

SERFF Tracking Number: CFAP-128258599 State: District of Columbia  
 Filing Company: CareFirst BlueChoice, Inc. State Tracking Number:  
 Company Tracking Number: 1771  
 TOI: HOrg02G Group Health Organizations - Health Maintenance Sub-TOI: HOrg02G.003C Large Group Only - HMO  
 (HMO)  
 Product Name: DC BlueChoice Large Group Eff 201208  
 Project Name/Number: HB 2.0 CDH & HB 3.0/1771

## Rate Information

Rate data applies to filing.

Filing Method: SERFF  
 Rate Change Type: %  
 Overall Percentage of Last Rate Revision: %  
 Effective Date of Last Rate Revision:  
 Filing Method of Last Filing:

## 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):
CareFirst BlueChoice, Inc.	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
<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>								
<b>Policy Holders:</b>								

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## Rate Review Details

### COMPANY:

Company Name: CareFirst BlueChoice, Inc.  
 HHS Issuer Id: 86052  
 Product Names: HB 2.0 \$1500 HSA (Option D), HB 2.0 \$2000 HSA (Option E), HB 2.0 \$2500 HSA (Option F), HB 3.0 \$300 Non-CDH (Option A), HB 3.0 \$500 Non-CDH (Option B), HB 3.0 \$1000 Non-CDH (Option C), HB 3.0 \$1500 HSA (Option D), HB 3.0 \$2000 HSA (Option E), HB 3.0 \$2500 HSA (Option F)

Trend Factors:

### FORMS:

New Policy Forms: DC/CFBC/HBADV/EOC (7/12), DC/CFBC/HBADV/DOCS (7/12), DC/CFBC/HBADV/SOB (7/12), DC/GRP APP (R. 10/11), DC/CFBC/GC (R. 10/11), DC/CFBC/DOL APPEAL (R. 7/11), DC/CFBC/ATTC (R. 1/10), DC/CFBC/HB2 EOC (10/11), DC/CFBC/HB2 DOCS (10/11), DC/CFBC/HB2 SOB (10/11), DC/CFBC/HB2 WELLNESS (10/11), DC/CFBC/HB/RX (R. 7/11), And Any Amendments

Affected Forms:

Other Affected Forms:

### REQUESTED RATE CHANGE

#### INFORMATION:

Change Period: Quarterly  
 Member Months: 0  
 Benefit Change: None  
 Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

#### PRIOR RATE:

Total Earned Premium: 0.00

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Total Incurred Claims: 0.00  
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00  
**REQUESTED RATE:**  
Projected Earned Premium: 0.00  
Projected Incurred Claims: 0.00  
Annual \$: Min: 219.00 Max: 291.00 Avg: 254.00

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 Maintenance (HMO)  
 Product Name: DC BlueChoice Large Group Eff 201208  
 Project Name/Number: HB 2.0 CDH & HB 3.0/1771

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Filing 1771	DC/CFBC/HBAD New V/EOC (7/12), DC/CFBC/HBAD V/DOCS (7/12), DC/CFBC/HBAD V/SOB (7/12), DC/GRP APP (R. 10/11), DC/CFBC/GC (R. 10/11), DC/CFBC/DOL APPEAL (R. 7/11), DC/CFBC/ATTC (R. 1/10), DC/CFBC/HB2 EOC (10/11), DC/CFBC/HB2 DOCS (10/11), DC/CFBC/HB2 SOB (10/11), DC/CFBC/HB2 WELLNESS (10/11), DC/CFBC/HB/RX (R. 7/11), And Any Amendments			File_1771_BC_H B3.0_51+ - Rate Filing.pdf

**CareFirst BlueCross BlueShield  
BlueChoice, Inc.  
NAIC # 96202**

**Large Groups of 51+ Contracts (Fully Insured)**

**Jurisdiction: District of Columbia**

**Rate Filing # 1771  
Effective 08/2012**

**HealthyBlue Advantage 3.0 & HealthyBlue 2.0 CDH - Rate Filing**

**CareFirst BlueCross BlueShield (BlueChoice)**  
**GROUPS 51+ CONTRACTS (F) - Effective 08/01/2012 - Illustrative Net Monthly Premiums**  
**HEALTHYBLUE ADVANTAGE 3.0 (Non-CDH, H.S.A. and H.R.A.)**

Product Type	Option	Integrated Rx Benefit	In-Network*							Out of Network**				08/2012 Individual Rate		
			PCP Copay	Specialist Copay	ER Copay	I/P Facility Copay	Deductible	Coinsurance	Indiv OOP Max	Deductible	Coinsurance	Indiv OOP Max	Vision Core	Medical	Drug	Total
Non-CDH	A	None	\$0	\$30	\$200	\$300	\$300	100%	\$2,000	\$1,000	100%	\$4,000	Yes	\$285.18	n/a	\$285.18
Non-CDH	B	None	\$0	\$30	\$200	\$300	\$500	100%	\$2,000	\$1,500	100%	\$4,000	Yes	\$275.18	n/a	\$275.18
Non-CDH	C	None	\$0	\$30	\$200	\$300	\$1,000	100%	\$2,000	\$2,000	100%	\$4,000	Yes	\$250.18	n/a	\$250.18

Product Type	Option	Integrated Rx Benefit	In-Network*							Out of Network**				08/2012 Individual Rate		
			PCP Copay	Specialist Copay	ER Copay	I/P Facility Copay	Deductible	Coinsurance	Indiv OOP Max	Deductible	Coinsurance	Indiv OOP Max	Vision Core	Medical	Drug	Total
H.S.A.	D	\$0/\$25/\$45	\$0	\$30	\$200	\$300	\$1,500	100%	\$4,000	\$3,000	100%	\$6,000	Yes	\$227.26	\$42.25	\$269.51
H.S.A.	E	\$0/\$25/\$45	\$0	\$30	\$200	\$300	\$2,000	100%	\$4,000	\$4,500	100%	\$6,000	Yes	\$204.34	\$35.19	\$239.53
H.S.A.	F	\$0/\$25/\$45	\$0	\$30	\$200	\$300	\$2,500	100%	\$4,000	\$5,000	100%	\$6,000	Yes	\$181.43	\$49.24	\$230.67
H.R.A.	D	\$0/\$25/\$45	\$0	\$30	\$200	\$300	\$1,500	100%	\$4,000	\$3,000	100%	\$6,000	Yes	\$245.44	\$45.63	\$291.07
H.R.A.	E	\$0/\$25/\$45	\$0	\$30	\$200	\$300	\$2,000	100%	\$4,000	\$4,500	100%	\$6,000	Yes	\$220.69	\$38.01	\$258.70
H.R.A.	F	\$0/\$25/\$45	\$0	\$30	\$200	\$300	\$2,500	100%	\$4,000	\$5,000	100%	\$6,000	Yes	\$195.94	\$53.18	\$249.12

Note: The corresponding integrated drug products are core to the HSA and HRA benefits.

\* In-Network: BlueChoice providers if in service area, BlueCard PPO providers if outside of service area.

\*\* Out of Network: Non-BlueChoice providers if in service area, non-BlueCard PPO providers if outside of service area.

\*\*\* Note: The core vision rate is not included in the medical rates shown.

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

**CareFirst BlueCross BlueShield (BlueChoice)**  
**GROUPS 51+ CONTRACTS (FI) - Effective 08/01/2012 - Illustrative Net Monthly Premiums**  
**HealthyBlue 2.0 CDH Rates**

Product	Option	Integrated Rx Benefit	In-Network							Out of Network		Vision Core*	08/01/12 Individual Rate		
			PCP Copay	Ded Applies to PCP?	Specialist Copay	ER Copay	Urgent Care Facility Copay	Ded	OOP Max	Ded	OOP Max		Medical	Rx	Total
HealthyBlue 2.0 HSA	D	\$0/\$25/\$45	\$0	Yes	\$30	\$200	\$50	\$1,500	\$4,000	\$3,000	\$6,000	Yes	\$213.45	\$42.25	\$255.70
HealthyBlue 2.0 HSA	E	\$0/\$25/\$45	\$0	Yes	\$30	\$200	\$50	\$2,000	\$4,000	\$4,500	\$6,000	Yes	\$192.06	\$35.19	\$227.25
HealthyBlue 2.0 HSA	F	\$0/\$25/\$45	\$0	Yes	\$30	\$200	\$50	\$2,500	\$4,000	\$4,500	\$6,000	Yes	\$169.61	\$49.24	\$218.85

Product	Option	Integrated Rx Benefit	In-Network							Out of Network		Vision Core*	08/01/12 Individual Rate		
			PCP Copay	Ded Applies to PCP?	Specialist Copay	ER Copay	Urgent Care Facility Copay	Ded	OOP Max	Ded	OOP Max		Medical	Rx	Total
HealthyBlue 2.0 HRA	D	\$0/\$25/\$45	\$0	Yes	\$30	\$200	\$50	\$1,500	\$4,000	\$3,000	\$6,000	Yes	\$230.53	\$45.63	\$276.16
HealthyBlue 2.0 HRA	E	\$0/\$25/\$45	\$0	Yes	\$30	\$200	\$50	\$2,000	\$4,000	\$4,500	\$6,000	Yes	\$207.43	\$38.01	\$245.44
HealthyBlue 2.0 HRA	F	\$0/\$25/\$45	\$0	Yes	\$30	\$200	\$50	\$2,500	\$4,000	\$4,500	\$6,000	Yes	\$183.18	\$53.18	\$236.36

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

\* Note: The core vision rate is not included in the medical rates shown.

DC/CFBC/HB2 EOC (10/11)  
DC/CFBC/HB2 DOCS (10/11)  
DC/CFBC/HB2 SOB (10/11)  
DC/CFBC/HB2 WELLNESS (10/11)  
DC/CFBC/HB/RX (R. 7/11)  
And any amendments

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Maintenance (HMO)  
Product Name: DC BlueChoice Large Group Eff 201208  
Project Name/Number: HB 2.0 CDH & HB 3.0/1771

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Actuarial Justification <b>Comments:</b> <b>Attachment:</b> File_1771_BC_HB3.0_51+ - Actuarial Memorandum - 5-17-12.pdf		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Rate Summary Worksheet <b>Bypass Reason:</b> n/a <b>Comments:</b>		

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Consumer Disclosure Form <b>Bypass Reason:</b> n/a <b>Comments:</b>		

**CareFirst BlueCross BlueShield  
BlueChoice, Inc.  
NAIC # 96202**

**Large Groups of 51+ Contracts (Fully Insured)**

**Jurisdiction: District of Columbia**

**Rate Filing # 1771**

**Effective 08/2012**

**HealthyBlue Advantage 3.0 & HealthyBlue 2.0 CDH - Actuarial Memorandum**

## ACTUARIAL CERTIFICATION

I, Brad Boban, am a Pricing 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, and are based on sound and commonly accepted actuarial principles.

# Brad Boban

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Digitally signed by Brad Boban  
DN: cn=Brad Boban, o=CareFirst BlueCross  
BlueShield, ou=Actuarial Pricing,  
email=brad.boban@carefirst.com, c=US  
Date: 2012.05.17 14:57:48 -04'00'

Brad Boban, ASA, MAAA  
Senior Actuarial Assistant, Supervisor  
CareFirst BlueChoice, Incorporated  
Mail Drop-Point 01-780  
10455 Mill Run Circle  
Owings Mills, Md. 21117

**CAREFIRST BLUECROSS BLUESHIELD  
BLUECHOICE, INC. (NAIC # 96202)  
Large Groups of 51+ Contracts (Fully Insured)  
HealthyBlue Advantage 3.0 & HealthyBlue 2.0 CDH  
Rate Filing # 1771  
Rates Proposed to be Effective 8/1/12  
ACTUARIAL MEMORANDUM**

HealthyBlue1 (HB1) was launched for an effective date of 10/1/10. HB2 came next with an effective date of 12/1/11. Our relatively new, Point-of-Service (POS), Open Access (OA), BlueAdvantage (BA) product is proving to be attractive to many DC groups as evidenced by enrollment growth. As you'll recall, this BA product is tailored for groups with out-of-area (OOA) enrollment by having HMO-type benefits OOA (e.g., copays rather than deductibles) and utilizing the BlueCard network of our fellow Blues plans outside of our service area. By doing so we approximate a national HMO. Given our belief in HB as a customer's best choice to improve their health, we are proposing the changes below to combine the best features of BA and HB and to also make some enhancements. Our starting point for pricing was HB2 but we also compare to BA to show HB3's fit in the portfolio. Below are the key changes versus HB2.

1. Establish OOA benefits that are the same as in-area, in-network benefits when BlueCard is used.
2. For outpatient facility services performed in a non-hospital-based setting, reduce the copay. It is believed that the same quality of care will be delivered with less cost. This will be part of the base benefits.
3. In an effort to reduce premium, several in-network benefits (e.g., office visits (OV) for illness, DXLs) were changed from "copay instead of deductible" to "copay after deductible". Complete benefit descriptions for HB2 and HB3 are provided in the Appendix.
4. For OON benefits, only DXL was changed from "deductible then \$0" to "deductible then \$50 copay".

You'll notice that we include a "POS OA" anti-selection factor of +8.0%. Despite historical POS OA, OON utilization as low as < 5%, required adequate premiums have proven to be +~13% versus an HMO OA product. For 51+ FI, this is from a POS OA block of ~\$90M in annual premium so we find it credible. HB is a POS product. After itemizing all cost differences, we're left with +10.7% for anti-selection. It seems that buyers of POS who want the option to go OON if desired have a higher morbidity profile. Therefore, we find it prudent to include this in the HB3 pricing. We are assuming 75% of this selection at this time.

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.

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 (i.e.,  $20\% \times (6.0\% + 7.3\%) = +2.7\%$ ). A specific group's rate will vary depending on the exact % OOA as is currently done for BA FOR 51+ FI. For "MD 2-50 Non-SGR", rates will not vary in this way. Rather 20% OOA will be assumed for setting the community rate.

For the CDH pricing, H.R.A. rates are priced +8% versus H.S.A. based on demonstrated experience for other such products.

In the end, on a benefits-adjusted basis, we expect HB3 premiums to be ~5.4% higher than HB2. Also, we expect HB3 to be ~1% higher than BA. The last time we adjusted the 51+ FI book rates was effective 2Q11. We plan to evaluate book premiums again for 3Q12. Consequently, rates are priced in the context of known rates for 1Q12 and then trended forward to 3Q12.

Attached exhibits are intended to explicate our proposal.

The list below contains the forms for HealthyBlue Advantage/3.0 group products and HealthyBlue 2.0

DC/CFBC/HBADV/EOC (7/12)	DC/CFBC/HB2 EOC (10/11)
DC/CFBC/HBADV/DOCS (7/12)	DC/CFBC/HB2 DOCS (10/11)
DC/CFBC/HBADV/SOB (7/12)	DC/CFBC/HB2 SOB (10/11)
DC/GRP APP (R. 10/11)	DC/CFBC/HB2 WELLNESS (10/11)
DC/CFBC/GC (R. 10/11)	DC/CFBC/HB/RX (R. 7/11)
DC/CFBC/DOL APPEAL (R. 7/11)	And any amendments
DC/CFBC/ATTC (R. 1/10)	
And any amendments	

**HEALTHYBLUE 3**  
**GROUPS OF 51-199 CONTRACTS**  
**NET INDIVIDUAL MONTHLY PREMIUMS EFFECTIVE 3Q12 (Including New Business Discount)**  
**Itemization of Pricing From HB2 to HB3**

		HB2 \$500 w/ \$0/25/45 Rx	Non-CDH	Monthly Premium				
		HB3 \$500 (Opt. B) w/ \$0/25/45 Rx	Non-CDH	\$324				
			Δ	\$342				
				<b>5.4%</b>				
I.	Utilization Incentives	O/P-FS (Both)	% of Mdl + RX Clms	Provider Efficiency Savings	Netwk Purview	Subtotal	Cost Share Δ	Price Impact
			4.0%	-40.0%	100%	-1.6%	4.1%	-1.4%
		<b>Subtotal:</b>	<b>4.0%</b>	<b>-40.0%</b>		<b>-1.6%</b>		<b>-1.4%</b>
II.	Cost Share Δ-OON	Copays						<b>-0.4%</b>
III.	Cost Share Δ-IN-NET	Subj. to Ded, then Copays						<b>-1.8%</b>
V.	POS Selection	75% x 10.7%						<b>8.0%</b>
VI.	Other Contingency							<b>1.0%</b>
		<b>SUM:</b>						<b>5.4%</b>

HB 3.0	\$300 Ded.	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$1,500	\$2,000	\$2,500
	Non-CDH	Non-CDH	Non-CDH	H.S.A.	H.S.A.	H.S.A.	H.R.A.	H.R.A.	H.R.A.
	Opt. A	Opt. B	Opt. C	Opt. D	Opt. E	Opt. F	Opt. D	Opt. E	Opt. F
Rates Eff 3Q12-Medical	\$285.18	\$275.18	\$250.18	\$227.26	\$204.34	\$181.43	\$245.44	\$220.69	\$195.94
Rates Eff 3Q12-RX	\$66.43	\$66.43	\$66.43	\$42.25	\$35.19	\$49.24	\$45.63	\$38.01	\$53.18
<b>Proposed Rates Effective 3Q12-Medl+RX:</b>	<b>\$351.61</b>	<b>\$341.61</b>	<b>\$316.61</b>	<b>\$269.51</b>	<b>\$239.53</b>	<b>\$230.67</b>	<b>\$291.07</b>	<b>\$258.70</b>	<b>\$249.12</b>

HB 2.0 CDH	\$1,500	\$2,000	\$2,500	\$1,500	\$2,000	\$2,500
	H.S.A.	H.S.A.	H.S.A.	H.R.A.	H.R.A.	H.R.A.
	Opt. D	Opt. E	Opt. F	Opt. D	Opt. E	Opt. F
Rates Eff 3Q12-Medical	\$213.45	\$192.06	\$169.61	\$230.53	\$207.43	\$183.18
Rates Eff 3Q12-RX	\$42.25	\$35.19	\$49.24	\$45.63	\$38.01	\$53.18
<b>Proposed Rates Effective 3Q12-Medl+RX:</b>	<b>\$255.70</b>	<b>\$227.25</b>	<b>\$218.85</b>	<b>\$276.16</b>	<b>\$245.44</b>	<b>\$236.36</b>

\*\*We are keeping the H.S.A. to H.R.A. spread at 8.0% just like our other CDH business.

**HEALTHYBLUE 3**  
**GROUPS OF 51-199 CONTRACTS**  
**CALCULATION OF ADJUSTMENT FOR OON BENEFIT CHANGES**

Region		Local/OOA	In-Net/OON	Utilization	Copays	
		Utilization	Utilization		Savings	Composite
Local	In-Net	80.0%	93%	74%	0.0%	0.0%
	OON		7%	6%	-5.8%	-0.3%
OOA	In-Net	20.0%	93%	19%	0.0%	0.0%
	OON		7%	1%	-5.8%	-0.1%
<b>SUM:</b>		<b>100.0%</b>		<b>100%</b>		<b>-0.4%</b>



HealthyBlue 2.0 - 51+ DC  
Base Product - CDH

Medical Product/Plan	HealthyBlue 2.0	
	In-Network	Out-of-Network
<b>Program Details</b>		
Network	CareFirst BlueChoice	RPN/ Out-of Network (balance billing)
PCP Selection	Yes	No
Referrals	No	No
<b>Member Liability</b>		
Individual Deductible	Three Options for Pricing: • Option D: \$1,500 • Option E: \$2,000 • Option F: \$2,500	Three Options for Pricing: • Option D: \$3,000 • Option E: \$4,500 • Option F: \$4,500
Individual OOP Max	\$4,000 (same amount for all options)	\$6,000 (same amount for all options)
<b>Service</b>		
Routine Adult Physical (Including routine	No Charge	Deductible, then No Charge
Well-Child Care (including exams and	No Charge	Deductible, then No Charge
Mammograms	No Charge	\$50 Copay
Cancer Screening (Pap test, Prostate Screening, and Colorectal Screening)	No Charge	Deductible, then No Charge \$50 Copay (Pap Tests)
<b>Office Visits, Labs and Testing</b>		
Office Visits for Illness	PCP: Deductible, then No Charge Specialist: Deductible, then \$30 Copay	Deductible, then \$50 Copay
Office Visits for Chiropractic	Deductible, then \$30 Copay	Deductible, then \$50 Copay
Office Visits for PT, OT, ST	Deductible, then \$30 Copay	Deductible, then \$50 Copay
Diagnostic/Lab Tests	Deductible, then No Charge	Deductible, then \$50 Copay
X-Ray	Deductible, then No Charge	Deductible, then \$50 Copay
<b>Emergency Care</b>		
Emergency Room (waived if admitted)	Deductible, then \$200 Copay	Deductible, then \$200 Copay
Urgent Care Center (Participating)	Deductible, then \$50 Copay	Deductible, then \$50 Copay
Ambulance (when medically necessary)	Deductible, then \$50 Copay	Deductible, then \$50 Copay
<b>Hospitalization</b>		
Inpatient Facility Services	Deductible, then \$300 copay per admission	Deductible then \$500 copay
Inpatient Physician Services	Deductible, then no charge	Deductible, then \$50 Copay
Outpatient Facility Services - Surgery	Deductible, then \$300 copay	Deductible, then \$500 copay per admission
Outpatient Facility Services - All other Services (excluding Surgery)	Deductible, then no charge	Deductible, then \$50 Copay
Outpatient Physician Services	Deductible, then no charge	Deductible, then \$50 Copay
<b>Additional Nursing Services</b>		
Skilled Nursing	Deductible, then \$30 Copay	Deductible, then \$50 Copay
Home Health Services	Deductible, then \$30 Copay	Deductible, then \$50 Copay
Hospice	Deductible, then \$30 Copay	Deductible, then \$50 Copay
<b>Mental Health and Substance Abuse</b>		
Inpatient Facility Services	Deductible, then \$300 copay per admission	Deductible, then \$500 copay per admission
Inpatient Physician Services	Deductible, then No Charge	Deductible, then \$50 Copay
Outpatient Facility Services and Outpatient Physician Services	Deductible, then No Charge	Deductible, then \$30 Copay
Office Visits	Deductible, then No Charge	Deductible, then \$30 Copay
<b>Durable Medical Equipment</b>		
DME	Deductible, then \$30 Copay	Deductible, then \$50 Copay
<b>Maternity Services</b>		
Office Visits (pre and postnatal)	Deductible, then \$30 Copay	Deductible, then \$50 Copay
Delivery	Deductible, then \$300 copay per admission	Deductible, then \$500 copay per admission
Newborn Nursery (Physician Services)	Deductible, then no charge	Deductible, then \$50 Copay
<b>AI/IVF</b>		
AI	Not Covered	Not Covered
IVF	Not Covered	Not Covered
<b>Prescription Drugs</b>		
	Integrated Deductible, then \$0/25/45/50% copays Value Based Generics - \$0 and not subject to deductible (generics to treat Asthma, Blood Pressure, Cholesterol, Depression and Diabetes)	

HealthyBlue 3.0 - 51+ DC  
Base Product

Medical Product/Plan	HealthyBlue 3.0		
	In-Network		Out-of-Network
Program Details	In CareFirst Service Area	Out of CareFirst Service Area	
Network	CareFirst BlueChoice	BlueCard PPO	RPN/ Out-of Network (balance billing)
PCP Selection	No	No	No
Referrals	No	No	No
<b>Member Liability</b>			
Individual Deductible	Three Options for Pricing: • Option A: \$300 • Option B: \$500 • Option C: \$1,000		Three Options for Pricing: • Option A: \$1,000 • Option B: \$1,500 • Option C: \$2,000
Individual OOP Max	\$2,000 (same amount for all options)		\$4,000 (same amount for all options)
<b>Service</b>			
Routine Adult Physical (including routine	No Charge		Deductible, then No Charge
Well-Child Care (including exams and	No Charge		Deductible, then No Charge
Mammograms	No Charge		\$50 copay
Cancer Screening (Pap test, Prostate Screening, and Colorectal Screening)	No Charge		Deductible, then No Charge \$50 Copay (Pap Test)
<b>Office Visits, Labs and Testing</b>			
Office Visits for Illness	PCP: No Charge Specialist: \$30 Copay	Family Practice, General Practice, Internal Medicine, Geriatrics and Pediatrics - No Charge Specialist - \$30 Copay	Deductible, then \$50 Copay
Office Visits for Chiropractic	\$30 Copay		Deductible, then \$50 Copay
Office Visits for PT, OT, ST	\$30 Copay		Deductible, then \$50 Copay
Diagnostic/Lab Tests	No Charge		Deductible, then \$50 Copay
X-Ray	No Charge		Deductible, then \$50 Copay
<b>Emergency Care</b>			
Emergency Room (waived if admitted)	\$200 Copay		\$200 Copay
Urgent Care Center	\$50 Copay		\$50 Copay
Ambulance (when medically necessary)	\$50 Copay		\$50 Copay
<b>Hospitalization</b>			
Inpatient Facility Services	Deductible, then \$300 copay per admission		Deductible, then \$500 copay per admission
Inpatient Physician Services	Deductible, then no charge		Deductible, then \$50 Copay
Outpatient Facility Services for Surgery - Non-Hospital Based Setting	\$100 copay		Deductible, then \$500 copay
Outpatient Facility Services for Surgery - Hospital Setting	Deductible, then \$300 copay		Deductible, then \$500 copay
Outpatient Facility Services (excluding surgery)	No Charge		Deductible, then \$50 Copay
Outpatient Physician Services	Deductible, then no charge		Deductible, then \$50 Copay
<b>Additional Nursing Services</b>			
Skilled Nursing	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Home Health Services	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Hospice	Deductible, then \$30 Copay		Deductible, then \$50 Copay
<b>Mental Health and Substance Abuse</b>			
Inpatient Facility Services	Deductible, then \$300 copay per admission		Deductible, then \$500 copay per admission
Inpatient Physician Services	Deductible, then No Charge		Deductible, then \$50 Copay
Outpatient Facility Services and Outpatient Physician Services	No Charge		Deductible, then \$30 Copay
Office Visits	No Charge		Deductible, then \$30 Copay
<b>Durable Medical Equipment</b>			
DME	Deductible, then \$30 Copay		Deductible, then \$50 Copay
<b>Maternity Services</b>			
Office Visits (pre and postnatal)	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Delivery	Deductible, then \$300 copay per admission		Deductible, then \$500 copay per admission
Newborn Nursery (Physician Services)	Deductible, then no charge		Deductible, then \$50 Copay
<b>AI/IVF</b>			
AI	Not Covered		Not Covered
IVF	Not Covered		Not Covered
<b>Rx</b>			
Rx	Non-Integrated \$0/25/45/50% or any standard Rx Plan can be offered		

HealthyBlue 3.0 - 51+ DC  
Base Product - CDH

Medical Product/Plan	HealthyBlue 3.0		
	In-Network		Out-of-Network
Program Details	In CareFirst Service Area	Out of CareFirst Service Area	
Network	CareFirst BlueChoice	BlueCard PPO	RPN/ Out-of Network (balance billing)
PCP Selection	No	No	No
Referrals	No	No	No
<b>Member Liability</b>			
Individual Deductible	Three Options for Pricing: • Option D: \$1,500 • Option E: \$2,000 • Option F: \$2,500		Three Options for Pricing: • Option D: \$3,000 • Option E: \$4,500 • Option F: \$4,500
Individual OOP Max	\$4,000 (same amount for all options)		\$6,000 (same amount for all options)
<b>Service</b>			
Routine Adult Physical (including routine	No Charge		Deductible, then No Charge
Well-Child Care (including exams and	No Charge		Deductible, then No Charge
Mammograms	No Charge		\$50 copay
Cancer Screening (Pap test, Prostate Screening, and Colorectal Screening)	No Charge		Deductible, then No Charge \$50 Copay (Pap Test)
<b>Office Visits, Labs and Testing</b>			
Office Visits for Illness	PCP: Deductible, then No Charge Specialist: Deductible, then \$30 Copay	Family Practice, General Practice, Internal Medicine, Geriatrics and Pediatrics - Deductible, then No Charge Specialist - Deductible, then \$30 Copay	Deductible, then \$50 Copay
Office Visits for Chiropractic	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Office Visits for PT, OT, ST	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Diagnostic/Lab Tests	Deductible, then No Charge		Deductible, then \$50 Copay
X-Ray	Deductible, then No Charge		Deductible, then \$50 Copay
<b>Emergency Care</b>			
Emergency Room (waived if admitted)	Deductible, then \$200 Copay		Deductible, then \$200 Copay
Urgent Care Center	Deductible, then \$50 Copay		Deductible, then \$50 Copay
Ambulance (when medically necessary)	Deductible, then \$50 Copay		Deductible, then \$50 Copay
<b>Hospitalization</b>			
Inpatient Facility Services	Deductible, then \$300 copay per admission		Deductible then \$500 copay
Inpatient Physician Services	Deductible, then no charge		Deductible, then \$50 Copay
Outpatient Facility Services for Surgery - Non-Hospital Based Setting	Deductible, then \$100 copay		Deductible, then \$500 copay
Outpatient Facility Services for Surgery - Hospital Setting	Deductible, then \$300 copay		Deductible, then \$500 copay
Outpatient Facility Services (excluding surgery)	Deductible, then no charge		Deductible, then \$50 Copay
Outpatient Physician Services	Deductible, then no charge		Deductible, then \$50 Copay
<b>Additional Nursing Services</b>			
Skilled Nursing	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Home Health Services	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Hospice	Deductible, then \$30 Copay		Deductible, then \$50 Copay
<b>Mental Health and Substance Abuse</b>			
Inpatient Facility Services	Deductible, then \$300 copay per admission		Deductible, then \$500 copay per admission
Inpatient Physician Services	Deductible, then No Charge		Deductible, then \$50 Copay
Outpatient Facility Services and Outpatient Physician Services	Deductible, then No Charge		Deductible, then \$30 Copay
Office Visits	Deductible, then No Charge		Deductible, then \$30 Copay
<b>Durable Medical Equipment</b>			
DME	Deductible, then \$30 Copay		Deductible, then \$50 Copay
<b>Maternity Services</b>			
Office Visits (pre and postnatal)	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Delivery	Deductible, then \$300 copay per admission		Deductible, then \$500 copay per admission
Newborn Nursery (Physician Services)	Deductible, then no charge		Deductible, then \$50 Copay
<b>AI/IVF</b>			
AI	Not Covered		Not Covered
IVF	Not Covered		Not Covered
<b>Prescription Drugs</b>			
	Integrated Deductible, then \$0/25/45/50% copays Value Based Generics - \$0 and not subject to deductible (generics to treat Asthma, Blood Pressure, Cholesterol, Depression and Diabetes)		

SERFF Tracking Number: CFAP-128258599 State: District of Columbia  
 Filing Company: CareFirst BlueChoice, Inc. State Tracking Number:  
 Company Tracking Number: 1771  
 TOI: HOrg02G Group Health Organizations - Health Sub-TOI: HOrg02G.003C Large Group Only - HMO  
 Maintenance (HMO)  
 Product Name: DC BlueChoice Large Group Eff 201208  
 Project Name/Number: HB 2.0 CDH & HB 3.0/1771

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/11/2012	Supporting	Actuarial Justification Document	05/17/2012	File_1771_BC_HB3.0_51+ - Actuarial Memorandum.pdf (Superseded)

**CareFirst BlueCross BlueShield  
BlueChoice, Inc.  
NAIC # 96202**

**Large Groups of 51+ Contracts (Fully Insured)**

**Jurisdiction: District of Columbia**

**Rate Filing # 1771**

**Effective 08/2012**

**HealthyBlue Advantage 3.0 & HealthyBlue 2.0 CDH - Actuarial Memorandum**

## ACTUARIAL CERTIFICATION

I, Brad Boban, am a Pricing 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, and are based on sound and commonly accepted actuarial principles.

# Brad Boban

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Digitally signed by Brad Boban  
DN: cn=Brad Boban, o=CareFirst BlueCross  
BlueShield, ou=Actuarial Pricing,  
email=brad.boban@carefirst.com, c=US  
Date: 2012.04.11 17:15:39 -04'00'

Brad Boban, ASA, MAAA  
Senior Actuarial Assistant, Supervisor  
CareFirst BlueChoice, Incorporated  
Mail Drop-Point 01-780  
10455 Mill Run Circle  
Owings Mills, Md. 21117

**CAREFIRST BLUECROSS BLUESHIELD  
BLUECHOICE, INC. (NAIC # 96202)  
Large Groups of 51+ Contracts (Fully Insured)  
HealthyBlue Advantage 3.0 & HealthyBlue 2.0 CDH  
Rate Filing # 1771  
Rates Proposed to be Effective 8/1/12  
ACTUARIAL MEMORANDUM**

HealthyBlue1 (HB1) was launched for an effective date of 10/1/10. HB2 came next with an effective date of 12/1/11. Our relatively new, Point-of-Service (POS), Open Access (OA), BlueAdvantage (BA) product is proving to be attractive to many DC groups as evidenced by enrollment growth. As you'll recall, this BA product is tailored for groups with out-of-area (OOA) enrollment by having HMO-type benefits OOA (e.g., copays rather than deductibles) and utilizing the BlueCard network of our fellow Blues plans outside of our service area. By doing so we approximate a national HMO. Given our belief in HB as a customer's best choice to improve their health, we are proposing the changes below to combine the best features of BA and HB and to also make some enhancements. Our starting point for pricing was HB2 but we also compare to BA to show HB3's fit in the portfolio. Below are the key changes versus HB2.

1. Establish OOA benefits that are the same as in-area, in-network benefits when BlueCard is used.
2. For outpatient facility services performed in a non-hospital-based setting, reduce the copay. It is believed that the same quality of care will be delivered with less cost. This will be part of the base benefits.
3. In an effort to reduce premium, several in-network benefits (e.g., office visits (OV) for illness, DXLs) were changed from "copay instead of deductible" to "copay after deductible". Complete benefit descriptions for HB2 and HB3 are provided in the Appendix.
4. For OON benefits, only DXL was changed from "deductible then \$0" to "deductible then \$50 copay".

You'll notice that we include a "POS OA" anti-selection factor of +8.0%. Despite historical POS OA, OON utilization as low as < 5%, required adequate premiums have proven to be +~13% versus an HMO OA product. For 51+ FI, this is from a POS OA block of ~\$90M in annual premium so we find it credible. HB is a POS product. After itemizing all cost differences, we're left with +10.7% for anti-selection. It seems that buyers of POS who want the option to go OON if desired have a higher morbidity profile. Therefore, we find it prudent to include this in the HB3 pricing. We are assuming 75% of this selection at this time.

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.

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 (i.e.,  $20\% \times (6.0\% + 7.3\%) = +2.7\%$ ). A specific group's rate will vary depending on the exact % OOA as is currently done for BA FOR 51+ FI. For "MD 2-50 Non-SGR", rates will not vary in this way. Rather 20% OOA will be assumed for setting the community rate.

For the CDH pricing, H.R.A. rates are priced +8% versus H.S.A. based on demonstrated experience for other such products.

In the end, on a benefits-adjusted basis, we expect HB3 premiums to be ~5.4% higher than HB2. Also, we expect HB3 to be ~1% higher than BA. The last time we adjusted the 51+ FI book rates was effective 2Q11. We plan to evaluate book premiums again for 3Q12. Consequently, rates are priced in the context of known rates for 1Q12 and then trended forward to 3Q12.

Attached exhibits are intended to explicate our proposal.

The list below contains the forms for HealthyBlue Advantage/3.0 group products and HealthyBlue 2.0

DC/CFBC/HBADV/EOC (7/12)	DC/CFBC/HB2 EOC (10/11)
DC/CFBC/HBADV/DOCS (7/12)	DC/CFBC/HB2 DOCS (10/11)
DC/CFBC/HBADV/SOB (7/12)	DC/CFBC/HB2 SOB (10/11)
DC/GRP APP (R. 10/11)	DC/CFBC/HB2 WELLNESS (10/11)
DC/CFBC/GC (R. 10/11)	DC/CFBC/HB/RX (R. 7/11)
DC/CFBC/DOL APPEAL (R. 7/11)	And any amendments
DC/CFBC/ATTC (R. 1/10)	
And any amendments	

**HEALTHYBLUE 3**  
 GROUPS OF 51-199 CONTRACTS  
 NET INDIVIDUAL MONTHLY PREMIUMS EFFECTIVE 3Q12 (Including New Business Discount)  
**Itemization of Pricing From HB2 to HB3**

		HB2 \$500 w/ \$0/25/45 Rx	Non-CDH	Monthly Premium				
		HB3 \$500 (Opt. B) w/ \$0/25/45 Rx	Non-CDH	\$324				
				\$342				
			Δ	<b>5.4%</b>				
I.	Utilization Incentives	O/P-FS (Both)	% of Mdl + RX Clms	Provider Efficiency Savings	Netwk Purview	Subtotal	Cost Share Δ	Price Impact
			4.0%	-40.0%	100%	-1.6%	4.1%	-1.4%
		<b>Subtotal:</b>	<b>4.0%</b>	<b>-40.0%</b>		<b>-1.6%</b>		<b>-1.4%</b>
II.	Cost Share Δ-OON	Copays						<b>-0.4%</b>
III.	Cost Share Δ-IN-NET	Subj. to Ded, then Copays						<b>-1.8%</b>
V.	POS Selection	75% x 10.7%						<b>8.0%</b>
VI.	Other Contingency							<b>1.0%</b>
		<b>SUM:</b>						<b>5.4%</b>

HB 3.0	\$300 Ded. Non-CDH	\$500 Non-CDH	\$1,000 Non-CDH	\$1,500 H.S.A.	\$2,000 H.S.A.	\$2,500 H.S.A.	\$1,500 H.R.A.	\$2,000 H.R.A.	\$2,500 H.R.A.
Rates Eff 3Q12-Medical	\$285.18	\$275.18	\$250.18	\$227.26	\$204.34	\$181.43	\$245.44	\$220.69	\$195.94
Rates Eff 3Q12-RX	\$66.43	\$66.43	\$66.43	\$42.25	\$35.19	\$49.24	\$45.63	\$38.01	\$53.18
<b>Proposed Rates Effective 3Q12-Medl+RX:</b>	<b>\$351.61</b>	<b>\$341.61</b>	<b>\$316.61</b>	<b>\$269.51</b>	<b>\$239.53</b>	<b>\$230.67</b>	<b>\$291.07</b>	<b>\$258.70</b>	<b>\$249.12</b>
<b>HB 2.0 CDH</b>				\$1,500 H.S.A.	\$2,000 H.S.A.	\$2,500 H.S.A.	\$1,500 H.R.A.	\$2,000 H.R.A.	\$2,500 H.R.A.
Rates Eff 3Q12-Medical				\$213.45	\$192.06	\$169.61	\$230.53	\$207.43	\$183.18
Rates Eff 3Q12-RX				\$42.25	\$35.19	\$49.24	\$45.63	\$38.01	\$53.18
<b>Proposed Rates Effective 3Q12-Medl+RX:</b>				<b>\$255.70</b>	<b>\$227.25</b>	<b>\$218.85</b>	<b>\$276.16</b>	<b>\$245.44</b>	<b>\$236.36</b>

\*\*We are keeping the H.S.A. to H.R.A. spread at 8.0% just like our other CDH business.

**HEALTHYBLUE 3**  
**GROUPS OF 51-199 CONTRACTS**  
**CALCULATION OF ADJUSTMENT FOR OON BENEFIT CHANGES**

Region		Local/OOA	In-Net/OON	Utilization	Copays	
		Utilization	Utilization		Savings	Composite
Local	In-Net	80.0%	93%	74%	0.0%	0.0%
	OON		7%	6%	-5.8%	-0.3%
OOA	In-Net	20.0%	93%	19%	0.0%	0.0%
	OON		7%	1%	-5.8%	-0.1%
<b>SUM:</b>		<b>100.0%</b>		<b>100%</b>		<b>-0.4%</b>

HealthyBlue 2.0 - 51+ DC  
Base Product - CDH

Medical Product/Plan	HealthyBlue 2.0	
	In-Network	Out-of-Network
<b>Program Details</b>		
Network	CareFirst BlueChoice	RPN/ Out-of Network (balance billing)
PCP Selection	Yes	No
Referrals	No	No
<b>Member Liability</b>		
Individual Deductible	Three Options for Pricing: • Option D: \$1,500 • Option E: \$2,000 • Option F: \$2,500	Three Options for Pricing: • Option D: \$3,000 • Option E: \$4,500 • Option F: \$4,500
Individual OOP Max	\$4,000 (same amount for all options)	\$6,000 (same amount for all options)
<b>Service</b>		
Routine Adult Physical (Including routine	No Charge	Deductible, then No Charge
Well-Child Care (including exams and	No Charge	Deductible, then No Charge
Mammograms	No Charge	\$50 Copay
Cancer Screening (Pap test, Prostate Screening, and Colorectal Screening)	No Charge	Deductible, then No Charge \$50 Copay (Pap Tests)
<b>Office Visits, Labs and Testing</b>		
Office Visits for Illness	PCP: Deductible, then No Charge Specialist: Deductible, then \$30 Copay	Deductible, then \$50 Copay
Office Visits for Chiropractic	Deductible, then \$30 Copay	Deductible, then \$50 Copay
Office Visits for PT, OT, ST	Deductible, then \$30 Copay	Deductible, then \$50 Copay
Diagnostic/Lab Tests	Deductible, then No Charge	Deductible, then \$50 Copay
X-Ray	Deductible, then No Charge	Deductible, then \$50 Copay
<b>Emergency Care</b>		
Emergency Room (waived if admitted)	Deductible, then \$200 Copay	Deductible, then \$200 Copay
Urgent Care Center (Participating)	Deductible, then \$50 Copay	Deductible, then \$50 Copay
Ambulance (when medically necessary)	Deductible, then \$50 Copay	Deductible, then \$50 Copay
<b>Hospitalization</b>		
Inpatient Facility Services	Deductible, then \$300 copay per admission	Deductible then \$500 copay
Inpatient Physician Services	Deductible, then no charge	Deductible, then \$50 Copay
Outpatient Facility Services - Surgery	Deductible, then \$300 copay	Deductible, then \$500 copay per admission
Outpatient Facility Services - All other Services (excluding Surgery)	Deductible, then no charge	Deductible, then \$50 Copay
Outpatient Physician Services	Deductible, then no charge	Deductible, then \$50 Copay
<b>Additional Nursing Services</b>		
Skilled Nursing	Deductible, then \$30 Copay	Deductible, then \$50 Copay
Home Health Services	Deductible, then \$30 Copay	Deductible, then \$50 Copay
Hospice	Deductible, then \$30 Copay	Deductible, then \$50 Copay
<b>Mental Health and Substance Abuse</b>		
Inpatient Facility Services	Deductible, then \$300 copay per admission	Deductible, then \$500 copay per admission
Inpatient Physician Services	Deductible, then No Charge	Deductible, then \$50 Copay
Outpatient Facility Services and Outpatient Physician Services	Deductible, then No Charge	Deductible, then \$30 Copay
Office Visits	Deductible, then No Charge	Deductible, then \$30 Copay
<b>Durable Medical Equipment</b>		
DME	Deductible, then \$30 Copay	Deductible, then \$50 Copay
<b>Maternity Services</b>		
Office Visits (pre and postnatal)	Deductible, then \$30 Copay	Deductible, then \$50 Copay
Delivery	Deductible, then \$300 copay per admission	Deductible, then \$500 copay per admission
Newborn Nursery (Physician Services)	Deductible, then no charge	Deductible, then \$50 Copay
<b>AI/IVF</b>		
AI	Not Covered	Not Covered
IVF	Not Covered	Not Covered
<b>Prescription Drugs</b>		
	Integrated Deductible, then \$0/25/45/50% copays Value Based Generics - \$0 and not subject to deductible (generics to treat Asthma, Blood Pressure, Cholesterol, Depression and Diabetes)	

HealthyBlue 3.0 - 51+ DC  
Base Product

Medical Product/Plan	HealthyBlue 3.0		
	In-Network		Out-of-Network
Program Details	In CareFirst Service Area	Out of CareFirst Service Area	
Network	CareFirst BlueChoice	BlueCard PPO	RPN/ Out-of Network (balance billing)
PCP Selection	No	No	No
Referrals	No	No	No
<b>Member Liability</b>			
Individual Deductible	Three Options for Pricing: • Option A: \$300 • Option B: \$500 • Option C: \$1,000		Three Options for Pricing: • Option A: \$1,000 • Option B: \$1,500 • Option C: \$2,000
Individual OOP Max	\$2,000 (same amount for all options)		\$4,000 (same amount for all options)
<b>Service</b>			
Routine Adult Physical (including routine	No Charge		Deductible, then No Charge
Well-Child Care (including exams and	No Charge		Deductible, then No Charge
Mammograms	No Charge		\$50 copay
Cancer Screening (Pap test, Prostate Screening, and Colorectal Screening)	No Charge		Deductible, then No Charge \$50 Copay (Pap Test)
<b>Office Visits, Labs and Testing</b>			
Office Visits for Illness	PCP: No Charge Specialist: \$30 Copay	Family Practice, General Practice, Internal Medicine, Geriatrics and Pediatrics - No Charge Specialist - \$30 Copay	Deductible, then \$50 Copay
Office Visits for Chiropractic	\$30 Copay		Deductible, then \$50 Copay
Office Visits for PT, OT, ST	\$30 Copay		Deductible, then \$50 Copay
Diagnostic/Lab Tests	No Charge		Deductible, then \$50 Copay
X-Ray	No Charge		Deductible, then \$50 Copay
<b>Emergency Care</b>			
Emergency Room (waived if admitted)	\$200 Copay		\$200 Copay
Urgent Care Center	\$50 Copay		\$50 Copay
Ambulance (when medically necessary)	\$50 Copay		\$50 Copay
<b>Hospitalization</b>			
Inpatient Facility Services	Deductible, then \$300 copay per admission		Deductible, then \$500 copay per admission
Inpatient Physician Services	Deductible, then no charge		Deductible, then \$50 Copay
Outpatient Facility Services for Surgery - Non-Hospital Based Setting	\$100 copay		Deductible, then \$500 copay
Outpatient Facility Services for Surgery - Hospital Setting	Deductible, then \$300 copay		Deductible, then \$500 copay
Outpatient Facility Services (excluding surgery)	No Charge		Deductible, then \$50 Copay
Outpatient Physician Services	Deductible, then no charge		Deductible, then \$50 Copay
<b>Additional Nursing Services</b>			
Skilled Nursing	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Home Health Services	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Hospice	Deductible, then \$30 Copay		Deductible, then \$50 Copay
<b>Mental Health and Substance Abuse</b>			
Inpatient Facility Services	Deductible, then \$300 copay per admission		Deductible, then \$500 copay per admission
Inpatient Physician Services	Deductible, then No Charge		Deductible, then \$50 Copay
Outpatient Facility Services and Outpatient Physician Services	No Charge		Deductible, then \$30 Copay
Office Visits	No Charge		Deductible, then \$30 Copay
<b>Durable Medical Equipment</b>			
DME	Deductible, then \$30 Copay		Deductible, then \$50 Copay
<b>Maternity Services</b>			
Office Visits (pre and postnatal)	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Delivery	Deductible, then \$300 copay per admission		Deductible, then \$500 copay per admission
Newborn Nursery (Physician Services)	Deductible, then no charge		Deductible, then \$50 Copay
<b>AI/IVF</b>			
AI	Not Covered		Not Covered
IVF	Not Covered		Not Covered
<b>Rx</b>			
Rx	Non-Integrated \$0/25/45/50% or any standard Rx Plan can be offered		

HealthyBlue 3.0 - 51+ DC  
Base Product - CDH

Medical Product/Plan	HealthyBlue 3.0		
	In-Network		Out-of-Network
Program Details	In CareFirst Service Area	Out of CareFirst Service Area	
Network	CareFirst BlueChoice	BlueCard PPO	RPN/ Out-of Network (balance billing)
PCP Selection	No	No	No
Referrals	No	No	No
<b>Member Liability</b>			
Individual Deductible	Three Options for Pricing: • Option D: \$1,500 • Option E: \$2,000 • Option F: \$2,500		Three Options for Pricing: • Option D: \$3,000 • Option E: \$4,500 • Option F: \$4,500
Individual OOP Max	\$4,000 (same amount for all options)		\$6,000 (same amount for all options)
<b>Service</b>			
Routine Adult Physical (including routine	No Charge		Deductible, then No Charge
Well-Child Care (including exams and	No Charge		Deductible, then No Charge
Mammograms	No Charge		\$50 copay
Cancer Screening (Pap test, Prostate Screening, and Colorectal Screening)	No Charge		Deductible, then No Charge \$50 Copay (Pap Test)
<b>Office Visits, Labs and Testing</b>			
Office Visits for Illness	PCP: Deductible, then No Charge Specialist: Deductible, then \$30 Copay	Family Practice, General Practice, Internal Medicine, Geriatrics and Pediatrics - Deductible, then No Charge Specialist - Deductible, then \$30 Copay	Deductible, then \$50 Copay
Office Visits for Chiropractic	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Office Visits for PT, OT, ST	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Diagnostic/Lab Tests	Deductible, then No Charge		Deductible, then \$50 Copay
X-Ray	Deductible, then No Charge		Deductible, then \$50 Copay
<b>Emergency Care</b>			
Emergency Room (waived if admitted)	Deductible, then \$200 Copay		Deductible, then \$200 Copay
Urgent Care Center	Deductible, then \$50 Copay		Deductible, then \$50 Copay
Ambulance (when medically necessary)	Deductible, then \$50 Copay		Deductible, then \$50 Copay
<b>Hospitalization</b>			
Inpatient Facility Services	Deductible, then \$300 copay per admission		Deductible then \$500 copay
Inpatient Physician Services	Deductible, then no charge		Deductible, then \$50 Copay
Outpatient Facility Services for Surgery - Non-Hospital Based Setting	Deductible, then \$100 copay		Deductible, then \$500 copay
Outpatient Facility Services for Surgery - Hospital Setting	Deductible, then \$300 copay		Deductible, then \$500 copay
Outpatient Facility Services (excluding surgery)	Deductible, then no charge		Deductible, then \$50 Copay
Outpatient Physician Services	Deductible, then no charge		Deductible, then \$50 Copay
<b>Additional Nursing Services</b>			
Skilled Nursing	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Home Health Services	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Hospice	Deductible, then \$30 Copay		Deductible, then \$50 Copay
<b>Mental Health and Substance Abuse</b>			
Inpatient Facility Services	Deductible, then \$300 copay per admission		Deductible, then \$500 copay per admission
Inpatient Physician Services	Deductible, then No Charge		Deductible, then \$50 Copay
Outpatient Facility Services and Outpatient Physician Services	Deductible, then No Charge		Deductible, then \$30 Copay
Office Visits	Deductible, then No Charge		Deductible, then \$30 Copay
<b>Durable Medical Equipment</b>			
DME	Deductible, then \$30 Copay		Deductible, then \$50 Copay
<b>Maternity Services</b>			
Office Visits (pre and postnatal)	Deductible, then \$30 Copay		Deductible, then \$50 Copay
Delivery	Deductible, then \$300 copay per admission		Deductible, then \$500 copay per admission
Newborn Nursery (Physician Services)	Deductible, then no charge		Deductible, then \$50 Copay
<b>AI/IVF</b>			
AI	Not Covered		Not Covered
IVF	Not Covered		Not Covered
<b>Prescription Drugs</b>			
Integrated Deductible, then \$0/25/45/50% copays Value Based Generics - \$0 and not subject to deductible (generics to treat Asthma, Blood Pressure, Cholesterol, Depression and Diabetes)			