State: District of Columbia
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: DC GHMSI IND64- ACA
Project Name/Number: /1900
Filing Company: Group Hospitalization and Medical Services, Inc.

Rate Information

Rate data applies to filing.

Filing Method:
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 req'd):	Minimum % Change (where req'd):
Group Hospitalization and Medical Services, Inc.	New Product	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

Rate Review Detail

COMPANY:

Company Name: Group Hospitalization and Medical Services, Inc.
HHS Issuer Id: 78079
Product Names: BluePreferred, BluePreferred HSA, BluePreferred Multi-State Plan, BluePreferred HSA Multi-State Plan
Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: DC/GHMSI/DOL APPEAL (R. 11/11), DC/CF/EXC/NATAMER (1/14), DC/CF/MEM/BLCRD (1/12), DC/CF/ANCILLARY AMEND (10/12), DC/CF/PT PROTECT (9/10), DC/GHMSI-HEALTH GUARANTEE (2/08), DC/CF/EXC/BP/IEA (1/14), DC/CF/EXC/BP/CHILD ONLY/IEA (1/14), DC/CF/SHOP/EXC/DOCS (1/14), DC/CF/EXC/BP/NATAMER SOB (1/14), DC/CF/EXC/BP/BRZ SOB (1/14), DC/CF/EXC/BP/SIL 95 SOB (1/14), DC/CF/EXC/BP/SIL 87 SOB (1/14), DC/CF/EXC/BP/SIL 74 SOB (1/14), DC/CF/EXC/BP/PLAT SOB (1/14), DC/CF/MSP/BP/IEA (1-14), DC/CF/MSP/BP/CHILD ONLY/IEA (1-14), DC/CF/MSP APPEAL (1/14), DC/CF/EXC/BP/GOLD SOB (1/14), DC/CF/EXC/BP/SIL SOB (1/14), DC/CF/EXC/BC+ OON/IEA (1/14), DC/CF/EXC/BC+ OON/CHILD ONLY/IEA (1/14), DC/CF/EXC/BC+ OON/NATAMER SOB (1/14), DC/CF/EXC/BC+ OON/BRZ SOB (1/14), DC/CF/EXC/BC+ OON/SIL SOB (1/14), DC/CF/EXC/BC+ OON SIL 95 SOB (1/14), DC/CF/EXC/BC+ OON SIL 88 SOB (1/14), DC/CF/EXC/BC+ OON/SIL 74 SOB (1/14), DC/CF/EXC/HB OON/IEA (1/14), DC/CF/EXC/HB OON/CHILD ONLY/IEA (1/14), DC/CF/EXC/HB OON/GOLD SOB (1/14), DC/CF/EXC/HB OON/PLAT SOB (1/14)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 25,835
Benefit Change: None
Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual $: Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 8,525,476.00
Projected Incurred Claims: 6,566,317.00
Annual $: Min: 263.58 Max: 520.05 Avg: 330.00

State: District of Columbia
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: DC GHMSI IND64- ACA
Project Name/Number: /1900
Filing Company: Group Hospitalization and Medical Services, Inc.

Rate/Rule Schedule

State: District of Columbia
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: DC GHMSI IND64- ACA
Project Name/Number: /1900
Filing Company: Group Hospitalization and Medical Services, Inc.

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments

1		1900_DC GHMSI Exchange - Rate Filing	DC/GHMSI/DOL APPEAL (R. 11/11), DC/CF/EXC/NATAMER (1/14), DC/CF/MEM/BLCRD (1/12), DC/CF/ANCILLARY AMEND (10/12), DC/CF/PT PROTECT (9/10), DC/GHMSI-HEALTH GUARANTEE (2/08), DC/CF/EXC/BP/IEA (1/14), DC/CF/EXC/BP/CHILD ONLY/IEA (1/14), DC/CF/SHOP/EXC/DOCS (1/14), DC/CF/EXC/BP/NATAMER SOB (1/14), DC/CF/EXC/BP/BRZ SOB (1/14), DC/CF/EXC/BP/SIL 95 SOB (1/14), DC/CF/EXC/BP/SIL 87 SOB (1/14), DC/CF/EXC/BP/SIL 74 SOB (1/14), DC/CF/EXC/BP/PLAT SOB (1/14), DC/CF/MSP/BP/IEA (1-14), DC/CF/MSP/BP/CHILD ONLY/IEA (1-14), DC/CF/MSP APPEAL (1/14), DC/CF/EXC/BP/GOLD SOB (1/14), DC/CF/EXC/BP/SIL SOB (1/14), DC/CF/EXC/BC+ OON/IEA (1/14), DC/CF/EXC/BC+ OON/CHILD	New		1900_DC_PPO - Exchange (Q1 2014) - Rate Filing - 5-31-13.pdf,

			ONLY/IEA (1/14), DC/CF/EXC/BC+ OON/NATAMER SOB (1/14), DC/CF/EXC/BC+ OON/BRZ SOB (1/14), DC/CF/EXC/BC+ OON/SIL SOB (1/14), DC/CF/EXC/BC+ OON SIL 95 SOB (1/14), DC/CF/EXC/BC+ OON SIL 88 SOB (1/14), DC/CF/EXC/BC+ OON/SIL 74 SOB (1/14), DC/CF/EXC/HB OON/IEA (1/14), DC/CF/EXC/HB OON/CHILD ONLY/IEA (1/14), DC/CF/EXC/HB OON/GOLD SOB (1/14), DC/CF/EXC/HB OON/PLAT SOB (1/14)			

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)

DC Individual Exchange Products
Rates Effective 1/1/2014

Rates & Factors

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates & Factors
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Rates Effective 1/1/2014

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Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2014
Actuarial Memorandum

Form Numbers Associated With This Filing:

*This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

Forms Used for all Consumer Direct Products
DC/GHMSI/DOL APPEAL (R. 11/11) SERFF Tracking # CFBC-127821352 Approved 11/18/11
DC/CF/EXC/NATAMER (1/14)
DC/CF/MEM/BLCRD (1/12) SERFF Tracking #: CFBC-128230370 Approved 4/18/12
DC/CF/ANCILLARY AMEND (10/12) SERFF Tracking #: CFBC-128657876 Approved 8/30/12
DC/CF/PT PROTECT (9/10) SERFF Tracking #: CFBC-126871024 Approved 10/26/10
DC/GHMSI-HEALTH GUARANTEE 2/08

BluePreferred
DC/CF/EXC/BP/IEA (1/14)
DC/CF/EXC/BP/CHILD ONLY/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/BP/NATAMER SOB (1/14)
DC/CF/EXC/BP/BRZ SOB (1/14)
DC/CF/EXC/BP/SIL 95 SOB (1/14)
DC/CF/EXC/BP/SIL 87 SOB (1/14)
DC/CF/EXC/BP/SIL 74 SOB (1/14)
DC/CF/EXC/BP/PLAT SOB (1/14)

BP Mult-State Plan
DC/CF/MSP/BP/IEA (1-14)
DC/CF/MSP/BP/CHILD ONLY/IEA (1-14)
DC/CF/MSP APPEAL (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/BP/GOLD SOB (1/14)
DC/CF/EXC/BP/SIL SOB (1/14)

BlueChoice Plus (Out-of-Network)
DC/CF/EXC/BC+ OON/IEA (1/14)
DC/CF/EXC/BC+ OON/CHILD ONLY/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/BC+ OON/NATAMER SOB (1/14)
DC/CF/EXC/BC+ OON/BRZ SOB (1/14)
DC/CF/EXC/BC+ OON/SIL SOB (1/14)
DC/CF/EXC/BC+ OON SIL 95 SOB (1/14)
DC/CF/EXC/BC+ OON SIL 88 SOB (1/14)
DC/CF/EXC/BC+ OON/SIL 74 SOB (1/14)

HealthBlue Plus (Out-of-Network)
DC/CF/EXC/HB OON/IEA (1/14)
DC/CF/EXC/HB OON/CHILD ONLY/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/HB OON/GOLD SOB (1/14)
DC/CF/EXC/HB OON/PLAT SOB (1/14)

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014

Age Factors

Age	Factor
20	0.727
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.727
29	0.727
30	0.727
31	0.727
32	0.727
33	0.746
34	0.775
35	0.805
36	0.836
37	0.869
38	0.903
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64	2.181

Group Hospitalization & Medical Services, Inc. (GHMSI)

Individual On Exchange

DISTRICT OF COLUMBIA

BluePreferred H.S.A. $3500

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **$ 237.77**

Age	Monthly Premium
0-5	$172.86
6-18	$172.86
19	$172.86
20	$172.86
21	$172.86
22	$172.86
23	$172.86
24	$172.86
25	$172.86
26	$172.86
27	$172.86
28	$172.86
29	$172.86
30	$172.86
31	$172.86
32	$172.86
33	$177.38
34	$184.27
35	$191.40
36	$198.78
37	$206.62
38	$214.71
39	$223.03
40	$231.83
41	$240.86
42	$250.37
43	$260.12
44	$270.34
45	$280.81
46	$291.74
47	$303.16
48	$315.05
49	$327.41
50	$340.25
51	$353.56
52	$367.35
53	$381.62
54	$396.60
55	$412.06
56	$428.22
57	$444.87
58	$462.22
59	$480.30
60	$499.08
61	$518.58
62	$518.58
63	$518.58
64	$518.58
>64	$518.58

Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	$3,500	$7,000
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	$6,350	$12,700
Office Copays	$30 PCP /$40 Specialist	
Drug:	20% Generic, 30% Preferred Brand 50% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

Group Hospitalization & Medical Services, Inc. (GHMSI)

Individual On Exchange

DISTRICT OF COLUMBIA

BluePreferred H.S.A. $1500

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **$ 302.08**

Age	Monthly Premium
0-5	$219.61
6-18	$219.61
19	$219.61
20	$219.61
21	$219.61
22	$219.61
23	$219.61
24	$219.61
25	$219.61
26	$219.61
27	$219.61
28	$219.61
29	$219.61
30	$219.61
31	$219.61
32	$219.61
33	$225.35
34	$234.11
35	$243.17
36	$252.54
37	$262.51
38	$272.78
39	$283.35
40	$294.53
41	$306.01
42	$318.09
43	$330.48
44	$343.46
45	$356.76
46	$370.65
47	$385.15
48	$400.26
49	$415.96
50	$432.28
51	$449.19
52	$466.71
53	$484.84
54	$503.87
55	$523.50
56	$544.05
57	$565.19
58	$587.24
59	$610.20
60	$634.07
61	$658.84
62	$658.84
63	$658.84
64	$658.84
>64	$658.84

Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	$1,500	$3,000
COINSURANCE	30%	50%
OUT-OF-POCKET MAXIMUM	$5,500	$11,000
Office Copays	$30 PCP /$40 Specialist	
Drug:	20% Generic, 30% Preferred Brand 50% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

Group Hospitalization & Medical Services, Inc. (GHMSI)

Individual On Exchange

DISTRICT OF COLUMBIA

BluePreferred $500 Deductible

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **$ 376.47**

Age	Monthly Premium
0-5	$273.69
6-18	$273.69
19	$273.69
20	$273.69
21	$273.69
22	$273.69
23	$273.69
24	$273.69
25	$273.69
26	$273.69
27	$273.69
28	$273.69
29	$273.69
30	$273.69
31	$273.69
32	$273.69
33	$280.85
34	$291.76
35	$303.06
36	$314.73
37	$327.15
38	$339.95
39	$353.13
40	$367.06
41	$381.36
42	$396.42
43	$411.86
44	$428.05
45	$444.61
46	$461.93
47	$480.00
48	$498.82
49	$518.40
50	$538.73
51	$559.81
52	$581.65
53	$604.23
54	$627.95
55	$652.42
56	$678.02
57	$704.38
58	$731.86
59	$760.47
60	$790.21
61	$821.08
62	$821.08
63	$821.08
64	$821.08
>64	$821.08

Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	$500	$1,000
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	$3,750	$7,500
Office Copays	$30 PCP /$40 Specialist	
Drug:	20% Generic, 30% Preferred Brand 50% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

Group Hospitalization & Medical Services, Inc. (GHMSI)

Individual On Exchange

DISTRICT OF COLUMBIA

BluePreferred $0 Deductible

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **$ 469.14**

Age	Monthly Premium
0-5	$341.06
6-18	$341.06
19	$341.06
20	$341.06
21	$341.06
22	$341.06
23	$341.06
24	$341.06
25	$341.06
26	$341.06
27	$341.06
28	$341.06
29	$341.06
30	$341.06
31	$341.06
32	$341.06
33	$349.98
34	$363.58
35	$377.66
36	$392.20
37	$407.68
38	$423.63
39	$440.05
40	$457.41
41	$475.24
42	$494.00
43	$513.24
44	$533.41
45	$554.05
46	$575.63
47	$598.15
48	$621.61
49	$646.01
50	$671.34
51	$697.61
52	$724.82
53	$752.97
54	$782.53
55	$813.02
56	$844.92
57	$877.76
58	$912.01
59	$947.66
60	$984.72
61	$1,023.19
62	$1,023.19
63	$1,023.19
64	$1,023.19
>64	$1,023.19

Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	$0	$1,000
COINSURANCE	10%	30%
OUT-OF-POCKET MAXIMUM	$1,800	$3,600
Office Copays	$20 PCP /$30 Specialist	
Drug:	20% Generic, 30% Preferred Brand 50% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

State: District of Columbia
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: DC GHMSI IND64- ACA
Project Name/Number: /1900
Filing Company: Group Hospitalization and Medical Services, Inc.

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	Please see the Actuarial Memorandum for these items.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Filing made by insurer
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	1900_DC_PPO - Exchange (Q1 2014) - Actuarial Memorandum - 6-12-13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	This information can be found in the Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not a P&C filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)

State: District of Columbia
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: DC GHMSI IND64- ACA
Project Name/Number: /1900
Filing Company: Group Hospitalization and Medical Services, Inc.

Bypass Reason:	Not a P&C filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	1900_DC_PPO - Exchange (Q1 2014) - Actuarial Memorandum - 6-12-13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	1900_DC PPO Rate Review Template.xls 1900_DC PPO Rate Review Template - 5-31-13.pdf 1900_DC PPO Unified Rate Review Part II - Revised 6-12-13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	DC GHMSI AV Inputs
Comments:	
Attachment(s):	DC GHMSI Consumer Direct AV inputs.pdf
Item Status:	
Status Date:	

State:	District of Columbia	**Filing Company:**	Group Hospitalization and Medical Services, Inc.
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	DC GHMSI IND64- ACA		
Project Name/Number:	/1900		

Attachment 1900_DC PPO Rate Review Template.xls is not a PDF document and cannot be reproduced here.

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)

DC Individual Exchange Products
Rates Effective 1/1/2014

Actuarial Memorandum

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014

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Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CAREFIRST BLUECROSS BLUESHIELD
(NAIC # 53007)
PATIENT PROTECTION AND AFFORDABLE CARE ACT (H.R. 3590) (ACA) EXCHANGE RATES
Rates Effective 1/1/2014
for the "Individual Non-Medigap" (IND64-) Market in the District of Columbia (D.C.)

ACTUARIAL MEMORANDUM (In Format of HHS Instructions)

1. Purpose and Scope of the Filing

This filing proposes rates for our product offerings on the Exchange in 2014. We enter this new era in American health care with both optimism and caution. Consequently, this filing endeavors to balance the goals of minimizing customer disruption, maximizing access and affordability, and maintaining long-term financial stability. For our current Individual non-Medigap market (IND64-) in the District of Columbia for all of our legal entities, we have 13,111 members as of 4/30/13 (5,335 grandfathered members, 7,776 non-grandfathered members). These customers represented $42M in total annual revenue in 2012, with the non-grandfathered portion contributing approximately $22M. With these filings, we are essentially re-pricing our non-grandfathered portfolio to reflect the impact of ACA changes such as guaranteed issue (GI), consolidation with the small group risk pool, and the new entrants that will enter the Individual market, new essential health benefits (EHBs) that must be covered, and ACA fees and taxes that must be collected to fund various governmental programs associated with reform. Achieving adequate revenue in this environment is dependent on an historically unprecedented number of variables. Tobacco rating has not been considered in the development of this rate filing.

These Exchange offerings are new plans and not updates of existing plans because they are substantially different from the Company's previous product offerings – these plans are GI, while previous plans were medically underwritten (except for mandated HIPAA and Open Enrollment (OE) offerings which were GI); they include EHBs such as pediatric dental and pediatric vision, that were not previously included in individual plans; they include significant changes in cost sharing to meet the ACA's cost sharing limitations and AV value rules; for the development of the index rate, the individual claims pool is combined with that of small group (SG); and they are rated in a manner that is fundamentally different from any of CareFirst's (CF) existing plans.

CareFirst BlueCross BlueShield and CareFirst BlueChoice are filing a portfolio of 2 Platinum, 4 Gold, 4 Silver, 4 Bronze and 1 Catastrophic plan for the Individual Exchange. Four of these plans will be issued by GHMSI. Should there be an off Exchange market, the same plans will be offered on and off the Exchange.

2. General Information

Company Legal Name: Group Hospitalization & Medical Services, Inc. (GHMSI)
State: District of Columbia
HIOS Issuer ID: 78079
Market: Individual Market, On Exchange
Effective Date: January 1, 2014
Company Contact Information:
Primary Contact Name: Brad Boban
Primary Contact Telephone: 410-998-6230
Primary Contact Email Address: brad.boban@carefirst.com

3. Proposed Rate Increases

This filing contains the initial rates for the new set of ACA-compliant products which will be sold on the Exchange in 2014. This is a filing for new products that aren't being offered today, so there are no rate increases by specific plan.

4. Experience Period Premium and Claims

The base period experience is based on BC membership, claims, and premiums for the non-Grandfathered Individual and Small Group markets for claims incurred from 1/1/2012 through 12/31/2012. Incurred claims, allowed claims, and utilization statistics have been completed based on factors derived using data from the GHMSI Individual and Small Group blocks of business. Details of the experience period data can be found on pages 14-19. Allowed claims have been developed by adding each member cost-share element (copay, coinsurance, and deductible) to the paid claims amount.

5. Benefit Categories

Claims are classified as 1) Inpatient hospital, 2) Outpatient hospital, 3) Professional, 4) Other medical (non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services and other services), 5) Drug and 6) Capitation.

6. Projection Factors

Pool Merger

The merged IND64- and SG single risk pool used for deriving the experience period index rate for GHMSI and BlueChoice is made up of approximately 7,000 IND64-average members and 79,000 SG average members, for an approximate 10%/90% distribution.

Change in Benefits

The index rate has been adjusted to reflect benefit changes related to Essential Health Benefits. Pediatric Dental and Pediatric Vision have been newly added to the medical policy. Benefits for Hospice Bereavement services and Hair Prostheses have had their annual dollar maximums removed. Collectively, EHB will cost about 3.0% of claims. The benchmark plan is CF's small group PPO Option 1, with $0/$300 ded., 100/80% coinsurance and $1.0K/$2.0K OOP max plus CF's RX portfolio.

Change in Demographics

We expect the combined pool largely to resemble our Small Group book's demographics in terms of risk profile since it represents about 90% of the current enrollment.

Trend Factors

We have used the experience of our GHMSI non-GF Individual and SG blocks to develop cost and utilization trends by service category. These claims have been used “as is” without any normalization, as we do not expect any significant changes to the age/benefit mix. We have focused on rolling-12 month trend calculations to remove the effects of seasonality. We have used judgment in adjusting the actual observed historical trend to a projected pricing trend. The allowed trend assumed in this filing is 9.0% for BC and 5.0% for GHMSI, for a blended trend of 6.7%.

7. Manual Rate Development / Credibility of Experience

The base experience includes data for over 486,000 member months and roughly $198 million in allowed claims. We consider this experience fully credible. As such no adjustment for credibility has been made in this filing.

Even though we have deemed our experience fully credible, on page 1 of the Unified Rate Review template, we have used the credibility section to input the projected PMPMs by service category that we have developed on page 20 of the memorandum. This is because the rate review template validation will not allow an 'Other' adjustment below 1.000, which is what we have used for capitations as we have projected they will decline. HIOS had instructed this workaround at a conference call on 4/17/13.

8. Paid to Allowed Ratios

The average paid to allowed ratio in the projection period is 65.9%, as shown on page 32. This estimate was derived by projecting membership by plan with 35% on bronze, 40% on silver, 15% on gold, 5% on platinum, and 5% on catastrophic. We've estimated the number of members receiving cost-share reduction plans by using statewide data on household FPL distribution reported by the Henry J. Kaiser Family Foundation.

9. Risk Adjustment and Reinsurance

Given the uncertainty about the relative risk scores of CF versus competitors in the future, we are not proposing any adjustments for risk adjustment in this filing. For reinsurance, CF's contribution expenses were calculated by applying the federally mandated $5.25 PMPM expense to the projected membership of the pool. Recoveries from the reinsurance fund to CF were estimated by taking a 2012 continuance table for small group, which is expected to look closer to tomorrow's market in terms of ultimate risk profile than today's underwritten population, and then scaling this distribution to our index rate (average allowed amount) for 2014. Once the distribution was created, we applied the federal reinsurance formula to compute 80% of claims between $60,000 and $250,000 to compute the total dollars expected to be reinsured. This yielded reinsurance reimbursements to CF representing ~10% of projected claims. However, CMS Benefit Notice Final Rule CMS-9964-F, page 16, estimated reinsurance to '...result in premium decreases in the individual market of between 10 and 15 percent relative to the expected cost of premiums without reinsurance'. In light of this we chose a reinsurance adjustment close to CMS' upper bound of 15% of paid claims, net of the reinsurance fee of $5.25 PMPM, for setting rates. This 15% of claims translates into approximately 14% of premium. Building the PMPM into the index rate before benefit factors are applied ensures that it is applied proportionately to each plan as required.

10. Non-Benefit Expenses and Contribution to Reserve and Risk

Administrative Expense Factor

The general and administrative expense factor included in this filing is derived based on 2014 projections for the GHMSI IND64- book of business, which reflect both direct costs and allocation of corporate overhead. The broker expenses are projected based upon trended actual 2012 broker compensation results and compensation formulas.

Contribution to Reserve and Risk Margin

The target underwriting gain for this filing is 0.0% which is similar to the most recently filed 0.0%.

Taxes and Fees

There are several different taxes and fees in the premiums. There is a 20% federal income tax rate. Fees related to the implementation of ACA include a $2 per member per year charge for Patient-Centered Outcomes Research, a $0.96 per member per year charge for the administration of the risk adjustment program, and an annual health insurance industry fee that is estimated to be 1.9% of premiums (GHMSI) and 2.3% (BlueChoice) based on an estimate by Oliver Wyman.

11. Projected Loss Ratio

The projected traditional loss ratio for the single risk pool is 77.0%. In regard to projected rebates, the MLR with the federally prescribed methodology is 82.6%, above the minimum requirement of PHSA 218. Please see page 32 of this filing for details.

12. Index Rate

Please see page 20 for the derivation of the Index rate in the experience and projection periods. The experience period index rate was developed by analyzing all allowed claims for GHMSI IND64- and Small Group Non-Grandfathered members and adjusting for an estimate of covered services which are not EHBs.

The projection period index rate was developed by starting with the experience period index rate, and applying the projection factors that have been described earlier in the memorandum for the change in general medical cost and utilization trends between the experience period and the 2014 projection period, the large anticipated change in morbidity because of GI, and the costs of newly covered EHBs. We have made our projections as if all members renewed on 1/1/14, not taking into account the varying renewal months of our current subscribers. After the index rate was developed, the plan level rates were derived from that index rate based on the allowable rating factors. The relatively high percentage of OE and other non-underwritten coverages and the single risk pool directive drive our index rate upwards. The rating factors are:

1) The actuarial value and cost-sharing designs of the plan. This includes both pure benefit difference (% of a fixed medical allowed that is paid), and an adjustment to benefit generosity to reflect that a standard population of a morbidity of 1.0 will utilize more services with a rich $0 deductible platinum plan than in a less generous $3,000+ deductible bronze plan. This adjustment was estimated using the federal AV calculator which has about a 16% adjustment in the total allowed between bronze and platinum. This adjustment is consistent with the Part 1 Unified Rate Template instructions that permit "expected differences in utilization of services based on differences in cost-sharing". These adjustments all assume a health status of 1.0 for all plans. There is no assumption about risk selection between the various metal levels.

2) Provider network, delivery system characteristics, and utilization management practices.

3) Merging of Individual and Small Group Pools: The starting point for the merging of the pools was 7K average Individual members and 79K average SG members. The projected 2014 pool is expected to be comprised of 13K Individual members and 64K SG members.

4) Administrative Costs - CareFirst has chosen to allocate its administrative costs as a constant percentage across all plans.

13. AV Metal Values

The metal levels in this filing were derived entirely using the federal AV calculator. A copy of the inputs used in the AV calculator for each plan has been provided on pages 40 - 43.

14. AV Pricing Values

Unlike metal AV where a bronze AV is calculated based on a different denominator than a platinum AV, when setting rates it is required that we use a fixed reference plan so that the denominator in all AVs is the same. To develop these pricing AVs, given that small group comprises about 90% of the pool, we developed an internal model based on a small group book with no medical underwriting. Currently, the DC small group market is GI with limited group medical underwriting. It is expected that the current DC small group market will experience adverse selection over time due to the removal of health-status-based HIPAA rating factors. Our DC Small Group pricing has included rating factors as high as 6.48. In addition to the pure cost differences (the % of claims that CareFirst pays given a fixed total amount), the cost-sharing design of the plan influences the total amount, independent of health status. A population of members of a fixed health status will have about 16% more total claims for a platinum plan than a bronze plan, because more discretionary services are used without cost-share barriers than with a large deductible. This 16% estimate comes from comparing the continuance tables of platinum vs. bronze from the federal AV calculator.

The fixed reference plan for the pricing AV for all legal entities is the PPO $0 deductible platinum plan, which is defined as a 100% pricing AV. The components of the pricing AV are shown on page 35 but the primary component is the actuarial value and cost-sharing design of the plan. Network has no contribution (all plans have same network in this filing) and non-EHB and administrative costs have a minor contribution.

15. Membership Projections

Page 30 shows the membership assumptions for our new on Exchange products, for all legal entities in the District of Columbia. Membership has been projected to be distributed as 35% bronze, 40% silver, 15% gold, 5% platinum, and 5% catastrophic, based on our Marketing department's internal estimates and consultant reports. Within each metal level, we assume the membership would be skewed towards the least expensive offering on each metal. Finally, for cost-share reduction plans, we used the SOA report to estimate the percentage of low-income subscribers buying on the Exchange.

16. Terminated Products

Not applicable.

17. Plan Type

PPO

18. Warning Alerts

Per the District's instructions, we have developed our index rate with combined Small Group/Individual experience which is filled in on Worksheet 1 of the URRT, but have developed plan level rates separately as the markets are remaining separate from the federal perspective. Therefore, Worksheet 2 has only the Individual market's plan data, and all of the warnings have been triggered because the Individual totals on Worksheet 2 are less than the combined Small Group/Individual totals on Worksheet 1.

19. Effective Rate Review information

None

20. Reliance

None

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2014
Actuarial Memorandum

Form Numbers Associated With This Filing:

*This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

Forms Used for all Consumer Direct Products

DC/GHMSI/DOL APPEAL (R. 11/11) SERFF Tracking # CFBC-127821352 Approved 11/18/11
DC/CF/EXC/NATAMER (1/14)
DC/CF/MEM/BLCRD (1/12) SERFF Tracking #: CFBC-128230370 Approved 4/18/12
DC/CF/ANCILLARY AMEND (10/12) SERFF Tracking #: CFBC-128657876 Approved 8/30/12
DC/CF/PT PROTECT (9/10) SERFF Tracking #: CFBC-126871024 Approved 10/26/10
DC/GHMSI-HEALTH GUARANTEE 2/08

BluePreferred

DC/CF/EXC/BP/IEA (1/14)
DC/CF/EXC/BP/CHILD ONLY/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/BP/NATAMER SOB (1/14)
DC/CF/EXC/BP/BRZ SOB (1/14)
DC/CF/EXC/BP/SIL 95 SOB (1/14)
DC/CF/EXC/BP/SIL 87 SOB (1/14)
DC/CF/EXC/BP/SIL 74 SOB (1/14)
DC/CF/EXC/BP/PLAT SOB (1/14)

BP Multi-State Plan

DC/CF/MSP/BP/IEA (1-14)
DC/CF/MSP/BP/CHILD ONLY/IEA (1-14)
DC/CF/MSP APPEAL (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/BP/GOLD SOB (1/14)
DC/CF/EXC/BP/SIL SOB (1/14)

BlueChoice Plus (Out-of-Network)

DC/CF/EXC/BC+ OON/IEA (1/14)
DC/CF/EXC/BC+ OON/CHILD ONLY/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/BC+ OON/NATAMER SOB (1/14)
DC/CF/EXC/BC+ OON/BRZ SOB (1/14)
DC/CF/EXC/BC+ OON/SIL SOB (1/14)
DC/CF/EXC/BC+ OON SIL 95 SOB (1/14)
DC/CF/EXC/BC+ OON SIL 88 SOB (1/14)
DC/CF/EXC/BC+ OON/SIL 74 SOB (1/14)

HealthyBlue Plus (Out-of-Network)

DC/CF/EXC/HB OON/IEA (1/14)
DC/CF/EXC/HB OON/CHILD ONLY/IEA (1/14)
DC/CF/SHOP/EXC/DOCS (1/14)
DC/CF/EXC/HB OON/GOLD SOB (1/14)
DC/CF/EXC/HB OON/PLAT SOB (1/14)

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2014
Actuarial Memorandum

New Products Proposed in this Filing

Product Name	HIOS Product ID
BluePreferred	78079DC021
BluePreferred HSA	78079DC020
BluePreferred Multi-State Plan	78079DC016
BluePreferred HSA Multi-State Plan	78079DC018

Existing Products Included in Experience Period

Product Name	HIOS Product ID
BluePreferred	78079DC012
BluePreferred Saver	78079DC013
BluePreferred HSA	78079DC003
BluePreferred HIPAA	78079DC005
BluePreferred QTC	78079DC006
BluePreferred Group Conversion	78079DC014

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2014
Actuarial Memorandum

I, Kenny W. Kan, am the Senior Vice President and Chief Actuary with CareFirst BlueCross BlueShield of which Group Hospitalization and Medical Services, Incorporated is a subsidiary. I am a member of the American Academy of Actuaries. I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance for the Individual, non-Medigap market (on exchange) in the District of Columbia for business effective 1/1/2014. The actuarial values (AV) of the benefits proposed have been calculated with the minimally necessary modifications to the HHS AV calculator. Further, the Index rate has been developed based on my best understanding of the available regulations, guidance and sound actuarial practices and assumptions in the aggregate for the legal entity. I certify the following:

1. I am a member in good standing with the American Academy of Actuaries.
2. The projected index rate complies with applicable statutes based on my best understanding of the available guidance and sound actuarial practice and is in accordance with applicable actuarial standards including ASOP 8. The Actuarial Memorandum has been developed following the format and content prescribed in the CCIIO instructions for Part III – Actuarial Memorandum.

3. The projected index rate is reasonable in relation to the projected benefits and the projected population and is based on a plausible scenario that assumes a more favorable view of the morbidity in the Individual market in the District of Columbia as described in the Actuarial Memorandum. Given the significant changes in the Individual market from 2014-2016, it is possible that the projected index rate could miss the true costs by a considerable margin up or down. If this occurs, I expect the ACA risk mitigation techniques to dampen the impact of such pricing actions with the intent to achieve long-term target pricing by the end of 2016.

4. The plan level rates are developed based only on allowed index rate modifiers in accordance with 45 CFR 156.80(d)(1) and (2) and have been normalized to account for prescribed rating factors.

5. The percent of total premiums related to Essential Health Benefits has been estimated based on sound actuarial practice.

6. The Actuarial Values have been calculated using the HHS calculator with minimal modification which has been discussed in the Actuarial Memorandum included in this filing.

I further certify that the information in this filing represents the company's best understanding of the available guidance and regulations with regards to the rating of these products. This filing will be revised as applicable as any new guidance is released.

This filing has been prepared in accordance with the applicable Actuarial Standards of Practice.

_____

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Senior Vice President and Chief Actuary
CareFirst BlueCross BlueShield
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1045 Mill Run Circle
Owings Mills, MD 21117

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014

Acronym	Definition
GHMSI	Group Hospitalization and Medical Services, Inc.
AV	Actuarial Value
Med	Medical
Rx	Prescription Drugs
Non-CDH	Non- Consumer Driven Health
CDH	Consumer Driven Health
HSA	Health Savings Account
HRA	Health Reimbursement Account
PPO	Preferred Provider Organization
PPO HSA	Preferred Provider Organization Health Savings Account
PPO HRA	Preferred Provider Organization Health Reimbursement Arrangement
DICR	Desired Incurred Claims Ratio
MLR	Medical Loss Ratio (as defined by PPACA)
IBNR	Incurred But Not Reported
IAF	Income Adjustment Factors
PCP	Primary Care Physician
ER	Emergency Room
OON	Out of Network
In Pat	Inpatient
IP	Inpatient
In Pat	In-Patient
OP	Outpatient
Prof	Professional
OOP	Out of Pocket
Co-ins	Coinsurance

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
Reserve Calculation Methodology

We use an IBNR model which is based on the most recent 36 lag months. The great majority of our IBNR is held in the first few lag months (lags 0 through 2), and the completion factors for lags 0-2 are more variable than for other lags. We use a variety of metrics for setting our Incurred Claim estimate for lags 0-2. The metrics we consider include, but are not limited to, incurred claims trend, straight paid claims, inventory levels, loss ratios, and seasonal effects.

For lags 3-35, we use an IBNR method called “Chain and Ladder" in calculating the IBNR. For lags 36-41, we retain history to have available additional trend factors to be used in the analysis of the reserves. We assume the claims in lags 36-41 are 100% complete. The chain-and-ladder develops a set of completion factors based on the completion ratio experience for each product.

The Chain and Ladder model uses the most recent 6 completion ratios for a given lag duration (0 to 34) and applies a smoothing method to estimate these completion ratios. Assuming a completion factor of 1.0 for lags 35 and greater, the completion factor for lag 34 is calculated by taking the product of the estimated completion ratio and completion factor for lag 35. Completion factors for lags 33 to 0 are calculated using this method. We divide the “paid to date” dollars by these completion factors for the given lag month which in turn is used to develop an estimated total incurred amount and corresponding IBNR.

All these factors are considered together to choose an incurred dollar estimate that is consistent with the completion factors, trends, and loss ratios that we have experienced historically for the product line for which we are setting the reserve.

The claims in this experience period of data run from April 2009 and are paid through February 2013. The claims are also incurred through the same time period. All of the months are completed using the methodology described above. Please see the paids, completion factors and corresponding reserve on the next pages. But, for purposes of pricing we only consider an experience period of January 2012 with paids through February 2013 and incurreds through December 2012, or a Paid 14, Incurred 12 experience period. Thus we do not include the most recent 2 months in our rating estimates since these months have a higher probability of recasting.

Group Hospitalization & Medical Services, Inc. (GHMSI)

DC Individual Exchange Products Rates Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience Medical Inpatient

Experience Period: Incurred 201201 - 201212, Paid through 201302

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Admits**	**Completion Factor**	**Allowed**	**Admits**	**Allowed**	**Admits/1 000**	**Unit Cost**	**Allowed**	**Admits/1000**	**Unit Cost**
201004	25,222	44,764	2,306,894	207	1.00	2,306,894	207						
201005	24,458	43,603	2,764,953	245	1.00	2,764,953	245						
201006	25,096	44,621	2,295,424	222	1.00	2,295,424	222						
201007	24,028	42,995	2,868,228	263	1.00	2,868,269	263						
201008	24,558	44,409	3,325,237	241	1.00	3,325,366	241						
201009	24,102	43,617	2,459,238	233	1.00	2,459,338	233						
201010	23,885	43,247	3,352,356	212	1.00	3,352,514	212						
201011	24,301	43,883	2,825,048	221	1.00	2,825,180	221						
201012	24,422	44,403	2,488,445	182	1.00	2,488,603	182						
201101	24,059	43,690	2,943,199	216	1.00	2,943,421	216						
201102	24,019	43,336	2,742,572	170	1.00	2,742,797	170						
201103	24,399	44,110	3,578,609	236	1.00	3,578,953	236	64.46	60.34	$12,821.12			
201104	24,620	44,484	3,183,814	231	1.00	3,184,231	231	66.16	60.92	$13,034.14			
201105	24,685	44,517	2,891,252	229	1.00	2,892,074	229	66.29	60.45	$13,160.18			
201106	24,900	44,892	2,944,089	229	1.00	2,945,783	229	67.49	60.58	$13,369.13			
201107	25,273	45,466	3,030,020	223	1.00	3,032,022	223	67.48	59.39	$13,634.63			
201108	25,595	46,088	3,579,750	248	1.00	3,582,558	248	67.75	59.37	$13,695.15			
201109	25,860	46,436	3,514,918	226	1.00	3,517,913	226	69.38	58.90	$14,134.17			
201110	25,833	46,354	2,731,304	226	1.00	2,734,421	226	67.83	58.88	$13,823.55			
201111	25,930	46,539	3,073,200	227	1.00	3,076,952	227	67.96	58.73	$13,886.00			
201112	26,113	47,012	2,787,690	224	1.00	2,791,280	224	68.19	59.38	$13,780.13			
201201	26,019	46,881	3,031,605	215	1.00	3,036,263	215	67.96	59.02	$13,818.18			
201202	26,290	47,294	2,646,252	203	1.00	2,652,299	203	67.31	59.32	$13,615.00			
201203	26,298	47,403	4,156,106	257	1.00	4,167,559	258	67.97	59.44	$13,722.01	5.4%	-1.5%	7.0%
201204	26,488	47,697	2,766,666	210	1.00	2,777,766	211	66.85	58.66	$13,674.44	1.0%	-3.7%	4.9%
201205	26,437	47,684	3,286,679	228	1.00	3,302,601	229	67.20	58.33	$13,825.22	1.4%	-3.5%	5.1%
201206	26,696	48,244	2,838,949	202	0.99	2,856,348	203	66.65	57.43	$13,925.30	-1.3%	-5.2%	4.2%
201207	26,641	48,269	3,742,558	247	0.99	3,772,979	249	67.62	57.69	$14,065.39	0.2%	-2.9%	3.2%
201208	26,725	48,506	3,351,361	218	0.99	3,387,075	220	66.99	56.86	$14,138.30	-1.1%	-4.2%	3.2%
201209	26,716	48,493	3,255,568	228	0.98	3,310,266	232	66.39	56.77	$14,031.77	-4.3%	-3.6%	-0.7%
201210	26,749	48,555	3,176,649	233	0.98	3,253,679	239	67.04	56.82	$14,159.04	-1.2%	-3.5%	2.4%
201211	26,564	48,232	2,993,753	212	0.97	3,090,524	219	66.87	56.47	$14,207.85	-1.6%	-3.8%	2.3%
201212	26,360	47,999	2,248,873	195	0.95	2,360,545	205	66.00	55.97	$14,151.75	-3.2%	-5.8%	2.7%
201301	25,949	47,177	2,278,503	174	0.88	2,582,210	197	65.18	55.57	$14,076.17	-4.1%	-5.9%	1.9%
201302	25,832	46,848	418,222	33	0.45	934,173	74	62.24	52.90	$14,118.41	-7.5%	-10.8%	3.7%
Experience Period	317,983	575,257	37,495,020	2,648	0.99	37,967,903	2,683						
201203	26,298	47,403									5.4%	-1.5%	7.0%
201209	26,716	48,493									-4.3%	-3.6%	-0.7%
201212	26,360	47,999									-3.2%	-5.8%	2.7%
Avg last 6 months	26,626	48,342									-1.9%	-4.0%	2.2%
Selected Pricing Trend												**-3.0%**	**3.5%**

Group Hospitalization & Medical Services, Inc. (GHMSI)

DC Individual Exchange Products Rates Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience Medical Outpatient

Experience Period: Incurred 201201 - 201212, Paid through 201302

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201004	25,222	44,764	2,969,398	3,244	1.00	2,969,398	3,244						
201005	24,458	43,603	2,856,201	3,134	1.00	2,856,201	3,134						
201006	25,096	44,621	2,605,673	3,222	1.00	2,605,673	3,222						
201007	24,028	42,995	2,883,339	3,129	1.00	2,883,381	3,129						
201008	24,558	44,409	2,896,056	3,081	1.00	2,896,167	3,081						
201009	24,102	43,617	2,988,182	3,121	1.00	2,988,304	3,121						
201010	23,885	43,247	2,738,163	2,958	1.00	2,738,282	2,958						
201011	24,301	43,883	2,727,789	2,790	1.00	2,727,920	2,790						
201012	24,422	44,403	2,818,695	3,031	1.00	2,818,880	3,031						
201101	24,059	43,690	2,780,638	2,810	1.00	2,780,833	2,810						
201102	24,019	43,336	3,001,573	2,726	1.00	3,001,818	2,726						
201103	24,399	44,110	3,512,386	3,095	1.00	3,512,784	3,095	66.04	828.04	$957.00			
201104	24,620	44,484	3,187,191	2,973	1.00	3,187,606	2,973	66.49	822.31	$970.22			
201105	24,685	44,517	3,504,731	3,280	1.00	3,505,765	3,281	67.60	824.23	$984.22			
201106	24,900	44,892	3,178,588	3,247	1.00	3,180,467	3,249	68.66	824.42	$999.35			
201107	25,273	45,466	2,991,681	2,939	1.00	2,993,678	2,941	68.54	816.32	$1,007.62			
201108	25,595	46,088	3,509,644	3,181	1.00	3,512,362	3,183	69.49	816.05	$1,021.81			
201109	25,860	46,436	3,234,778	3,145	1.00	3,237,682	3,148	69.59	812.34	$1,027.95			
201110	25,833	46,354	3,467,015	3,165	1.00	3,471,052	3,169	70.55	812.35	$1,042.14			
201111	25,930	46,539	3,423,199	3,121	1.00	3,427,521	3,125	71.50	815.79	$1,051.68			
201112	26,113	47,012	3,502,978	3,288	1.00	3,507,858	3,292	72.42	817.64	$1,062.88			
201201	26,019	46,881	3,656,891	3,453	1.00	3,662,973	3,459	73.61	827.12	$1,068.00			
201202	26,290	47,294	3,482,306	3,304	1.00	3,489,624	3,311	73.97	833.93	$1,064.42			
201203	26,298	47,403	3,696,074	3,426	1.00	3,706,942	3,436	73.88	836.35	$1,060.05	11.9%	1.0%	10.8%
201204	26,488	47,697	3,603,458	3,329	1.00	3,618,005	3,342	74.23	839.48	$1,061.06	11.6%	2.1%	9.4%
201205	26,437	47,684	3,724,117	3,440	1.00	3,742,216	3,457	74.23	838.50	$1,062.34	9.8%	1.7%	7.9%
201206	26,696	48,244	3,502,615	3,303	0.99	3,522,908	3,322	74.40	835.07	$1,069.09	8.4%	1.3%	7.0%
201207	26,641	48,269	3,887,131	3,351	0.99	3,918,455	3,378	75.66	840.20	$1,080.64	10.4%	2.9%	7.2%
201208	26,725	48,506	3,837,797	3,378	0.99	3,880,366	3,415	75.99	841.52	$1,083.59	9.4%	3.1%	6.0%
201209	26,716	48,493	3,678,871	3,123	0.98	3,742,498	3,176	76.60	839.08	$1,095.47	10.1%	3.3%	6.6%
201210	26,749	48,555	3,639,432	3,301	0.98	3,727,772	3,381	76.75	840.31	$1,096.07	8.8%	3.4%	5.2%
201211	26,564	48,232	3,364,405	3,092	0.97	3,472,765	3,192	76.61	839.23	$1,095.37	7.1%	2.9%	4.2%
201212	26,360	47,999	3,421,095	3,037	0.95	3,589,321	3,187	76.62	835.59	$1,100.29	5.8%	2.2%	3.5%
201301	25,949	47,177	3,436,974	3,010	0.88	3,887,506	3,415	76.97	834.25	$1,107.10	4.6%	0.9%	3.7%
201302	25,832	46,848	982,548	1,038	0.44	2,251,600	2,398	74.87	815.86	$1,101.27	1.2%	-2.2%	3.5%
Experience Period	317,983	575,257	43,494,191	39,537	0.99	44,073,844	40,057						
201203	26,298	47,403									11.9%	1.0%	10.8%
201209	26,716	48,493									10.1%	3.3%	6.6%
201212	26,360	47,999									5.8%	2.2%	3.5%
Avg last 6 months	26,626	48,342									8.6%	3.0%	5.5%
Selected Pricing Trend												**4.0%**	**6.0%**

Group Hospitalization & Medical Services, Inc. (GHMSI)

DC Individual Exchange Products Rates Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience Medical Professional

Experience Period: Incurred 201201 - 201212, Paid through 201302

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Visits**	**Completion Factor**	**Allowed**	**Visits**	**Allowed**	**Visits/1000**	**Unit Cost**	**Allowed**	**Visits/1000**	**Unit Cost**
201004	25,222	44,764	6,087,178	40,510	1.00	6,087,178	40,510						
201005	24,458	43,603	5,733,980	37,647	1.00	5,733,980	37,647						
201006	25,096	44,621	5,978,453	39,950	1.00	5,978,453	39,950						
201007	24,028	42,995	5,746,777	37,314	1.00	5,746,859	37,315						
201008	24,558	44,409	5,844,409	38,695	1.00	5,844,634	38,696						
201009	24,102	43,617	5,814,592	38,500	1.00	5,814,833	38,502						
201010	23,885	43,247	5,617,075	37,332	1.00	5,617,319	37,334						
201011	24,301	43,883	5,697,233	34,693	1.00	5,697,513	34,695						
201012	24,422	44,403	5,418,967	36,840	1.00	5,419,333	36,843						
201101	24,059	43,690	5,805,078	37,620	1.00	5,805,496	37,623						
201102	24,019	43,336	5,175,499	35,795	1.00	5,175,916	35,798						
201103	24,399	44,110	6,294,977	42,045	1.00	6,295,644	42,050	131.42	10,411.54	$151.47			
201104	24,620	44,484	5,523,185	37,212	1.00	5,523,945	37,217	130.42	10,342.01	$151.33			
201105	24,685	44,517	5,907,126	39,169	1.00	5,908,864	39,181	130.53	10,358.98	$151.21			
201106	24,900	44,892	5,856,707	39,574	1.00	5,860,163	39,597	130.24	10,345.64	$151.06			
201107	25,273	45,466	5,270,638	35,728	1.00	5,274,165	35,752	128.74	10,262.03	$150.54			
201108	25,595	46,088	6,119,507	40,050	1.00	6,124,217	40,081	128.86	10,260.87	$150.70			
201109	25,860	46,436	5,869,204	39,444	1.00	5,874,327	39,478	128.29	10,228.69	$150.50			
201110	25,833	46,354	6,056,412	41,492	1.00	6,063,349	41,540	128.38	10,263.45	$150.10			
201111	25,930	46,539	5,956,806	40,211	1.00	5,964,295	40,262	128.24	10,336.63	$148.88			
201112	26,113	47,012	5,733,932	39,394	1.00	5,741,717	39,448	128.22	10,344.54	$148.74			
201201	26,019	46,881	6,740,812	43,266	1.00	6,751,840	43,336	129.20	10,409.65	$148.94			
201202	26,290	47,294	6,182,284	40,995	1.00	6,195,470	41,083	130.12	10,450.04	$149.42			
201203	26,298	47,403	6,585,494	43,379	1.00	6,604,705	43,506	129.91	10,419.43	$149.62	-1.2%	0.1%	-1.2%
201204	26,488	47,697	6,128,487	40,058	1.00	6,153,266	40,220	130.29	10,424.03	$149.99	-0.1%	0.8%	-0.9%
201205	26,437	47,684	6,741,181	43,875	1.00	6,773,927	44,088	131.10	10,470.26	$150.25	0.4%	1.1%	-0.6%
201206	26,696	48,244	6,238,992	40,495	0.99	6,275,114	40,729	131.05	10,432.04	$150.75	0.6%	0.8%	-0.2%
201207	26,641	48,269	6,288,297	39,736	0.99	6,338,790	40,055	132.29	10,471.63	$151.59	2.8%	2.0%	0.7%
201208	26,725	48,506	6,383,712	42,590	0.99	6,453,659	43,058	132.30	10,489.93	$151.35	2.7%	2.2%	0.4%
201209	26,716	48,493	6,028,313	38,574	0.98	6,131,308	39,234	132.28	10,446.96	$151.94	3.1%	2.1%	1.0%
201210	26,749	48,555	6,430,720	42,342	0.98	6,586,535	43,369	132.68	10,445.14	$152.43	3.4%	1.8%	1.6%
201211	26,564	48,232	5,888,973	39,710	0.97	6,079,621	40,993	132.49	10,429.64	$152.44	3.3%	0.9%	2.4%
201212	26,360	47,999	5,310,493	35,875	0.95	5,572,143	37,645	131.97	10,374.15	$152.65	2.9%	0.3%	2.6%
201301	25,949	47,177	5,722,102	38,743	0.88	6,494,101	43,971	131.45	10,382.05	$151.94	1.7%	-0.3%	2.0%
201302	25,832	46,848	2,737,902	19,317	0.44	6,258,949	44,278	131.67	10,456.78	$151.10	1.2%	0.1%	1.1%
Experience Period	317,983	575,257	74,947,757	490,895	0.99	75,916,377	497,317						
201203	26,298	47,403									-1.2%	0.1%	-1.2%
201209	26,716	48,493									3.1%	2.1%	1.0%
201212	26,360	47,999									2.9%	0.3%	2.6%
Avg last 6 months	26,626	48,342									3.0%	1.6%	1.4%
Selected Pricing Trend												**2.0%**	**2.5%**

Group Hospitalization & Medical Services, Inc. (GHMSI)

DC Individual Exchange Products Rates Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience Medical Other

Experience Period: Incurred 201201 - 201212, Paid through 201302

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Services**	**Completion Factor**	**Allowed**	**Services**	**Allowed**	**Services/1000**	**Unit Cost**	**Allowed**	**Services/1000**	**Unit Cost**
201004	25,222	44,764	501,792	2,188	1.00	501,792	2,188						
201005	24,458	43,603	497,976	2,201	1.00	497,976	2,201						
201006	25,096	44,621	540,987	2,237	1.00	540,987	2,237						
201007	24,028	42,995	637,327	2,238	1.00	637,337	2,238						
201008	24,558	44,409	579,667	2,191	1.00	579,690	2,191						
201009	24,102	43,617	500,604	2,079	1.00	500,624	2,079						
201010	23,885	43,247	584,840	2,266	1.00	584,865	2,266						
201011	24,301	43,883	540,914	2,196	1.00	540,940	2,196						
201012	24,422	44,403	550,524	2,218	1.00	550,560	2,218						
201101	24,059	43,690	695,518	2,810	1.00	695,567	2,810						
201102	24,019	43,336	727,552	2,599	1.00	727,609	2,599						
201103	24,399	44,110	865,522	3,172	1.00	865,615	3,172	13.72	646.99	$254.38			
201104	24,620	44,484	746,762	2,793	1.00	746,861	2,793	14.19	661.13	$257.53			
201105	24,685	44,517	848,116	3,028	1.00	848,361	3,029	14.83	678.83	$262.12			
201106	24,900	44,892	753,344	2,991	1.00	753,785	2,993	15.22	695.67	$262.61			
201107	25,273	45,466	783,248	2,891	1.00	783,799	2,893	15.43	707.25	$261.79			
201108	25,595	46,088	1,054,033	3,217	1.00	1,054,859	3,219	16.27	728.22	$268.17			
201109	25,860	46,436	888,243	3,237	1.00	889,040	3,240	16.91	750.44	$270.48			
201110	25,833	46,354	888,350	3,276	1.00	889,392	3,280	17.38	768.72	$271.36			
201111	25,930	46,539	913,095	3,513	1.00	914,298	3,517	17.99	794.28	$271.78			
201112	26,113	47,012	1,007,462	3,549	1.00	1,008,940	3,554	18.75	819.98	$274.35			
201201	26,019	46,881	842,298	3,641	1.00	843,713	3,647	18.91	833.57	$272.21			
201202	26,290	47,294	829,378	3,142	1.00	831,209	3,148	18.96	839.55	$271.02			
201203	26,298	47,403	1,007,502	3,699	1.00	1,010,579	3,709	19.11	846.20	$271.00	39.3%	30.8%	6.5%
201204	26,488	47,697	852,647	3,322	1.00	856,300	3,335	19.20	852.99	$270.06	35.3%	29.0%	4.9%
201205	26,437	47,684	821,195	3,438	0.99	825,324	3,454	19.05	857.28	$266.61	28.4%	26.3%	1.7%
201206	26,696	48,244	790,192	3,347	0.99	794,833	3,365	19.01	860.12	$265.16	24.8%	23.6%	1.0%
201207	26,641	48,269	770,065	3,193	0.99	776,414	3,217	18.90	862.74	$262.87	22.5%	22.0%	0.4%
201208	26,725	48,506	849,880	3,432	0.99	859,550	3,468	18.47	864.32	$256.50	13.5%	18.7%	-4.4%
201209	26,716	48,493	757,159	3,208	0.98	770,309	3,261	18.20	861.66	$253.47	7.6%	14.8%	-6.3%
201210	26,749	48,555	849,889	3,388	0.98	870,889	3,469	18.10	862.31	$251.85	4.1%	12.2%	-7.2%
201211	26,564	48,232	894,259	3,504	0.97	923,421	3,614	18.06	861.79	$251.48	0.4%	8.5%	-7.5%
201212	26,360	47,999	888,376	3,309	0.95	932,474	3,468	17.90	858.54	$250.14	-4.5%	4.7%	-8.8%
201301	25,949	47,177	820,479	2,895	0.87	939,372	3,259	18.05	850.02	$254.87	-4.5%	2.0%	-6.4%
201302	25,832	46,848	374,716	1,412	0.44	857,481	3,163	18.11	850.99	$255.42	-4.5%	1.4%	-5.8%
Experience Period	317,983	575,257	10,152,840	40,623	0.99	10,295,016	41,157						
201203	26,298	47,403									39.3%	30.8%	6.5%
201209	26,716	48,493									7.6%	14.8%	-6.3%
201212	26,360	47,999									-4.5%	4.7%	-8.8%
Avg last 6 months	26,626	48,342									7.3%	13.5%	-5.6%
Selected Pricing Trend												**14.5%**	**-4.0%**

Group Hospitalization & Medical Services, Inc. (GHMSI)

DC Individual Exchange Products Rates Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience Rx

Experience Period: Incurred 201201 - 201212, Paid through 201302

						Completed		Rolling 12 PMPM			Rolling 12 Trend		
Month	**Contracts**	**Members**	**Allowed**	**Scripts**	**Completion Factor**	**Allowed**	**Scripts**	**Allowed**	**Scripts/1000**	**Unit Cost**	**Allowed**	**Scripts/1000**	**Unit Cost**
201004	25,222	44,764	4,434,391	39,635	1.00	4,434,391	39,635						
201005	24,458	43,603	4,084,871	37,969	1.00	4,084,871	37,969						
201006	25,096	44,621	4,387,482	38,570	1.00	4,387,482	38,570						
201007	24,028	42,995	4,192,966	37,413	1.00	4,192,966	37,413						
201008	24,558	44,409	4,262,561	37,137	1.00	4,262,561	37,137						
201009	24,102	43,617	3,934,700	35,514	1.00	3,934,700	35,514						
201010	23,885	43,247	4,119,479	35,731	1.00	4,119,479	35,731						
201011	24,301	43,883	4,067,169	36,302	1.00	4,067,169	36,302						
201012	24,422	44,403	4,246,409	37,901	1.00	4,246,409	37,901						
201101	24,059	43,690	4,282,073	37,283	1.00	4,282,073	37,283						
201102	24,019	43,336	4,030,908	34,641	1.00	4,030,908	34,641						
201103	24,399	44,110	4,491,557	38,708	1.00	4,491,557	38,708	95.95	10,180.13	$113.10			
201104	24,620	44,484	4,242,860	35,716	1.00	4,242,860	35,716	95.64	10,096.20	$113.67			
201105	24,685	44,517	4,364,333	37,221	1.00	4,364,333	37,221	96.00	10,061.68	$114.50			
201106	24,900	44,892	4,564,024	36,804	1.00	4,564,024	36,804	96.29	10,016.34	$115.36			
201107	25,273	45,466	4,217,638	35,286	1.00	4,217,638	35,286	95.88	9,921.49	$115.97			
201108	25,595	46,088	4,603,001	37,105	1.00	4,603,001	37,105	96.22	9,889.44	$116.76			
201109	25,860	46,436	4,543,607	35,371	1.00	4,543,607	35,371	96.85	9,834.08	$118.18			
201110	25,833	46,354	4,497,565	37,067	1.00	4,497,565	37,067	97.00	9,807.07	$118.69			
201111	25,930	46,539	4,613,685	37,672	1.00	4,613,685	37,672	97.53	9,789.29	$119.56			
201112	26,113	47,012	4,696,450	39,179	1.00	4,696,451	39,179	97.89	9,770.49	$120.23			
201201	26,019	46,881	4,924,348	39,825	1.00	4,924,349	39,825	98.50	9,769.26	$120.99			
201202	26,290	47,294	4,531,862	36,992	1.00	4,531,863	36,992	98.70	9,750.26	$121.47			
201203	26,298	47,403	4,789,947	39,502	1.00	4,789,952	39,502	98.65	9,709.45	$121.92	2.8%	-4.6%	7.8%
201204	26,488	47,697	4,742,001	37,860	1.00	4,742,041	37,860	98.98	9,699.63	$122.45	3.5%	-3.9%	7.7%
201205	26,437	47,684	4,937,161	39,188	1.00	4,937,211	39,188	99.44	9,686.93	$123.19	3.6%	-3.7%	7.6%
201206	26,696	48,244	4,487,046	37,110	1.00	4,487,099	37,110	98.71	9,635.80	$122.93	2.5%	-3.8%	6.6%
201207	26,641	48,269	4,665,749	37,579	1.00	4,665,818	37,580	99.01	9,636.71	$123.30	3.3%	-2.9%	6.3%
201208	26,725	48,506	4,835,602	38,738	1.00	4,835,683	38,739	99.00	9,630.20	$123.37	2.9%	-2.6%	5.7%
201209	26,716	48,493	4,375,284	35,726	1.00	4,375,408	35,727	98.35	9,602.96	$122.90	1.5%	-2.4%	4.0%
201210	26,749	48,555	4,726,867	38,149	1.00	4,727,237	38,152	98.37	9,588.78	$123.11	1.4%	-2.2%	3.7%
201211	26,564	48,232	4,578,869	37,736	1.00	4,580,149	37,746	98.03	9,562.07	$123.02	0.5%	-2.3%	2.9%
201212	26,360	47,999	4,866,844	38,720	1.00	4,869,229	38,739	98.16	9,536.49	$123.51	0.3%	-2.4%	2.7%
201301	25,949	47,177	5,088,406	39,823	1.00	5,092,423	39,855	98.40	9,532.21	$123.87	-0.1%	-2.4%	2.4%
201302	25,832	46,848	3,688,207	29,543	0.85	4,335,016	34,722	98.13	9,492.25	$124.06	-0.6%	-2.6%	2.1%
Experience Period	317,983	575,257	56,461,581	457,125	1.00	56,466,039	457,161						
201203	26,298	47,403									2.8%	-4.6%	7.8%
201209	26,716	48,493									1.5%	-2.4%	4.0%
201212	26,360	47,999									0.3%	-2.4%	2.7%
Avg last 6 months	26,626	48,342									1.7%	-2.5%	4.2%
Selected Pricing Trend												**-1.5%**	**5.0%**

Group Hospitalization & Medical Services, Inc. (GHMSI)

DC Individual Exchange Products Rates Effective 1/1/2014

D.C. GHMSI Small Group & Individual Base Experience - Medical and Rx Total

Experience Period: Incurred 201201 - 201212, Paid through 201302

Month	Contracts	Members	Allowed	Completion Factor	Completed Allowed	Rolling 12 PMPM Allowed	Rolling 12 Trend Allowed
201004	25,222	44,764	16,299,653	1.00	16,299,653		
201005	24,458	43,603	15,937,981	1.00	15,937,981		
201006	25,096	44,621	15,808,019	1.00	15,808,019		
201007	24,028	42,995	16,328,638	1.00	16,328,812		
201008	24,558	44,409	16,907,930	1.00	16,908,418		
201009	24,102	43,617	15,697,316	1.00	15,697,798		
201010	23,885	43,247	16,411,911	1.00	16,412,458		
201011	24,301	43,883	15,858,154	1.00	15,858,721		
201012	24,422	44,403	15,523,041	1.00	15,523,785		
201101	24,059	43,690	16,506,505	1.00	16,507,389		
201102	24,019	43,336	15,678,104	1.00	15,679,049		
201103	24,399	44,110	18,743,051	1.00	18,744,552	371.59	
201104	24,620	44,484	16,883,813	1.00	16,885,503	372.90	
201105	24,685	44,517	17,515,558	1.00	17,519,397	375.25	
201106	24,900	44,892	17,296,752	1.00	17,304,223	377.89	
201107	25,273	45,466	16,293,225	1.00	16,301,303	376.08	
201108	25,595	46,088	18,865,935	1.00	18,876,998	378.59	
201109	25,860	46,436	18,050,749	1.00	18,062,569	381.02	
201110	25,833	46,354	17,640,644	1.00	17,655,778	381.13	
201111	25,930	46,539	17,979,985	1.00	17,996,751	383.22	
201112	26,113	47,012	17,728,513	1.00	17,746,246	385.47	
201201	26,019	46,881	19,195,953	1.00	19,219,138	388.18	
201202	26,290	47,294	17,672,082	1.00	17,700,465	389.06	
201203	26,298	47,403	20,235,123	1.00	20,279,736	389.52	4.8%
201204	26,488	47,697	18,093,259	1.00	18,147,378	389.54	4.5%
201205	26,437	47,684	19,510,333	1.00	19,581,278	391.02	4.2%
201206	26,696	48,244	17,857,795	1.00	17,936,302	389.81	3.2%
201207	26,641	48,269	19,353,799	0.99	19,472,457	393.49	4.6%
201208	26,725	48,506	19,258,352	0.99	19,416,332	392.76	3.7%
201209	26,716	48,493	18,095,195	0.99	18,329,788	391.81	2.8%
201210	26,749	48,555	18,823,557	0.98	19,166,111	392.95	3.1%
201211	26,564	48,232	17,720,259	0.98	18,146,479	392.05	2.3%
201212	26,360	47,999	16,735,681	0.97	17,323,712	390.64	**1.3%**
201301	25,949	47,177	17,346,464	0.91	18,995,611	390.05	0.5%
201302	25,832	46,848	8,201,595	0.56	14,637,219	385.03	-1.0%
Experience Period	317,983	575,257	222,551,389	0.99	224,719,178		
201203	26,298	47,403					4.8%
201209	26,716	48,493					2.8%
201212	26,360	47,999					1.3%
Avg last 6 months	26,626	48,342					3.0%

Group Hospitalization & Medical Services, Inc. (GHMSI)
D.C. Individual & Small Group Products - Rate Filing Effective 1/1/2014
GHMSI D.C. Individual Non-Medigap & Small Group Allowed PMPM Projection (Includes EHB and Non-EHB Claims) - Non-Grandfathered Business Only - 1/1/2014 (MERGED)

	Begin	End	Mid-point		Months of Trend		
Experience Period	1/1/2012	12/31/2012	7/1/2012			pd through	2/28/2013
Rating Period	1/1/2014	12/31/2014	7/2/2014		24.0		

Experience Period Summary	**Total**	
Experience Period Premiums	**$**	**189,492,989**
MLR Rebates	**$**	-
Net Experience Period Premiums	$	189,492,989
Experience Period Paid Claims (Non-Capitated)	$	172,521,776
Completion Factor		0.99
Experience Period Incurred Claims (Non-Capitated)	$	174,165,315
Capitations	**$**	**529,323**
Rx Rebates	**$**	**(3,440,861)**
Other Manual Claims	**$**	-
Total Experience Period Claims	$	171,253,777
Experience Period Loss Ratio (Before MLR Rebates)		90.37%
Experience Period Loss Ratio (After MLR Rebates)		90.37%
Experience Period Loss Ratio (System Claims Only)		91.91%
Experience Period Member Months		486,067
Average Members		40,506
End of Experience Period Contracts		22,527
End of Experience Period Members		40,753
Experience Period Allowed Claims (Non-Capitated)	$	197,643,823
Adjustments	$	(2,911,538)
Total Adjusted EP Allowed Claims	$	194,732,285
EP Paid / Allowed Ratio		87.9%

Service Category Level Projection

Service Category Experience Period Allowed	**Utilization Measure**	**EP Units**	**EP Allowed $**	**Other**	**Rx Rebates**	**Net Allowed**	**Annual Trend Inputs**	
							Cost Trend	**Utilization Trend**
Inpatient	Admits	2,248	$ 32,069,911	$ -	$ -	$ 32,069,911	**3.5%**	**-3.0%**
Outpatient	Visits	33,750	$ 37,211,261	$ -	$ -	$ 37,211,261	**6.0%**	**4.0%**
Professional	Visits	415,795	$ 63,598,675	$ -	$ -	$ 63,598,675	**2.5%**	**2.0%**
Other	Services	33,114	$ 8,324,483	$ -	$ -	$ 8,324,483	**-4.0%**	**14.5%**
Rx	Scripts	456,919	$ 56,439,493	$ -	$ (3,440,861)	$ 52,998,632	**5.0%**	**-1.5%**
Capitation	Average Members	**40,506**	$ 529,323	$ -	$ -	$ 529,323	**0.0%**	**0.0%**
Total			**$ 198,173,146**	**$ -**	**$ (3,440,861)**	**$ 194,732,285**		
PMPM			**$ 407.71**	**$ -**	**$ (7.08)**	**$ 400.63**		

Service Category Experience Period Allowed	**Utilization Measure**	**Experience Period Util / 1000**	**Unit Cost**	**PMPM**	**Projection Factors Population Risk / Morbidity***	**Other**	**Cost Factor**	**Utilization Factor**	**Total Factor**	**Projected Util / 1000**	**Projected Unit Cost**	**Projected PMPM**	**Effective Allowed PMPM Annual Trend**
Inpatient	Admits	55.49	$ 14,268.78	**$ 65.98**	**1.01**	**1.00**	1.071	0.941	1.02	52.73	$ 15,285.08	**$ 67.17**	**0.4%**
Outpatient	Visits	833.23	$ 1,102.54	**$ 76.56**	**1.01**	**1.00**	1.124	1.082	1.23	910.23	$ 1,238.82	**$ 93.97**	**10.2%**
Professional	Visits	10,265.13	$ 152.96	**$ 130.84**	**1.01**	**1.00**	1.051	1.040	1.10	10,786.64	$ 160.70	**$ 144.45**	**4.5%**
Other	Services	817.51	$ 251.39	**$ 17.13**	**1.01**	**1.21**	0.922	1.311	1.48	1,082.50	$ 280.33	**$ 25.29**	**9.9%**
Rx	Scripts	11,280.40	$ 115.99	**$ 109.04**	**1.01**	**1.00**	1.103	0.970	1.08	11,053.97	$ 127.88	**$ 117.80**	**3.4%**
Capitation	Benefit Period	1,000.00	$ 13.07	**1.09**	**1.01**	**0.90**	1.000	1.000	0.91	1,010.00	$ 11.76	**$ 0.99**	**0.0%**
Total				**$ 400.63**							**Projected Allowed Claims PMPM (EHB + Non-EHB)**	**$ 449.66**	**5.0%**
											Non-EHB Claims In Projected PMPM**	**$ 1.13**	
											Index Rate for EHB	**$ 448.53**	

*** Please refer to page 28 - 29 for more information.**
**** Includes abortion, hair prosthesis, and morbid obesity claims, and capitation for core vision benefit.**

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
Morbidity Impact on Small Group/Individual HMO/PPO combined

The current combined Individual/Small Group non-Grandfathered pool is expected to increase from approximately 68,000 members today to approximately 77,000 members in 2014. This 9,000 member increase is expected to come from an influx of the following new entrants:

a) Prior grandfathered members (Underwritten, HIPAA, Group Conversion, Open Enrollment) - ~400 members
b) Former large group enrollees - ~800 members
c) Former small group enrollees - ~800 members
d) Newly insured entrants who were formerly uninsured - ~4,000 members
e) Grandfathered small groups choosing to purchase small group coverage on the SHOP Exchange - ~3,000 members

The estimated average morbidity of these 9,000 new entrants is approximately 1.08 compared to the current Small Group/Individual merged pool and when blended with the 1.0 morbidity of the current pool, yields a resultant 2014 morbidity of 1.01 in relation to the current non-Grandfathered pool.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
Comparison Between HMO and PPO Morbidity

(1) Current IND64- non-GF relative morbidity between HMO and PPO.
non-GF Allowed Claims PMPMs (Inc 2012, paid through 2/28/13), includes capitations
No adjustment for drug rebates.

	GHMSI	BlueChoice	CFI
Allowed PMPM	$ 250	$ 378	$303
Morbidity relative to Total IND pool	**0.824**	**1.246**	**1.000**

(2) Current Small Group non-GF relative morbidity between HMO and PPO.
non-GF Allowed Claims PMPMs (Inc 2012, paid through 2/28/13), includes capitations
No adjustment for drug rebates.

	GHMSI	BlueChoice	CFI
Allowed PMPM	$423	$302	$369
Morbidity relative to Total Small Group pool	**1.146**	**0.817**	**1.000**

(3) Current non-GF Small Group and Individual combined pool relative morbidity between HMO and PPO
non-GF Allowed Claims PMPMs (Inc 2012, paid through 2/28/13)

Small group is about ten times larger than Individual, so the combined relative morbidity is much closer to small group than to Individual

	GHMSI	BlueChoice	CFI
Allowed PMPM	$408	$308	$364
Morbidity relative to Total Combined Small Group/Individual Pool	**1.121**	**0.846**	**1.000**

(4) The change in relative morbidity is a factor in addition to the morbidity of the overall pool.
If the pool goes up by 1% as projected, then the projections for each legal entity are:

	[A]	[B]	[C]	[D] = [A] * ([C] / [B])
	Overall Pool	Current Relative Morbidity	Projected Relative Morbidity	Total Change
GHMSI PPO	1.01	0.824	1.121	**1.374**
BlueChoice	1.01	1.246	0.846	**0.686**

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
Derivation of Embedded Pediatric Dental Rate
Projection Period: 1/1/2014 - 12/31/2014

#	Formula	Description	%	PMPM
1		Base D.C. Dental Allowed PMPM For Members Age 19 and Under Classes 1 -4		$ 15.68
2		Adjustment to D.C. Benchmark Plan (D.C. FEDVIP)	-1.24%	
3	**(3) = (1)*(1+(2))**	Adjusted Allowed PMPM Classes 1 - 4		$ 15.49
4		Base D.C. Dental Allowed PMPM For Members Age 19 and Under Class 5 (Ortho)		$ 2.71
5		Adjustment to D.C. Benchmark Plan	-40%	
6	**(6) = (4*(1+(5))**	Adjusted Allowed PMPM Class 5 (Ortho)		$ 1.63
7		**Estimated Base Period Allowed PMPM Adjusted to D.C. Benchmark**		**$ 17.12**
8		Completion Factor (Incurred 12, Paid 14)		0.980
9	**(9) = (7)/(8)**	**Ultimate Base Period Allowed PMPM Adjusted to D.C. Benchmark**		**$ 17.46**
10		Assumed Annual Trend	0.0%	
11		Assumed Trend Factor for 30 months	1.000	
12	**(12) = (9)*(11)**	Projected Allowed Pediatric PMPM		$ 17.46
13		Adjustment to Dental PPO Fee Schedule	0.872	
14	**(14) = (12)*(13)**	Projected Allowed Pediatric PMPM Based On PPO Fee Schedule		$ 15.22
15		Adjustment for Planned 1/1/2014 Fee Schedule Increase	1.02	
16	**(16) = (14)*(15)**	Projected Allowed Pediatric PMPM Adjusted for Fee Schedule Changes		$ 15.53
17		% of D.C. Small Group & Individual, Non-Medigap Market Age 19 and Under	23.0%	
18	**(18) = (16)*(17)**	Projected Allowed Pediatric Dental PMPM Spread Over Single Risk Pool		**$ 3.56**
19		Base Period Other Medical PMPM		$ 17.13
20		**Projection Factor Entered To Adjust Other Medical Category**		**1.21**
21		**Impact on Total Medical and Rx Base Period PMPM**		**1.01**

Notes:

Row 1 Allowed PMPM for experience period of 07/2011 - 06/2012, pd through 08/2012 for Classes 1- 4
Row 2 Adjustment factor to account for coverage differences between current plans and D.C. Benchmark plan for Classes 1 - 4
Row 4 Allowed PMPM for experience period of 07/2011 - 06/2012, pd through 08/2012 for Class 5 (Ortho)
Row 5 Adjustment factor to account for coverage differences between current plans and D.C. Benchmark plan for Class 5 (Ortho), as provided by
Row 10 Assumed pricing trend is 0% for this derivation. The dental rate will be trended once embedded in the medical rate.
Row 11 Projected through 12/31/2014.
Row 13 Adjustment to PPO plan basis from blended product basis implicit in base experience data
Row 20 Benefit factor applied to Base Period Allowed PMPM.

	Begin	End	Mid-point		Months of Trend
Experience period	7/1/2011	6/30/2012	12/30/2011		
Rating Period	1/1/2014	12/31/2014	7/2/2014		30.0

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
Vision Embedded in Medical Plan
Projection Period: 1/1/2014 - 3/31/2015

Derivation of Embedded Pediatric Vision Rate

Small Group Embedded PMPM (Davis Vision Capitation)	$ 1.25
% of D.C. Small Group Market Age 19 and Under	22.9%
Pediatric Vision PMPM Spread Small Group Market	$ 0.29
Individual, non-Medigap Embedded PMPM (Davis Vision Capitation)	$ 1.77
% of D.C. Individual, non-Medigap Market Age 19 and Under	23.5%
Pediatric Vision PMPM Spread Over Individual Market	$ 0.42
Blended EHB Pediatric Vision PMPM Spread Over Entire Single Risk Pool	**$ 0.30**

Derivation of Embedded Adult Vision Rate (Non-EHB, Individual Market Only)

Individual, non-Medigap Embedded PMPM (Davis Vision Capitation)	$ 1.16
% of D.C. Individual, non-Medigap Market Over Age 19	76.5%
Embedded Adult Vision PMPM Spread Over Individual Market	$ 0.89
Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool	**$ 0.08**

Derivation of Projection Factor

Total Embedded Vision PMPM	**$ 0.38**
Experience Period Core Vision Capitation PMPM	$ 0.40
$ Change from Experience to Projection Period PMPM	**$ (0.11)**
Total Experience Period Capitation PMPM	$ 1.09
Projection Factor to Adjust Capitation Category	**0.90**

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
Impact of new Essential Health Beneftis in Individual, Non-Medigap Market

Maternity

Currently, only room & board for maternity is covered as part of the core benefit for Individual, Non-Medigap business. A rider must be purchased for full maternity coverage. As a result, current Individual GHMSI maternity utilization is low. This is projected to increase to the D.C. Small Group level, which is guaranteed-issue and provides full maternity coverage.

Individual Util/1000		8.0	Individual Cost/Case	$1,837.57
D.C. Small Group Util/1000		19.4	D.C. Small Group Cost/Case	$2,018.10
Expected Change in Util/1000		11.4	No Expected Change in Cost/Case	
Change in Individual Allowed Cost PMPM	**$**	**1.75**		
% Impact		**0.4%**		
Impact of Maternity on Individual Market PMPM			**$**	**1.75**
Impact on Individual & Small Group Market Combined PMPM			**$**	**0.15**
Adjustment Factor (Small Group & Individual)				**1.00**

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
Allowed Maternity Summary

Experience Period Incurred 10/1/11 - 9/30/12

Allowed Cost/Case

	Maternity
Ind PPO HSA	$1,920.51
Ind PPO non-CDH	$1,793.91
Ind Indemnity	$1,917.77
Ind HMO HSA	$1,779.05
Ind HMO non-CDH	$1,877.81
Ind HB Triple Option	$1,741.61
Ind HB HSA	$2,285.93
Ind HB 2.0	$997.40
DC 50- PPO HSA	$1,816.96
DC 50- PPO HRA	$1,767.33
DC 50- PPO	$2,041.45
DC 50- HMO HSA	$1,740.83
DC 50- HMO HRA	$2,149.07
DC 50- HMO	$1,712.73
DC 50- HMO OO	$2,091.14
DC 50- BC Adv	$2,118.72
DC 50- HB Non-CDH	$3,262.82
Average Individual	$1,837.57
Average Group	$2,018.10

Cases/1000

	Maternity
Ind PPO HSA	8
Ind PPO non-CDH	8
Ind Indemnity	12
Ind HMO HSA	28
Ind HMO non-CDH	33
Ind HB Triple Option	66
Ind HB HSA	37
Ind HB 2.0	9
DC 50- PPO HSA	19
DC 50- PPO HRA	40
DC 50- PPO	19
DC 50- HMO HSA	16
DC 50- HMO HRA	19
DC 50- HMO	22
DC 50- HMO OO	20
DC 50- BC Adv	32
DC 50- HB Non-CDH	7
Average Individual	8.0
Average Group	19.4

Allowed Claims PMPM

	Maternity
Ind PPO HSA	$1.32
Ind PPO non-CDH	$1.12
Ind Indemnity	$1.83
Ind HMO HSA	$4.30
Ind HMO non-CDH	$5.18
Ind HB Triple Option	$9.52
Ind HB HSA	$7.10
Ind HB 2.0	$0.77
DC 50- PPO HSA	$2.77
DC 50- PPO HRA	$5.87
DC 50- PPO	$3.23
DC 50- HMO HSA	$2.39
DC 50- HMO HRA	$3.42
DC 50- HMO	$3.18
DC 50- HMO OO	$3.40
DC 50- BC Adv	$5.77
DC 50- HB Non-CDH	$1.84

% of Total PMPM

	Maternity
Ind PPO HSA	0.7%
Ind PPO non-CDH	0.5%
Ind Indemnity	0.8%
Ind HMO HSA	2.2%
Ind HMO non-CDH	2.0%
Ind HB Triple Option	4.1%
Ind HB HSA	3.3%
Ind HB 2.0	0.5%
DC 50- PPO HSA	0.7%
DC 50- PPO HRA	1.7%
DC 50- PPO	0.8%
DC 50- HMO HSA	1.2%
DC 50- HMO HRA	1.4%
DC 50- HMO	1.2%
DC 50- HMO OO	1.0%
DC 50- BC Adv	1.8%
DC 50- HB Non-CDH	0.8%

Allowed Amounts

Ind PPO HSA	$55,191,296
Ind PPO non-CDH	$104,839,133
Ind Indemnity	$164,495,406
Ind HMO HSA	$28,750,429
Ind HMO non-CDH	$27,457,093
Ind HB Triple Option	$12,704,876
Ind HB HSA	$765,124
Ind HB 2.0	$6,641,297
DC 50- PPO HSA	$16,553,050
DC 50- PPO HRA	$4,099,787
DC 50- PPO	$186,583,096
DC 50- HMO HSA	$3,916,856
DC 50- HMO HRA	$1,345,234
DC 50- HMO	$29,608,245
DC 50- HMO OO	$31,110,034
DC 50- BC Adv	$2,221,528
DC 50- HB Non-CDH	$406,703

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined

Abortion Coverage

GHMSI	$580,493	631,945	**$0.92**

1Q14	$1.05
2Q14	$1.07
3Q14	$1.08
4Q14	$1.10

Embedded Adult Vision Coverage (Applies to Individual, Non-Medigap Market Only)

Refer to page 29 for details.

Projected PMPM Spread Over Individual Market	Blended with Small Group
$ 0.89	**$0.08**

Projected PMPM

1Q14	$0.08
2Q14	$0.08
3Q14	$0.08
4Q14	$0.08

Projection Period Non-EHB

1Q14	**$1.13**
2Q14	**$1.15**
3Q14	**$1.16**
4Q14	**$1.18**

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014

EHBs & Non-EHBs SUMMARY

	1	2	3	4	5	6
					CLAIMS PMPM	
				IND64-	**SG**	**IND64- & SG**
	EHBs and Non-EHBs			GH	GH	GH
1	Removed from Experience Period	Non-EHB: Adult Core Vision		($0.40)	($0.40)	($0.40)
2	Index Rate	Non-EHB: Abortion		($0.82)	($0.94)	($0.92)
3		EHB: Morbid Obesity	Currently Cover	n/a	n/a	n/a
4		EHB: Hospice Hospital Bereavement	Cover up to $100 Benefit Max	n/a	n/a	n/a
5		EHB: Hair Prosthesis	Cover up to $350	n/a	n/a	n/a
6		**Non-EHB Subtotal:**		**($1.22)**	**($1.34)**	**($1.32)**
7						
8	Added to Projection Period	Non-EHB: Adult Core Vision		$1.11	n/a	
9	**ON EXCHANGE**	Non-EHB: Abortion		$0.95	$1.07	
10		EHB: Pediatric Dental		$4.41	$4.30	$4.31
11		EHB: Pediatric Vision		$0.42	$0.29	$0.30
12		EHB: Transgender	Removal of Exclusion	$0.00	$0.00	$0.00
13		EHB: Hair Prosthesis	Removed $350 Benefit Max	$0.00	$0.00	$0.00
14		EHB: Hospice Hospital Bereavement	Remove $100	$0.00	$0.00	$0.00
15		EHB: Maternity		$1.93	$0.00	$0.00
16		**Non-EHB Subtotal:**		**$2.06**	**$1.07**	
17		**New EHB Subtotal:**		**$6.76**	**$4.58**	
18		**TOTAL:**		**$8.82**	**$5.65**	
19						
20	Added to Projection Period	Non-EHB: Adult Core Vision			n/a	
21	**OFF EXCHANGE**	Non-EHB: Abortion			$1.07	
22		EHB: Pediatric Dental		**No Individual Off-Exchange market**	$4.30	$4.31
23		EHB: Pediatric Vision			$0.29	$0.30
24		EHB: Transgender			$0.00	$0.00
25		EHB: Hair Prosthesis			$0.00	$0.00
26		EHB: Hospice Hospital Bereavement			$0.00	$0.00
27		EHB: Maternity			$0.00	$0.00
28		**Non-EHB Subtotal:**			**$1.07**	
29		**New EHB Subtotal:**			**$4.58**	
30		**TOTAL:**			**$5.65**	
31						
32	**NET IMPACT:**	**ON-EXCHANGE:**		**$7.60**	**$4.32**	**n/a**
33		**OFF-EXCHANGE:**		**n/a**	**$4.32**	**n/a**
34						
35	**Plan Level Gross PMPM:**			$330	$511	
36	**DICR:**			77.0%	76.9%	
37	**Plan Level Net PMPM:**			$254	$393	
38	**% of Gross:**			2.3%	0.8%	
39	**% of Net:**			3.0%	**1.1%**	
40						

41 Values used in filing are highlighted. EHBs use the combined pool of IND64- and SG, while IND64- and SG use market-specific values to add non-EHBs.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
GHMSI Trend Support - Combined

		Experience Period Actual Trend Average rolling - 12 Month Trend		Projection Period Trend Average rolling - 12 Month Trend		Difference Exp vs. Proj trend	
	Total Allowed	Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Inpatient	**$ 37,967,903**	2.2%	-4.0%	3.5%	-3.0%	1.3%	1.0%
Outpatient	**$ 44,073,844**	5.5%	3.0%	6.0%	4.0%	0.5%	1.0%
Professional	**$ 75,916,377**	1.4%	1.6%	2.5%	2.0%	1.1%	0.4%
Other	**$ 10,295,016**	-5.6%	13.5%	-4.0%	14.5%	1.6%	1.0%
Rx	**$ 56,466,039**	4.2%	-2.5%	5.0%	-1.5%	0.8%	1.0%
Total	**$ 224,719,178**	**2.7%**	**0.4%**	**3.7%**	**1.2%**	**1.0%**	**0.8%**
Total Trend (Cost & Utilization combined)			**3.2%**		**5.0%**		**1.8%**

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
2014 Enrollment Projections by Product (BlueChoice, GHMSI & CFMI)

Total Members	GF Members	PPACA Members
17,500	4,000	13,500
On Ex change	100%	13,500

*Stonegate study used to project % purchasing by metal level

Metal Level	% purchased	Members Purchased
Catastrophic	5%	675
Bronze	35%	4,725
Silver	40%	5,400
Gold	15%	2,025
Platinum	5%	675

% by FPL Estimate		
100-150%	17.9%	33% total will be eligible for cost-share subsidy
150-200%	20.1%	Assume 13% will opt to use their premium subsidy on bronze to get a $0 premium product
200-250%	18.0%	Assume other 20% will buy silver, so overall 40% silver will be 50/50 subsidized unsubsidized.
250%+	44.0%	

			Member Months				Distribution of Non-GF Membership								
			January	February	March	April	May	June	July	August	September	October	November	December	
			30%	15%	15%	20%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	
Catastrophic	**675**	**675**	2,430	1,114	1,013	1,215	135	118	101	84	68	51	34	17	**6,379**
Bronze Plans	**4,725**														
BluePreferred HSA $3,500	25%	**1,181**	4253	1949	1772	2126	236	207	177	148	118	89	59	30	**11,163**
BlueChoice HSA Bronze $4,000	35%	**1,654**	5954	2729	2481	2977	331	289	248	207	165	124	83	41	**15,628**
BlueChoice Plus Bronze $5,500	20%	**945**	3402	1559	1418	1701	189	165	142	118	95	71	47	24	**8,930**
BlueChoice HSA Bronze $6,000	20%	**945**	3402	1559	1418	1701	189	165	142	118	95	71	47	24	**8,930**
Silver Plans	**5,400**														
BlueChoice HSA Silver $1,300	20.0%	**1,080**	3888	1782	1620	1944	216	189	162	135	108	81	54	27	**10,206**
CSR 200-250%	6.4%	**345**	1242	569	518	621	69	60	52	43	35	26	17	9	**3,261**
CSR 150-200%	7.2%	**387**	1394	639	581	697	77	68	58	48	39	29	19	10	**3,659**
CSR 100-150%	6.4%	**348**	1252	574	522	626	70	61	52	43	35	26	17	9	**3,286**
BluePreferred HSA $1,500	8.8%	**473**	1701	780	709	851	95	83	71	59	47	35	24	12	**4,465**
CSR 200-250%	2.8%	**151**	543	249	226	272	30	26	23	19	15	11	8	4	**1,427**
CSR 150-200%	3.1%	**169**	610	280	254	305	34	30	25	21	17	13	8	4	**1,601**
CSR 100-150%	2.8%	**152**	548	251	228	274	30	27	23	19	15	11	8	4	**1,438**
BlueChoice Silver $2,000	12.5%	**675**	2430	1114	1013	1215	135	118	101	84	68	51	34	17	**6,379**
CSR 200-250%	4.0%	**216**	776	356	324	388	43	38	32	27	22	16	11	5	**2,038**
CSR 150-200%	4.5%	**242**	871	399	363	436	48	42	36	30	24	18	12	6	**2,287**
CSR 100-150%	4.0%	**217**	782	359	326	391	43	38	33	27	22	16	11	5	**2,054**
BlueChoice Plus Silver $2,500	8.8%	**473**	1701	780	709	851	95	83	71	59	47	35	24	12	**4,465**
CSR 200-250%	2.8%	**151**	543	249	226	272	30	26	23	19	15	11	8	4	**1,427**
CSR 150-200%	3.1%	**169**	610	280	254	305	34	30	25	21	17	13	8	4	**1,601**
CSR 100-150%	2.8%	**152**	548	251	228	274	30	27	23	19	15	11	8	4	**1,438**
Gold Plans	**2,025**														
BlueChoice Gold $0	40%	**810**	2916	1337	1215	1458	162	142	122	101	81	61	41	20	**7,655**
BluePreferred $500	20%	**405**	1458	668	608	729	81	71	61	51	41	30	20	10	**3,827**
BlueChoice Gold $1,000	10%	**203**	729	334	304	365	41	35	30	25	20	15	10	5	**1,914**
HealthyBlue Gold $1,500	30%	**608**	2187	1002	911	1094	122	106	91	76	61	46	30	15	**5,741**
Platinum Plans	**675**														
HealthyBlue Platinum $0	70%	**473**	1701	780	709	851	95	83	71	59	47	35	24	12	**4,465**
BluePreferred $500	30%	**203**	729	334	304	365	41	35	30	25	20	15	10	5	**1,914**
BluePreferred Subtotal	20.3%	**2,734**	**9,842**	**4,511**	**4,101**	**4,921**	**547**	**478**	**410**	**342**	**273**	**205**	**137**	**68**	**25,834** Member Months
BlueChoice Subtotal	79.8%	**10,766**	**38,759**	**17,764**	**16,149**	**19,379**	**2,153**	**1,884**	**1,615**	**1,346**	**1,077**	**807**	**538**	**269**	**101,741** Member Months
Grand Total		**13,500**	**48,600**	**22,275**	**20,250**	**24,300**	**2,700**	**2,363**	**2,025**	**1,688**	**1,350**	**1,013**	**675**	**338**	**127,575** Member Months

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
Reinsurance Estimate

BC Benefit Factor Modeling

	Base 2012 MSGR CPD		Projected 2014 Total CPD			
				(BC/GHMSI comb)		
	PMPM	$ 223.71	**Proj PMPM**	$ 246.14	From DICR tabs	
		$ 223.71	**Calc PMPM**	$ 337.66	Computed from assume reins	
	100.00%	**$ 2,684.55**	**100.00%**	**$ 4,051.92**	distribution	
	Frequency	**Total Paid**	**Frequency**	**Total Paid**	**Reinsured**	
No Claims	17.97%	$ -	5.07%	$ -	$ -	
$ 0 - $ 49	15.17%	$ 6.77	17.21%	$ 6.94	$ -	
$ 50 - $ 99	4.47%	$ 79.44	5.03%	$ 81.43	$ -	
$ 100 - $ 149	5.07%	$ 125.53	5.70%	$ 128.67	$ -	
$ 150 - $ 199	3.73%	$ 175.05	4.20%	$ 179.43	$ -	
$ 200 - $ 249	3.21%	$ 226.48	3.60%	$ 232.15	$ -	
$ 250 - $ 299	2.69%	$ 276.36	3.02%	$ 283.27	$ -	
$ 300 - $ 349	2.36%	$ 326.89	2.66%	$ 335.06	$ -	
$ 350 - $ 399	2.00%	$ 377.28	2.24%	$ 386.71	$ -	
$ 400 - $ 449	1.81%	$ 427.76	2.03%	$ 438.46	$ -	
$ 450 - $ 499	1.58%	$ 477.14	1.78%	$ 489.07	$ -	
$ 500 - $ 549	1.38%	$ 527.42	1.55%	$ 540.61	$ -	
$ 550 - $ 599	1.27%	$ 578.19	1.50%	$ 592.65	$ -	
$ 600 - $ 649	1.12%	$ 629.83	1.26%	$ 645.57	$ -	
$ 650 - $ 699	1.08%	$ 677.57	1.21%	$ 694.51	$ -	
$ 700 - $ 749	0.97%	$ 728.39	1.15%	$ 746.60	$ -	
$ 750 - $ 799	0.91%	$ 778.70	1.07%	$ 798.17	$ -	
$ 800 - $ 849	0.86%	$ 829.02	0.97%	$ 849.74	$ -	
$ 850 - $ 899	0.81%	$ 879.82	0.96%	$ 901.82	$ -	
$ 900 - $ 949	0.77%	$ 928.89	0.91%	$ 952.11	$ -	
$ 950 - $ 999	0.72%	$ 978.18	0.85%	$ 1,002.64	$ -	
$ 1,000 - $ 1,099	1.32%	$ 1,054.56	1.57%	$ 1,080.92	$ -	
$ 55,000 - $ 59,999	0.08%	$ 57,814.89	0.19%	$ 59,260.27	$ -	
$ 60,000 - $ 64,999	0.07%	$ 62,486.32	0.17%	$ 64,048.48	$ 3,238.78	
$ 65,000 - $ 69,999	0.06%	$ 67,556.41	0.13%	$ 69,245.32	$ 7,396.26	
$ 70,000 - $ 74,999	0.05%	$ 72,746.55	0.12%	$ 74,565.21	$ 11,652.17	
$ 75,000 - $ 79,999	0.04%	$ 77,628.96	0.10%	$ 79,569.68	$ 15,655.74	
$ 80,000 - $ 84,999	0.03%	$ 82,628.73	0.08%	$ 84,694.45	$ 19,755.56	
$ 85,000 - $ 89,999	0.03%	$ 87,497.19	0.07%	$ 89,684.62	$ 23,747.70	
$ 90,000 - $ 94,999	0.03%	$ 93,227.47	0.06%	$ 95,558.16	$ 28,446.53	
$ 95,000 - $ 99,999	0.03%	$ 97,435.30	0.06%	$ 99,871.18	$ 31,896.94	
$100,000 - $104,999	0.02%	$ 103,156.81	0.04%	$ 105,735.73	$ 36,588.59	
$105,000 - $109,999	0.02%	$ 107,512.26	0.04%	$ 110,200.06	$ 40,160.05	
$110,000 - $114,999	0.01%	$ 113,093.45	0.03%	$ 115,920.79	$ 44,736.63	
$115,000 - $119,999	0.02%	$ 118,373.52	0.03%	$ 121,332.85	$ 49,066.28	
$120,000 - $124,999	0.01%	$ 122,408.99	0.03%	$ 125,469.22	$ 52,375.37	
$125,000 - $129,999	0.01%	$ 128,127.60	0.02%	$ 131,330.79	$ 57,064.63	
$130,000 - $134,999	0.01%	$ 133,231.45	0.02%	$ 136,562.24	$ 61,249.79	
$135,000 - $139,999	0.01%	$ 138,025.06	0.03%	$ 141,475.69	$ 65,180.55	
$140,000 - $144,999	0.01%	$ 142,872.59	0.01%	$ 146,444.40	$ 69,155.52	
$145,000 - $149,999	0.01%	$ 147,991.74	0.02%	$ 151,691.54	$ 73,353.23	
$150,000 - $154,999	0.01%	$ 153,027.77	0.01%	$ 156,853.47	$ 77,482.77	
$155,000 - $159,999	0.01%	$ 158,459.81	0.01%	$ 162,421.30	$ 81,937.04	
$160,000 - $164,999	0.00%	$ 163,367.34	0.01%	$ 167,451.53	$ 85,961.22	
$165,000 - $169,999	0.00%	$ 169,031.55	0.01%	$ 173,257.34	$ 90,605.87	
$170,000 - $174,999	0.00%	$ 172,447.88	0.01%	$ 176,759.07	$ 93,407.26	
$175,000 - $179,999	0.00%	$ 177,759.97	0.01%	$ 182,203.97	$ 97,763.17	
$180,000 - $184,999	0.00%	$ 182,399.60	0.01%	$ 186,959.59	$ 101,567.67	
$185,000 - $189,999	0.00%	$ 188,654.39	0.01%	$ 193,370.74	$ 106,696.60	
$190,000 - $194,999	0.00%	$ 193,183.48	0.00%	$ 198,013.07	$ 110,410.45	
$195,000 - $199,999	0.00%	$ 197,734.44	0.01%	$ 202,677.80	$ 114,142.24	
$200,000 - $204,999	0.00%	$ 203,027.11	0.01%	$ 208,102.79	$ 118,482.23	
$205,000 - $209,999	0.00%	$ 207,986.71	0.01%	$ 213,186.38	$ 122,549.10	
$210,000 - $214,999	0.00%	$ 213,175.78	0.00%	$ 218,505.17	$ 126,804.14	
$215,000 - $219,999	0.00%	$ 217,331.11	0.00%	$ 222,764.39	$ 130,211.51	
$220,000 - $224,999	0.00%	$ 222,765.52	0.00%	$ 228,334.66	$ 134,667.72	
$225,000 - $229,999	0.00%	$ 227,387.77	0.00%	$ 233,072.47	$ 138,457.97	
$230,000 - $234,999	0.00%	$ 232,408.18	0.00%	$ 238,218.38	$ 142,574.71	
$235,000 - $239,999	0.00%	$ 240,183.82	0.00%	$ 246,188.42	$ 148,950.73	
$240,000 - $244,999	0.00%	$ 242,616.54	0.00%	$ 248,681.95	$ 150,945.56	
$245,000 - $249,999	0.00%	$ 248,693.61	0.00%	$ 254,910.95	$ 152,000.00	
$250,000 - $254,999	0.00%	$ 254,738.54	0.00%	$ 261,107.00	$ 152,000.00	
$255,000 - $259,999	0.00%	$ 257,488.77	0.00%	$ 263,925.99	$ 152,000.00	
$260,000 - $264,999	0.00%	$ 263,340.78	0.00%	$ 269,924.30	$ 152,000.00	
$265,000 - $269,999	0.00%	$ 266,855.48	0.00%	$ 273,526.87	$ 152,000.00	
$270,000 - $274,999	0.00%	$ 271,973.38	0.00%	$ 278,772.71	$ 152,000.00	
$275,000 - $279,999	0.00%	$ 279,041.06	0.01%	$ 286,017.08	$ 152,000.00	
$280,000 - $284,999	0.00%	$ 282,885.22	0.00%	$ 289,957.35	$ 152,000.00	
$285,000 - $289,999	0.00%	$ 287,974.63	0.00%	$ 295,174.00	$ 152,000.00	
$290,000 - $294,999	0.00%	$ 291,075.78	0.00%	$ 298,352.67	$ 152,000.00	
$295,000 - $299,999	0.00%	$ 295,840.31	0.00%	$ 303,236.31	$ 152,000.00	
$300,000 - $9,999,999	0.02%	$ 480,891.63	0.04%	$ 492,913.92	$ 152,000.00	
						% Claims (DICR)
				Reinsurance Recoveries	**$ 40.81**	16.6%
				Less Reinsurance fee	($5.25)	
				Net Reinsurance for Plan Derivation Tab	$ 35.56	14.4%

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 53007)
DC Individual Exchange Products
Rates Effective 1/1/2014
Single Risk Pool Desired Incurred Claims Ratio (DICR) and Average Pool Renewal

	Total		
Projected Allowed Claims PMPM (EHB and NonEHB)	**$**	**450.59**	
Projected Paid / Allowed Ratio		**65.9%**	
		PMPM	**%**
Projected Paid Claims (+ Capitations)	**$**	**297.10**	77.0%
Admin Costs	**$**	**60.00**	15.6%
Patient Outcome Tax	$	0.19	0.1%
Reinsurance			
Risk Adjustment User Fees	$	0.08	0.0%
Broker Commissions & Fees		$11.62	3.0%
Contrib to Reserve	$	-	0.0%
Invst Income Credit	$	(0.00)	0.0%
Premium Taxes/Community Health Investment	$	7.71	2.00%
Assessment Fees	$	0.17	0.0%
Federal Income Tax	$	-	0.0%
State Income Tax	$	-	0.0%
Risk Charge	$	-	0.0%
Exchange Fee	$	-	0.0%
General Insurer Tax	$	8.87	2.3%
CDH Expenses		**$0.00**	0.0%
Total	**$**	**385.75**	**100.0%**

i = incurred Claims	**$**	**297.10**
q = quality improvemen (net after MLR reclass from care)	**$**	**(0.24)**
p = earned premiums	$	330.00
t = state and federal taxes	$	14.46
f = licensing and regulatory fee including reinsurance	$	5.39
n = risk corridor/risk adjustment payments	$	-
r = risk corridor/risk adjustment receipts	$	-
s - Reinsurance receipts	$	40.81
c = credibility adjustment		0%
Numerator	$	256.05
Denominator (same as p - t - f)	$	310.14
Adjusted MLR		**82.56%**

Care	$	30,044,206	(Everything showing up in our incurred claims)
Care + Net QI	$	30,019,478	
		-0.1%	% Adjustment to our claims

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
Estimate of non-EHB in Experience and Projection Periods

Abortion:

Just like maternity, expect cost between HMOs and PPOs to equalize one all plans cover the service. So, focus on

Total - Abortion Related	Allowed Amount	2012 Member Months	Exp Period PMPM	Projected Allowed	Projected 2014 Member Months (Off-Exchange)	Projected PMPM
GHMSI	$80,854.83	99,037	**$0.82**	$92,091		
BlueChoice	$20,915.60	26,717	**$0.78**	$29,463		
				$121,554	127,575	**$0.95**

Core Vision

Davis Vision capitation has been raised because $10 copay has been dropped from exam

	% Membership	Experience Period Capitation		Future Capitation PMPM
		$0.40		$1.26
% pediatric members	12%	$0.05	EHB portion of capitation	$0.15
% non-pediatric	88%	**$0.35**	non-EHB portion of capitation	**$1.11**

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
GHMSI Plan Level Rate Derivation - On Exchange

Plan	BluePreferred HSA $3,500	BluePreferred HSA $1,500	BluePreferred $500	BluePreferred $0	**Overall**
HIOS ID	**78079DC020**	**78079DC018**	**78079DC016**	**78079DC021**	
Metal Level	Bronze	Silver	Gold	Platinum	
Metallic AV	61.2%	68.4%	78.3%	88.2%	**68.2%**
Index Rate (Average Allowed EHB)	$ 448.53	$ 448.53	$ 448.53	$ 448.532	**$ 448.53**
Benefit Generosity Factor	0.95	1.02	1.03	1.10	**1.00**
Network	1.00	1.00	1.00	1.00	**1.00**
HSA/Non-HSA Factor	0.96	1.01	1.06	1.06	**1.00**
Allowed EHB for benefit	$ 410.47	$ 463.18	$ 488.13	$ 522.57	**$ 448.50**
Allowed non-EHB	$ 1.89	$ 2.13	$ 2.24	$ 2.40	
Total Allowed	**$ 412.36**	**$ 465.31**	**$ 490.37**	**$ 524.97**	**$ 450.56**
% EHB	99.5%	99.5%	99.5%	99.5%	
Cost-Share Factor	0.58	0.65	0.77	0.89	**0.659**
Total Paid (Net Premium)	$ 237.29	$ 301.46	$ 375.71	$ 468.17	**$ 297.08**
Reinsurance Factor	0.856	0.856	0.856	0.856	
Risk Adjustment Factor	1.00	1.00	1.00	1.00	
Paid after 2Rs	$ 203.01	$ 257.91	$ 321.43	$ 400.54	**$ 254.16**
DLR	77.0%	77.0%	77.0%	77.0%	
MLR	82.6%	82.6%	82.6%	82.6%	
Gross Premium PMPM	**$ 263.58**	**$ 334.86**	**$ 417.33**	**$ 520.05**	**$ 330.00**
Pricing AV (relative to Platinum)	50.7%	64.4%	80.2%	100.0%	
Projected Member Months	11,163	8,931	3,827	1,914	**25,835**
Age normalization	0.902	0.902	0.902	0.902	
Geo Normalization	1.000	1.000	1.000	1.000	
Smoking Normalization	1.000	1.000	1.000	1.000	
Base Premium	**$ 237.77**	**$ 302.08**	**$ 376.47**	**$ 469.14**	**$ 297.69**

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
GHMSI Pricing AV

Projected EMMs (PPO)	Metal	AV w/ Federal model (Different allowed per metal)	AV from internal Model (Fixed allowed per metal)	AV from internal Model All Silver at Base	Benefit Generosity (Adj. allowed per fed Model)	Benefit Generosity Scaled	HSA vs Non-HSA (Adj for HSA behavior	HSA vs Non-HSA Scaled
11,163	Bronze	61.8%	53.3%	53.3%	0.92	0.95	0.96	0.96
4,465	Silver Base	68.1%	61.5%	61.5%	0.94	0.97	0.96	0.96
1,427	**Silver 200**	68.1%	67.8%	61.5%	0.97	1.00	1.06	1.06
1,601	**Silver 150**	73.7%	83.0%	61.5%	1.05	1.09	1.06	1.06
1,438	**Silver 100**	87.3%	91.9%	61.5%	1.10	1.14	1.06	1.06
3,827	Gold	79.1%	74.1%	74.1%	0.99	1.03	1.06	1.06
1,914	Platinum	89.1%	89.2%	89.2%	1.06	1.10	1.06	1.06
25,835		70%	65%	62%	**0.97**	**1.00**	**1.00**	**1.00**
	Silver Average		**71.2%**			1.02		1.01
	Fed Ave subsidy on Silver		9.8%					

Internal AV model was developed using 2012 small group claims data. This was done because the projected increase in morbidity means the claims distribution is more similar to the projected guaranteed issue pool (in terms of ultimate risk profile) than our current Individual Underwritten distribution. Using the higher small group claims continuance table more accurately estimated future Avs.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
Utilization Impact

Source: MSGR Data

	PPO HSA			PPO HRA			
	Cases/1000	Claims PMPM	Claims PMPM as % of Total	Cases/1000	Claims PMPM	Claims PMPM as % of Total	Utilization Difference (HSA/HRA -1)
Emergency Room - Facility & Professional	349	$10.26	3.0%	408	$11.69	2.8%	-14.5%
Skilled Nursing Facility - I/P - Facility & Professional	2	$0.18	0.1%	4	$0.17	0.0%	-50.0%
Inpatient Facility	58	$59.91	17.5%	67	$83.05	19.9%	-13.4%
Inpatient Professional	355	$11.79	3.4%	479	$15.64	3.7%	-25.9%
Ambulatory Surgical Center - Facility & Professional	232	$11.16	3.3%	256	$11.88	2.8%	-9.4%
Outpatient Facility	587	$50.86	14.8%	669	$57.06	13.7%	-12.3%
Outpatient Professional	9,171	$104.03	30.3%	9,658	$114.80	27.5%	-5.0%
RX	9,899	$95.00	27.7%	11,023	$122.79	29.4%	-10.2%
Total	20,653	$343.19	100.0%	22,564	$417.08	100.0%	-8.5%

To estimate the impact a presense of an HSA account has on utilization, we used small group data (future projected state of Individual market in terms of ultimate risk profile) because it has very large credible blocks of both HSAs and HRAs, which have similar benefits but differ in whether the member can contribute their own money to the account. The above shows that owning the bank account leads to lower overall utilization.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
2014 Age Factor Normalization

Row Labels	Count of Sub Age
0-20	**171**
21-25	**344**
26-63	**9549**
26	360
27	434
28	464
29	431
30	410
31	374
32	329
33	325
34	315
35	293
36	239
37	236
38	239
39	242
40	219
41	214
42	237
43	249
44	218
45	204
46	219
47	211
48	221
49	202
50	200
51	195
52	203
53	195
54	192
55	180
56	182
57	158
58	196
59	198
60	189
61	193
62	196
63	187
>63	**340**
Grand Total	**10404**

Row Labels	Count of Spouse Age
21-25	**15**
26-63	**887**
26	11
27	7
28	15
29	19
30	16
31	24
32	25
33	40
34	23
35	31
36	29
37	34
38	22
39	33
40	32
41	31
42	37
43	39
44	37
45	35
46	31
47	34
48	22
49	22
50	29
51	19
52	21
53	17
54	14
55	13
56	15
57	15
58	21
59	16
60	21
61	12
62	17
63	8
>63	**19**
Grand Total	**921**

Age	TotalSum	Total*age_factor	Age Rate
<21	1,898	1379.846	$ 294.16
21-25	526	382.402	$ 294.16
26	371	269.717	$ 294.16
27	441	320.607	$ 294.16
28	479	348.233	$ 294.16
29	450	327.15	$ 294.16
30	426	309.702	$ 294.16
31	398	289.346	$ 294.16
32	354	257.358	$ 294.16
33	365	272.29	$ 301.85
34	338	261.95	$ 313.58
35	324	260.82	$ 325.72
36	268	224.048	$ 338.26
37	270	234.63	$ 351.61
38	261	235.683	$ 365.37
39	275	257.95	$ 379.53
40	251	244.725	$ 394.50
41	245	248.185	$ 409.88
42	274	288.522	$ 426.06
43	288	315.072	$ 442.65
44	255	289.935	$ 460.05
45	239	282.259	$ 477.85
46	250	306.75	$ 496.47
47	245	312.375	$ 515.89
48	243	321.975	$ 536.12
49	224	308.448	$ 557.16
50	229	327.699	$ 579.01
51	214	318.218	$ 601.67
52	224	346.08	$ 625.14
53	212	340.26	$ 649.41
54	206	343.608	$ 674.90
55	193	334.469	$ 701.20
56	197	354.797	$ 728.72
57	173	323.683	$ 757.04
58	217	421.848	$ 786.58
59	214	432.28	$ 817.33
60	210	440.79	$ 849.29
61	205	447.105	$ 882.47
62	213	464.553	$ 882.47
63	195	425.295	$ 882.47
>63	359	782.979	$ 882.47
Average Factor		**1.1085**	**$ 448.53**
Normalize Factor		**0.902**	

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
2014 DC Age Rating Factors

Age Band	Age Factor	% Δ Age Factor
0-5	0.727	
6-18	0.727	0.0%
19	0.727	0.0%
20	0.727	0.0%
21	0.727	0.0%
22	0.727	0.0%
23	0.727	0.0%
24	0.727	0.0%
25	0.727	0.0%
26	0.727	0.0%
27	0.727	0.0%
28	0.727	0.0%
29	0.727	0.0%
30	0.727	0.0%
31	0.727	0.0%
32	0.727	0.0%
33	0.746	2.6%
34	0.775	3.9%
35	0.805	3.9%
36	0.836	3.9%
37	0.869	3.9%
38	0.903	3.9%
39	0.938	3.9%
40	0.975	3.9%
41	1.013	3.9%
42	1.053	3.9%
43	1.094	3.9%
44	1.137	3.9%
45	1.181	3.9%
46	1.227	3.9%
47	1.275	3.9%
48	1.325	3.9%
49	1.377	3.9%
50	1.431	3.9%
51	1.487	3.9%
52	1.545	3.9%
53	1.605	3.9%
54	1.668	3.9%
55	1.733	3.9%
56	1.801	3.9%
57	1.871	3.9%
58	1.944	3.9%
59	2.020	3.9%
60	2.099	3.9%
61	2.181	3.9%
62	2.181	0.0%
63	2.181	0.0%
64	2.181	0.0%
64+	2.181	0.0%

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014

Rating Methodology

Rates in 2014 will be developed using a member-level build-up.

For each member in a family, that member's age and geographic factors will be multiplied together to get the composite member factor.

Once each member's composite factor is computed, they are added together to get the total factor for the policy. Each family member is included in the calculation, except for families that have four or more children 20 years of younger. For these families, only the three oldest children under 21 years of age are included. All children 21 years or older are included for all families.

Note that the factors are not rounded when they are multiplied. The multiplication of a 3-digit age factor and a 3-digit geo factor result in a composite factor with 9 digits after the decimal.

After the policy's total factor is computed by summing the family members, this total factor is multiplied by the base rate. The final result is then rounded to the nearest dollar.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
BP HSA $3500

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	Y
Apply Inpatient Copay per Day?	N
Apply Skilled Nursing Facility Copay per Day?	N
Use Separate OOP Maximum for Medical and Drug Spending?	N
Indicate if Plan Meets CSR Standard?	N
Desired Metal Tier	Bronze

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	N	Blended Network/POS Plan?	N
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$3,500.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$6,350.00			
OOP Maximum if Separate ($)						

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Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical								
Emergency Room Services	Y	Y						
All Inpatient Hospital Services (inc. MHSA)	Y	Y						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Y	N		$30.00				
Specialist Visit	Y	N		$40.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	Y	N		$30.00				
Imaging (CT/PET Scans, MRIs)	Y	Y						
Rehabilitative Speech Therapy	Y	N		$40.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	N		$40.00				
Preventive Care/Screening/Immunization			100%	$0.00			100%	$0.00
Laboratory Outpatient and Professional Services	Y	Y						
X-rays and Diagnostic Imaging	Y	Y						
Skilled Nursing Facility	Y	Y						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	Y						
Outpatient Surgery Physician/Surgical Services	Y	Y						
Drugs								
Generics	Y	Y	80%					
Preferred Brand Drugs	Y	Y	70%					
Non-Preferred Brand Drugs	Y	Y	50%					
Specialty Drugs (i.e. high-cost)	Y	Y	50%					

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	N
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	N
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	N
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N
# Copays (1-10):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	61.2%
Metal Tier:	Bronze

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
BP HSA $1500

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	Y
Apply Inpatient Copay per Day?	N
Apply Skilled Nursing Facility Copay per Day?	N
Use Separate OOP Maximum for Medical and Drug Spending?	N
Indicate if Plan Meets CSR Standard?	N
Desired Metal Tier	Silver

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	N	Blended Network/POS Plan?	N
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$1,500.00			
Coinsurance (%, Insurer's Cost Share)			70.00%			
OOP Maximum ($)			$5,500.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1				Tier 2			
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate
Medical								
Emergency Room Services	Y	Y						
All Inpatient Hospital Services (inc. MHSA)	Y	Y						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Y	N		$30.00				
Specialist Visit	Y	N		$40.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	Y	N		$30.00				
Imaging (CT/PET Scans, MRIs)	Y	Y						
Rehabilitative Speech Therapy	Y	N		$40.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	N		$40.00				
Preventive Care/Screening/Immunization			100%	$0.00			100%	$0.00
Laboratory Outpatient and Professional Services	Y	Y						
X-rays and Diagnostic Imaging	Y	Y						
Skilled Nursing Facility	Y	Y						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	Y						
Outpatient Surgery Physician/Surgical Services	Y	Y						
Drugs								
Generics	Y	Y	80%					
Preferred Brand Drugs	Y	Y	70%					
Non-Preferred Brand Drugs	Y	Y	50%					
Specialty Drugs (i.e. high-cost)	Y	Y	50%					

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	N
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	N
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	N
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	N
# Copays (1-10):	

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	68.4%
Metal Tier:	Silver

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
BP $500

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	Y
Apply Inpatient Copay per Day?	N
Apply Skilled Nursing Facility Copay per Day?	N
Use Separate OOP Maximum for Medical and Drug Spending?	N
Indicate if Plan Meets CSR Standard?	N
Desired Metal Tier	Gold

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	N	Blended Network/POS Plan?	N
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$500.00			
Coinsurance (%, Insurer's Cost Share)			80.00%			
OOP Maximum ($)			$3,750.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical								
Emergency Room Services	Y	Y						
All Inpatient Hospital Services (inc. MHSA)	Y	Y						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Y	N		$30.00				
Specialist Visit	Y	N		$40.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	Y	N		$30.00				
Imaging (CT/PET Scans, MRIs)	Y	Y						
Rehabilitative Speech Therapy	Y	N		$40.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	N		$40.00				
Preventive Care/Screening/Immunization			100%	$0.00				
Laboratory Outpatient and Professional Services	Y	Y						
X-rays and Diagnostic Imaging	Y	Y						
Skilled Nursing Facility	Y	Y						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	Y						
Outpatient Surgery Physician/Surgical Services	Y	Y						
Drugs								
Generics	Y	Y	80%					
Preferred Brand Drugs	Y	Y	70%					
Non-Preferred Brand Drugs	Y	Y	50%					
Specialty Drugs (i.e. high-cost)	Y	Y	50%					

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	N
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	N
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	N
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	N

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	78.3%
Metal Tier:	Gold

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

Group Hospitalization & Medical Services, Inc. (GHMSI)
DC Individual Exchange Products Rates Effective 1/1/2014
BP Plus $0

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?	Y
Apply Inpatient Copay per Day?	N
Apply Skilled Nursing Facility Copay per Day?	N
Use Separate OOP Maximum for Medical and Drug Spending?	N
Indicate if Plan Meets CSR Standard?	N
Desired Metal Tier	Platinum

HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	N	Blended Network/POS Plan?	N
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible ($)			$0.00			
Coinsurance (%, Insurer's Cost Share)			90.00%			
OOP Maximum ($)			$1,800.00			
OOP Maximum if Separate ($)						

Click Here for Important Instructions

Type of Benefit	Tier 1 Subject to Deductible?	Tier 1 Subject to Coinsurance?	Tier 1 Coinsurance, if different	Tier 1 Copay, if separate	Tier 2 Subject to Deductible?	Tier 2 Subject to Coinsurance?	Tier 2 Coinsurance, if different	Tier 2 Copay, if separate
Medical								
Emergency Room Services	Y	Y						
All Inpatient Hospital Services (inc. MHSA)	Y	Y						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Y	N		$20.00				
Specialist Visit	Y	N		$30.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	Y	N		$20.00				
Imaging (CT/PET Scans, MRIs)	Y	Y						
Rehabilitative Speech Therapy	Y	N		$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	N		$30.00				
Preventive Care/Screening/Immunization			100%	$0.00				
Laboratory Outpatient and Professional Services	Y	Y						
X-rays and Diagnostic Imaging	Y	Y						
Skilled Nursing Facility	Y	Y						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	Y						
Outpatient Surgery Physician/Surgical Services	Y	Y						
Drugs								
Generics	Y	Y	80%					
Preferred Brand Drugs	Y	Y	70%					
Non-Preferred Brand Drugs	Y	Y	50%					
Specialty Drugs (i.e. high-cost)	Y	Y	50%					

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:	N
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	N
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	N
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? # Copays (1-10):	N

Output

Status/Error Messages:	Calculation Successful.
Actuarial Value:	88.2%
Metal Tier:	Platinum

*"Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

Group Hospitalization & Medical Services, Inc. (GHMSI)
d.b.a. CAREFIRST BLUECROSS BLUESHIELD
(NAIC # 53007)
PATIENT PROTECTION AND AFFORDABLE CARE ACT (H.R. 3590) (ACA) EXCHANGE RATES
Rates Effective 1/1/2014
for the "Individual Non-Medigap" (IND64-) Market in the District of Columbia (D.C.)

ACTUARIAL MEMORANDUM (In Format of HHS Instructions)

Purpose and Scope of the Filing

This filing proposes rates for our product offerings on the Exchange in 2014. We enter this new era in American health care with both optimism and caution. Consequently, this filing endeavors to balance the goals of minimizing customer disruption, maximizing access and affordability, and maintaining long-term financial stability. For our current Individual non-Medigap market (IND64-) in the District of Columbia for all of our legal entities, we have 13,111 members as of 4/30/13 (5,335 grandfathered members, 7,776 non-grandfathered members). These customers represented $42M in total annual revenue in 2012, with the non-grandfathered portion contributing approximately $22M. With these filings, we are essentially re-pricing our non-grandfathered portfolio to reflect the impact of ACA changes such as guaranteed issue (GI), consolidation with the small group risk pool, and the new entrants that will enter the Individual market, new essential health benefits (EHBs) that must be covered, and ACA fees and taxes that must be collected to fund various governmental programs associated with reform. Achieving adequate revenue in this environment is dependent on an historically unprecedented number of variables. Tobacco rating has not been considered in the development of this rate filing.

This filing contains the initial rates for the new set of ACA-compliant products which will be sold on the Exchange in 2014. This is a filing for new products that aren't being offered today, so there are no rate increases by specific plan.

Projection Factors

Pool Merger

The merged IND64- and SG single risk pool used for deriving the experience period index rate for GHMSI and BlueChoice is made up of approximately 7,000 IND64-average members and 79,000 SG average members, for an approximate 10%/90% distribution.

Change in Benefits

The index rate has been adjusted to reflect benefit changes related to Essential Health Benefits. Pediatric Dental and Pediatric Vision have been newly added to the medical policy. Benefits for Hospice Bereavement services and Hair Prostheses have had their annual dollar maximums removed. Collectively, EHB will cost about 3.0% of claims. The benchmark plan is CF's small group PPO Option 1, with $0/$300 ded., 100/80% coinsurance and $1.0K/$2.0K OOP max plus CF's RX portfolio.

Change in Demographics

We expect the combined pool largely to resemble our Small Group book's demographics in terms of risk profile since it represents about 90% of the current enrollment.

Trend Factors

We have used the experience of our GHMSI non-GF Individual and SG blocks to develop cost and utilization trends by service category. These claims have been used “as is” without any normalization, as we do not expect any significant changes to the age/benefit mix. We have focused on rolling-12 month trend calculations to remove the effects of seasonality. We have used judgment in adjusting the actual observed historical trend to a projected pricing trend. The allowed trend assumed in this filing is 9.0% for BC and 5.0% for GHMSI, for a blended trend of 6.7%.

Risk Adjustment and Reinsurance

Given the uncertainty about the relative risk scores of CF versus competitors in the future, we are not proposing any adjustments for risk adjustment in this filing. For reinsurance, CF's contribution expenses were calculated by applying the federally mandated $5.25 PMPM expense to the projected membership of the pool. Recoveries from the reinsurance fund to CF were estimated by taking a 2012 continuance table for small group, which is expected to look closer to tomorrow's market in terms of ultimate risk profile than today's underwritten population, and then scaling this distribution to our index rate (average allowed amount) for 2014. Once the distribution was created, we applied the federal reinsurance formula to compute 80% of claims between $60,000 and $250,000 to compute the total dollars expected to be reinsured. This yielded reinsurance reimbursements to CF representing ~10% of projected claims. However, CMS Benefit Notice Final Rule CMS-9964-F, page 16, estimated reinsurance to '...result in premium decreases in the individual market of between 10 and 15 percent relative to the expected cost of premiums without reinsurance'. In light of this we chose a reinsurance adjustment close to CMS' upper bound of 15% of paid claims, net of the reinsurance fee of $5.25 PMPM, for setting rates. This 15% of claims translates into approximately 14% of premium. Building the PMPM into the index rate before benefit factors are applied ensures that it is applied proportionately to each plan as required.

Non-Benefit Expenses and Contribution to Reserve and Risk

Administrative Expense Factor

The general and administrative expense factor included in this filing is derived based on 2014 projections for the GHMSI IND64- book of business, which reflect both direct costs and allocation of corporate overhead. The broker expenses are projected based upon trended actual 2012 broker compensation results and compensation formulas.

Contribution to Reserve and Risk Margin

The target underwriting gain for this filing is 0.0% which is similar to the most recently filed 0.0%.

Taxes and Fees

There are several different taxes and fees in the premiums. There is a 20% federal income tax rate. Fees related to the implementation of ACA include a $2 per member per year charge for Patient-Centered Outcomes Research, a $0.96 per member per year charge for the administration of the risk adjustment program, and an annual health insurance industry fee that is estimated to be 1.9% of premiums (GHMSI) and 2.3% (BlueChoice) based on an estimate by Oliver Wyman.

Projected Loss Ratio

The projected traditional loss ratio for the single risk pool is 77.0%. In regard to projected rebates, the MLR with the federally prescribed methodology is 82.1%, above the minimum requirement of PHSA 218.

Index Rate

The experience period index rate was developed by analyzing all allowed claims for GHMSI IND64- and Small Group Non-Grandfathered members and adjusting for an estimate of covered services which are not EHBs.

The projection period index rate was developed by starting with the experience period index rate, and applying the projection factors that have been described earlier in the memorandum for the change in general medical cost and utilization trends between the experience period and the 2014 projection period, the large anticipated change in morbidity because of GI, and the costs of newly covered EHBs. We have made our projections as if all members renewed on 1/1/14, not taking into account the varying renewal months of our current subscribers. After the index rate was developed, the plan level rates were derived from that index rate based on the allowable rating factors. The relatively high percentage of OE and other non-underwritten coverages and the single risk pool directive drive our index rate upwards. The rating factors are:

1) The actuarial value and cost-sharing designs of the plan. This includes both pure benefit difference (% of a fixed medical allowed that is paid), and an adjustment to benefit generosity to reflect that a standard population of a morbidity of 1.0 will utilize more services with a rich $0 deductible platinum plan than in a less generous $3,000+ deductible bronze plan. This adjustment was estimated using the federal AV calculator which has about a 16% adjustment in the total allowed between bronze and platinum. This adjustment is consistent with the Part 1 Unified Rate Template instructions that permit “expected differences in utilization of services based on differences in cost-sharing”. These adjustments all assume a health status of 1.0 for all plans. There is no assumption about risk selection between the various metal levels.

2) Provider network, delivery system characteristics, and utilization management practices.

3) Merging of Individual and Small Group Pools: The starting point for the merging of the pools was 7K average Individual members and 79K average SG members. The projected 2014 pool is expected to be comprised of 13K Individual members and 64K SG members.

4) Administrative Costs - CareFirst has chosen to allocate its administrative costs as a constant percentage across all plans.

AV Pricing Values

Unlike metal AV where a bronze AV is calculated based on a different denominator than a platinum AV, when setting rates it is required that we use a fixed reference plan so that the denominator in all AVs is the same. To develop these pricing AVs, given that small group comprises about 90% of the pool, we developed an internal model based on a small group book with no medical underwriting. Currently, the DC small group market is GI with limited group medical underwriting. It is expected that the current DC small group market will experience adverse selection over time due to the removal of health-status-based HIPAA rating factors. Our DC Small Group pricing has included rating factors as high as 6.48. In addition to the pure cost differences (the % of claims that CareFirst pays given a fixed total amount), the cost-sharing design of the plan influences the total amount, independent of health status. A population of members of a fixed health status will have about 16% more total claims for a platinum plan than a bronze plan, because more discretionary services are used without cost-share barriers than with a large deductible. This 16% estimate comes from comparing the continuance tables of platinum vs. bronze from the federal AV calculator.

The fixed reference plan for the pricing AV for all legal entities is the PPO $0 deductible platinum plan, which is defined as a 100% pricing AV. The primary component is the actuarial value and cost-sharing design of the plan. Network has no contribution (all plans have same network in this filing) and non-EHB and administrative costs have a minor contribution.

Membership Projections

Membership has been projected to be distributed as 35% bronze, 40% silver, 15% gold, 5% platinum, and 5% catastrophic, based on our Marketing department's internal estimates and consultant reports. Within each metal level, we assume the membership would be skewed towards the least expensive offering on each metal. Finally, for cost-share reduction plans, we used the SOA report to estimate the percentage of low-income subscribers buying on the Exchange.

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: CFBC-129022731
Company Name: Group Hospitalization and Medical Services, Inc.
Form Number(s) of Plan: DC/CF/EXC/BP/BRZ SOB (1/14)

	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options			
	Annual Contribution Amount	E4		N/A
	Narrow Network Options			
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design			
Tier 1	Deductible ($) (Medical)	B10		
Tier 1	Deductible ($) (Drug)	C10		
Tier 1	Deductible ($) (Combined)	D10	3500	C-1
Tier 1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	0.8	C-3
Tier 1	OOP Maximum ($)	B12	6350	C-2
Tier 1	OOP Maximum if Separate ($) (Medical)	B13		
Tier 1	OOP Maximum if Separate ($) (Drug)	C13		
Tier 2	Deductible ($) (Medical)	F10		
Tier 2	Deductible ($) (Drug)	G10		
Tier 2	Deductible ($) (Combined)	H10		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
Tier 2	OOP Maximum ($)	F12		
Tier 2	OOP Maximum if Separate ($) (Medical)	F13		
Tier 2	OOP Maximum if Separate ($) (Drug)	G13		
	Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
Tier 1	Emergency Room Services, Copay, if separate	E18		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	C-3
Tier 1	Specialist Visit, Coinsurance, if different	D21		
Tier 1	Specialist Visit, Copay, if separate	E21	40	C-3
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	30	C-11
Tier 1	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Tier 1	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Tier 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Tier 1	Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-7
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-7
Tier 1	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Tier 1	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
Tier 1	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
Tier 1	X-rays and Diagnostic Imaging, Copay, if separate	E33		
Tier 1	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Tier 1	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Tier 1	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Tier 1	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
Tier 2	Emergency Room Services, Copay, if separate	I18		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Tier 2	Specialist Visit, Coinsurance, if different	H21		
Tier 2	Specialist Visit, Copay, if separate	I21		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Tier 2	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Tier 2	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Tier 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Tier 2	Rehabilitative Speech Therapy, Copay, if separate	I27		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Tier 2	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Tier 2	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
Tier 2	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
Tier 2	X-rays and Diagnostic Imaging, Copay, if separate	I33		
Tier 2	Skilled Nursing Facility, Coinsurance, if different	H34		
Tier 2	Skilled Nursing Facility, Copay, if separate	I34		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Tier 2	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Tier 2	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	0.8	C-13
Tier 1	Generics, Copay, if separate	E38		
Tier 1	Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-13
Tier 1	Preferred Brand Drugs, Copay, if separate	E39		

Tie	Non-Preferred Brand Drugs, Coinsurance, if different	**D40**	0.5	C-13
	Non-Preferred Brand Drugs, Copay, if separate	**E40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**D41**	0.5	C-13
	Specialty Drugs (i.e. high-cost), Copay, if separate	**E41**		
Tier 2	Generics, Coinsurance, if different	**H38**		
	Generics, Copay, if separate	**I38**		
	Preferred Brand Drugs, Coinsurance, if different	**H39**		
	Preferred Brand Drugs, Copay, if separate	**I39**		
	Non-Preferred Brand Drugs, Coinsurance, if different	**H40**		
	Non-Preferred Brand Drugs, Copay, if separate	**I40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**H41**		
	Specialty Drugs (i.e. high-cost), Copay, if separate	**I41**		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	**B46**		
	Maximum Number of Days for Charging an IP Copay	**B48**		
	Number of Visits Before Begining Primary Care Cost-Sharing	**B50**		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	**B52**		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: CFBC-129022731
Company Name: Group Hospitalization and Medical Services, Inc.
Form Number(s) of Plan: DC/CF/EXC/BP/SIL SOB (1/14)

	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options			
	Annual Contribution Amount	E4		N/A
	Narrow Network Options			
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design			
Tier 1	Deductible ($) (Medical)	B10		
Tier 1	Deductible ($) (Drug)	C10		
Tier 1	Deductible ($) (Combined)	D10	1500	C-1
Tier 1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	0.7	C-3
Tier 1	OOP Maximum ($)	B12	5500	C-2
Tier 1	OOP Maximum if Separate ($) (Medical)	B13		
Tier 1	OOP Maximum if Separate ($) (Drug)	C13		
Tier 2	Deductible ($) (Medical)	F10		
Tier 2	Deductible ($) (Drug)	G10		
Tier 2	Deductible ($) (Combined)	H10		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
Tier 2	OOP Maximum ($)	F12		
Tier 2	OOP Maximum if Separate ($) (Medical)	F13		
Tier 2	OOP Maximum if Separate ($) (Drug)	G13		
	Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
Tier 1	Emergency Room Services, Copay, if separate	E18		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	C-3
Tier 1	Specialist Visit, Coinsurance, if different	D21		
Tier 1	Specialist Visit, Copay, if separate	E21	40	C-3
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	30	C-10
Tier 1	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Tier 1	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Tier 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Tier 1	Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-6
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-6
Tier 1	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Tier 1	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
Tier 1	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
Tier 1	X-rays and Diagnostic Imaging, Copay, if separate	E33		
Tier 1	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Tier 1	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Tier 1	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Tier 1	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
Tier 2	Emergency Room Services, Copay, if separate	I18		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Tier 2	Specialist Visit, Coinsurance, if different	H21		
Tier 2	Specialist Visit, Copay, if separate	I21		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Tier 2	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Tier 2	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Tier 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Tier 2	Rehabilitative Speech Therapy, Copay, if separate	I27		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Tier 2	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Tier 2	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
Tier 2	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
Tier 2	X-rays and Diagnostic Imaging, Copay, if separate	I33		
Tier 2	Skilled Nursing Facility, Coinsurance, if different	H34		
Tier 2	Skilled Nursing Facility, Copay, if separate	I34		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Tier 2	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Tier 2	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	0.8	C-13
Tier 1	Generics, Copay, if separate	E38		
Tier 1	Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-13
Tier 1	Preferred Brand Drugs, Copay, if separate	E39		

Tie	Non-Preferred Brand Drugs, Coinsurance, if different	**D40**	0.5	C-13
	Non-Preferred Brand Drugs, Copay, if separate	**E40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**D41**	0.5	C-13
	Specialty Drugs (i.e. high-cost), Copay, if separate	**E41**		
Tier 2	Generics, Coinsurance, if different	**H38**		
	Generics, Copay, if separate	**I38**		
	Preferred Brand Drugs, Coinsurance, if different	**H39**		
	Preferred Brand Drugs, Copay, if separate	**I39**		
	Non-Preferred Brand Drugs, Coinsurance, if different	**H40**		
	Non-Preferred Brand Drugs, Copay, if separate	**I40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**H41**		
	Specialty Drugs (i.e. high-cost), Copay, if separate	**I41**		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	**B46**		
	Maximum Number of Days for Charging an IP Copay	**B48**		
	Number of Visits Before Begining Primary Care Cost-Sharing	**B50**		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	**B52**		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: CFBC-129022731
Company Name: Group Hospitalization and Medical Services, Inc.
Form Number(s) of Plan: DC/CF/EXC/BP/GOLD SOB (1/14)

	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options			
	Annual Contribution Amount	E4		N/A
	Narrow Network Options			
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design			
Tier 1	Deductible ($) (Medical)	B10		
Tier 1	Deductible ($) (Drug)	C10		
Tier 1	Deductible ($) (Combined)	D10	500	C-1
Tier 1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	0.8	C-3
Tier 1	OOP Maximum ($)	B12	3750	C-2
Tier 1	OOP Maximum if Separate ($) (Medical)	B13		
Tier 1	OOP Maximum if Separate ($) (Drug)	C13		
Tier 2	Deductible ($) (Medical)	F10		
Tier 2	Deductible ($) (Drug)	G10		
Tier 2	Deductible ($) (Combined)	H10		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
Tier 2	OOP Maximum ($)	F12		
Tier 2	OOP Maximum if Separate ($) (Medical)	F13		
Tier 2	OOP Maximum if Separate ($) (Drug)	G13		
	Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
Tier 1	Emergency Room Services, Copay, if separate	E18		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	C-3
Tier 1	Specialist Visit, Coinsurance, if different	D21		
Tier 1	Specialist Visit, Copay, if separate	E21	40	C-3
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	30	C-11
Tier 1	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Tier 1	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Tier 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Tier 1	Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-7
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-6
Tier 1	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Tier 1	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
Tier 1	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
Tier 1	X-rays and Diagnostic Imaging, Copay, if separate	E33		
Tier 1	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Tier 1	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Tier 1	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Tier 1	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
Tier 2	Emergency Room Services, Copay, if separate	I18		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Tier 2	Specialist Visit, Coinsurance, if different	H21		
Tier 2	Specialist Visit, Copay, if separate	I21		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Tier 2	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Tier 2	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Tier 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Tier 2	Rehabilitative Speech Therapy, Copay, if separate	I27		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Tier 2	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Tier 2	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
Tier 2	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
Tier 2	X-rays and Diagnostic Imaging, Copay, if separate	I33		
Tier 2	Skilled Nursing Facility, Coinsurance, if different	H34		
Tier 2	Skilled Nursing Facility, Copay, if separate	I34		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Tier 2	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Tier 2	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	0.8	C-13
Tier 1	Generics, Copay, if separate	E38		
Tier 1	Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-13
Tier 1	Preferred Brand Drugs, Copay, if separate	E39		

Tie	Non-Preferred Brand Drugs, Coinsurance, if different	**D40**	0.5	C-13
	Non-Preferred Brand Drugs, Copay, if separate	**E40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**D41**	0.5	C-13
	Specialty Drugs (i.e. high-cost), Copay, if separate	**E41**		
Tier 2	Generics, Coinsurance, if different	**H38**		
	Generics, Copay, if separate	**I38**		
	Preferred Brand Drugs, Coinsurance, if different	**H39**		
	Preferred Brand Drugs, Copay, if separate	**I39**		
	Non-Preferred Brand Drugs, Coinsurance, if different	**H40**		
	Non-Preferred Brand Drugs, Copay, if separate	**I40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**H41**		
	Specialty Drugs (i.e. high-cost), Copay, if separate	**I41**		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	**B46**		
	Maximum Number of Days for Charging an IP Copay	**B48**		
	Number of Visits Before Begining Primary Care Cost-Sharing	**B50**		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	**B52**		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: CFBC-129022731
Company Name: Group Hospitalization and Medical Services, Inc.
Form Number(s) of Plan: DC/CF/EXC/BP/PLAT SOB (1/14)

	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options			
	Annual Contribution Amount	E4		N/A
	Narrow Network Options			
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design			
Tier 1	Deductible ($) (Medical)	B10		
Tier 1	Deductible ($) (Drug)	C10		
Tier 1	Deductible ($) (Combined)	D10	0	C-1
Tier 1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	0.9	C-3
Tier 1	OOP Maximum ($)	B12	1800	C-2
Tier 1	OOP Maximum if Separate ($) (Medical)	B13		
Tier 1	OOP Maximum if Separate ($) (Drug)	C13		
Tier 2	Deductible ($) (Medical)	F10		
Tier 2	Deductible ($) (Drug)	G10		
Tier 2	Deductible ($) (Combined)	H10		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
Tier 2	OOP Maximum ($)	F12		
Tier 2	OOP Maximum if Separate ($) (Medical)	F13		
Tier 2	OOP Maximum if Separate ($) (Drug)	G13		
	Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
Tier 1	Emergency Room Services, Copay, if separate	E18		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	20	C-3
Tier 1	Specialist Visit, Coinsurance, if different	D21		
Tier 1	Specialist Visit, Copay, if separate	E21	30	C-3
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	20	C-11
Tier 1	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Tier 1	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Tier 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Tier 1	Rehabilitative Speech Therapy, Copay, if separate	E27	30	C-7
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	30	C-6
Tier 1	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Tier 1	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
Tier 1	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
Tier 1	X-rays and Diagnostic Imaging, Copay, if separate	E33		
Tier 1	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Tier 1	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Tier 1	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Tier 1	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
Tier 2	Emergency Room Services, Copay, if separate	I18		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Tier 2	Specialist Visit, Coinsurance, if different	H21		
Tier 2	Specialist Visit, Copay, if separate	I21		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Tier 2	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Tier 2	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Tier 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Tier 2	Rehabilitative Speech Therapy, Copay, if separate	I27		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Tier 2	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Tier 2	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
Tier 2	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
Tier 2	X-rays and Diagnostic Imaging, Copay, if separate	I33		
Tier 2	Skilled Nursing Facility, Coinsurance, if different	H34		
Tier 2	Skilled Nursing Facility, Copay, if separate	I34		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Tier 2	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Tier 2	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	0.8	C-13
Tier 1	Generics, Copay, if separate	E38		
Tier 1	Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-13
Tier 1	Preferred Brand Drugs, Copay, if separate	E39		

Tie	Non-Preferred Brand Drugs, Coinsurance, if different	**D40**	0.5	C-13
	Non-Preferred Brand Drugs, Copay, if separate	**E40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**D41**	0.5	C-13
	Specialty Drugs (i.e. high-cost), Copay, if separate	**E41**		
Tier 2	Generics, Coinsurance, if different	**H38**		
	Generics, Copay, if separate	**I38**		
	Preferred Brand Drugs, Coinsurance, if different	**H39**		
	Preferred Brand Drugs, Copay, if separate	**I39**		
	Non-Preferred Brand Drugs, Coinsurance, if different	**H40**		
	Non-Preferred Brand Drugs, Copay, if separate	**I40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**H41**		
	Specialty Drugs (i.e. high-cost), Copay, if separate	**I41**		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	**B46**		
	Maximum Number of Days for Charging an IP Copay	**B48**		
	Number of Visits Before Begining Primary Care Cost-Sharing	**B50**		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	**B52**		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: CFBC-129022731
Company Name: Group Hospitalization and Medical Services, Inc.
Form Number(s) of Plan: DC/CF/EXC/BP/SIL 95 SOB (1/14)

	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options			
	Annual Contribution Amount	E4		N/A
	Narrow Network Options			
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design			
Tier 1	Deductible ($) (Medical)	B10		
Tier 1	Deductible ($) (Drug)	C10		
Tier 1	Deductible ($) (Combined)	D10	0	C-1
Tier 1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	0.9	C-3
Tier 1	OOP Maximum ($)	B12	2250	C-2
Tier 1	OOP Maximum if Separate ($) (Medical)	B13		
Tier 1	OOP Maximum if Separate ($) (Drug)	C13		
Tier 2	Deductible ($) (Medical)	F10		
Tier 2	Deductible ($) (Drug)	G10		
Tier 2	Deductible ($) (Combined)	H10		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
Tier 2	OOP Maximum ($)	F12		
Tier 2	OOP Maximum if Separate ($) (Medical)	F13		
Tier 2	OOP Maximum if Separate ($) (Drug)	G13		
	Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
Tier 1	Emergency Room Services, Copay, if separate	E18		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
Tier 1	Specialist Visit, Coinsurance, if different	D21		
Tier 1	Specialist Visit, Copay, if separate	E21	10	C-3
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
Tier 1	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Tier 1	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Tier 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Tier 1	Rehabilitative Speech Therapy, Copay, if separate	E27	10	C-6
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	10	C-6
Tier 1	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Tier 1	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
Tier 1	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
Tier 1	X-rays and Diagnostic Imaging, Copay, if separate	E33		
Tier 1	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Tier 1	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Tier 1	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Tier 1	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
Tier 2	Emergency Room Services, Copay, if separate	I18		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Tier 2	Specialist Visit, Coinsurance, if different	H21		
Tier 2	Specialist Visit, Copay, if separate	I21		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Tier 2	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Tier 2	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Tier 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Tier 2	Rehabilitative Speech Therapy, Copay, if separate	I27		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Tier 2	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Tier 2	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
Tier 2	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
Tier 2	X-rays and Diagnostic Imaging, Copay, if separate	I33		
Tier 2	Skilled Nursing Facility, Coinsurance, if different	H34		
Tier 2	Skilled Nursing Facility, Copay, if separate	I34		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Tier 2	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Tier 2	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	1	C-13
Tier 1	Generics, Copay, if separate	E38		
Tier 1	Preferred Brand Drugs, Coinsurance, if different	D39	0.9	C-13
Tier 1	Preferred Brand Drugs, Copay, if separate	E39		

Tie	Non-Preferred Brand Drugs, Coinsurance, if different	**D40**	0.8	C-13
	Non-Preferred Brand Drugs, Copay, if separate	**E40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**D41**	0.8	C-13
	Specialty Drugs (i.e. high-cost), Copay, if separate	**E41**		
Tier 2	Generics, Coinsurance, if different	**H38**		
	Generics, Copay, if separate	**I38**		
	Preferred Brand Drugs, Coinsurance, if different	**H39**		
	Preferred Brand Drugs, Copay, if separate	**I39**		
	Non-Preferred Brand Drugs, Coinsurance, if different	**H40**		
	Non-Preferred Brand Drugs, Copay, if separate	**I40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**H41**		
	Specialty Drugs (i.e. high-cost), Copay, if separate	**I41**		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	**B46**		
	Maximum Number of Days for Charging an IP Copay	**B48**		
	Number of Visits Before Begining Primary Care Cost-Sharing	**B50**		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	**B52**		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: CFBC-129022731
Company Name: Group Hospitalization and Medical Services, Inc.
Form Number(s) of Plan: DC/CF/EXC/BP/SIL 87 SOB (1/14)

	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options			
	Annual Contribution Amount	E4		N/A
	Narrow Network Options			
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design			
Tier 1	Deductible ($) (Medical)	B10		
Tier 1	Deductible ($) (Drug)	C10		
Tier 1	Deductible ($) (Combined)	D10	0	C-1
Tier 1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	0.7	C-3
Tier 1	OOP Maximum ($)	B12	2250	C-2
Tier 1	OOP Maximum if Separate ($) (Medical)	B13		
Tier 1	OOP Maximum if Separate ($) (Drug)	C13		
Tier 2	Deductible ($) (Medical)	F10		
Tier 2	Deductible ($) (Drug)	G10		
Tier 2	Deductible ($) (Combined)	H10		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
Tier 2	OOP Maximum ($)	F12		
Tier 2	OOP Maximum if Separate ($) (Medical)	F13		
Tier 2	OOP Maximum if Separate ($) (Drug)	G13		
	Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
Tier 1	Emergency Room Services, Copay, if separate	E18		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	5	C-3
Tier 1	Specialist Visit, Coinsurance, if different	D21		
Tier 1	Specialist Visit, Copay, if separate	E21	20	C-3
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	5	C-10
Tier 1	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Tier 1	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Tier 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Tier 1	Rehabilitative Speech Therapy, Copay, if separate	E27	20	C-6
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	20	C-6
Tier 1	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Tier 1	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
Tier 1	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
Tier 1	X-rays and Diagnostic Imaging, Copay, if separate	E33		
Tier 1	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Tier 1	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Tier 1	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Tier 1	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
Tier 2	Emergency Room Services, Copay, if separate	I18		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Tier 2	Specialist Visit, Coinsurance, if different	H21		
Tier 2	Specialist Visit, Copay, if separate	I21		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Tier 2	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Tier 2	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Tier 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Tier 2	Rehabilitative Speech Therapy, Copay, if separate	I27		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Tier 2	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Tier 2	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
Tier 2	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
Tier 2	X-rays and Diagnostic Imaging, Copay, if separate	I33		
Tier 2	Skilled Nursing Facility, Coinsurance, if different	H34		
Tier 2	Skilled Nursing Facility, Copay, if separate	I34		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Tier 2	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Tier 2	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	1	C-13
Tier 1	Generics, Copay, if separate	E38		
Tier 1	Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-13
Tier 1	Preferred Brand Drugs, Copay, if separate	E39		

Tie	Non-Preferred Brand Drugs, Coinsurance, if different	**D40**	0.5	C-13
	Non-Preferred Brand Drugs, Copay, if separate	**E40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**D41**	0.5	C-13
	Specialty Drugs (i.e. high-cost), Copay, if separate	**E41**		
Tier 2	Generics, Coinsurance, if different	**H38**		
	Generics, Copay, if separate	**I38**		
	Preferred Brand Drugs, Coinsurance, if different	**H39**		
	Preferred Brand Drugs, Copay, if separate	**I39**		
	Non-Preferred Brand Drugs, Coinsurance, if different	**H40**		
	Non-Preferred Brand Drugs, Copay, if separate	**I40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**H41**		
	Specialty Drugs (i.e. high-cost), Copay, if separate	**I41**		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	**B46**		
	Maximum Number of Days for Charging an IP Copay	**B48**		
	Number of Visits Before Begining Primary Care Cost-Sharing	**B50**		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	**B52**		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking

SERFF Filing #: CFBC-129022731
Company Name: Group Hospitalization and Medical Services, Inc.
Form Number(s) of Plan: DC/CF/EXC/BP/SIL 74 SOB (1/14)

	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options			
	Annual Contribution Amount	E4		N/A
	Narrow Network Options			
	1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design			
Tier 1	Deductible ($) (Medical)	B10		
Tier 1	Deductible ($) (Drug)	C10		
Tier 1	Deductible ($) (Combined)	D10	700	C-1
Tier 1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11		
Tier 1	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	0.7	C-3
Tier 1	OOP Maximum ($)	B12	5200	C-2
Tier 1	OOP Maximum if Separate ($) (Medical)	B13		
Tier 1	OOP Maximum if Separate ($) (Drug)	C13		
Tier 2	Deductible ($) (Medical)	F10		
Tier 2	Deductible ($) (Drug)	G10		
Tier 2	Deductible ($) (Combined)	H10		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
Tier 2	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
Tier 2	OOP Maximum ($)	F12		
Tier 2	OOP Maximum if Separate ($) (Medical)	F13		
Tier 2	OOP Maximum if Separate ($) (Drug)	G13		
	Medical Benefits			
Tier 1	Emergency Room Services, Coinsurance, if different	D18		
Tier 1	Emergency Room Services, Copay, if separate	E18		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
Tier 1	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Tier 1	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	C-3
Tier 1	Specialist Visit, Coinsurance, if different	D21		
Tier 1	Specialist Visit, Copay, if separate	E21	40	C-3
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Tier 1	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	30	C-10
Tier 1	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Tier 1	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Tier 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Tier 1	Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-6
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Tier 1	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-6
Tier 1	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Tier 1	Laboratory Outpatient and Professional Services, Copay, if separate	E32		
Tier 1	X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
Tier 1	X-rays and Diagnostic Imaging, Copay, if separate	E33		
Tier 1	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Tier 1	Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Tier 1	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Tier 1	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Tier 1	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2	Emergency Room Services, Coinsurance, if different	H18		
Tier 2	Emergency Room Services, Copay, if separate	I18		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
Tier 2	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Tier 2	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Tier 2	Specialist Visit, Coinsurance, if different	H21		
Tier 2	Specialist Visit, Copay, if separate	I21		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Tier 2	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Tier 2	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Tier 2	Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Tier 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Tier 2	Rehabilitative Speech Therapy, Copay, if separate	I27		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Tier 2	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Tier 2	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Tier 2	Laboratory Outpatient and Professional Services, Copay, if separate	I32		
Tier 2	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
Tier 2	X-rays and Diagnostic Imaging, Copay, if separate	I33		
Tier 2	Skilled Nursing Facility, Coinsurance, if different	H34		
Tier 2	Skilled Nursing Facility, Copay, if separate	I34		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Tier 2	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Tier 2	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Tier 2	Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
	Drug Benefits			
Tier 1	Generics, Coinsurance, if different	D38	0.8	C-13
Tier 1	Generics, Copay, if separate	E38		
Tier 1	Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-13
Tier 1	Preferred Brand Drugs, Copay, if separate	E39		

Tie	Non-Preferred Brand Drugs, Coinsurance, if different	**D40**	0.5	C-13
	Non-Preferred Brand Drugs, Copay, if separate	**E40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**D41**	0.5	C-13
	Specialty Drugs (i.e. high-cost), Copay, if separate	**E41**		
Tier 2	Generics, Coinsurance, if different	**H38**		
	Generics, Copay, if separate	**I38**		
	Preferred Brand Drugs, Coinsurance, if different	**H39**		
	Preferred Brand Drugs, Copay, if separate	**I39**		
	Non-Preferred Brand Drugs, Coinsurance, if different	**H40**		
	Non-Preferred Brand Drugs, Copay, if separate	**I40**		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	**H41**		
	Specialty Drugs (i.e. high-cost), Copay, if separate	**I41**		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	**B46**		
	Maximum Number of Days for Charging an IP Copay	**B48**		
	Number of Visits Before Begining Primary Care Cost-Sharing	**B50**		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	**B52**		