

SERFF Tracking Number: CFAP-128244396 State: District of Columbia
 Filing Company: CareFirst BlueChoice, Inc. State Tracking Number:
 Company Tracking Number: 1764
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: DC HealthyBlue 3.0 Small Group Eff 201208
 Project Name/Number: /

Rate/Rule Schedule

| Schedule Item Status: | Document Name: | Affected Form Numbers: (Separated with commas) | Rate Action: | Rate Action Information: | Attachments |
|-----------------------|----------------|---------------------------------------------------|--------------|--------------------------|---------------------------------------|
| | Filing 1764 | Please see attached | New | | File 1764 DC HB3 - 4.6.12 - Rates.pdf |

**CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group Rate Filing Effective 8/2012**

SMALL GROUP ACCOUNTS OF 2-50 CONTRACTS

Filing 1764

Rate Filing

Premiums Effective 8/2012

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group HealthyBlue 3.0 Rate Filing Effective 8/2012
Premiums Effective 8/2012
HealthyBlue 3.0 Rates

| Product | Option | In-Network | | | | | | | | Out of Network | | Vision Core | Effective 8/1/2012 Individual Rate | | |
|-----------------------------------------------|--------|---------------|------------------|-----------------|--------------------|----------------------|-----------------|----------------|---------|----------------|---------|-------------|---------------------------------------|---------|---------------|
| | | PCP Copay | Specialist Copay | IP Copay | OP Surgery Copay | OP Non-Surgery Copay | ER Copay | Ded | OOP Max | Ded | OOP Max | | Medical Rate | Rx Rate | Med & Rx Rate |
| Non-Integrated (Can be sold as an HRA) | | | | | | | | | | | | | | | |
| HealthyBlue 3.0 | A | \$0 | \$30 | \$300 | Ded, then \$300 * | \$0 | \$200 | \$300 | \$2,000 | \$1,000 | \$4,000 | Y | \$291 | | |
| HealthyBlue 3.0 | B | \$0 | \$30 | \$300 | Ded, then \$300 * | \$0 | \$200 | \$500 | \$2,000 | \$1,500 | \$4,000 | Y | \$280 | | |
| HealthyBlue 3.0 | C | \$0 | \$30 | \$300 | Ded, then \$300 * | \$0 | \$200 | \$1,000 | \$2,000 | \$2,000 | \$4,000 | Y | \$257 | | |
| w Integrated Rx \$0/25/45 Copay | | | | | | | | | | | | | | | |
| HealthyBlue 3.0 HSA | D | Ded, then \$0 | Ded, then \$30 | Ded, then \$300 | Ded, then \$300 ** | Ded, then \$0 | Ded, then \$200 | \$1,500 | \$4,000 | \$3,000 | \$6,000 | Y | \$221 | \$91 | \$312 |
| HealthyBlue 3.0 HSA | E | Ded, then \$0 | Ded, then \$30 | Ded, then \$300 | Ded, then \$300 ** | Ded, then \$0 | Ded, then \$200 | \$2,000 | \$4,000 | \$4,500 | \$6,000 | Y | \$205 | \$86 | \$291 |
| HealthyBlue 3.0 HSA | F | Ded, then \$0 | Ded, then \$30 | Ded, then \$300 | Ded, then \$300 ** | Ded, then \$0 | Ded, then \$200 | \$2,500 | \$4,000 | \$4,500 | \$6,000 | Y | \$195 | \$82 | \$277 |
| HealthyBlue 3.0 HRA | D | Ded, then \$0 | Ded, then \$30 | Ded, then \$300 | Ded, then \$300 ** | Ded, then \$0 | Ded, then \$200 | \$1,500 | \$4,000 | \$3,000 | \$6,000 | Y | \$239 | \$99 | \$338 |
| HealthyBlue 3.0 HRA | E | Ded, then \$0 | Ded, then \$30 | Ded, then \$300 | Ded, then \$300 ** | Ded, then \$0 | Ded, then \$200 | \$2,000 | \$4,000 | \$4,500 | \$6,000 | Y | \$223 | \$94 | \$317 |
| HealthyBlue 3.0 HRA | F | Ded, then \$0 | Ded, then \$30 | Ded, then \$300 | Ded, then \$300 ** | Ded, then \$0 | Ded, then \$200 | \$2,500 | \$4,000 | \$4,500 | \$6,000 | Y | \$211 | \$89 | \$300 |

Note: Deductibles & Out-of-Pocket Max listed is for individual contract tier. Amounts doubled for all other tiers.

* If surgery done in non-hospital setting, then copay becomes \$100, and not subject to deductible

** If surgery done in non-hospital setting, then copay becomes \$100, still subject to deductible

Form Numbers

DC/GRP APP (R. 10/11)

DC/CFBC/HBADV/EOC (7/12)

DC/CFBC/GC (R. 10/11)

DC/CFBC/HBADV/DOCS (7/12)

DC/CFBC/DOL APPEAL (R. 7/11)

DC/CFBC/HBADV/SOB (7/12)

DC/CFBC/ATTC (R. 1/10)

And any amendments

SERFF Tracking Number: CFAP-128244396 State: District of Columbia
 Filing Company: CareFirst BlueChoice, Inc. State Tracking Number:
 Company Tracking Number: 1764
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: DC HealthyBlue 3.0 Small Group Eff 201208
 Project Name/Number: /

Supporting Document Schedules

| | Item Status: | Status Date: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| <p>Satisfied - Item: Actuarial Justification Comments: Attachments: File 1764 DC HB3 - 4.6.12 - Actuarial Memo.pdf DC Actuarial Cert - KK.pdf</p> | | |
| <p>Bypassed - Item: Rate Summary Worksheet Bypass Reason: N/A Comments:</p> | | |
| <p>Bypassed - Item: Consumer Disclosure Form Bypass Reason: N/A Comments:</p> | | |
| <p>Satisfied - Item: File 1722 BC - DLR Comments: Attachment: File 1722 BC - DLR.pdf</p> | | |

***CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group Rate Filing Effective 8/2012
SMALL GROUP ACCOUNTS OF 2-50 CONTRACTS
Filing 1764
Actuarial Memorandum***

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group HealthyBlue 3.0 Rate Filing Effective 8/2012
Rate Filing Summary (Filing 1764)

This submission pertains to the District of Columbia Small Group Market business of CareFirst BlueChoice, Inc.

Included in this submission are benefit descriptions, rate derivations and proposed rates for HealthyBlue 3.0 (HB3) product options. Since these are brand new benefit options, there is no rate information to enter in SERFF.

HealthyBlue 2.0 (HB2) products (3 options) were launched for an effective date of 12/1/11. HB3 will provide out-of-area (OOA) benefits that are the same as in-area, in-network benefits when BlueCard is used. This will benefit groups with OOA enrollment.

There is also another main enhancement made in HB3. For outpatient facility surgeries performed in a non-hospital-based setting, cost sharing is reduced. It is believed that the same quality of care will be delivered with less cost. This will be part of the base benefits.

The HB3 medical rates were developed from the most recently filed 7/1/2012 rates (SERFF tracking# CFAP-128094243) for the existing non-CDH HB2 Option C (\$1,000 In-Network deductible). Adjustments are applied to account for the differences between HB2 Option C and HB3 Option C. For OOA benefits using BlueCard we will pay ITS access and AEA fees. We expect this to add 6.0% to those claims. We also estimate that our OOA payments to other Blues' PPO providers will be +7% higher than our payments to CF's local HMO providers. The base pricing was done assuming 20% OOA claims (i.e., 20% x (6.0%+7.3%) = +2.7%).

You'll also notice a line item for "contingency". Since HB is designed for both the very healthy and those with chronic conditions to improve, maintain, and best-manage health, anti-selection could be closer to PPO-type anti-selection. The proposed +1.0% accounts for that until we have a credible block in the interest of lasting rate stability.

After these adjustments from HB2 to HB3, the benefit relativities among the HB3 benefit options were developed.

The integrated CDH drug rates were developed from the most recently filed 7/1/2012 rates for the existing non-CDH drug option (\$0 Ded, \$0/25/45 Copays).

Our internal Rx pricing model was used to develop the benefit relativity for the new benefit options.

This is shown outlined on the Rate Derivation page (page 5).

The rating methodology for all HealthyBlue products follows our current practice for the District of Columbia Small Group BlueChoice business.

Current BlueChoice rating factors (age, tier, etc.) also apply to all HealthyBlue products.

The form numbers associated with the rates are:

| | |
|------------------------------|---------------------------|
| DC/GRP APP (R. 10/11) | DC/CFBC/HBADV/EOC (7/12) |
| DC/CFBC/GC (R. 10/11) | DC/CFBC/HBADV/DOCS (7/12) |
| DC/CFBC/DOL APPEAL (R. 7/11) | DC/CFBC/HBADV/SOB (7/12) |
| DC/CFBC/ATTC (R. 1/10) | And any amendments |

**CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group HealthyBlue 3.0 Rate Filing Effective 8/2012
Table of Contents**

| | |
|----------------------------------------------|---|
| Cover | 1 |
| Filing Summary | 2 |
| Table of Contents | 3 |
| HealthyBlue Benefit Description | 4 |
| Individual Gross Monthly Premiums Derivation | 5 |

**CAREFIRST BLUECROSS BLUESHIELD (BLUECHOICE)
DC Small Group HealthyBlue 3.0 Rate Filing Effective 8/2012**

HealthyBlue Benefit Summary

| | | Existing HB 2.0 Option | HealthyBlue 3.0 Options | | | | | |
|--------------------------------------------------|-----------------------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| | | \$1,000 Deductible | Option A * | Option B * | Option C * | Option D HSA/HRA | Option E HSA/HRA | Option F HSA/HRA |
| In-Network Benefits | PCP Required | Yes | No | No | No | No | No | No |
| | Referrals Required | No | No | No | No | No | No | No |
| | Ded | \$1,000 | \$300 | \$500 | \$1,000 | \$1,500 | \$2,000 | \$2,500 |
| | OOP Max | \$2,000 | \$2,000 | \$2,000 | \$2,000 | \$4,000 | \$4,000 | \$4,000 |
| | Routine Physical | No Charge | No Charge | No Charge |
| | PCP Copay | No Charge | No Charge | No Charge | No Charge | Deductible, then No Charge | Deductible, then No Charge | Deductible, then No Charge |
| | SCP Copay | \$30 copay | \$30 copay | \$30 copay | \$30 copay | Deductible, then \$30 Copay | Deductible, then \$30 Copay | Deductible, then \$30 Copay |
| | Inpatient Facility Copay | Ded, then \$300 copay per admit | Ded, then \$300 copay per admit | Ded, then \$300 copay per admit |
| | Outpatient Facility Services for Surgery - Non-Hospital Based Setting | Ded, then \$300 copay | \$100 copay | \$100 copay | \$100 copay | Deductible, then \$100 copay | Deductible, then \$100 copay | Deductible, then \$100 copay |
| | Outpatient Facility Services for Surgery - Hospital Setting | Ded, then \$300 copay | Ded, then \$300 copay | Ded, then \$300 copay | Deductible, then \$300 copay | Deductible, then \$300 copay | Deductible, then \$300 copay | Deductible, then \$300 copay |
| Outpatient Facility Services (excluding surgery) | Ded, then \$300 copay | No Charge | No Charge | No Charge | Deductible, then No Charge | Deductible, then No Charge | Deductible, then No Charge | |
| Out-of-Network Benefits | PCP Required | No | No | No | No | No | No | No |
| | Referrals Required | No | No | No | No | No | No | No |
| | Ded | \$2,000 | \$1,000 | \$1,500 | \$2,000 | \$3,000 | \$4,500 | \$4,500 |
| | OOP Max | \$4,000 | \$4,000 | \$4,000 | \$4,000 | \$6,000 | \$6,000 | \$6,000 |
| | Routine Physical | Deductible, then No Charge | Deductible, then No Charge | Deductible, then No Charge |
| | PCP Copay | Ded, then \$50 copay | Ded, then \$50 copay | Ded, then \$50 copay | Ded, then \$50 copay | Ded, then \$50 copay | Ded, then \$50 copay | Ded, then \$50 copay |
| | SCP Copay | Ded, then \$50 copay | Ded, then \$50 copay | Ded, then \$50 copay | Ded, then \$50 copay | Ded, then \$50 copay | Ded, then \$50 copay | Ded, then \$50 copay |
| | Inpatient Facility Copay | Ded, then \$500 copay per admit | Ded, then \$500 copay per admit | Ded, then \$500 copay per admit |
| | Outpatient Facility Services for Surgery - Non-Hospital Based Setting | Ded, then \$500 copay | Deductible, then \$500 copay | Deductible, then \$500 copay | Deductible, then \$500 copay | Deductible, then \$500 copay | Deductible, then \$500 copay | Deductible, then \$500 copay |
| | Outpatient Facility Services for Surgery - Hospital Setting | Ded, then \$500 copay | Deductible, then \$500 copay | Deductible, then \$500 copay | Deductible, then \$500 copay | Deductible, then \$500 copay | Deductible, then \$500 copay | Deductible, then \$500 copay |
| Outpatient Facility Services (excluding surgery) | Ded, then \$500 copay | Deductible, then \$50 Copay | Deductible, then \$50 Copay | |
| Emergency Services | Subject to Ded | No | No | No | No | Yes | Yes | Yes |
| | ER Copay (waived if admitted) | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 | \$200 |
| | UC Copay (Participating) | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 | \$50 |
| Rx Coverage | | Non-Integrated | Non-Integrated | Non-Integrated | Non-Integrated | Integrated w/ Medical | Integrated w/ Medical | Integrated w/ Medical |
| | | Any Non-Integrated Rx Available | Deductible, then \$0/\$25/\$45 copay 50% coins. for injectibles Value Based Generics: No Charge | Deductible, then \$0/\$25/\$45 copay 50% coins. for injectibles Value Based Generics: No Charge | Deductible, then \$0/\$25/\$45 copay 50% coins. for injectibles Value Based Generics: No Charge |

* Options A, B, and C can be sold as an HRA

**CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group HealthyBlue 3.0 Rate Filing Effective 8/2012
Rate Derivation**

7/1/12 DC Small Group HealthyBlue 2.0 Option C (\$1000 Ded)

\$246

| | | | % of Mdl + RX Clms | Provider Efficiency Savings | Netwk Purview | Subtotal | Cost Share Δ | Price Impact |
|-------------|------------------------|----------------------------|-----------------------|-----------------------------------|------------------|-----------------|-----------------|-----------------|
| I. | Utilization Incentives | O/P-FS (Both) | 4.0% | -40.0% | 100.0% | -1.6% | 4.1% | -1.4% |
| II. | Cost Share Δ | Mainly OP Facility | | | | | | 2.4% |
| III. | OOA (20%) | Access Fees and PPO Reimb. | | | | | | 2.7% |
| IV. | Other | Contingency | | | | | | 1.0% |
| SUM: | | | | | | | | 4.6% |

8/1/12 DC Small Group HealthyBlue 3.0 Option C (\$1000 Ded)

\$257

| <u>Medical Gross Premium Derivation</u> | \$300 Ded | \$500 Ded | \$1000 Ded | \$1500 Ded HSA | \$2000 Ded HSA | \$2500 Ded HSA | \$1500 Ded HRA | \$2000 Ded HRA | \$2500 Ded HRA |
|----------------------------------------------------------------------------|--------------|--------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 8/1/12 DC Small Group HealthyBlue 3.0 Option C (\$1000 Ded) | \$257 | \$257 | \$257 | \$257 | \$257 | \$257 | \$257 | \$257 | \$257 |
| Benefit Relativity from Pricing Model * | 1.134 | 1.089 | 1.000 | 0.858 | 0.799 | 0.757 | 0.858 | 0.799 | 0.757 |
| Adjustment for HRA ** | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.000 | 1.085 | 1.085 | 1.085 |
| 8/1/12 Individual Gross Monthly Medical Rate for New Options | \$291 | \$280 | \$257 | \$221 | \$205 | \$195 | \$239 | \$223 | \$211 |
| <u>Rx Gross Premium Derivation</u> | | | | | | | | | |
| 7/1/12 DC Small Group Rx (\$0 Ded, \$0/25/45 Copay) | | | | \$114 | \$114 | \$114 | \$114 | \$114 | \$114 |
| Benefit Relativity from Rx Pricing Model | | | | 0.801 | 0.756 | 0.72 | 0.801 | 0.756 | 0.720 |
| Adjustment for HRA * | | | | 1.000 | 1.000 | 1.000 | 1.085 | 1.085 | 1.085 |
| 8/1/12 Individual Gross Monthly Rx Rate for New Options | | | | \$91 | \$86 | \$82 | \$99 | \$94 | \$89 |
| 8/1/12 Individual Gross Monthly Medical and Rx Rate for New Options | | | | \$312 | \$291 | \$277 | \$338 | \$317 | \$300 |

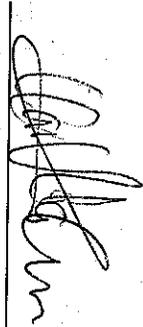
* Benefit relativity for options A and B came from the relativity embedded in the approved 7/1/2012 HealthyBlue 2.0 rates for the \$300, \$500, and \$1000 Ded options (SERFF tracking # CFAP-128094243).

** HRA adjustment came from the relativity between BlueChoice Advantage (BC Adv) HSA and BC Adv HRA in the filed BlueChoice rate filing effective 7/1/2012 (SERFF tracking # CFAP-128094243).

ACTUARIAL CERTIFICATION

I, Kenny Kan, am a Senior Vice President and the Chief Actuary with CareFirst BlueCross BlueShield of which CareFirst BlueChoice, Incorporated is a subsidiary. I am a member of the American Academy of Actuaries. I have been involved in the development of these rates.

To the best of my knowledge, these rating methodologies comply with applicable laws and regulations of the District of Columbia, and produce premiums that are reasonable in relation to benefits, for the legal entity and in aggregate, and are based on sound and commonly accepted actuarial principles.



Date

4/11/12

Kenny Kan, FSA, MAAA
Senior Vice President and Chief Actuary
CareFirst BlueChoice, Incorporated
Mail Drop-Point 01-720
10455 Mill Run Circle
Owings Mills, Md. 21117

CareFirst BlueCross BlueShield (BlueChoice)
DC Small Group Rate Filing Effective 07/2012
DLR Derivation
Experience Period : Incurred 10/2010 - 09/2011 & Paid Through 11/2011

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--------------------------|----------------------------------|--------------------|---------------|------------------|-------------------|-----------------------|------------------|-----------------------|----------|-------------|
| H.S.A. | | | | | | | | | | |
| Contracts a/o 11/31/2011 | | 1,042 | | | | | | | | |
| Member to Contract Ratio | | 1.74 | | | | | | | | |
| | | Function | Vendor | Unit PCPM | % BlueFund | Effective PCPM | Unit PCPM | Composite PCPM | % | \$s |
| 1 | Projected Claims (+ Capitations) | | | | | | | \$358.34 | 76.8% | \$4,480,710 |
| 2 | Admin Costs | | | | | | | \$ 51.30 | 11.0% | \$641,445 |
| 3 | Broker Commissions & Fees | | | | | | | \$ 34.34 | 7.4% | \$429,340 |
| 4 | Contribute to Reserve | | | | | | | \$7.46 | 1.6% | \$93,301 |
| 5 | Invest Income Credit | | | | | | | (\$0.00) | 0.00% | (\$6) |
| 6 | Premium Taxes | | | | | | | \$9.33 | 2.0% | \$116,626 |
| 7 | Assessment Fees | | | | | | | \$0.54 | 0.1% | \$6,704 |
| 8 | Federal Income Tax | | | | | | | \$1.87 | 0.4% | \$23,325 |
| 9 | State Income Tax | | | | | | | \$0.00 | 0.0% | \$0 |
| 10 | Risk Charge | | | | | | | \$0.00 | 0.0% | \$0 |
| 12 | SUBTOTAL: | | | | | | | \$463 | 99.3% | \$5,791,446 |
| 13 | | | | | | | | | | |
| 14 | CDH Expenses | | | | | | | | | |
| 15 | H.S.A. | Fund Administrator | FlexAmerica | \$3.00 | 37.9% | \$1.14 | \$3.00 | \$1.72 | 0.4% | \$21,555 |
| 16 | | Banking Custodian | ACS w/ Mellon | \$2.55 | 37.9% | \$0.97 | \$2.55 | \$1.47 | 0.3% | \$18,321 |
| 17 | WebMD | | | | | | | \$0.00 | 0.0% | \$0 |
| 18 | NASCO Fee (Not Applicable) | | | | | | | \$0.00 | 0.0% | \$0 |
| 19 | CDH SUBTOTAL: | | | | | | | \$3.19 | 0.7% | \$39,876 |
| 20 | SUM: | | | | | | | \$466 | 100.0% | \$5,831,322 |

| | | | | | | | | | | |
|--------------------------|----------------------------------|--------------------|-------------|--------|-------|--------|--------|----------|--------|-------------|
| H.R.A. | | | | | | | | | | |
| Contracts a/o 11/31/2011 | | 300 | | | | | | | | |
| Member to Contract Ratio | | 1.85 | | | | | | | | |
| 21 | Projected Claims (+ Capitations) | | | | | | | \$334 | 75.4% | \$1,203,637 |
| 22 | Admin Costs | | | | | | | \$ 48.80 | 11.0% | \$175,681 |
| 23 | Broker Commissions & Fees | | | | | | | \$ 34.87 | 7.9% | \$125,528 |
| 24 | Contribute to Reserve | | | | | | | \$7.10 | 1.6% | \$25,554 |
| 25 | Invest Income Credit | | | | | | | (\$0.00) | 0.00% | (\$2) |
| 26 | Premium Taxes | | | | | | | \$8.87 | 2.0% | \$31,942 |
| 27 | Assessment Fees | | | | | | | \$0.51 | 0.1% | \$1,836 |
| 28 | Federal Income Tax | | | | | | | \$1.77 | 0.4% | \$6,388 |
| 29 | State Income Tax | | | | | | | \$0.00 | 0.0% | \$0 |
| 30 | Risk Charge | | | | | | | \$0.00 | 0.0% | \$0 |
| 32 | SUBTOTAL: | | | | | | | \$436 | 98.3% | \$1,570,564 |
| 33 | | | | | | | | | | |
| 34 | CDH Expenses | | | | | | | | | |
| 35 | H.R.A. | Fund Administrator | FlexAmerica | \$4.50 | 59.9% | \$2.69 | \$4.50 | \$6.32 | 1.4% | \$22,742 |
| 36 | | Debit Card | Evolution | \$0.75 | 59.9% | \$0.45 | \$0.75 | \$1.05 | 0.2% | \$3,790 |
| 37 | WebMD | | | | | | | \$0.00 | 0.0% | \$0 |
| 38 | NASCO Fee (Not Applicable) | | | | | | | \$0.00 | 0.0% | \$0 |
| 39 | CDH SUBTOTAL: | | | | | | | \$7.37 | 1.7% | \$26,532 |
| 40 | SUM: | | | | | | | \$444 | 100.0% | \$1,597,096 |

| | | | | | | | | | | |
|--------------------------|----------------------------------|--------|--|--|--|--|--|----------|--------|---------------|
| non-CDH | | | | | | | | | | |
| Contracts a/o 11/31/2011 | | 18,131 | | | | | | | | |
| Member to Contract Ratio | | 1.60 | | | | | | | | |
| 41 | Projected Claims (+ Capitations) | | | | | | | \$420 | 78.3% | \$91,294,326 |
| 42 | Admin Costs | | | | | | | \$58.96 | 11.0% | \$12,829,089 |
| 43 | Broker Commissions & Fees | | | | | | | \$ 35.42 | 6.6% | \$7,705,568 |
| 44 | Contribute to Reserve | | | | | | | \$8.58 | 1.6% | \$1,866,049 |
| 45 | Invest Income Credit | | | | | | | (\$0.00) | 0.00% | (\$114) |
| 46 | Premium Taxes | | | | | | | \$10.72 | 2.0% | \$2,332,562 |
| 47 | Assessment Fees | | | | | | | \$0.62 | 0.1% | \$134,091 |
| 48 | Federal Income Tax | | | | | | | \$2.14 | 0.4% | \$466,512 |
| 49 | State Income Tax | | | | | | | \$0.00 | 0.0% | \$0 |
| 50 | Risk Charge | | | | | | | \$0.00 | 0.0% | \$0 |
| 52 | SUM: | | | | | | | \$536 | 100.0% | \$116,628,084 |

| | | | | | | | | | | |
|--------------------------|--|--------|--|--|--|--|--|--|--|--|
| TOTAL | | | | | | | | | | |
| Contracts a/o 11/31/2011 | | 19,473 | | | | | | | | |
| Member to Contract Ratio | | 1.61 | | | | | | | | |

| | | | | | | | | | | |
|----|----------------------------------|--------------------|---------------|--------|--|--|--|----------|--------|---------------|
| 53 | Projected Claims (+ Capitations) | | | | | | | \$415 | 78.2% | \$96,978,673 |
| 54 | Admin Costs | | | | | | | \$58.40 | 11.0% | \$13,646,215 |
| 55 | Broker Commissions & Fees | | | | | | | \$35.35 | 6.7% | \$8,260,436 |
| 56 | Contribute to Reserve | | | | | | | \$8.49 | 1.6% | \$1,984,904 |
| 57 | Invest Income Credit | | | | | | | (\$0.00) | 0.0% | (\$121) |
| 58 | Premium Taxes | | | | | | | \$10.62 | 2.0% | \$2,481,130 |
| 59 | Assessment Fees | | | | | | | \$0.61 | 0.1% | \$142,632 |
| 60 | Federal Income Tax | | | | | | | \$2.12 | 0.4% | \$496,226 |
| 61 | State Income Tax | | | | | | | \$0.00 | 0.0% | \$0 |
| 62 | Risk Charge | | | | | | | \$0.00 | 0.0% | \$0 |
| 64 | SUBTOTAL: | | | | | | | \$531 | 99.9% | \$123,990,095 |
| 65 | | | | | | | | | | |
| 66 | CDH Expenses | | | | | | | | | |
| 67 | H.S.A. | Fund Administrator | FlexAmerica | \$0.09 | | | | \$0.09 | 0.0% | \$21,555 |
| 68 | | Banking Custodian | ACS w/ Mellon | \$0.08 | | | | \$0.08 | 0.0% | \$18,321 |
| 69 | H.R.A. | Fund Administrator | FlexAmerica | \$0.10 | | | | \$0.10 | 0.0% | \$22,742 |
| 70 | | Debit Card | Evolution | \$0.02 | | | | \$0.02 | 0.0% | \$3,790 |
| 71 | WebMD | | | | | | | \$0.00 | 0.0% | \$0 |
| 72 | NASCO Fee (Not Applicable) | | | | | | | \$0.00 | 0.0% | \$0 |
| 73 | CDH SUBTOTAL: | | | | | | | \$0.28 | 0.1% | \$66,408 |
| 74 | SUM: | | | | | | | \$531 | 100.0% | \$124,056,503 |