$1,011.50	\$1,297.91	\$1,297.91
60-64	\$732.82	\$561.23	\$1,019.24	\$847.65	\$1,294.05	\$1,294.05	\$1,580.47	\$1,580.47
65+	\$990.86	\$633.48	\$1,277.27	\$919.90	\$1,625.62	\$1,625.62	\$1,912.05	\$1,912.05
65+*	\$756.04	\$488.97	\$1,042.46	\$775.40	\$1,246.31	\$1,246.31	\$1,532.73	\$1,532.73

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Standard Risk (Contract Risk Category 1)**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Standard - Contract Risk Category 1								
Option 4 1500 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$117.41	\$117.41	\$353.51	\$353.51	\$234.82	\$234.82	\$470.92	\$470.92
19-24	\$122.57	\$170.31	\$357.38	\$405.12	\$291.57	\$291.57	\$527.68	\$527.68
25-29	\$126.43	\$216.75	\$361.25	\$452.85	\$343.18	\$343.18	\$578.00	\$578.00
30-34	\$143.21	\$230.94	\$378.03	\$467.05	\$374.15	\$374.15	\$610.26	\$610.26
35-39	\$163.84	\$230.94	\$399.96	\$467.05	\$396.08	\$396.08	\$630.90	\$630.90
40-44	\$190.94	\$237.40	\$427.05	\$472.19	\$428.34	\$428.34	\$663.16	\$663.16
45-49	\$234.82	\$261.91	\$470.92	\$498.00	\$498.00	\$498.00	\$732.82	\$732.82
50-54	\$316.10	\$296.75	\$550.90	\$531.55	\$612.84	\$612.84	\$847.65	\$847.65
55-59	\$412.86	\$359.96	\$647.67	\$596.06	\$772.82	\$772.82	\$1,007.62	\$1,007.62
60-64	\$553.48	\$427.05	\$788.30	\$661.86	\$979.24	\$979.24	\$1,215.34	\$1,215.34
65+	\$744.43	\$481.24	\$979.24	\$716.05	\$1,224.38	\$1,224.38	\$1,460.48	\$1,460.48
65+*	\$571.55	\$374.15	\$806.37	\$610.26	\$945.71	\$945.71	\$1,180.51	\$1,180.51

Standard - Contract Risk Category 1								
Option 5 2500 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$105.79	\$105.79	\$318.67	\$318.67	\$212.88	\$212.88	\$425.76	\$425.76
19-24	\$109.67	\$149.66	\$321.25	\$362.54	\$259.33	\$259.33	\$472.19	\$472.19
25-29	\$113.53	\$189.66	\$326.41	\$402.54	\$303.20	\$303.20	\$516.07	\$516.07
30-34	\$127.73	\$201.26	\$340.61	\$414.14	\$329.00	\$329.00	\$541.87	\$541.87
35-39	\$144.50	\$201.26	\$357.38	\$414.14	\$345.76	\$345.76	\$558.65	\$558.65
40-44	\$167.72	\$205.14	\$380.61	\$418.02	\$372.86	\$372.86	\$585.75	\$585.75
45-49	\$203.84	\$227.07	\$416.73	\$439.95	\$430.92	\$430.92	\$643.80	\$643.80
50-54	\$273.52	\$256.75	\$486.39	\$469.63	\$530.27	\$530.27	\$743.14	\$743.14
55-59	\$354.81	\$310.93	\$567.68	\$522.53	\$664.44	\$664.44	\$877.32	\$877.32
60-64	\$472.19	\$366.41	\$685.09	\$578.00	\$837.32	\$837.32	\$1,050.20	\$1,050.20
65+	\$633.48	\$411.56	\$846.35	\$624.45	\$1,045.04	\$1,045.04	\$1,257.92	\$1,257.92
65+*	\$487.69	\$321.25	\$700.57	\$534.13	\$808.94	\$808.94	\$1,021.82	\$1,021.82

Standard - Contract Risk Category 1								
Option 6 5000 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$98.05	\$98.05	\$292.87	\$292.87	\$196.11	\$196.11	\$390.93	\$390.93
19-24	\$100.63	\$138.04	\$296.75	\$332.86	\$238.68	\$238.68	\$433.49	\$433.49
25-29	\$104.51	\$171.60	\$300.61	\$367.71	\$276.10	\$276.10	\$472.19	\$472.19
30-34	\$117.41	\$181.92	\$313.51	\$376.73	\$299.33	\$299.33	\$495.43	\$495.43
35-39	\$132.89	\$181.92	\$329.00	\$376.73	\$314.81	\$314.81	\$510.91	\$510.91
40-44	\$153.53	\$185.79	\$348.35	\$381.88	\$339.31	\$339.31	\$534.13	\$534.13
45-49	\$184.50	\$205.14	\$380.61	\$401.24	\$389.64	\$389.64	\$585.75	\$585.75
50-54	\$245.13	\$229.65	\$441.24	\$425.76	\$474.79	\$474.79	\$670.89	\$670.89
55-59	\$316.10	\$277.40	\$512.20	\$473.49	\$593.48	\$593.48	\$789.59	\$789.59
60-64	\$419.32	\$326.41	\$615.41	\$521.23	\$745.72	\$745.72	\$941.83	\$941.83
65+	\$561.23	\$366.41	\$757.33	\$561.23	\$927.63	\$927.63	\$1,122.45	\$1,122.45
65+*	\$432.22	\$287.71	\$628.31	\$483.82	\$719.91	\$719.91	\$916.03	\$916.03

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Standard Risk (Contract Risk Category 1)**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Standard - Contract Risk Category 1								
Option 7 HMO 30 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, AMND KE IND 931-7, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev. 04.11 and KE 557 IND V Rev. 12/07 )								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$138.04	\$138.04	\$412.86	\$412.86	\$274.81	\$274.81	\$549.61	\$549.61
19-24	\$141.92	\$202.56	\$416.73	\$477.37	\$344.48	\$344.48	\$619.28	\$619.28
25-29	\$147.09	\$261.91	\$421.88	\$536.71	\$410.28	\$410.28	\$685.09	\$685.09
30-34	\$169.02	\$278.67	\$443.82	\$554.78	\$447.69	\$447.69	\$722.49	\$722.49
35-39	\$196.11	\$278.67	\$470.92	\$554.78	\$474.79	\$474.79	\$749.59	\$749.59
40-44	\$229.65	\$286.42	\$504.47	\$561.23	\$516.07	\$516.07	\$790.88	\$790.88
45-49	\$285.13	\$318.67	\$559.94	\$593.48	\$603.80	\$603.80	\$878.61	\$878.61
50-54	\$387.06	\$361.25	\$661.86	\$636.06	\$748.30	\$748.30	\$1,023.12	\$1,023.12
55-59	\$507.05	\$442.54	\$783.14	\$717.33	\$949.56	\$949.56	\$1,224.38	\$1,224.38
60-64	\$685.09	\$526.39	\$959.89	\$801.20	\$1,210.18	\$1,210.18	\$1,486.29	\$1,486.29
65+	\$926.34	\$593.48	\$1,201.16	\$869.58	\$1,519.83	\$1,519.83	\$1,794.64	\$1,794.64
65+*	\$707.01	\$459.29	\$983.12	\$734.11	\$1,166.33	\$1,166.33	\$1,442.41	\$1,442.41

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

Rates for all Contract Types - Contract Risk Category 2

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Contract Risk Category 2								
Option 1 HMO 10 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$188.36	\$188.36	\$563.80	\$563.80	\$375.44	\$375.44	\$750.89	\$750.89
19-24	\$194.82	\$289.00	\$570.26	\$664.44	\$483.82	\$483.82	\$859.25	\$859.25
25-29	\$203.84	\$381.88	\$580.58	\$757.33	\$585.75	\$585.75	\$961.19	\$961.19
30-34	\$237.40	\$408.98	\$612.84	\$784.42	\$646.38	\$646.38	\$1,021.82	\$1,021.82
35-39	\$277.40	\$408.98	\$652.83	\$784.42	\$686.37	\$686.37	\$1,061.82	\$1,061.82
40-44	\$331.57	\$418.02	\$707.01	\$794.74	\$749.59	\$749.59	\$1,126.33	\$1,126.33
45-49	\$415.44	\$468.34	\$790.88	\$843.78	\$883.78	\$883.78	\$1,259.21	\$1,259.21
50-54	\$575.42	\$534.13	\$952.15	\$910.86	\$1,110.85	\$1,110.85	\$1,486.29	\$1,486.29
55-59	\$762.50	\$660.57	\$1,137.93	\$1,036.02	\$1,423.06	\$1,423.06	\$1,798.51	\$1,798.51
60-64	\$1,037.30	\$789.59	\$1,412.75	\$1,166.33	\$1,826.89	\$1,826.89	\$2,203.62	\$2,203.62
65+	\$1,411.46	\$895.39	\$1,786.90	\$1,270.83	\$2,306.83	\$2,306.83	\$2,682.27	\$2,682.27
65+*	\$1,073.43	\$686.37	\$1,448.87	\$1,061.82	\$1,759.81	\$1,759.81	\$2,135.25	\$2,135.25

Contract Risk Category 2								
Option 2 HMO 15 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$170.31	\$170.31	\$509.63	\$509.63	\$339.31	\$339.31	\$679.91	\$679.91
19-24	\$176.76	\$259.33	\$516.07	\$599.94	\$436.08	\$436.08	\$776.69	\$776.69
25-29	\$184.50	\$339.31	\$525.10	\$679.91	\$525.10	\$525.10	\$864.42	\$864.42
30-34	\$214.16	\$365.12	\$553.48	\$704.43	\$579.28	\$579.28	\$918.61	\$918.61
35-39	\$249.00	\$365.12	\$588.32	\$704.43	\$612.84	\$612.84	\$953.44	\$953.44
40-44	\$295.45	\$372.86	\$636.06	\$712.18	\$668.31	\$668.31	\$1,008.92	\$1,008.92
45-49	\$370.28	\$416.73	\$709.59	\$757.33	\$787.00	\$787.00	\$1,127.61	\$1,127.61
50-54	\$510.91	\$474.79	\$851.52	\$815.40	\$985.70	\$985.70	\$1,326.30	\$1,326.30
55-59	\$673.47	\$585.75	\$1,014.07	\$925.05	\$1,259.21	\$1,259.21	\$1,599.82	\$1,599.82
60-64	\$917.31	\$700.57	\$1,256.64	\$1,039.87	\$1,617.88	\$1,617.88	\$1,957.20	\$1,957.20
65+	\$1,245.02	\$790.88	\$1,584.34	\$1,131.48	\$2,035.90	\$2,035.90	\$2,376.51	\$2,376.51
65+*	\$946.99	\$607.68	\$1,287.59	\$946.99	\$1,555.94	\$1,555.94	\$1,895.27	\$1,895.27

Contract Risk Category 2								
Option 3 HMO 20 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$154.82	\$154.82	\$464.46	\$464.46	\$309.65	\$309.65	\$619.28	\$619.28
19-24	\$159.99	\$233.52	\$469.63	\$543.17	\$393.51	\$393.51	\$703.15	\$703.15
25-29	\$169.02	\$305.77	\$477.37	\$614.12	\$473.49	\$473.49	\$783.14	\$783.14
30-34	\$193.52	\$326.41	\$503.17	\$636.06	\$519.95	\$519.95	\$828.30	\$828.30
35-39	\$225.78	\$326.41	\$534.13	\$636.06	\$550.90	\$550.90	\$860.55	\$860.55
40-44	\$265.77	\$332.86	\$574.13	\$642.51	\$598.65	\$598.65	\$906.99	\$906.99
45-49	\$331.57	\$372.86	\$641.21	\$682.51	\$704.43	\$704.43	\$1,014.07	\$1,014.07
50-54	\$455.44	\$424.46	\$765.08	\$734.11	\$879.90	\$879.90	\$1,189.54	\$1,189.54
55-59	\$599.94	\$521.23	\$908.29	\$829.58	\$1,119.87	\$1,119.87	\$1,429.51	\$1,429.51
60-64	\$814.10	\$621.86	\$1,122.45	\$931.51	\$1,434.68	\$1,434.68	\$1,744.32	\$1,744.32
65+	\$1,101.81	\$703.15	\$1,411.46	\$1,012.80	\$1,804.96	\$1,804.96	\$2,114.59	\$2,114.59
65+*	\$841.20	\$541.87	\$1,150.84	\$851.52	\$1,383.07	\$1,383.07	\$1,692.71	\$1,692.71

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Contract Risk Category 2**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Contract Risk Category 2								
Option 4 1500 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$126.43	\$126.43	\$380.61	\$380.61	\$252.87	\$252.87	\$507.05	\$507.05
19-24	\$130.31	\$184.50	\$384.46	\$438.66	\$314.81	\$314.81	\$568.97	\$568.97
25-29	\$136.76	\$237.40	\$389.64	\$491.56	\$374.15	\$374.15	\$627.02	\$627.02
30-34	\$154.82	\$252.87	\$408.98	\$507.05	\$407.69	\$407.69	\$661.86	\$661.86
35-39	\$176.76	\$252.87	\$430.92	\$507.05	\$429.64	\$429.64	\$683.79	\$683.79
40-44	\$207.72	\$258.03	\$461.88	\$512.20	\$467.05	\$467.05	\$719.91	\$719.91
45-49	\$256.75	\$286.42	\$510.91	\$540.58	\$544.45	\$544.45	\$797.32	\$797.32
50-54	\$347.06	\$325.13	\$601.22	\$579.28	\$672.18	\$672.18	\$926.34	\$926.34
55-59	\$454.14	\$396.08	\$708.31	\$650.26	\$850.23	\$850.23	\$1,104.39	\$1,104.39
60-64	\$611.55	\$470.92	\$865.71	\$725.09	\$1,082.45	\$1,082.45	\$1,336.62	\$1,336.62
65+	\$824.42	\$531.55	\$1,079.87	\$785.72	\$1,355.98	\$1,355.98	\$1,611.42	\$1,611.42
65+*	\$630.90	\$411.56	\$886.35	\$665.73	\$1,042.46	\$1,042.46	\$1,296.63	\$1,296.63

Contract Risk Category 2								
Option 5 2500 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$112.24	\$112.24	\$338.03	\$338.03	\$224.50	\$224.50	\$450.27	\$450.27
19-24	\$116.11	\$161.27	\$341.91	\$387.06	\$278.67	\$278.67	\$503.17	\$503.17
25-29	\$121.29	\$206.42	\$347.06	\$432.22	\$327.71	\$327.71	\$553.48	\$553.48
30-34	\$136.76	\$219.33	\$362.54	\$445.12	\$356.08	\$356.08	\$580.58	\$580.58
35-39	\$156.11	\$219.33	\$381.88	\$445.12	\$375.44	\$375.44	\$601.22	\$601.22
40-44	\$181.92	\$223.20	\$407.69	\$448.98	\$405.12	\$405.12	\$630.90	\$630.90
45-49	\$223.20	\$249.00	\$448.98	\$474.79	\$472.19	\$472.19	\$697.99	\$697.99
50-54	\$299.33	\$279.97	\$525.10	\$505.75	\$579.28	\$579.28	\$805.08	\$805.08
55-59	\$389.64	\$340.61	\$615.41	\$566.38	\$728.95	\$728.95	\$954.73	\$954.73
60-64	\$521.23	\$403.83	\$748.30	\$629.60	\$925.05	\$925.05	\$1,150.84	\$1,150.84
65+	\$701.86	\$454.14	\$927.63	\$679.91	\$1,154.71	\$1,154.71	\$1,381.78	\$1,381.78
65+*	\$538.00	\$352.22	\$765.08	\$579.28	\$891.51	\$891.51	\$1,117.29	\$1,117.29

Contract Risk Category 2								
Option 6 5000 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$104.51	\$104.51	\$312.23	\$312.23	\$207.72	\$207.72	\$416.73	\$416.73
19-24	\$107.09	\$147.09	\$316.10	\$356.08	\$254.17	\$254.17	\$463.17	\$463.17
25-29	\$110.95	\$187.08	\$319.96	\$396.08	\$298.03	\$298.03	\$507.05	\$507.05
30-34	\$125.14	\$198.69	\$334.15	\$407.69	\$323.83	\$323.83	\$531.55	\$531.55
35-39	\$141.92	\$198.69	\$350.93	\$407.69	\$340.61	\$340.61	\$548.33	\$548.33
40-44	\$163.84	\$202.56	\$372.86	\$411.56	\$366.41	\$366.41	\$575.42	\$575.42
45-49	\$201.26	\$223.20	\$410.28	\$432.22	\$424.46	\$424.46	\$633.48	\$633.48
50-54	\$268.35	\$251.58	\$477.37	\$460.59	\$519.95	\$519.95	\$728.95	\$728.95
55-59	\$347.06	\$303.20	\$556.07	\$512.20	\$650.26	\$650.26	\$859.25	\$859.25
60-64	\$461.88	\$358.66	\$672.18	\$567.68	\$820.55	\$820.55	\$1,029.56	\$1,029.56
65+	\$619.28	\$403.83	\$829.58	\$612.84	\$1,023.12	\$1,023.12	\$1,232.12	\$1,232.12
65+*	\$477.37	\$314.81	\$687.67	\$523.81	\$792.17	\$792.17	\$1,001.17	\$1,001.17

\* Member/Subscriber is covered by Medicare.

**7/1/12 Rate Development - Rate Increases**

**Rates for all Contract Types - Standard Risk (Contract Risk Category 2)**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Standard - Contract Risk Category 2								
Option 7 HMO 30 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, AMND KE IND 931-7, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev. 04.11 and KE 557 IND V Rev. 12/07 )								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$147.09	\$147.09	\$443.82	\$443.82	\$295.45	\$295.45	\$590.90	\$590.90
19-24	\$153.53	\$220.62	\$448.98	\$517.37	\$374.15	\$374.15	\$669.60	\$669.60
25-29	\$159.99	\$286.42	\$456.72	\$583.16	\$446.39	\$446.39	\$743.14	\$743.14
30-34	\$183.21	\$305.77	\$478.65	\$602.51	\$488.97	\$488.97	\$785.72	\$785.72
35-39	\$211.60	\$305.77	\$508.33	\$602.51	\$518.65	\$518.65	\$814.10	\$814.10
40-44	\$250.30	\$313.51	\$547.03	\$610.26	\$563.80	\$563.80	\$859.25	\$859.25
45-49	\$312.23	\$349.64	\$608.96	\$646.38	\$661.86	\$661.86	\$958.61	\$958.61
50-54	\$425.76	\$397.38	\$722.49	\$694.11	\$823.13	\$823.13	\$1,119.87	\$1,119.87
55-59	\$561.23	\$487.69	\$857.98	\$784.42	\$1,048.92	\$1,048.92	\$1,345.65	\$1,345.65
60-64	\$758.62	\$580.58	\$1,056.65	\$877.32	\$1,339.20	\$1,339.20	\$1,635.94	\$1,635.94
65+	\$1,026.97	\$656.70	\$1,325.01	\$953.44	\$1,683.68	\$1,683.68	\$1,980.43	\$1,980.43
65+*	\$783.14	\$505.75	\$1,079.87	\$802.50	\$1,288.89	\$1,288.89	\$1,585.62	\$1,585.62

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Contract Risk Category 3**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Contract Risk Category 3								
Option 1 HMO 10 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev. 04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$201.26	\$201.26	\$606.38	\$606.38	\$403.83	\$403.83	\$807.64	\$807.64
19-24	\$210.30	\$314.81	\$614.12	\$718.62	\$523.81	\$523.81	\$927.63	\$927.63
25-29	\$220.62	\$416.73	\$625.74	\$821.84	\$638.64	\$638.64	\$1,041.17	\$1,041.17
30-34	\$256.75	\$446.39	\$660.57	\$850.23	\$703.15	\$703.15	\$1,105.68	\$1,105.68
35-39	\$301.91	\$446.39	\$705.72	\$850.23	\$748.30	\$748.30	\$1,152.13	\$1,152.13
40-44	\$361.25	\$456.72	\$765.08	\$861.83	\$817.98	\$817.98	\$1,221.79	\$1,221.79
45-49	\$454.14	\$513.49	\$859.25	\$917.31	\$967.63	\$967.63	\$1,371.46	\$1,371.46
50-54	\$629.60	\$585.75	\$1,034.72	\$990.86	\$1,216.64	\$1,216.64	\$1,619.18	\$1,619.18
55-59	\$836.03	\$725.09	\$1,241.15	\$1,128.91	\$1,561.11	\$1,561.11	\$1,963.65	\$1,963.65
60-64	\$1,140.53	\$868.29	\$1,545.63	\$1,273.41	\$2,008.80	\$2,008.80	\$2,412.62	\$2,412.62
65+	\$1,553.37	\$983.12	\$1,959.78	\$1,388.22	\$2,536.48	\$2,536.48	\$2,940.31	\$2,940.31
65+*	\$1,180.51	\$753.47	\$1,585.62	\$1,158.58	\$1,933.97	\$1,933.97	\$2,337.81	\$2,337.81

Contract Risk Category 3								
Option 2 HMO 15 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev. 04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$181.92	\$181.92	\$548.33	\$548.33	\$365.12	\$365.12	\$730.24	\$730.24
19-24	\$189.66	\$281.25	\$554.78	\$647.67	\$470.92	\$470.92	\$836.03	\$836.03
25-29	\$198.69	\$370.28	\$565.10	\$736.69	\$568.97	\$568.97	\$934.09	\$934.09
30-34	\$230.94	\$398.66	\$596.06	\$763.79	\$628.31	\$628.31	\$993.44	\$993.44
35-39	\$270.93	\$396.08	\$636.06	\$762.50	\$667.01	\$667.01	\$1,032.14	\$1,032.14
40-44	\$322.55	\$406.41	\$688.96	\$772.82	\$728.95	\$728.95	\$1,094.07	\$1,094.07
45-49	\$405.12	\$455.44	\$770.24	\$821.84	\$860.55	\$860.55	\$1,225.66	\$1,225.66
50-54	\$558.65	\$519.95	\$925.05	\$886.35	\$1,078.59	\$1,078.59	\$1,443.71	\$1,443.71
55-59	\$739.27	\$642.51	\$1,105.68	\$1,008.92	\$1,381.78	\$1,381.78	\$1,746.91	\$1,746.91
60-64	\$1,007.62	\$768.94	\$1,374.05	\$1,135.35	\$1,776.56	\$1,776.56	\$2,141.69	\$2,141.69
65+	\$1,370.17	\$868.29	\$1,736.57	\$1,234.69	\$2,238.46	\$2,238.46	\$2,603.58	\$2,603.58
65+*	\$1,041.17	\$667.01	\$1,408.88	\$1,033.44	\$1,708.20	\$1,708.20	\$2,073.31	\$2,073.31

Contract Risk Category 3								
Option 3 HMO 20 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev. 04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$166.43	\$166.43	\$499.29	\$499.29	\$331.57	\$331.57	\$664.44	\$664.44
19-24	\$172.89	\$252.87	\$505.75	\$585.75	\$425.76	\$425.76	\$757.33	\$757.33
25-29	\$180.62	\$331.57	\$513.49	\$664.44	\$513.49	\$513.49	\$845.08	\$845.08
30-34	\$209.02	\$356.08	\$541.87	\$688.96	\$563.80	\$563.80	\$896.68	\$896.68
35-39	\$242.55	\$356.08	\$575.42	\$688.96	\$598.65	\$598.65	\$930.21	\$930.21
40-44	\$287.71	\$363.83	\$620.58	\$696.69	\$651.54	\$651.54	\$984.41	\$984.41
45-49	\$361.25	\$406.41	\$694.11	\$739.27	\$767.66	\$767.66	\$1,099.23	\$1,099.23
50-54	\$498.00	\$464.46	\$830.88	\$797.32	\$962.46	\$962.46	\$1,294.05	\$1,294.05
55-59	\$657.99	\$571.55	\$990.86	\$904.41	\$1,228.24	\$1,228.24	\$1,561.11	\$1,561.11
60-64	\$894.09	\$682.51	\$1,226.96	\$1,015.36	\$1,575.30	\$1,575.30	\$1,908.17	\$1,908.17
65+	\$1,212.76	\$771.52	\$1,546.92	\$1,104.39	\$1,984.28	\$1,984.28	\$2,317.15	\$2,317.15
65+*	\$923.76	\$593.48	\$1,256.64	\$926.34	\$1,517.24	\$1,517.24	\$1,848.82	\$1,848.82

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Contract Risk Category 3**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Contract Risk Category 3								
Option 4 1500 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$134.19	\$134.19	\$403.83	\$403.83	\$268.35	\$268.35	\$536.71	\$536.71
19-24	\$139.34	\$198.69	\$408.98	\$468.34	\$338.03	\$338.03	\$606.38	\$606.38
25-29	\$145.79	\$256.75	\$414.14	\$526.39	\$401.24	\$401.24	\$670.89	\$670.89
30-34	\$166.43	\$273.52	\$436.08	\$543.17	\$439.95	\$439.95	\$708.31	\$708.31
35-39	\$190.94	\$273.52	\$460.59	\$543.17	\$464.46	\$464.46	\$734.11	\$734.11
40-44	\$224.50	\$281.25	\$494.14	\$550.90	\$504.47	\$504.47	\$774.10	\$774.10
45-49	\$279.97	\$312.23	\$549.61	\$581.87	\$589.60	\$589.60	\$859.25	\$859.25
50-54	\$379.32	\$353.51	\$648.96	\$623.16	\$730.24	\$730.24	\$1,001.17	\$1,001.17
55-59	\$498.00	\$433.49	\$767.66	\$703.15	\$928.93	\$928.93	\$1,199.86	\$1,199.86
60-64	\$670.89	\$516.07	\$941.83	\$785.72	\$1,184.38	\$1,184.38	\$1,455.31	\$1,455.31
65+	\$906.99	\$581.87	\$1,177.93	\$851.52	\$1,484.99	\$1,484.99	\$1,757.22	\$1,757.22
65+*	\$692.82	\$450.27	\$963.76	\$719.91	\$1,140.53	\$1,140.53	\$1,411.46	\$1,411.46

Contract Risk Category 3								
Option 5 2500 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$119.99	\$119.99	\$361.25	\$361.25	\$239.97	\$239.97	\$481.24	\$481.24
19-24	\$123.85	\$174.18	\$365.12	\$415.44	\$298.03	\$298.03	\$539.29	\$539.29
25-29	\$129.02	\$223.20	\$370.28	\$464.46	\$350.93	\$350.93	\$592.18	\$592.18
30-34	\$147.09	\$237.40	\$388.34	\$478.65	\$383.18	\$383.18	\$624.45	\$624.45
35-39	\$167.72	\$237.40	\$408.98	\$478.65	\$405.12	\$405.12	\$646.38	\$646.38
40-44	\$196.11	\$243.84	\$437.37	\$485.10	\$437.37	\$437.37	\$679.91	\$679.91
45-49	\$241.26	\$269.65	\$483.82	\$510.91	\$510.91	\$510.91	\$752.17	\$752.17
50-54	\$325.13	\$304.48	\$567.68	\$545.75	\$629.60	\$629.60	\$870.88	\$870.88
55-59	\$424.46	\$371.56	\$667.01	\$614.12	\$794.74	\$794.74	\$1,037.30	\$1,037.30
60-64	\$571.55	\$439.95	\$814.10	\$682.51	\$1,010.21	\$1,010.21	\$1,252.76	\$1,252.76
65+	\$770.24	\$496.72	\$1,012.80	\$737.99	\$1,263.08	\$1,263.08	\$1,506.93	\$1,506.93
65+*	\$589.60	\$385.76	\$832.17	\$627.02	\$974.09	\$974.09	\$1,216.64	\$1,216.64

Contract Risk Category 3								
Option 6 5000 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$110.95	\$110.95	\$331.57	\$331.57	\$220.62	\$220.62	\$441.24	\$441.24
19-24	\$114.83	\$157.41	\$336.73	\$379.32	\$272.23	\$272.23	\$492.85	\$492.85
25-29	\$118.69	\$201.26	\$340.61	\$423.18	\$319.96	\$319.96	\$540.58	\$540.58
30-34	\$134.19	\$214.16	\$356.08	\$436.08	\$347.06	\$347.06	\$568.97	\$568.97
35-39	\$152.24	\$214.16	\$374.15	\$436.08	\$365.12	\$365.12	\$587.03	\$587.03
40-44	\$178.04	\$218.04	\$398.66	\$439.95	\$394.79	\$394.79	\$616.70	\$616.70
45-49	\$216.75	\$241.26	\$438.66	\$463.17	\$458.02	\$458.02	\$679.91	\$679.91
50-54	\$290.30	\$272.23	\$512.20	\$494.14	\$562.52	\$562.52	\$784.42	\$784.42
55-59	\$379.32	\$331.57	\$601.22	\$553.48	\$708.31	\$708.31	\$931.51	\$931.51
60-64	\$507.05	\$390.93	\$730.24	\$614.12	\$896.68	\$896.68	\$1,119.87	\$1,119.87
65+	\$681.21	\$439.95	\$903.13	\$663.16	\$1,118.58	\$1,118.58	\$1,341.78	\$1,341.78
65+*	\$522.53	\$344.48	\$745.72	\$566.38	\$864.42	\$864.42	\$1,087.62	\$1,087.62

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Standard Risk (Contract Risk Category 3)**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Standard - Contract Risk Category 3								
Option 7 HMO 30 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, AMND KE IND 931-7, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev. 04.11 and KE 557 IND V Rev. 12/07 )								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$157.41	\$157.41	\$474.79	\$474.79	\$314.81	\$314.81	\$632.18	\$632.18
19-24	\$163.84	\$238.68	\$479.95	\$556.07	\$401.24	\$401.24	\$718.62	\$718.62
25-29	\$171.60	\$312.23	\$488.97	\$629.60	\$482.53	\$482.53	\$799.90	\$799.90
30-34	\$197.40	\$334.15	\$513.49	\$651.54	\$530.27	\$530.27	\$847.65	\$847.65
35-39	\$229.65	\$334.15	\$545.75	\$651.54	\$562.52	\$562.52	\$878.61	\$878.61
40-44	\$272.23	\$340.61	\$589.60	\$657.99	\$612.84	\$612.84	\$928.93	\$928.93
45-49	\$339.31	\$381.88	\$656.70	\$699.27	\$719.91	\$719.91	\$1,037.30	\$1,037.30
50-54	\$467.05	\$434.79	\$784.42	\$752.17	\$899.25	\$899.25	\$1,217.93	\$1,217.93
55-59	\$615.41	\$534.13	\$932.81	\$851.52	\$1,146.96	\$1,146.96	\$1,464.36	\$1,464.36
60-64	\$833.45	\$637.36	\$1,152.13	\$954.73	\$1,466.93	\$1,466.93	\$1,786.90	\$1,786.90
65+	\$1,128.91	\$721.21	\$1,448.87	\$1,039.87	\$1,846.24	\$1,846.24	\$2,166.20	\$2,166.20
65+*	\$860.55	\$554.78	\$1,179.23	\$872.15	\$1,412.75	\$1,412.75	\$1,731.41	\$1,731.41

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Contract Risk Category 4**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Contract Risk Category 4								
Option 1 HMO 10 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$216.75	\$216.75	\$652.83	\$652.83	\$434.79	\$434.79	\$869.58	\$869.58
19-24	\$225.78	\$339.31	\$660.57	\$775.40	\$565.10	\$565.10	\$999.89	\$999.89
25-29	\$237.40	\$451.56	\$673.47	\$887.63	\$688.96	\$688.96	\$1,125.03	\$1,125.03
30-34	\$277.40	\$485.10	\$712.18	\$921.19	\$761.20	\$761.20	\$1,197.28	\$1,197.28
35-39	\$326.41	\$485.10	\$762.50	\$921.19	\$811.52	\$811.52	\$1,246.31	\$1,246.31
40-44	\$390.93	\$495.43	\$827.00	\$931.51	\$886.35	\$886.35	\$1,321.15	\$1,321.15
45-49	\$492.85	\$557.36	\$928.93	\$993.44	\$1,050.20	\$1,050.20	\$1,484.99	\$1,484.99
50-54	\$685.09	\$636.06	\$1,122.45	\$1,072.14	\$1,321.15	\$1,321.15	\$1,757.22	\$1,757.22
55-59	\$910.86	\$789.59	\$1,348.25	\$1,225.66	\$1,699.16	\$1,699.16	\$2,136.52	\$2,136.52
60-64	\$1,243.74	\$945.71	\$1,681.10	\$1,383.07	\$2,189.42	\$2,189.42	\$2,626.79	\$2,626.79
65+	\$1,695.30	\$1,072.14	\$2,133.95	\$1,509.51	\$2,767.43	\$2,767.43	\$3,204.80	\$3,204.80
65+*	\$1,286.31	\$819.27	\$1,723.67	\$1,255.34	\$2,105.57	\$2,105.57	\$2,541.65	\$2,541.65

Contract Risk Category 4								
Option 2 HMO 15 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$194.82	\$194.82	\$587.03	\$587.03	\$390.93	\$390.93	\$781.84	\$781.84
19-24	\$203.84	\$304.48	\$594.78	\$696.69	\$508.33	\$508.33	\$899.25	\$899.25
25-29	\$214.16	\$401.24	\$606.38	\$793.46	\$615.41	\$615.41	\$1,007.62	\$1,007.62
30-34	\$249.00	\$429.64	\$639.93	\$821.84	\$678.63	\$678.63	\$1,069.55	\$1,069.55
35-39	\$291.57	\$429.64	\$683.79	\$821.84	\$722.49	\$722.49	\$1,113.43	\$1,113.43
40-44	\$348.35	\$441.24	\$740.57	\$833.45	\$789.59	\$789.59	\$1,180.51	\$1,180.51
45-49	\$438.66	\$494.14	\$830.88	\$886.35	\$932.81	\$932.81	\$1,323.72	\$1,323.72
50-54	\$607.68	\$565.10	\$999.89	\$957.31	\$1,172.77	\$1,172.77	\$1,564.99	\$1,564.99
55-59	\$805.08	\$697.99	\$1,198.58	\$1,090.20	\$1,503.06	\$1,503.06	\$1,895.27	\$1,895.27
60-64	\$1,097.95	\$836.03	\$1,491.44	\$1,228.24	\$1,932.68	\$1,932.68	\$2,326.19	\$2,326.19
65+	\$1,495.31	\$946.99	\$1,888.82	\$1,340.49	\$2,442.30	\$2,442.30	\$2,835.80	\$2,835.80
65+*	\$1,135.35	\$725.09	\$1,530.14	\$1,117.29	\$1,860.44	\$1,860.44	\$2,253.93	\$2,253.93

Contract Risk Category 4								
Option 3 HMO 20 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$178.04	\$178.04	\$534.13	\$534.13	\$354.81	\$354.81	\$710.89	\$710.89
19-24	\$184.50	\$273.52	\$540.58	\$629.60	\$456.72	\$456.72	\$812.81	\$812.81
25-29	\$193.52	\$358.66	\$549.61	\$716.05	\$553.48	\$553.48	\$908.29	\$908.29
30-34	\$224.50	\$384.46	\$580.58	\$741.85	\$608.96	\$608.96	\$965.05	\$965.05
35-39	\$261.91	\$384.46	\$618.00	\$741.85	\$647.67	\$647.67	\$1,003.76	\$1,003.76
40-44	\$310.93	\$393.51	\$667.01	\$749.59	\$704.43	\$704.43	\$1,060.53	\$1,060.53
45-49	\$392.22	\$441.24	\$748.30	\$797.32	\$833.45	\$833.45	\$1,189.54	\$1,189.54
50-54	\$540.58	\$501.87	\$897.96	\$859.25	\$1,042.46	\$1,042.46	\$1,399.85	\$1,399.85
55-59	\$714.77	\$619.28	\$1,072.14	\$976.66	\$1,335.33	\$1,335.33	\$1,691.43	\$1,691.43
60-64	\$972.80	\$741.85	\$1,331.47	\$1,099.23	\$1,714.65	\$1,714.65	\$2,072.01	\$2,072.01
65+	\$1,322.43	\$839.90	\$1,681.10	\$1,197.28	\$2,162.34	\$2,162.34	\$2,519.71	\$2,519.71
65+*	\$1,006.34	\$643.80	\$1,363.72	\$1,001.17	\$1,650.13	\$1,650.13	\$2,007.51	\$2,007.51

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Contract Risk Category 4**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Contract Risk Category 4								
Option 4 1500 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$143.21	\$143.21	\$430.92	\$430.92	\$286.42	\$286.42	\$572.84	\$572.84
19-24	\$147.09	\$212.88	\$434.79	\$500.59	\$358.66	\$358.66	\$646.38	\$646.38
25-29	\$154.82	\$276.10	\$441.24	\$563.80	\$429.64	\$429.64	\$717.33	\$717.33
30-34	\$176.76	\$296.75	\$464.46	\$583.16	\$472.19	\$472.19	\$758.62	\$758.62
35-39	\$205.14	\$296.75	\$492.85	\$583.16	\$500.59	\$500.59	\$788.30	\$788.30
40-44	\$242.55	\$301.91	\$528.97	\$589.60	\$541.87	\$541.87	\$829.58	\$829.58
45-49	\$300.61	\$338.03	\$588.32	\$625.74	\$637.36	\$637.36	\$925.05	\$925.05
50-54	\$411.56	\$381.88	\$699.27	\$669.60	\$792.17	\$792.17	\$1,079.87	\$1,079.87
55-59	\$539.29	\$469.63	\$827.00	\$757.33	\$1,007.62	\$1,007.62	\$1,295.34	\$1,295.34
60-64	\$730.24	\$559.94	\$1,017.94	\$848.93	\$1,287.59	\$1,287.59	\$1,576.60	\$1,576.60
65+	\$988.27	\$632.18	\$1,277.27	\$921.19	\$1,617.88	\$1,617.88	\$1,906.87	\$1,906.87
65+*	\$753.47	\$487.69	\$1,042.46	\$776.69	\$1,238.57	\$1,238.57	\$1,527.57	\$1,527.57

Contract Risk Category 4								
Option 5 2500 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$126.43	\$126.43	\$380.61	\$380.61	\$252.87	\$252.87	\$505.75	\$505.75
19-24	\$130.31	\$185.79	\$384.46	\$439.95	\$316.10	\$316.10	\$570.26	\$570.26
25-29	\$136.76	\$239.97	\$389.64	\$494.14	\$375.44	\$375.44	\$629.60	\$629.60
30-34	\$156.11	\$255.45	\$408.98	\$509.63	\$410.28	\$410.28	\$664.44	\$664.44
35-39	\$179.34	\$255.45	\$433.49	\$509.63	\$434.79	\$434.79	\$687.67	\$687.67
40-44	\$210.30	\$261.91	\$464.46	\$516.07	\$470.92	\$470.92	\$723.79	\$723.79
45-49	\$260.62	\$290.30	\$513.49	\$544.45	\$549.61	\$549.61	\$803.78	\$803.78
50-54	\$353.51	\$329.00	\$607.68	\$583.16	\$681.21	\$681.21	\$935.39	\$935.39
55-59	\$461.88	\$401.24	\$716.05	\$656.70	\$861.83	\$861.83	\$1,116.01	\$1,116.01
60-64	\$621.86	\$478.65	\$876.03	\$732.82	\$1,097.95	\$1,097.95	\$1,352.10	\$1,352.10
65+	\$838.62	\$538.00	\$1,094.07	\$792.17	\$1,374.05	\$1,374.05	\$1,629.50	\$1,629.50
65+*	\$641.21	\$416.73	\$895.39	\$672.18	\$1,055.36	\$1,055.36	\$1,310.81	\$1,310.81

Contract Risk Category 4								
Option 6 5000 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$117.41	\$117.41	\$350.93	\$350.93	\$233.52	\$233.52	\$467.05	\$467.05
19-24	\$121.29	\$167.72	\$354.81	\$402.54	\$289.00	\$289.00	\$522.53	\$522.53
25-29	\$125.14	\$215.46	\$359.96	\$450.27	\$339.31	\$339.31	\$574.13	\$574.13
30-34	\$141.92	\$229.65	\$376.73	\$464.46	\$370.28	\$370.28	\$605.10	\$605.10
35-39	\$162.56	\$229.65	\$397.38	\$464.46	\$390.93	\$390.93	\$625.74	\$625.74
40-44	\$190.94	\$234.82	\$424.46	\$469.63	\$424.46	\$424.46	\$659.28	\$659.28
45-49	\$233.52	\$260.62	\$468.34	\$494.14	\$492.85	\$492.85	\$727.67	\$727.67
50-54	\$314.81	\$292.87	\$548.33	\$527.68	\$606.38	\$606.38	\$841.20	\$841.20
55-59	\$410.28	\$357.38	\$645.09	\$592.18	\$766.37	\$766.37	\$1,001.17	\$1,001.17
60-64	\$550.90	\$424.46	\$785.72	\$659.28	\$972.80	\$972.80	\$1,207.60	\$1,207.60
65+	\$740.57	\$478.65	\$976.66	\$713.47	\$1,216.64	\$1,216.64	\$1,452.73	\$1,452.73
65+*	\$567.68	\$371.56	\$802.50	\$606.38	\$936.66	\$936.66	\$1,171.48	\$1,171.48

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Standard Risk (Contract Risk Category 4)**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Standard - Contract Risk Category 4								
Option 7 HMO 30 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, AMND KE IND 931-7, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev. 04.11 and KE 557 IND V Rev. 12/07 )								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$167.72	\$167.72	\$505.75	\$505.75	\$335.45	\$335.45	\$673.47	\$673.47
19-24	\$175.46	\$256.75	\$512.20	\$594.78	\$430.92	\$430.92	\$768.94	\$768.94
25-29	\$183.21	\$338.03	\$521.23	\$676.06	\$519.95	\$519.95	\$857.98	\$857.98
30-34	\$211.60	\$361.25	\$548.33	\$699.27	\$571.55	\$571.55	\$909.58	\$909.58
35-39	\$247.72	\$361.25	\$585.75	\$699.27	\$607.68	\$607.68	\$945.71	\$945.71
40-44	\$292.87	\$370.28	\$630.90	\$708.31	\$661.86	\$661.86	\$999.89	\$999.89
45-49	\$366.41	\$412.86	\$704.43	\$750.89	\$777.98	\$777.98	\$1,116.01	\$1,116.01
50-54	\$505.75	\$470.92	\$843.78	\$808.94	\$975.36	\$975.36	\$1,313.39	\$1,313.39
55-59	\$667.01	\$579.28	\$1,006.34	\$918.61	\$1,245.02	\$1,245.02	\$1,583.04	\$1,583.04
60-64	\$908.29	\$692.82	\$1,247.59	\$1,030.85	\$1,597.24	\$1,597.24	\$1,936.55	\$1,936.55
65+	\$1,232.12	\$784.42	\$1,571.44	\$1,122.45	\$2,011.38	\$2,011.38	\$2,351.99	\$2,351.99
65+*	\$936.66	\$603.80	\$1,275.99	\$941.83	\$1,536.60	\$1,536.60	\$1,877.21	\$1,877.21

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Contract Risk Category 5**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Contract Risk Category 5								
Option 1 HMO 10 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$230.94	\$230.94	\$695.41	\$695.41	\$461.88	\$461.88	\$925.05	\$925.05
19-24	\$242.55	\$365.12	\$705.72	\$829.58	\$607.68	\$607.68	\$1,070.85	\$1,070.85
25-29	\$254.17	\$486.39	\$717.33	\$950.86	\$740.57	\$740.57	\$1,205.03	\$1,205.03
30-34	\$296.75	\$522.53	\$759.91	\$986.99	\$817.98	\$817.98	\$1,282.44	\$1,282.44
35-39	\$350.93	\$522.53	\$814.10	\$986.99	\$873.45	\$873.45	\$1,336.62	\$1,336.62
40-44	\$420.59	\$534.13	\$883.78	\$998.60	\$954.73	\$954.73	\$1,417.90	\$1,417.90
45-49	\$531.55	\$601.22	\$996.02	\$1,065.69	\$1,132.77	\$1,132.77	\$1,595.94	\$1,595.94
50-54	\$740.57	\$687.67	\$1,206.32	\$1,152.13	\$1,428.22	\$1,428.22	\$1,892.69	\$1,892.69
55-59	\$985.70	\$852.81	\$1,451.46	\$1,317.27	\$1,838.50	\$1,838.50	\$2,302.97	\$2,302.97
60-64	\$1,346.95	\$1,023.12	\$1,812.70	\$1,488.87	\$2,371.34	\$2,371.34	\$2,835.80	\$2,835.80
65+	\$1,838.50	\$1,161.16	\$2,305.54	\$1,626.92	\$2,999.67	\$2,999.67	\$3,465.41	\$3,465.41
65+*	\$1,393.39	\$886.35	\$1,859.14	\$1,352.10	\$2,279.73	\$2,279.73	\$2,745.49	\$2,745.49

Contract Risk Category 5								
Option 2 HMO 15 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$209.02	\$209.02	\$629.60	\$629.60	\$419.32	\$419.32	\$838.62	\$838.62
19-24	\$218.04	\$326.41	\$637.36	\$747.01	\$543.17	\$543.17	\$963.76	\$963.76
25-29	\$228.36	\$432.22	\$648.96	\$852.81	\$660.57	\$660.57	\$1,081.17	\$1,081.17
30-34	\$267.07	\$463.17	\$686.37	\$883.78	\$730.24	\$730.24	\$1,149.55	\$1,149.55
35-39	\$312.23	\$463.17	\$732.82	\$883.78	\$776.69	\$776.69	\$1,195.99	\$1,195.99
40-44	\$374.15	\$474.79	\$794.74	\$895.39	\$848.93	\$848.93	\$1,268.24	\$1,268.24
45-49	\$473.49	\$532.85	\$894.09	\$953.44	\$1,006.34	\$1,006.34	\$1,425.65	\$1,425.65
50-54	\$656.70	\$608.96	\$1,077.30	\$1,029.56	\$1,265.66	\$1,265.66	\$1,686.25	\$1,686.25
55-59	\$870.88	\$754.75	\$1,292.76	\$1,175.35	\$1,625.62	\$1,625.62	\$2,046.21	\$2,046.21
60-64	\$1,189.54	\$904.41	\$1,611.42	\$1,325.01	\$2,093.96	\$2,093.96	\$2,514.55	\$2,514.55
65+	\$1,620.46	\$1,025.70	\$2,043.64	\$1,446.29	\$2,646.15	\$2,646.15	\$3,068.03	\$3,068.03
65+*	\$1,230.84	\$784.42	\$1,652.72	\$1,206.32	\$2,015.26	\$2,015.26	\$2,435.85	\$2,435.85

Contract Risk Category 5								
Option 3 HMO 20 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev.04.11, AMND KE IND 931-7 and KE 557 IND V Rev. 12/07)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$188.36	\$188.36	\$567.68	\$567.68	\$378.03	\$378.03	\$756.04	\$756.04
19-24	\$196.11	\$292.87	\$575.42	\$672.18	\$487.69	\$487.69	\$867.00	\$867.00
25-29	\$206.42	\$385.76	\$585.75	\$765.08	\$592.18	\$592.18	\$971.51	\$971.51
30-34	\$238.68	\$412.86	\$618.00	\$793.46	\$652.83	\$652.83	\$1,032.14	\$1,032.14
35-39	\$281.25	\$412.86	\$660.57	\$793.46	\$694.11	\$694.11	\$1,073.43	\$1,073.43
40-44	\$334.15	\$424.46	\$713.47	\$803.78	\$758.62	\$758.62	\$1,137.93	\$1,137.93
45-49	\$421.88	\$476.07	\$801.20	\$855.39	\$896.68	\$896.68	\$1,275.99	\$1,275.99
50-54	\$583.16	\$541.87	\$963.76	\$922.48	\$1,125.03	\$1,125.03	\$1,505.63	\$1,505.63
55-59	\$774.10	\$669.60	\$1,153.43	\$1,050.20	\$1,443.71	\$1,443.71	\$1,824.32	\$1,824.32
60-64	\$1,054.07	\$802.50	\$1,434.68	\$1,183.08	\$1,855.27	\$1,855.27	\$2,235.88	\$2,235.88
65+	\$1,433.38	\$908.29	\$1,815.28	\$1,288.89	\$2,341.67	\$2,341.67	\$2,722.27	\$2,722.27
65+*	\$1,088.91	\$696.69	\$1,469.51	\$1,076.01	\$1,785.61	\$1,785.61	\$2,164.92	\$2,164.92

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Contract Risk Category 5**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Contract Risk Category 5								
Option 4 1500 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$150.94	\$150.94	\$452.85	\$452.85	\$300.61	\$300.61	\$603.80	\$603.80
19-24	\$156.11	\$228.36	\$459.29	\$530.27	\$383.18	\$383.18	\$686.37	\$686.37
25-29	\$162.56	\$296.75	\$465.75	\$599.94	\$459.29	\$459.29	\$762.50	\$762.50
30-34	\$188.36	\$316.10	\$490.27	\$619.28	\$503.17	\$503.17	\$807.64	\$807.64
35-39	\$218.04	\$316.10	\$521.23	\$619.28	\$534.13	\$534.13	\$837.32	\$837.32
40-44	\$258.03	\$323.83	\$561.23	\$625.74	\$580.58	\$580.58	\$885.05	\$885.05
45-49	\$322.55	\$362.54	\$624.45	\$665.73	\$682.51	\$682.51	\$986.99	\$986.99
50-54	\$442.54	\$411.56	\$745.72	\$714.77	\$852.81	\$852.81	\$1,157.28	\$1,157.28
55-59	\$581.87	\$505.75	\$885.05	\$808.94	\$1,086.33	\$1,086.33	\$1,390.80	\$1,390.80
60-64	\$788.30	\$602.51	\$1,091.49	\$905.71	\$1,388.22	\$1,388.22	\$1,694.01	\$1,694.01
65+	\$1,069.55	\$681.21	\$1,372.75	\$985.70	\$1,746.91	\$1,746.91	\$2,053.96	\$2,053.96
65+*	\$814.10	\$525.10	\$1,118.58	\$828.30	\$1,336.62	\$1,336.62	\$1,643.68	\$1,643.68

Contract Risk Category 5								
Option 5 2500 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$134.19	\$134.19	\$403.83	\$403.83	\$267.07	\$267.07	\$536.71	\$536.71
19-24	\$138.04	\$197.40	\$407.69	\$467.05	\$335.45	\$335.45	\$605.10	\$605.10
25-29	\$145.79	\$255.45	\$414.14	\$525.10	\$399.96	\$399.96	\$669.60	\$669.60
30-34	\$166.43	\$273.52	\$434.79	\$543.17	\$438.66	\$438.66	\$708.31	\$708.31
35-39	\$190.94	\$273.52	\$460.59	\$543.17	\$463.17	\$463.17	\$734.11	\$734.11
40-44	\$224.50	\$279.97	\$492.85	\$548.33	\$501.87	\$501.87	\$772.82	\$772.82
45-49	\$277.40	\$310.93	\$547.03	\$580.58	\$588.32	\$588.32	\$857.98	\$857.98
50-54	\$379.32	\$352.22	\$648.96	\$621.86	\$730.24	\$730.24	\$1,001.17	\$1,001.17
55-59	\$496.72	\$432.22	\$766.37	\$703.15	\$927.63	\$927.63	\$1,198.58	\$1,198.58
60-64	\$670.89	\$514.78	\$940.54	\$784.42	\$1,183.08	\$1,183.08	\$1,455.31	\$1,455.31
65+	\$905.71	\$580.58	\$1,176.64	\$851.52	\$1,483.71	\$1,483.71	\$1,757.22	\$1,757.22
65+*	\$691.53	\$448.98	\$961.19	\$718.62	\$1,137.93	\$1,137.93	\$1,410.16	\$1,410.16

Contract Risk Category 5								
Option 6 5000 Ded (Forms No. KE FDED 621 IND COV, KE 579 IND RX Rev. 04.11, AMND KE IND P931-5, AMND KE IND 931-6, PA FDED 621 IND SC, KE 557 IND V Rev. 12/07 and AMND KE IND 931-7)								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$122.57	\$122.57	\$370.28	\$370.28	\$245.13	\$245.13	\$492.85	\$492.85
19-24	\$127.73	\$178.04	\$374.15	\$425.76	\$304.48	\$304.48	\$552.20	\$552.20
25-29	\$132.89	\$229.65	\$379.32	\$476.07	\$361.25	\$361.25	\$608.96	\$608.96
30-34	\$150.94	\$245.13	\$397.38	\$491.56	\$394.79	\$394.79	\$642.51	\$642.51
35-39	\$172.89	\$245.13	\$419.32	\$491.56	\$416.73	\$416.73	\$664.44	\$664.44
40-44	\$201.26	\$250.30	\$448.98	\$498.00	\$451.56	\$451.56	\$699.27	\$699.27
45-49	\$249.00	\$277.40	\$496.72	\$525.10	\$525.10	\$525.10	\$774.10	\$774.10
50-54	\$338.03	\$314.81	\$584.45	\$562.52	\$651.54	\$651.54	\$899.25	\$899.25
55-59	\$441.24	\$384.46	\$688.96	\$632.18	\$824.42	\$824.42	\$1,073.43	\$1,073.43
60-64	\$593.48	\$456.72	\$841.20	\$704.43	\$1,047.62	\$1,047.62	\$1,296.63	\$1,296.63
65+	\$799.90	\$514.78	\$1,047.62	\$762.50	\$1,310.81	\$1,310.81	\$1,561.11	\$1,561.11
65+*	\$612.84	\$399.96	\$860.55	\$647.67	\$1,010.21	\$1,010.21	\$1,259.21	\$1,259.21

\* Member/Subscriber is covered by Medicare.

7/1/12 Rate Development - Rate Increases

**Rates for all Contract Types - Standard Risk (Contract Risk Category 5)**

Rates were calculated by increasing the previously approved rates by 9.8%.

Rates are rounded to the nearest penny.

Standard - Contract Risk Category 5								
Option 7 HMO 30 (Forms No. KE 621 IND COV REV. 12/07, AMND KE IND P931-5, AMND KE IND 931-7, KE 621 IND SC Rev. 04.11, KE 579 IND RX Rev. 04.11 and KE 557 IND V Rev. 12/07 )								
	Single		Parent/Children		Husband/Wife		Family	
	Male	Female	Male	Female	Male	Female	Male	Female
0-18	\$178.04	\$178.04	\$536.71	\$536.71	\$356.08	\$356.08	\$714.77	\$714.77
19-24	\$185.79	\$274.81	\$543.17	\$633.48	\$459.29	\$459.29	\$817.98	\$817.98
25-29	\$194.82	\$362.54	\$553.48	\$721.21	\$556.07	\$556.07	\$914.73	\$914.73
30-34	\$225.78	\$387.06	\$583.16	\$745.72	\$611.55	\$611.55	\$970.21	\$970.21
35-39	\$264.50	\$387.06	\$621.86	\$745.72	\$650.26	\$650.26	\$1,008.92	\$1,008.92
40-44	\$313.51	\$397.38	\$672.18	\$754.75	\$709.59	\$709.59	\$1,068.27	\$1,068.27
45-49	\$393.51	\$445.12	\$752.17	\$803.78	\$837.32	\$837.32	\$1,197.28	\$1,197.28
50-54	\$544.45	\$507.05	\$903.13	\$865.71	\$1,050.20	\$1,050.20	\$1,410.16	\$1,410.16
55-59	\$719.91	\$624.45	\$1,079.87	\$984.41	\$1,343.07	\$1,343.07	\$1,704.33	\$1,704.33
60-64	\$980.54	\$748.30	\$1,340.49	\$1,106.97	\$1,724.96	\$1,724.96	\$2,087.51	\$2,087.51
65+	\$1,332.75	\$846.35	\$1,694.01	\$1,205.03	\$2,175.24	\$2,175.24	\$2,539.06	\$2,539.06
65+*	\$1,014.07	\$650.26	\$1,372.75	\$1,008.92	\$1,660.45	\$1,660.45	\$2,022.99	\$2,022.99

\* Member/Subscriber is covered by Medicare.

SERFF Tracking Number: INAC-127953618 State: Pennsylvania  
 Filing Company: Keystone Health Plan East, Inc. State Tracking Number: INAC-127953618  
 Company Tracking Number:  
 TOI: HOrg02I Individual Health Organizations - Sub-TOI: HOrg02I.005D Individual - HMO  
 Health Maintenance (HMO)  
 Product Name: KHPE Medically Underwritten Individual HMO  
 Project Name/Number: July 1, 2012/

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Transmittal Letter (A&H)		
<b>Bypass Reason:</b> Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.		

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Actuarial Certification (A&H)		
<b>Bypass Reason:</b> Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.		

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Actuarial Memorandum and Explanatory Information (A&H)		
<b>Bypass Reason:</b> Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.		

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Advertisements (A&H)		
<b>Bypass Reason:</b> Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.		

**Comments:**

	<b>Item Status:</b>	<b>Status Date:</b>
Authorization to File (A&H)		

SERFF Tracking Number: INAC-127953618 State: Pennsylvania  
 Filing Company: Keystone Health Plan East, Inc. State Tracking Number: INAC-127953618  
 Company Tracking Number:  
 TOI: HOrg02I Individual Health Organizations - Sub-TOI: HOrg02I.005D Individual - HMO  
 Health Maintenance (HMO)  
 Product Name: KHPE Medically Underwritten Individual HMO  
 Project Name/Number: July 1, 2012/

**Bypassed - Item:**

**Bypass Reason:** Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.

**Comments:**

**Item Status:** **Status Date:**

**Bypassed - Item:**

Insert Page Explanation (A&H)

**Bypass Reason:** Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.

**Comments:**

**Item Status:** **Status Date:**

**Bypassed - Item:**

Rate Table (A&H)

**Bypass Reason:** Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.

**Comments:**

**Item Status:** **Status Date:**

**Bypassed - Item:**

Replacement Form with Highlighted Changes (A&H)

**Bypass Reason:** Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.

**Comments:**

**Item Status:** **Status Date:**

**Bypassed - Item:**

Variability Explanation (A&H)

**Bypass Reason:** Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.

**Comments:**

SERFF Tracking Number: INAC-127953618 State: Pennsylvania  
 Filing Company: Keystone Health Plan East, Inc. State Tracking Number: INAC-127953618  
 Company Tracking Number:  
 TOI: HOrg02I Individual Health Organizations - Sub-TOI: HOrg02I.005D Individual - HMO  
 Health Maintenance (HMO)  
 Product Name: KHPE Medically Underwritten Individual HMO  
 Project Name/Number: July 1, 2012/

**Item Status:** **Status**  
**Date:**

**Bypassed - Item:** PPACA Uniform Compliance Summary  
**Bypass Reason:** Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.  
**Comments:**

**Item Status:** **Status**  
**Date:**

**Bypassed - Item:** Rate Summary Worksheet  
**Bypass Reason:** Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.  
**Comments:**

**Item Status:** **Status**  
**Date:**

**Bypassed - Item:** Consumer Disclosure Form  
**Bypass Reason:** Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.  
**Comments:**

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Rate Filing  
**Comments:**  
 Please see the two attached PDF files, including the rate schedule, which contain the entire contents of our submitted rate filing.  
**Attachment:**  
 khpe hmo imup rate filing july 2012.pdf



**Independence  
Blue Cross**

www.ibx.com

January 4, 2012

1901 MARKET STREET  
PHILADELPHIA, PA 19103-1480

Mr. Peter Camacci  
Director  
Bureau of Accident and Health  
Pennsylvania Insurance Department  
1311 Strawberry Square  
Harrisburg, PA 17120

**RE: Keystone Health Plan East  
Medically Underwritten Individual HMO Product Rate Filing**

Dear Mr. Camacci:

The purpose of this rate filing is to update the existing premium rates for our previously approved Medically Underwritten Individual HMO Product. The proposed effective date for this filing is July 1, 2012.

**Contents**

Actuarial Memorandum

Attachment 1 – Historical Experience Summary

Attachment 2 – Pricing Projection

Attachments 3-C1a through 3-C5c – Requested Premium Rates Effective 7/1/2012

Please contact me at (215) 241-3630 if you have any questions regarding this filing.

Sincerely,

Susan Mielbrecht Khaper, FSA, MAAA

Associate Actuary

Cc: Réjean Boivin, FSA, MAAA, Independence Blue Cross Family of Companies  
Beth Forman, FSA, MAAA, Independence Blue Cross Family of Companies  
Kathryn Galarneau, FSA, MAAA, Independence Blue Cross Family of Companies  
Richard Levins, Esq., Independence Blue Cross Family of Companies  
Dan Rachfalski, FSA, MAAA, Independence Blue Cross Family of Companies

**Keystone Health Plan East  
Medically Underwritten Individual HMO Product**

**ACTUARIAL MEMORANDUM**

**Introduction**

Keystone Health Plan East (KHPE) is filing updated rates for its medically underwritten HMO plans. As is currently the case, the rates for each individual subscriber will vary based on his/her age, gender, contract type and risk characteristic (based on medical underwriting of the subscriber and his/her dependent(s), if the subscriber applies for a non-single contract). In cases of Husband/Wife and Family contracts, the age and gender of the older adult subscriber will be used to determine the premium rate to be charged.

**Market Segment and Effective Date**

This product is only offered to individual subscribers. The proposed effective date for these rates is July 1, 2012, except that policies issued prior to that date will receive the new rates after the original coverage has been in effect for 6 months at the originally sold rates (this is referred to as the 6-month rate guarantee). Otherwise, the rates are the same for the new issues and renewals.

**Medical Underwriting**

The category within which a contract will fall will be determined by the collective risk profile (at the time of application for new coverage) of all members participating in the contract. As a result of the medical underwriting performed for each applicant and his/her dependent(s), an applicant will be categorized as follows: Standard (Contract Risk Category 1), Contract Risk Category 2, Contract Risk Category 3, Contract Risk Category 4, or Contract Risk Category 5.

**Description of Rate Development**

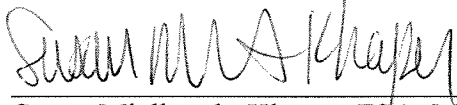
The enclosed rates were calculated for use July 1, 2012 through June 30, 2013. The most recent rate revision for these plans was implemented on July 1, 2011.

The rate development for these plans is based on the pricing projection shown in Attachment 2. The actual claims experience for 10/1/2010 through 9/30/2011 is the base data for this projection. The composite annualized pricing trend of 10.8% reflects underlying commercial HMO cost and utilization trend for the medical and Rx benefits of 7.0%, increased by 3.5% for the durational effect that results from the increasing pattern of claims by duration for this medically underwritten business. The durational impact was modeled using the 2006 Society of Actuaries study entitled 'Variation by Duration in Individual Health Medical Insurance Claims', which was conducted by Milliman Consulting, along with the projected enrollment by duration for IBC's IMUP population.

The fixed retention is based on the approved April 2007 rate filing for this product, adjusted at an annual inflation rate of 5% (consistent with prior filings). The percent of premium retention is

2% which includes a 0% profit load since IBC's RBC ratio is greater than 550% (prior year filing include 7% premium retention of which 5% was profit). The requested rate increase compared to the rate level implemented July 1, 2011 (12 months before the requested effective date) is 9.8% for all rates. Attachment 3-C1a through Attachment 3-C5c display the requested premium rates for this product.

Please contact me at (215) 241-3630 if you have any questions regarding this filing.



Susan Mielbrecht Khaper, FSA, MAAA  
Associate Actuary

Dated: \_\_\_\_\_

1/6/12

**Keystone Health Plan East**  
**Individual Product - Medically Underwritten HMOs**

*Attachment 1*

**Experience Summary**  
**Coverages During 10/1/10 - 9/30/11**

<b>Plan</b>	<b>Premium PMPM</b>	<b>Claims PMPM</b>	<b>Loss Ratio</b>	<b>Member Months</b>
Option 1 (\$10 Copay)	\$225.53	\$195.64	86.7%	30,437
Option 2 (\$15 Copay)	\$219.82	\$208.53	94.9%	57,480
Option 3 (\$20 Copay)	\$207.12	\$149.49	72.2%	170,501
Option 4 (\$1500 Ded.)	\$189.95	\$92.19	48.5%	23,548
Option 5 (\$2500 Ded.)	\$172.98	\$97.93	56.6%	29,447
Option 6 (\$5000 Ded.)	\$159.22	\$90.17	56.6%	18,372
Option 7 (\$30 Copay)	No Enrollment in this Experience Period			
<b>Overall Composite</b>	<b>\$204.09</b>	<b>\$152.04</b>	<b>74.5%</b>	<b>329,785</b>

**Keystone Health Plan East**  
**Individual Product - Medically Underwritten HMOs**

*Attachment 2*

**Pricing Projection for 7/1/12 - 6/30/13**

<b>10/1/10 - 9/30/11 Historical Claims PMPM</b>	<b>\$152.04</b>
Composite Trend per Annum	10.8%
Months of Projection	21
Trend Projection Factor	1.196
<b>Projected Claims PMPM</b>	<b>\$181.88</b>
Retention - Fixed (PMPM)	\$35.01
Retention - Percent of Premium	2.0%
Broker Commissions (PMPM)	\$12.77
<b>Projected Premium PMPM</b>	<b>\$234.34</b>
Projected Loss Ratio	77.6%
10/1/10 - 9/30/11 Historical Premium PMPM	\$204.09
Historical Premium PMPM Adjusted to Current Rates	\$214.11
<b>Projected Premium Increase from Current Rates</b>	<b>9.4%</b>

<b>Required Premium Increase Recognizing the 6-Month Rate Guarantee</b>	<b>9.8%</b>
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<b>Requested Premium Increase</b>	<b>9.8%</b>
-----------------------------------	-------------

**Calculation of Retention - Fixed (PMPM)**

	<b>Fixed Retention PMPM</b>	<b>Contracts</b>	<b>Members</b>	<b>Fixed Retention PMPM</b>
Single	\$35.31	172,668	172,841	\$35.28
Hus/Wife	\$70.63	10,876	21,785	\$35.26
Parent/Child(ren)	\$105.94	15,428	44,548	\$36.69
Family	\$141.25	21,559	90,611	\$33.61
<b>Total</b>	<b>\$52.35</b>	<b>220,531</b>	<b>329,785</b>	<b>\$35.01</b>

*\* The fixed retention per contract is equal to the 4/1/07 Amount from the April 2007 filing Table B (\$28.70) trended to 7/1/11 at 5.0% per year.*