Reset Form

Health Insurance Rate Request Summary Part 1 – To Be Completed By Company

Company Name and NAIC Number:	Piedmont Community HealthCare, Inc.
SERFF Tracking Number:	PDHP-130498894
Effective Date:	01/01/2017
(Projected) Number of Insureds Affected:	2900
New Rates Average Annual Premium Pe	er Member: N/A
Revised Rates	
Average Annual Premium Pe	\$6,221.52 \$6,221.52
Average Requested Percentage Rate Change Per Member: 19.18%	
Minimum Requested Percentage Rate Change Per Member: 5.2%	
Maximum Requested Percentage Rate Change Per Member: 22.0%	

Plans Affected (The Form Number and "Product Name")

Form#

"Product Name" (if applicable)

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Louis M Steigelman IV