

State: District of Columbia
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: DC BlueChoice IND64- ACA
Project Name/Number: /1901

Filing Company: CareFirst BlueChoice, 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):
CareFirst BlueChoice, 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:								

State: District of Columbia

Filing Company: CareFirst BlueChoice, Inc.

TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other

Product Name: DC BlueChoice IND64- ACA

Project Name/Number: /1901

Rate Review Detail

State: District of Columbia Filing Company: CareFirst BlueChoice, Inc.
 TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
 Product Name: DC BlueChoice IND64- ACA
 Project Name/Number: /1901

COMPANY:

Company Name: CareFirst BlueChoice, Inc.
 HHS Issuer Id: 86052
 Product Names: BlueChoice, BlueChoice HSA, BlueChoice Plus, HealthyBlue
 Trend Factors:

FORMS:

New Policy Forms:
 Affected Forms:
 Other Affected Forms: DC/CFBC/DOL APPEAL (R. 7/11), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (1/12), DC/CFBC/PT PROTECT (9/10), DC/CFBC/EXC/HMO/IEA (1/14), DC/CFBC/EXC/HMO/CHILD ONLY/IEA (1/14), DC/CFBC/SHOP/EXC/DOCS (1/14), DC/CFBC/EXC/HMO HSA/4000 BRZ SOB (1/14), DC/CFBC/EXC/HMO HSA/6000 BRZ SOB (1/14), DC/CFBC/EXC/HMO HSA/SIL SOB (1/14), DC/CFBC/EXC/HMO HSA/SIL 74 SOB (1/14), DC/CFBC/EXC/HMO HSA/SIL 88 SOB (1/14), DC/CFBC/EXC/HMO HSA/ SIL 95 SOB (1/14), DC/CFBC/EXC/HMO/GOLD 0 SOB (1/14), DC/CFBC/EXC/HMO/GOLD 1000 SOB (1/14), DC/CFBC/EXC/HMO/NATAMER SOB (1/14), DC/CFBC/EXC/HMO/SIL SOB (1/14), DC/CFBC/EXC/HMO/SIL 74 SOB (1/14), DC/CFBC/EXC/HMO/SIL 88 SOB (1/14), DC/CFBC/EXC/HMO/SIL 95 SOB (1/14), DC/CFBC/EXC/HMO/CAT SOB (1/14), DC/CFBC/EXC/BC+ IN/IEA (1/14), DC/CFBC/EXC/BC+ IN/CHILD ONLY/IEA (1/14), DC/CFBC/EXC/BC+ IN/NATAMER SOB (1/14), DC/CFBC/EXC/BC+ IN/BRZ SOB (1/14), DC/CFBC/EXC/BC+ IN/SIL SOB (1/14), DC/CFBC/EXC/BC+ IN SIL 95 SOB (1/14), DC/CFBC/EXC/BC+ IN SIL 88 SOB (1/14), DC/CFBC/EXC/BC+ IN/SIL 74 SOB (1/14), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/EXC/HB IN/IEA (1/14), DC/CFBC/EXC/HB IN/CHILD ONLY/IEA (1/14), DC/CFBC/HB/SHOP/EXC/DOCS (1/14), DC/CFBC/EXC/HB IN/GOLD SOB (1/14), DC/CFBC/EXC/HB IN/PLAT SOB (1/14)

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 101,742
 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:

State: District of Columbia **Filing Company:** CareFirst BlueChoice, Inc.
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: DC BlueChoice IND64- ACA
Project Name/Number: /1901

Projected Earned Premium: 26,603,610.00
Projected Incurred Claims: 20,314,633.00
Annual \$: Min: 110.28 Max: 417.69 Avg: 261.48

SERFF Tracking #:

CFAP-129047510

State Tracking #:

Company Tracking #:

1901

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

Product Name:

DC BlueChoice IND64- ACA

Project Name/Number:

/1901

Rate/Rule Schedule

SERFF Tracking #:

CFAP-129047510

State Tracking #:

Company Tracking #:

1901

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

Product Name:

DC BlueChoice IND64- ACA

Project Name/Number:

/1901

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
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State: District of Columbia
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: DC BlueChoice IND64- ACA
Project Name/Number: /1901
Filing Company: CareFirst BlueChoice, Inc.

1		1901_DC BlueChoice Exchange - Rate Filing	DC/CFBC/DOL APPEAL (R. 7/11), DC/CFBC/EXC/NATAMER (1/14), DC/CFBC/MEM/BLCRD (1/12), DC/CFBC/PT PROTECT (9/10), DC/CFBC/EXC/HMO/IEA (1/14), DC/CFBC/EXC/HMO/CHILD ONLY/IEA (1/14), DC/CFBC/SHOP/EXC/DOCS (1/14), DC/CFBC/EXC/HMO HSA/4000 BRZ SOB (1/14), DC/CFBC/EXC/HMO HSA/6000 BRZ SOB (1/14), DC/CFBC/EXC/HMO HSA/SIL SOB (1/14), DC/CFBC/EXC/HMO HSA/SIL 74 SOB (1/14), DC/CFBC/EXC/HMO HSA/SIL 88 SOB (1/14), DC/CFBC/EXC/HMO HSA/ SIL 95 SOB (1/14), DC/CFBC/EXC/HMO/GOLD 0 SOB (1/14), DC/CFBC/EXC/HMO/GOLD 1000 SOB (1/14), DC/CFBC/EXC/HMO/NATAMER SOB (1/14), DC/CFBC/EXC/HMO/SIL SOB (1/14),	New		1901_DC_BlueChoice - Exchange (Q1 2014) - Rate Filing - 5-31-13.pdf,
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State: District of Columbia
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: DC BlueChoice IND64- ACA
Project Name/Number: /1901
Filing Company: CareFirst BlueChoice, Inc.

			DC/CFBC/EXC/HMO/SIL 74 SOB (1/14), DC/CFBC/EXC/HMO/SIL 88 SOB (1/14), DC/CFBC/EXC/HMO/SIL 95 SOB (1/14), DC/CFBC/EXC/HMO/CAT SOB (1/14), DC/CFBC/EXC/BC+ IN/IEA (1/14), DC/CFBC/EXC/BC+ IN/CHILD ONLY/IEA (1/14), DC/CFBC/EXC/BC+ IN/NATAMER SOB (1/14), DC/CFBC/EXC/BC+ IN/BRZ SOB (1/14), DC/CFBC/EXC/BC+ IN/SIL SOB (1/14), DC/CFBC/EXC/BC+ IN SIL 95 SOB (1/14), DC/CFBC/EXC/BC+ IN SIL 88 SOB (1/14), DC/CFBC/EXC/BC+ IN/SIL 74 SOB (1/14), DC/CFBC/ANCILLARY AMEND (10/12), DC/CFBC/EXC/HB IN/IEA (1/14), DC/CFBC/EXC/HB IN/CHILD ONLY/IEA (1/14), DC/CFBC/HB/SHOP/EXC/DO CS (1/14), DC/CFBC/EXC/HB IN/GOLD SOB (1/14),		
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SERFF Tracking #:

CFAP-129047510

State Tracking #:

Company Tracking #:

1901

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

Product Name:

DC BlueChoice IND64- ACA

Project Name/Number:

/1901

			DC/CFBC/EXC/HB IN/PLAT SOB (1/14)			
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BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)

D.C. Individual Exchange Products
Rates Effective 1/1/2014

Rates & Factors

BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Individual Exchange Products
Rates & Factors
Table of Contents
Rates Effective 1/1/2014

Cover	1
Table of Contents	2
Form Numbers	3
Age Factors	4
BlueChoice Young Adult \$6350 - On Exchange	5
BlueChoice HSA Bronze \$4000 - On Exchange	6
BlueChoice HSA Bronze \$6000 - On Exchange	7
BlueChoice Plus Bronze \$5500 - On Exchange	8
BlueChoice HSA Silver \$1300 - On Exchange	9
BlueChoice Silver \$2000 - On Exchange	10
BlueChoice Plus Silver \$2500 - On Exchange	11
BlueChoice Gold \$1000 - On Exchange	12
BlueChoice Gold \$0 - On Exchange	13
HealthyBlue Gold \$1500 - On Exchange	14
HealthyBlue Platinum \$0 - On Exchange	15

BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. 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.

On Exchange	All On-Exchange CFBC	DC/CFBC/DOL APPEAL (R. 7/11) SERFF Tracking #: CFBC-127246015 Approved 7/1/11 DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/MEM/BLCRD (1/12) SERFF Tracking #: CFBC-128230360 Approved 4/18/12 DC/CFBC/PT PROTECT (9/10) SERFF Tracking #: CFBC-126826576 Approved 9/23/10
	BlueChoice - Open Access	DC/CFBC/EXC/HMO/IEA (1/14) DC/CFBC/EXC/HMO/CHILD ONLY/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/HMO HSA/4000 BRZ SOB (1/14) DC/CFBC/EXC/HMO HSA/6000 BRZ SOB (1/14) DC/CFBC/EXC/HMO HSA/SIL SOB (1/14) DC/CFBC/EXC/HMO HSA/SIL 74 SOB (1/14) DC/CFBC/EXC/HMO HSA/SIL 88 SOB (1/14) DC/CFBC/EXC/HMO HSA/ SIL 95 SOB (1/14) DC/CFBC/EXC/HMO/GOLD 0 SOB (1/14) DC/CFBC/EXC/HMO/GOLD 1000 SOB (1/14) DC/CFBC/EXC/HMO/NATAMER SOB (1/14) DC/CFBC/EXC/HMO/SIL SOB (1/14) DC/CFBC/EXC/HMO/SIL 74 SOB (1/14) DC/CFBC/EXC/HMO/SIL 88 SOB (1/14) DC/CFBC/EXC/HMO/SIL 95 SOB (1/14) DC/CFBC/EXC/HMO/CAT SOB (1/14)
	BlueChoice Plus (In-Network)	DC/CFBC/EXC/BC+ IN/IEA (1/14) DC/CFBC/EXC/BC+ IN/CHILD ONLY/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/BC+ IN/NATAMER SOB (1/14) DC/CFBC/EXC/BC+ IN/BRZ SOB (1/14) DC/CFBC/EXC/BC+ IN/SIL SOB (1/14) DC/CFBC/EXC/BC+ IN SIL 95 SOB (1/14) DC/CFBC/EXC/BC+ IN SIL 88 SOB (1/14) DC/CFBC/EXC/BC+ IN/SIL 74 SOB (1/14) DC/CFBC/ANCILLARY AMEND (10/12) SERFF Tracking #: CFBC-128657887 Approved 8/30/12
	HealthyBlue Plus (In-Network)	DC/CFBC/EXC/HB IN/IEA (1/14) DC/CFBC/EXC/HB IN/CHILD ONLY/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/HB IN/GOLD SOB (1/14) DC/CFBC/EXC/HB IN/PLAT SOB (1/14) DC/CFBC/ANCILLARY AMEND (10/12) SERFF Tracking #: CFBC-128657887 Approved 8/30/12

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014

Age Factors

Age	Factor
0-20	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

CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange
DISTRICT OF COLUMBIA
BlueChoice Young Adult \$6350
 Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate \$ **99.48**

Age	Monthly Premium
0-5	\$72.32
6-18	\$72.32
19	\$72.32
20	\$72.32
21	\$72.32
22	\$72.32
23	\$72.32
24	\$72.32
25	\$72.32
26	\$72.32
27	\$72.32
28	\$72.32
29	\$72.32
30	\$72.32
31	\$72.32
32	\$72.32
33	\$74.21
34	\$77.10
35	\$80.08
36	\$83.17
37	\$86.45
38	\$89.83
39	\$93.31
40	\$96.99
41	\$100.77
42	\$104.75
43	\$108.83
44	\$113.11
45	\$117.49
46	\$122.06
47	\$126.84
48	\$131.81
49	\$136.98
50	\$142.36
51	\$147.93
52	\$153.70
53	\$159.67
54	\$165.93
55	\$172.40
56	\$179.16
57	\$186.13
58	\$193.39
59	\$200.95
60	\$208.81
61	\$216.97
62	\$216.97
63	\$216.97
64	\$216.97
>64	\$216.97

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$6,350	None
COINSURANCE	0%	
OUT-OF-POCKET MAXIMUM	\$6,350	
Office Copays	\$0 PCP /\$0 Specialist	
Drug:	0% Generic, 0% Preferred Brand	
	0% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange
DISTRICT OF COLUMBIA
BlueChoice HSA Bronze \$4000
 Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **\$ 176.00**

Age	Monthly Premium
0-5	\$127.95
6-18	\$127.95
19	\$127.95
20	\$127.95
21	\$127.95
22	\$127.95
23	\$127.95
24	\$127.95
25	\$127.95
26	\$127.95
27	\$127.95
28	\$127.95
29	\$127.95
30	\$127.95
31	\$127.95
32	\$127.95
33	\$131.30
34	\$136.40
35	\$141.68
36	\$147.14
37	\$152.94
38	\$158.93
39	\$165.09
40	\$171.60
41	\$178.29
42	\$185.33
43	\$192.54
44	\$200.11
45	\$207.86
46	\$215.95
47	\$224.40
48	\$233.20
49	\$242.35
50	\$251.86
51	\$261.71
52	\$271.92
53	\$282.48
54	\$293.57
55	\$305.01
56	\$316.98
57	\$329.30
58	\$342.14
59	\$355.52
60	\$369.42
61	\$383.86
62	\$383.86
63	\$383.86
64	\$383.86
>64	\$383.86

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$4,000	None
COINSURANCE	30%	
OUT-OF-POCKET MAXIMUM	\$6,350	
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		

CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange
DISTRICT OF COLUMBIA
BlueChoice HSA Bronze \$6000
 Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **\$ 170.63**

Age	Monthly Premium
0-5	\$124.05
6-18	\$124.05
19	\$124.05
20	\$124.05
21	\$124.05
22	\$124.05
23	\$124.05
24	\$124.05
25	\$124.05
26	\$124.05
27	\$124.05
28	\$124.05
29	\$124.05
30	\$124.05
31	\$124.05
32	\$124.05
33	\$127.29
34	\$132.24
35	\$137.36
36	\$142.65
37	\$148.28
38	\$154.08
39	\$160.05
40	\$166.36
41	\$172.85
42	\$179.67
43	\$186.67
44	\$194.01
45	\$201.51
46	\$209.36
47	\$217.55
48	\$226.08
49	\$234.96
50	\$244.17
51	\$253.73
52	\$263.62
53	\$273.86
54	\$284.61
55	\$295.70
56	\$307.30
57	\$319.25
58	\$331.70
59	\$344.67
60	\$358.15
61	\$372.14
62	\$372.14
63	\$372.14
64	\$372.14
>64	\$372.14

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$6,000	None
COINSURANCE	0%	
OUT-OF-POCKET MAXIMUM	\$6,000	
Office Copays	\$0 PCP /\$0 Specialist	
Drug:	0% Generic, 0% Preferred Brand	
	0% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange

DISTRICT OF COLUMBIA

BlueChoice Plus Bronze \$5500

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **\$ 208.63**

Age	Monthly Premium
0-5	\$151.67
6-18	\$151.67
19	\$151.67
20	\$151.67
21	\$151.67
22	\$151.67
23	\$151.67
24	\$151.67
25	\$151.67
26	\$151.67
27	\$151.67
28	\$151.67
29	\$151.67
30	\$151.67
31	\$151.67
32	\$151.67
33	\$155.64
34	\$161.69
35	\$167.95
36	\$174.41
37	\$181.30
38	\$188.39
39	\$195.69
40	\$203.41
41	\$211.34
42	\$219.69
43	\$228.24
44	\$237.21
45	\$246.39
46	\$255.99
47	\$266.00
48	\$276.43
49	\$287.28
50	\$298.55
51	\$310.23
52	\$322.33
53	\$334.85
54	\$347.99
55	\$361.56
56	\$375.74
57	\$390.35
58	\$405.58
59	\$421.43
60	\$437.91
61	\$455.02
62	\$455.02
63	\$455.02
64	\$455.02
>64	\$455.02

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$5,500	\$11,000
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$6,350	\$12,700
Office Copays	\$30 PCP /\$40 Specialist	
Drug:	\$10 Preferred Generic Copay, 20% Non-Preferred Generic, 30% Preferred Brand, 40% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange
DISTRICT OF COLUMBIA

BlueChoice HSA Silver \$1300

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate \$ **244.51**

Age	Monthly Premium
0-5	\$177.76
6-18	\$177.76
19	\$177.76
20	\$177.76
21	\$177.76
22	\$177.76
23	\$177.76
24	\$177.76
25	\$177.76
26	\$177.76
27	\$177.76
28	\$177.76
29	\$177.76
30	\$177.76
31	\$177.76
32	\$177.76
33	\$182.40
34	\$189.50
35	\$196.83
36	\$204.41
37	\$212.48
38	\$220.79
39	\$229.35
40	\$238.40
41	\$247.69
42	\$257.47
43	\$267.49
44	\$278.01
45	\$288.77
46	\$300.01
47	\$311.75
48	\$323.98
49	\$336.69
50	\$349.89
51	\$363.59
52	\$377.77
53	\$392.44
54	\$407.84
55	\$423.74
56	\$440.36
57	\$457.48
58	\$475.33
59	\$493.91
60	\$513.23
61	\$533.28
62	\$533.28
63	\$533.28
64	\$533.28
>64	\$533.28

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$1,300	None
COINSURANCE	20%	
OUT-OF-POCKET MAXIMUM	\$6,350	
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		

CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange
DISTRICT OF COLUMBIA
BlueChoice Silver \$2000

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **\$ 248.55**

Age	Monthly Premium
0-5	\$180.70
6-18	\$180.70
19	\$180.70
20	\$180.70
21	\$180.70
22	\$180.70
23	\$180.70
24	\$180.70
25	\$180.70
26	\$180.70
27	\$180.70
28	\$180.70
29	\$180.70
30	\$180.70
31	\$180.70
32	\$180.70
33	\$185.42
34	\$192.63
35	\$200.08
36	\$207.79
37	\$215.99
38	\$224.44
39	\$233.14
40	\$242.34
41	\$251.78
42	\$261.72
43	\$271.91
44	\$282.60
45	\$293.54
46	\$304.97
47	\$316.90
48	\$329.33
49	\$342.25
50	\$355.68
51	\$369.59
52	\$384.01
53	\$398.92
54	\$414.58
55	\$430.74
56	\$447.64
57	\$465.04
58	\$483.18
59	\$502.07
60	\$521.71
61	\$542.09
62	\$542.09
63	\$542.09
64	\$542.09
>64	\$542.09

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$2,000	None
COINSURANCE	20%	
OUT-OF-POCKET MAXIMUM	\$6,350	
Office Copays	\$30 PCP /\$40 Specialist	
Drug:	\$10 Preferred Generic Copay, 20% Non-Preferred Generic, 30% Preferred Brand, 40% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange

DISTRICT OF COLUMBIA

BlueChoice Plus Silver \$2500

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **\$ 266.24**

Age	Monthly Premium
0-5	\$193.56
6-18	\$193.56
19	\$193.56
20	\$193.56
21	\$193.56
22	\$193.56
23	\$193.56
24	\$193.56
25	\$193.56
26	\$193.56
27	\$193.56
28	\$193.56
29	\$193.56
30	\$193.56
31	\$193.56
32	\$193.56
33	\$198.62
34	\$206.34
35	\$214.32
36	\$222.58
37	\$231.36
38	\$240.41
39	\$249.73
40	\$259.58
41	\$269.70
42	\$280.35
43	\$291.27
44	\$302.71
45	\$314.43
46	\$326.68
47	\$339.46
48	\$352.77
49	\$366.61
50	\$380.99
51	\$395.90
52	\$411.34
53	\$427.32
54	\$444.09
55	\$461.39
56	\$479.50
57	\$498.14
58	\$517.57
59	\$537.80
60	\$558.84
61	\$580.67
62	\$580.67
63	\$580.67
64	\$580.67
>64	\$580.67

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$2,500	\$500
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$6,350	\$12,700
Office Copays	\$20 PCP /\$40 Specialist	
Drug:	\$10 Preferred Generic Copay, 20% Non-Preferred Generic, 30% Preferred Brand, 40% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange
DISTRICT OF COLUMBIA
BlueChoice Gold \$1000

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **\$ 283.81**

Age	Monthly Premium
0-5	\$206.33
6-18	\$206.33
19	\$206.33
20	\$206.33
21	\$206.33
22	\$206.33
23	\$206.33
24	\$206.33
25	\$206.33
26	\$206.33
27	\$206.33
28	\$206.33
29	\$206.33
30	\$206.33
31	\$206.33
32	\$206.33
33	\$211.72
34	\$219.95
35	\$228.47
36	\$237.27
37	\$246.63
38	\$256.28
39	\$266.21
40	\$276.71
41	\$287.50
42	\$298.85
43	\$310.49
44	\$322.69
45	\$335.18
46	\$348.23
47	\$361.86
48	\$376.05
49	\$390.81
50	\$406.13
51	\$422.03
52	\$438.49
53	\$455.52
54	\$473.40
55	\$491.84
56	\$511.14
57	\$531.01
58	\$551.73
59	\$573.30
60	\$595.72
61	\$618.99
62	\$618.99
63	\$618.99
64	\$618.99
>64	\$618.99

Summary of Member Cost-Shares

	In Network	Out-Of-Network
DEDUCTIBLE	\$1,000	None
COINSURANCE	10%	
OUT-OF-POCKET MAXIMUM	\$3,750	
Office Copays	\$20 PCP /\$30 Specialist	
Drug:	\$10 Preferred Generic Copay, 20% Non-Preferred Generic, 30% Preferred Brand, 40% Non-Preferred Brand Coinsurance	
Drug and Medical Combined for Ded & OOP Max		

CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange
DISTRICT OF COLUMBIA
BlueChoice Gold \$0

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **\$ 333.26**

Age	Monthly Premium
0-5	\$242.28
6-18	\$242.28
19	\$242.28
20	\$242.28
21	\$242.28
22	\$242.28
23	\$242.28
24	\$242.28
25	\$242.28
26	\$242.28
27	\$242.28
28	\$242.28
29	\$242.28
30	\$242.28
31	\$242.28
32	\$242.28
33	\$248.61
34	\$258.28
35	\$268.27
36	\$278.61
37	\$289.60
38	\$300.93
39	\$312.60
40	\$324.93
41	\$337.59
42	\$350.92
43	\$364.59
44	\$378.92
45	\$393.58
46	\$408.91
47	\$424.91
48	\$441.57
49	\$458.90
50	\$476.90
51	\$495.56
52	\$514.89
53	\$534.88
54	\$555.88
55	\$577.54
56	\$600.20
57	\$623.53
58	\$647.86
59	\$673.19
60	\$699.51
61	\$726.84
62	\$726.84
63	\$726.84
64	\$726.84
>64	\$726.84

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$0	None
COINSURANCE	30%	
OUT-OF-POCKET MAXIMUM	\$6,350	
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		

CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange
DISTRICT OF COLUMBIA
HealthyBlue Gold \$1500

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **\$ 335.13**

Age	Monthly Premium
0-5	\$243.64
6-18	\$243.64
19	\$243.64
20	\$243.64
21	\$243.64
22	\$243.64
23	\$243.64
24	\$243.64
25	\$243.64
26	\$243.64
27	\$243.64
28	\$243.64
29	\$243.64
30	\$243.64
31	\$243.64
32	\$243.64
33	\$250.01
34	\$259.73
35	\$269.78
36	\$280.17
37	\$291.23
38	\$302.62
39	\$314.35
40	\$326.75
41	\$339.49
42	\$352.89
43	\$366.63
44	\$381.04
45	\$395.79
46	\$411.20
47	\$427.29
48	\$444.05
49	\$461.47
50	\$479.57
51	\$498.34
52	\$517.78
53	\$537.88
54	\$559.00
55	\$580.78
56	\$603.57
57	\$627.03
58	\$651.49
59	\$676.96
60	\$703.44
61	\$730.92
62	\$730.92
63	\$730.92
64	\$730.92
>64	\$730.92

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$1,500	\$2,500
COINSURANCE	0%	0%
OUT-OF-POCKET MAXIMUM	\$3,250	\$5,900
Office Copays	\$0 PCP /\$40 Specialist	
Drug Deductible	\$400	
Drug:	\$0 Generic, \$45 Preferred Brand	
	\$200 Non-Preferred Brand Copay	
Drug and Medical Combined for OOP Max		

CareFirst BlueChoice, Inc. (NAIC No. 96202)

Individual On Exchange
DISTRICT OF COLUMBIA
HealthyBlue Platinum \$0

Proposed Monthly Premium Rates Effective 1/1/2014

Base Rate **\$ 380.13**

Age	Monthly Premium
0-5	\$276.35
6-18	\$276.35
19	\$276.35
20	\$276.35
21	\$276.35
22	\$276.35
23	\$276.35
24	\$276.35
25	\$276.35
26	\$276.35
27	\$276.35
28	\$276.35
29	\$276.35
30	\$276.35
31	\$276.35
32	\$276.35
33	\$283.58
34	\$294.60
35	\$306.00
36	\$317.79
37	\$330.33
38	\$343.26
39	\$356.56
40	\$370.63
41	\$385.07
42	\$400.28
43	\$415.86
44	\$432.21
45	\$448.93
46	\$466.42
47	\$484.67
48	\$503.67
49	\$523.44
50	\$543.97
51	\$565.25
52	\$587.30
53	\$610.11
54	\$634.06
55	\$658.77
56	\$684.61
57	\$711.22
58	\$738.97
59	\$767.86
60	\$797.89
61	\$829.06
62	\$829.06
63	\$829.06
64	\$829.06
>64	\$829.06

Summary of Member Cost-Shares

	<u>In Network</u>	<u>Out-Of-Network</u>
DEDUCTIBLE	\$0	\$1,000
COINSURANCE	0%	0%
OUT-OF-POCKET MAXIMUM	\$2,000	\$4,000
Office Copays	\$0 PCP /\$40 Specialist	
Drug Deductible	\$400	
Drug:	\$0 Generic, \$45 Preferred Brand	
	\$200 Non-Preferred Brand Copay	
Drug and Medical Combined for OOP Max		

SERFF Tracking #:

CFAP-129047510

State Tracking #:

Company Tracking #:

1901

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

Product Name:

DC BlueChoice IND64- ACA

Project Name/Number:

/1901

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):	1901_DC_BlueChoice - Exchange (Q1 2014) - Actuarial Memorandum - 6-12-13.pdf
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)
Bypass Reason:	Not a P&C filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
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SERFF Tracking #:

CFAP-129047510

State Tracking #:**Company Tracking #:**

1901

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

Product Name:

DC BlueChoice IND64- ACA

Project Name/Number:

/1901

Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	1901_DC_BlueChoice - Exchange (Q1 2014) - Actuarial Memorandum - 6-12-13.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Unified Rate Review Template
Comments:	
Attachment(s):	1901_DC BlueChoice Rate Review Template.xls 1901_DC BlueChoice Rate Review Template - 5-31-13.pdf 1901_DC BlueChoice Unified Rate Review Part II - Revised 6-12-13.pdf
Item Status:	
Status Date:	

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

SERFF Tracking #:

CFAP-129047510

State Tracking #:

Company Tracking #:

1901

State:

District of Columbia

Filing Company:

CareFirst BlueChoice, Inc.

TOI/Sub-TOI:

H21 Health - Other/H21.000 Health - Other

Product Name:

DC BlueChoice IND64- ACA

Project Name/Number:

/1901

Attachment 1901_DC BlueChoice Rate Review Template.xls is not a PDF document and cannot be reproduced here.

**BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)**

**D.C. Individual Exchange Products
Rates Effective 1/1/2014**

Actuarial Memorandum

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014

Table of Contents

Cover	1
Table of Contents	2
Actuarial Memorandum	3 - 8
Form Numbers	9
HIOS Product IDs	10
Actuarial Certification	11
Definitions of Acronyms	12
Reserving Methodology	13
Experience by Category (IP, OP, Prof, Other, Rx, Med, Med & Rx Total)	14 - 19
Morbidity Summary	20
HMO vs. PPO Relative Morbidity	21
Derivation of Embedded Pediatric Dental Rate	22
Derivation of Embedded Vision Rates	23
Impact of Essential Health Benefits	24
Allowed Maternity Summary Support	25
Estimated Non-EHB Claims in Experience Period	26
EHB and Non-EHB Summary	27
Trend Support	28
Enrollment Projections	29
Reinsurance Estimate	30
Desired Incurred Claims Ratio (DICR)	31
Allowed PMPM Projection	32
Current Non-Essential Health Benefits	33
Derivation of Plan Level Base Rates	34 - 35
AV Metal Adjustments	36
Network Factors	37
Pricing AV	38
Utilization Statistics Support	39
Derivation of Normalization Factors	40
DC Age Rating Factors	41
Rating Methodology	42
Actuarial Value Model Output	43 - 52

BlueChoice, Inc.
d.b.a. CAREFIRST BLUECROSS BLUESHIELD
(NAIC # 96202)
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
ACTUARIAL MEMORANDUM (In Format of CCIIO Instructions for Part III)

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

2. General Information

Company Legal Name: BlueChoice, Inc.

State: District of Columbia

HIOS Issuer ID: 86052

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 plans.

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 BC 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 1.6% 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 BlueChoice non-GF Individual and SG block 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 about 384,000 member months and roughly \$118 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 32 of this 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 64.1%, as shown on page 31. This estimate was derived by projecting membership by plan with 35% on bronze, 40% on silver, 15% on gold, 5% on platinum, and 5% catastrophic. We've estimated the number of members receiving cost-share reduction plans by using District-wide data on a 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 BC IND64- book of business, which reflect both direct costs and an allocation of corporate overhead. The broker expenses are projected based upon the 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 35% 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 76.4%. In regard to projected rebates, the projected MLR with the federally prescribed methodology is 80.1%, above the minimum requirement of PHSA 218. Please see page 31 of this filing for details.

12. Index Rate

Please see page 32 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 BC IND64- & SG 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. We have assumed some network point-of-service adjustments for HealthyBlue and BlueChoice Plus products.
- 3) Merging of Individual and Small Group Pools: The starting point for the merging of the pools was 7K Individual, Non-Medigap average members and 79K average SG members. The projected 2014 pool is expected to be comprised of 13K Individual, Non-Medigap 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 Actuarial Value (AV) calculator. A copy of the inputs used in the AV calculator for each plan has been provided on pages 43 - 52.

Seven of the plans were derived directly through the AV calculator with no modification. Four of the plans were not accommodated by the AV calculator and required adjustments to the AV. These adjustments are described on page 36, and rely on the data within the calculator itself rather than any CareFirst-specific data.

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, and blended it 50/50 with the HHS model. Currently, the D.C. small group market is GI with limited group medical underwriting. It is expected that the current D.C. small group market will experience some adverse selection over time due to the removal of health-status-based HIPAA rating factors. Our D.C. 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 \$0 deductible platinum plan, which is defined as a 100% pricing AV. The components of the pricing AV are shown on page 38 but the primary component is the actuarial value and cost-sharing design of the plan. Network has a moderate contribution depending on whether the product provides out-of-network coverage or not, and non-EHB and administrative costs have a minor contribution.

15. Membership Projections

Page 29 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

HMO and POS.

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.

BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. 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.

On Exchange	All On-Exchange CFBC	DC/CFBC/DOL APPEAL (R. 7/11) SERFF Tracking #: CFBC-127246015 Approved 7/1/11 DC/CFBC/EXC/NATAMER (1/14) DC/CFBC/MEM/BLCRD (1/12) SERFF Tracking #: CFBC-128230360 Approved 4/18/12 DC/CFBC/PT PROTECT (9/10) SERFF Tracking #: CFBC-126826576 Approved 9/23/10
	BlueChoice - Open Access	DC/CFBC/EXC/HMO/IEA (1/14) DC/CFBC/EXC/HMO/CHILD ONLY/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/HMO HSA/4000 BRZ SOB (1/14) DC/CFBC/EXC/HMO HSA/6000 BRZ SOB (1/14) DC/CFBC/EXC/HMO HSA/SIL SOB (1/14) DC/CFBC/EXC/HMO HSA/SIL 74 SOB (1/14) DC/CFBC/EXC/HMO HSA/SIL 88 SOB (1/14) DC/CFBC/EXC/HMO HSA/ SIL 95 SOB (1/14) DC/CFBC/EXC/HMO/GOLD 0 SOB (1/14) DC/CFBC/EXC/HMO/GOLD 1000 SOB (1/14) DC/CFBC/EXC/HMO/NATAMER SOB (1/14) DC/CFBC/EXC/HMO/SIL SOB (1/14) DC/CFBC/EXC/HMO/SIL 74 SOB (1/14) DC/CFBC/EXC/HMO/SIL 88 SOB (1/14) DC/CFBC/EXC/HMO/SIL 95 SOB (1/14) DC/CFBC/EXC/HMO/CAT SOB (1/14)
	BlueChoice Plus (In-Network)	DC/CFBC/EXC/BC+ IN/IEA (1/14) DC/CFBC/EXC/BC+ IN/CHILD ONLY/IEA (1/14) DC/CFBC/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/BC+ IN/NATAMER SOB (1/14) DC/CFBC/EXC/BC+ IN/BRZ SOB (1/14) DC/CFBC/EXC/BC+ IN/SIL SOB (1/14) DC/CFBC/EXC/BC+ IN SIL 95 SOB (1/14) DC/CFBC/EXC/BC+ IN SIL 88 SOB (1/14) DC/CFBC/EXC/BC+ IN/SIL 74 SOB (1/14) DC/CFBC/ANCILLARY AMEND (10/12) SERFF Tracking #: CFBC-128657887 Approved 8/30/12
	HealthyBlue Plus (In-Network)	DC/CFBC/EXC/HB IN/IEA (1/14) DC/CFBC/EXC/HB IN/CHILD ONLY/IEA (1/14) DC/CFBC/HB/SHOP/EXC/DOCS (1/14) DC/CFBC/EXC/HB IN/GOLD SOB (1/14) DC/CFBC/EXC/HB IN/PLAT SOB (1/14) DC/CFBC/ANCILLARY AMEND (10/12) SERFF Tracking #: CFBC-128657887 Approved 8/30/12

BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. Individual Exchange Products
Rates Effective 1/1/2014
Actuarial Memorandum

New Products Proposed in this Filing

Product Name	HIOS Product ID
BlueChoice	86052DC040
BlueChoice HSA	86052DC041
BlueChoice Plus	86052DC042
HealthyBlue	86052DC043

Existing Products Included in Experience Period

Product Name	HIOS Product ID
BlueChoice HMO HSA	86052DC021
HealthyBlue Triple Option	86052DC006
HealthyBlue 2.0	86052DC022
HealthyBlue Dual Option HSA	86052DC007
HealthyBlue Advantage HSA	86052DC034
BlueChoice HMO	86052DC020
BlueChoice HMO HIPAA	86052DC005

BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)
D.C. 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 CareFirst BlueChoice, Incorporated is a subsidiary. I am a member of the American Academy of Actuaries. I have been involved in the development of these rates, 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 CCIO 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.

Kenny W. Kan, FSA, MAAA, CPA, CFA
Senior Vice President and Chief Actuary
CareFirst BlueCross BlueShield
Mail Drop-Point 01-720
1045 Mill Run Circle
Owings Mills, MD 21117

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014

Acronym	Definition
BC	CareFirst BlueChoice 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 Account
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	Inpatient
OP	Outpatient
Prof	Professional
OOP	Out of Pocket
Co-ins	Coinsurance

BlueChoice, Inc.
D.C. 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" method 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 to be 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 paid, completion factors and corresponding reserve on the next pages. But, for purposes of pricing we only consider an experience period of January 2012 with paid through February 2013 and incurred 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.

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Individual Exchange Products - Rates Effective 1/1/2014
BlueChoice D.C. Small Group & Individual Base Experience Medical Inpatient
Experience Period: Incurred 201201 - 201212, Paid through 201302

Month	Contracts	Members	Allowed	Admits	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend		
						Allowed	Admits	Allowed	Admits/1000	Unit Cost	Allowed	Admits/1000	Unit Cost
201004	20,145	32,332	1,801,641	152	1.00	1,801,641	152						
201005	19,751	31,607	956,240	121	1.00	956,240	121						
201006	19,893	31,860	1,506,919	162	1.00	1,506,919	162						
201007	19,058	30,576	1,252,894	146	1.00	1,252,894	146						
201008	19,438	30,546	1,606,710	161	1.00	1,606,711	161						
201009	19,343	31,250	1,238,734	128	1.00	1,238,749	128						
201010	19,429	31,274	1,773,858	147	1.00	1,773,893	147						
201011	19,877	31,729	1,505,345	130	1.00	1,505,435	130						
201012	20,267	32,587	1,868,788	136	1.00	1,869,054	136						
201101	19,576	31,339	1,564,690	144	1.00	1,565,031	144						
201102	19,322	31,004	1,536,702	142	1.00	1,537,114	142						
201103	19,954	31,825	1,535,089	138	1.00	1,535,719	138	48.02	54.21	\$10,631.42			
201104	20,199	32,136	1,503,058	142	1.00	1,504,042	142	47.26	53.92	\$10,518.34			
201105	20,454	32,649	2,830,527	168	1.00	2,835,625	168	52.09	55.26	\$11,311.90			
201106	20,573	32,760	1,579,873	142	1.00	1,581,096	142	52.16	54.50	\$11,485.52			
201107	20,658	32,985	1,417,428	147	1.00	1,418,438	147	52.27	54.19	\$11,574.21			
201108	20,847	33,211	1,789,689	152	1.00	1,790,826	152	52.38	53.54	\$11,741.25			
201109	21,047	33,507	1,954,786	151	1.00	1,957,077	151	53.94	53.94	\$11,997.95			
201110	21,044	33,369	1,433,326	138	1.00	1,434,608	138	52.77	53.38	\$11,863.41			
201111	21,182	33,496	2,010,057	182	1.00	2,012,737	182	53.83	54.74	\$11,800.39			
201112	21,602	34,174	1,590,823	165	1.00	1,593,528	165	52.91	55.42	\$11,457.87			
201201	21,699	34,307	2,036,896	193	1.00	2,041,696	193	53.72	56.50	\$11,410.05			
201202	22,000	34,879	2,773,902	176	1.00	2,781,501	176	56.32	56.98	\$11,859.31			
201203	22,134	35,091	2,391,928	163	1.00	2,399,377	164	58.00	57.28	\$12,151.35	20.8%	5.7%	14.3%
201204	22,252	35,295	1,577,439	138	1.00	1,583,569	139	57.75	56.73	\$12,215.06	22.2%	5.2%	16.1%
201205	22,109	35,121	1,783,290	142	1.00	1,791,866	143	54.84	55.64	\$11,827.28	5.3%	0.7%	4.6%
201206	22,594	35,884	1,666,536	148	0.99	1,677,666	149	54.66	55.42	\$11,835.31	4.8%	1.7%	3.0%
201207	22,716	36,081	2,149,429	156	0.99	2,172,598	158	56.07	55.31	\$12,165.56	7.3%	2.1%	5.1%
201208	23,031	36,530	1,740,762	155	0.99	1,762,158	157	55.56	55.01	\$12,120.53	6.1%	2.7%	3.2%
201209	23,254	36,880	2,114,812	163	0.98	2,151,674	166	55.57	54.98	\$12,129.19	3.0%	1.9%	1.1%
201210	23,370	37,069	2,368,907	181	0.97	2,434,755	186	57.45	55.86	\$12,341.15	8.9%	4.6%	4.0%
201211	23,866	37,838	1,323,025	141	0.96	1,378,006	147	55.38	54.30	\$12,239.14	2.9%	-0.8%	3.7%
201212	24,188	38,388	1,466,629	139	0.92	1,595,287	151	54.85	53.38	\$12,329.45	3.7%	-3.7%	7.6%
201301	24,568	39,060	1,816,263	165	0.85	2,134,229	194	54.47	52.82	\$12,373.04	1.4%	-6.5%	8.4%
201302	24,673	39,118	317,867	41	0.31	1,035,441	132	50.00	51.11	\$11,738.42	-11.2%	-10.3%	-1.0%
Experience Period	273,213	433,363	23,393,554	1,895	0.98	23,770,154	1,928						
201203	22,134	35,091									20.8%	5.7%	14.3%
201209	23,254	36,880									3.0%	1.9%	1.1%
201212	24,188	38,388									3.7%	-3.7%	7.6%
Avg last 6 months	23,404	37,131									5.3%	1.1%	4.1%
Selected Pricing Trend												1.0%	4.1%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Individual Exchange Products - Rates Effective 1/1/2014
BlueChoice D.C. Small Group & Individual Base Experience Medical Outpatient
Experience Period: Incurred 201201 - 201212, Paid through 201302

Month	Contracts	Members	Allowed	Visits	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend		
						Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost
201004	20,145	32,332	1,229,418	1,393	1.00	1,229,418	1,393						
201005	19,751	31,607	1,243,887	1,445	1.00	1,243,887	1,445						
201006	19,893	31,860	1,189,391	1,383	1.00	1,189,391	1,383						
201007	19,058	30,576	1,151,621	1,376	1.00	1,151,623	1,376						
201008	19,438	30,546	1,330,401	1,345	1.00	1,330,402	1,345						
201009	19,343	31,250	1,237,095	1,387	1.00	1,237,114	1,387						
201010	19,429	31,274	1,297,378	1,310	1.00	1,297,420	1,310						
201011	19,877	31,729	1,399,885	1,283	1.00	1,399,957	1,283						
201012	20,267	32,587	1,339,572	1,341	1.00	1,339,739	1,341						
201101	19,576	31,339	1,326,453	1,417	1.00	1,326,715	1,417						
201102	19,322	31,004	1,236,912	1,309	1.00	1,237,211	1,309						
201103	19,954	31,825	1,421,498	1,459	1.00	1,422,025	1,459	40.76	522.30	\$936.50			
201104	20,199	32,136	1,412,287	1,438	1.00	1,412,838	1,439	41.27	524.02	\$945.04			
201105	20,454	32,649	1,390,662	1,548	1.00	1,391,276	1,549	41.54	525.86	\$948.02			
201106	20,573	32,760	1,468,536	1,556	1.00	1,469,307	1,557	42.18	530.11	\$954.88			
201107	20,658	32,985	1,362,913	1,409	1.00	1,363,934	1,410	42.47	527.83	\$965.58			
201108	20,847	33,211	1,675,093	1,575	1.00	1,676,682	1,576	43.08	531.39	\$972.79			
201109	21,047	33,507	1,688,831	1,567	1.00	1,690,630	1,568	44.00	533.92	\$988.88			
201110	21,044	33,369	1,699,916	1,599	1.00	1,701,748	1,601	44.80	540.01	\$995.55			
201111	21,182	33,496	1,656,992	1,549	1.00	1,659,151	1,551	45.26	545.80	\$995.12			
201112	21,602	34,174	1,653,127	1,567	1.00	1,656,151	1,570	45.88	550.59	\$1,000.05			
201201	21,699	34,307	1,568,567	1,614	1.00	1,572,186	1,618	46.16	552.53	\$1,002.53			
201202	22,000	34,879	1,647,657	1,610	1.00	1,652,476	1,614	46.75	556.34	\$1,008.44			
201203	22,134	35,091	1,791,469	1,806	1.00	1,797,161	1,812	47.31	562.32	\$1,009.51	16.1%	7.7%	7.8%
201204	22,252	35,295	1,572,413	1,528	1.00	1,578,500	1,534	47.35	560.76	\$1,013.18	14.7%	7.0%	7.2%
201205	22,109	35,121	1,768,512	1,702	1.00	1,777,171	1,711	48.00	562.12	\$1,024.78	15.6%	6.9%	8.1%
201206	22,594	35,884	1,958,717	1,630	0.99	1,972,143	1,641	48.86	560.30	\$1,046.48	15.8%	5.7%	9.6%
201207	22,716	36,081	1,921,499	1,708	0.99	1,939,848	1,724	49.89	565.23	\$1,059.12	17.5%	7.1%	9.7%
201208	23,031	36,530	2,165,666	1,768	0.99	2,192,923	1,790	50.73	566.88	\$1,073.79	17.8%	6.7%	10.4%
201209	23,254	36,880	1,610,063	1,635	0.98	1,638,413	1,664	50.20	565.05	\$1,066.01	14.1%	5.8%	7.8%
201210	23,370	37,069	1,917,665	1,717	0.97	1,971,323	1,765	50.39	564.77	\$1,070.74	12.5%	4.6%	7.6%
201211	23,866	37,838	1,705,889	1,616	0.96	1,776,678	1,683	50.16	562.74	\$1,069.56	10.8%	3.1%	7.5%
201212	24,188	38,388	1,926,187	1,612	0.92	2,096,593	1,755	50.69	562.39	\$1,081.51	10.5%	2.1%	8.1%
201301	24,568	39,060	1,737,443	1,643	0.85	2,044,857	1,934	51.21	564.96	\$1,087.84	10.9%	2.2%	8.5%
201302	24,673	39,118	455,302	519	0.32	1,440,142	1,712	50.24	562.19	\$1,072.46	7.5%	1.1%	6.3%
Experience Period	273,213	433,363	21,554,304	19,946	0.98	21,965,415	20,310						
201203	22,134	35,091									16.1%	7.7%	7.8%
201209	23,254	36,880									14.1%	5.8%	7.8%
201212	24,188	38,388									10.5%	2.1%	8.1%
Avg last 6 months	23,404	37,131									13.8%	4.9%	8.5%
Selected Pricing Trend												3.5%	8.5%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Individual Exchange Products - Rates Effective 1/1/2014
BlueChoice D.C. Small Group & Individual Base Experience Medical Professional
Experience Period: Incurred 201201 - 201212, Paid through 201302

Month	Contracts	Members	Allowed	Visits	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend				
						Allowed	Visits	Allowed	Visits/1000	Unit Cost	Allowed	Visits/1000	Unit Cost		
201004	20,145	32,332	2,848,625	19,001	1.00	2,848,625	19,001								
201005	19,751	31,607	2,698,301	18,350	1.00	2,698,301	18,350								
201006	19,893	31,860	2,869,889	18,909	1.00	2,869,889	18,909								
201007	19,058	30,576	2,595,238	17,502	1.00	2,595,241	17,502								
201008	19,438	30,546	2,852,911	18,540	1.00	2,852,914	18,540								
201009	19,343	31,250	2,760,445	18,240	1.00	2,760,486	18,240								
201010	19,429	31,274	2,784,038	18,242	1.00	2,784,109	18,242								
201011	19,877	31,729	2,824,540	16,152	1.00	2,824,703	16,153								
201012	20,267	32,587	2,781,597	17,760	1.00	2,781,993	17,762								
201101	19,576	31,339	2,753,747	18,995	1.00	2,754,313	18,999								
201102	19,322	31,004	2,681,951	18,563	1.00	2,682,611	18,568								
201103	19,954	31,825	3,050,805	21,490	1.00	3,051,782	21,497	88.65	7,041.42	\$151.08					
201104	20,199	32,136	2,965,162	19,733	1.00	2,966,320	19,740	89.01	7,068.56	\$151.11					
201105	20,454	32,649	2,970,434	20,078	1.00	2,971,902	20,087	89.49	7,104.15	\$151.16					
201106	20,573	32,760	3,154,430	21,069	1.00	3,156,419	21,081	90.03	7,155.97	\$150.98					
201107	20,658	32,985	2,825,407	18,739	1.00	2,827,190	18,751	90.07	7,150.08	\$151.17					
201108	20,847	33,211	3,305,779	21,078	1.00	3,308,548	21,095	90.63	7,180.24	\$151.47					
201109	21,047	33,507	3,149,211	20,210	1.00	3,151,870	20,228	91.11	7,199.99	\$151.86					
201110	21,044	33,369	3,191,999	21,047	1.00	3,195,132	21,068	91.68	7,248.36	\$151.78					
201111	21,182	33,496	3,346,767	20,600	1.00	3,351,193	20,627	92.61	7,352.97	\$151.14					
201112	21,602	34,174	3,198,522	23,246	1.00	3,204,388	23,289	93.31	7,492.22	\$149.46					
201201	21,699	34,307	3,648,726	25,179	1.00	3,656,605	25,234	94.90	7,625.20	\$149.34					
201202	22,000	34,879	3,590,206	25,739	1.00	3,599,678	25,807	96.27	7,768.76	\$148.71					
201203	22,134	35,091	3,894,441	27,560	1.00	3,906,181	27,645	97.61	7,888.99	\$148.48	10.1%	12.0%	-1.7%		
201204	22,252	35,295	3,491,369	24,934	1.00	3,504,189	25,027	98.18	7,983.94	\$147.56	10.3%	12.9%	-2.3%		
201205	22,109	35,121	3,704,983	26,551	1.00	3,723,223	26,684	99.42	8,129.51	\$146.76	11.1%	14.4%	-2.9%		
201206	22,594	35,884	3,508,165	25,480	0.99	3,531,820	25,653	99.58	8,201.13	\$145.71	10.6%	14.6%	-3.5%		
201207	22,716	36,081	3,618,770	24,901	0.99	3,653,782	25,142	100.83	8,324.92	\$145.35	11.9%	16.4%	-3.9%		
201208	23,031	36,530	3,940,558	27,816	0.99	3,990,032	28,165	101.66	8,461.87	\$144.17	12.2%	17.8%	-4.8%		
201209	23,254	36,880	3,453,276	24,032	0.98	3,513,226	24,450	101.71	8,514.41	\$143.34	11.6%	18.3%	-5.6%		
201210	23,370	37,069	3,797,894	26,714	0.97	3,903,800	27,459	102.49	8,620.78	\$142.66	11.8%	18.9%	-6.0%		
201211	23,866	37,838	3,539,874	25,457	0.96	3,686,839	26,514	102.23	8,698.16	\$141.04	10.4%	18.3%	-6.7%		
201212	24,188	38,388	3,334,596	24,237	0.92	3,629,363	26,382	102.22	8,699.23	\$141.01	9.5%	16.1%	-5.7%		
201301	24,568	39,060	3,755,804	27,420	0.85	4,419,796	32,278	102.85	8,797.81	\$140.29	8.4%	15.4%	-6.1%		
201302	24,673	39,118	1,819,748	14,365	0.30	6,014,389	47,266	107.33	9,295.63	\$138.55	11.5%	19.7%	-6.8%		
Experience Period	273,213	433,363	43,522,858	308,600	0.98	44,298,737	314,160								
201203	22,134	35,091									10.1%	12.0%	-1.7%		
202109	23,254	36,880									11.6%	18.3%	-5.6%		
201212	24,188	38,388									9.5%	16.1%	-5.7%		
Avg last 6 months	23,404	37,131									11.2%	17.6%	-5.4%		
Selected Pricing Trend														16.5%	-5.4%

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Individual Exchange Products - Rates Effective 1/1/2014
BlueChoice D.C. Small Group & Individual Base Experience Medical Other
Experience Period: Incurred 201201 - 201212, Paid through 201302

Month	Contracts	Members	Allowed	Services	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Services	Allowed	Services/1000	Unit Cost	Allowed	Services/1000	Unit Cost	
201004	20,145	32,332	170,765	956	1.00	170,765	956							
201005	19,751	31,607	224,143	1,020	1.00	224,143	1,020							
201006	19,893	31,860	206,656	964	1.00	206,656	964							
201007	19,058	30,576	318,551	1,170	1.00	318,551	1,170							
201008	19,438	30,546	324,475	1,015	1.00	324,475	1,015							
201009	19,343	31,250	334,591	1,170	1.00	334,596	1,170							
201010	19,429	31,274	261,485	1,181	1.00	261,489	1,181							
201011	19,877	31,729	330,201	1,236	1.00	330,219	1,236							
201012	20,267	32,587	253,961	1,267	1.00	254,001	1,267							
201101	19,576	31,339	340,695	1,483	1.00	340,764	1,483							
201102	19,322	31,004	341,388	1,543	1.00	341,468	1,543							
201103	19,954	31,825	422,135	1,581	1.00	422,252	1,581	9.34	463.17	\$241.95				
201104	20,199	32,136	383,948	1,614	1.00	384,106	1,614	9.91	484.33	\$245.49				
201105	20,454	32,649	371,180	1,671	1.00	371,347	1,672	10.27	503.64	\$244.69				
201106	20,573	32,760	353,458	1,592	1.00	353,607	1,593	10.63	522.32	\$244.28				
201107	20,658	32,985	370,539	1,597	1.00	370,729	1,598	10.70	532.46	\$241.19				
201108	20,847	33,211	352,857	1,453	1.00	353,122	1,454	10.70	542.45	\$236.75				
201109	21,047	33,507	380,886	1,606	1.00	381,200	1,607	10.76	552.84	\$233.56				
201110	21,044	33,369	426,707	1,456	1.00	427,150	1,457	11.13	558.38	\$239.15				
201111	21,182	33,496	383,266	1,573	1.00	383,799	1,575	11.21	566.26	\$237.66				
201112	21,602	34,174	389,702	1,624	1.00	390,492	1,627	11.52	574.96	\$240.38				
201201	21,699	34,307	398,868	1,689	1.00	399,798	1,692	11.58	576.99	\$240.84				
201202	22,000	34,879	383,091	1,664	1.00	384,095	1,668	11.57	575.13	\$241.50				
201203	22,134	35,091	468,821	1,740	1.00	470,243	1,745	11.60	575.33	\$241.94	24.2%	24.2%	0.0%	
201204	22,252	35,295	437,860	1,672	1.00	439,492	1,678	11.65	572.72	\$244.02	17.5%	18.3%	-0.6%	
201205	22,109	35,121	424,889	1,701	0.99	427,040	1,709	11.71	570.35	\$246.42	14.0%	13.2%	0.7%	
201206	22,594	35,884	392,847	1,620	0.99	395,389	1,630	11.72	567.11	\$248.09	10.3%	8.6%	1.6%	
201207	22,716	36,081	427,672	1,588	0.99	431,739	1,603	11.78	563.02	\$251.16	10.1%	5.7%	4.1%	
201208	23,031	36,530	406,508	1,635	0.99	411,558	1,655	11.83	564.31	\$251.57	10.5%	4.0%	6.3%	
201209	23,254	36,880	428,988	1,665	0.98	436,433	1,693	11.87	562.24	\$253.28	10.3%	1.7%	8.4%	
201210	23,370	37,069	480,385	1,929	0.97	493,732	1,982	11.92	572.19	\$249.99	7.1%	2.5%	4.5%	
201211	23,866	37,838	481,661	1,808	0.96	501,692	1,883	12.07	575.02	\$251.98	7.7%	1.5%	6.0%	
201212	24,188	38,388	390,967	1,540	0.92	425,480	1,675	12.04	570.76	\$253.09	4.5%	-0.7%	5.3%	
201301	24,568	39,060	437,894	1,766	0.85	515,062	2,084	12.17	575.30	\$253.85	5.1%	-0.3%	5.4%	
201302	24,673	39,118	177,531	803	0.29	618,455	2,467	12.58	591.47	\$255.29	8.7%	2.8%	5.7%	
Experience Period	273,213	433,363	5,122,558	20,251	0.98	5,216,690	20,612							
201203	22,134	35,091									24.2%	24.2%	0.0%	
201203	23,254	36,880									10.3%	1.7%	8.4%	
201212	24,188	38,388									4.5%	-0.7%	5.3%	
Avg last 6 months	23,404	37,131									8.4%	2.5%	5.8%	
Selected Pricing Trend												2.5%	5.5%	

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Individual Exchange Products - Rates Effective 1/1/2014
BlueChoice D.C. Small Group & Individual Base Experience Rx
Experience Period: Incurred 201201 - 201212, Paid through 201302

Month	Contracts	Members	Allowed	Scripts	Completion Factor	Completed		Rolling 12 PMPM			Rolling 12 Trend			
						Allowed	Scripts	Allowed	Scripts/1000	Unit Cost	Allowed	Scripts/1000	Unit Cost	
201004	20,145	32,332	2,141,168	22,308	1.00	2,141,168	22,308							
201005	19,751	31,607	2,077,364	21,438	1.00	2,077,364	21,438							
201006	19,893	31,860	2,092,574	21,490	1.00	2,092,574	21,490							
201007	19,058	30,576	1,979,048	20,621	1.00	1,979,048	20,621							
201008	19,438	30,546	2,058,643	21,118	1.00	2,058,643	21,118							
201009	19,343	31,250	2,069,103	20,617	1.00	2,069,103	20,617							
201010	19,429	31,274	2,001,397	20,609	1.00	2,001,397	20,609							
201011	19,877	31,729	2,036,183	21,087	1.00	2,036,183	21,087							
201012	20,267	32,587	2,085,505	21,649	1.00	2,085,505	21,649							
201101	19,576	31,339	2,178,731	22,200	1.00	2,178,731	22,200							
201102	19,322	31,004	2,136,684	20,842	1.00	2,136,684	20,842							
201103	19,954	31,825	2,352,129	22,980	1.00	2,352,129	22,980	66.70	8,158.96	\$98.10				
201104	20,199	32,136	2,144,729	21,368	1.00	2,144,729	21,368	66.75	8,133.33	\$98.48				
201105	20,454	32,649	2,372,427	22,304	1.00	2,372,427	22,304	67.34	8,138.39	\$99.29				
201106	20,573	32,760	2,252,541	22,341	1.00	2,252,541	22,341	67.60	8,146.00	\$99.59				
201107	20,658	32,985	2,348,639	21,274	1.00	2,348,639	21,274	68.14	8,115.15	\$100.77				
201108	20,847	33,211	2,585,886	22,402	1.00	2,585,886	22,402	69.04	8,098.98	\$102.30				
201109	21,047	33,507	2,442,137	21,942	1.00	2,442,137	21,942	69.60	8,092.84	\$103.21				
201110	21,044	33,369	2,491,107	22,656	1.00	2,491,107	22,656	70.49	8,112.39	\$104.27				
201111	21,182	33,496	2,626,843	22,818	1.00	2,626,843	22,818	71.68	8,128.86	\$105.82				
201112	21,602	34,174	2,560,042	23,816	1.00	2,560,042	23,816	72.60	8,162.25	\$106.73				
201201	21,699	34,307	2,665,873	24,554	1.00	2,665,873	24,554	73.29	8,172.42	\$107.61				
201202	22,000	34,879	2,628,854	23,794	1.00	2,628,854	23,794	73.81	8,181.83	\$108.25				
201203	22,134	35,091	2,796,898	25,575	1.00	2,796,898	25,575	74.31	8,192.80	\$108.85	11.4%	0.4%	11.0%	
201204	22,252	35,295	2,698,164	24,513	1.00	2,698,164	24,513	75.10	8,222.03	\$109.61	12.5%	1.1%	11.3%	
201205	22,109	35,121	2,793,601	25,288	1.00	2,793,601	25,288	75.68	8,259.96	\$109.94	12.4%	1.5%	10.7%	
201206	22,594	35,884	2,628,444	23,832	1.00	2,628,444	23,832	76.02	8,240.73	\$110.69	12.4%	1.2%	11.2%	
201207	22,716	36,081	2,708,997	24,592	1.00	2,709,011	24,592	76.32	8,275.25	\$110.67	12.0%	2.0%	9.8%	
201208	23,031	36,530	2,770,771	25,292	1.00	2,770,813	25,292	76.15	8,292.53	\$110.20	10.3%	2.4%	7.7%	
201209	23,254	36,880	2,574,645	23,770	1.00	2,574,745	23,771	75.86	8,278.22	\$109.96	9.0%	2.3%	6.5%	
201210	23,370	37,069	2,787,342	25,617	1.00	2,787,716	25,620	75.90	8,289.86	\$109.86	7.7%	2.2%	5.4%	
201211	23,866	37,838	2,903,288	25,884	1.00	2,904,057	25,891	75.77	8,291.91	\$109.66	5.7%	2.0%	3.6%	
201212	24,188	38,388	2,797,167	26,369	1.00	2,798,910	26,386	75.59	8,282.44	\$109.52	4.1%	1.5%	2.6%	
201301	24,568	39,060	3,189,838	28,550	1.00	3,193,059	28,579	75.97	8,302.83	\$109.80	3.7%	1.6%	2.0%	
201302	24,673	39,118	2,416,147	21,843	0.82	2,932,010	26,498	75.93	8,296.62	\$109.82	2.9%	1.4%	1.5%	
Experience Period	273,213	433,363	32,754,044	299,080	1.00	32,757,088	299,109							
201203	22,134	35,091									11.4%	0.4%	11.0%	
201209	23,254	36,880									9.0%	2.3%	6.5%	
201212	24,188	38,388									4.1%	1.5%	2.6%	
Avg last 6 months	23,404	37,131									8.1%	2.1%	6.0%	
Selected Pricing Trend												2.0%	4.5%	

CareFirst BlueCross BlueShield (BlueChoice)
D.C. Individual Exchange Products - Rates Effective 1/1/2014
BlueChoice D.C. Small Group & Individual Base Experience Medical and Rx Total
Experience Period: Incurred 201201 - 201212, Paid through 201302

Month	Contracts	Members	Allowed	Completion Factor	Completed	Rolling 12 PMPM	Rolling 12 Trend
					Allowed	Allowed	Allowed
201004	20,145	32,332	8,191,616	1.00	8,191,616		
201005	19,751	31,607	7,199,935	1.00	7,199,935		
201006	19,893	31,860	7,865,428	1.00	7,865,428		
201007	19,058	30,576	7,297,352	1.00	7,297,357		
201008	19,438	30,546	8,173,140	1.00	8,173,145		
201009	19,343	31,250	7,639,968	1.00	7,640,048		
201010	19,429	31,274	8,118,155	1.00	8,118,308		
201011	19,877	31,729	8,096,155	1.00	8,096,498		
201012	20,267	32,587	8,329,423	1.00	8,330,292		
201101	19,576	31,339	8,164,316	1.00	8,165,555		
201102	19,322	31,004	7,933,637	1.00	7,935,088		
201103	19,954	31,825	8,781,655	1.00	8,783,907	253.48	
201104	20,199	32,136	8,409,185	1.00	8,412,035	254.19	
201105	20,454	32,649	9,935,230	1.00	9,942,577	260.74	
201106	20,573	32,760	8,808,838	1.00	8,812,969	262.61	
201107	20,658	32,985	8,324,926	1.00	8,328,929	263.66	
201108	20,847	33,211	9,709,303	1.00	9,715,063	265.84	
201109	21,047	33,507	9,615,851	1.00	9,622,913	269.41	
201110	21,044	33,369	9,243,055	1.00	9,249,745	270.87	
201111	21,182	33,496	10,023,924	1.00	10,033,723	274.60	
201112	21,602	34,174	9,392,216	1.00	9,404,601	276.23	
201201	21,699	34,307	10,318,931	1.00	10,336,158	279.64	
201202	22,000	34,879	11,023,709	1.00	11,046,604	284.72	
201203	22,134	35,091	11,343,557	1.00	11,369,859	288.84	13.9%
201204	22,252	35,295	9,777,245	1.00	9,803,915	290.02	14.1%
201205	22,109	35,121	10,475,276	1.00	10,512,902	289.66	11.1%
201206	22,594	35,884	10,154,708	1.00	10,205,463	290.84	10.8%
201207	22,716	36,081	10,826,368	0.99	10,906,978	294.89	11.8%
201208	23,031	36,530	11,024,265	0.99	11,127,484	295.93	11.3%
201209	23,254	36,880	10,181,785	0.99	10,314,491	295.20	9.6%
201210	23,370	37,069	11,352,193	0.98	11,591,326	298.14	10.1%
201211	23,866	37,838	9,953,736	0.97	10,247,272	295.62	7.7%
201212	24,188	38,388	9,915,545	0.94	10,545,633	295.38	6.9%
201301	24,568	39,060	10,937,242	0.89	12,307,004	296.68	6.1%
201302	24,673	39,118	5,186,595	0.43	12,040,437	296.08	4.0%
Experience Period	273,213	433,363	126,347,319	0.99	128,008,084		
201203	22,134	35,091					13.9%
201209	23,254	36,880					9.6%
201212	24,188	38,388					6.9%
Avg last 6 months	23,404	37,131					9.6%

BlueChoice, Inc.
D.C. 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.

BlueChoice, Inc.
D.C. 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.

	<u>GHMSI</u>	<u>BlueChoice</u>	<u>CFI</u>
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.

	<u>GHMSI</u>	<u>BlueChoice</u>	<u>CFI</u>
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

	<u>GHMSI</u>	<u>BlueChoice</u>	<u>CFI</u>
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

BlueChoice, Inc.
D.C. 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 Classes 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		\$ 11.39
20	(20) = [(18) + (19)] / (19)	Projection Factor Entered To Adjust Other Medical Category		1.31
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 CareFirst's Dental Director.
- 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 17** Benefit factor applied to Base Period Allowed PMPM.

Months of Trend	Begin	End	Mid-point	Mo 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

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Vision Embedded in Medical Plan
Projection Period: 1/1/2014 - 12/31/2014

Derivation of Embedded Pediatric Vision Rate (EHB)

Small Group Embedded PMPM (Davis Vision Capitation)	\$ 1.25
% of D.C. Small Group Market Age 19 and Under	22.9%
<hr/>	
Pediatric Vision PMPM Spread Over 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%
<hr/>	
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	0.765
<hr/>	
Embedded Adult Vision PMPM Spread Over Individual Market	\$ 0.89
Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool	\$ 0.07

Derivation of Projection Factor

Total Embedded Vision PMPM	\$ 0.37
Experience Period Core Vision Capitation PMPM	\$ 0.44
\$ Change from Experience to Projection Period PMPM	\$ (0.07)
Total Experience Period Capitation PMPM	\$ 1.33
Projection Factor to Adjust Capitation Category	0.95

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Impact of new Essential Health Benefits in Individual, Non-Medigap Market

Maternity

BlueChoice already offers full maternity coverage to its Individual, Non-Medigap members. Since many competitors do not offer this coverage today, current Individual BlueChoice maternity utilization is high compared to the rest of the Individual market segment. This is projected to decrease to the D.C. Small Group level, where full maternity coverage is standard across insurers.

Individual Util/1000	34.6	Individual Cost/Case	\$1,745.41
D.C. Small Group Util/1000	20.9	D.C. Small Group Cost/Case	\$1,916.81
Expected Change in Util/1000	-13.6	No Expected Change in Cost/Case	
Change in Individual Allowed Cost PMPM	\$ (1.98)		
% Impact	-0.7%		
Impact of Maternity on Individual Market PMPM		\$ (1.98)	
Impact on Individual & Small Group Market Combined PMPM		\$ (0.16)	
Adjustment Factor (Small Group & Individual Markets Combined)		1.00	

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Allowed Maternity Summary

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

Cost/Case	Cases/1000		Claims PMPM		% of Total PMPM		Allowed Amounts		
	<u>Maternity</u>		<u>Maternity</u>		<u>Maternity</u>				
Ind PPO HSA	\$1,920.51	Ind PPO HSA	8	Ind PPO HSA	\$1.32	Ind PPO HSA	0.7%	Ind PPO HSA	\$55,191,296
Ind PPO non-CDH	\$1,793.91	Ind PPO non-CDH	8	Ind PPO non-CDH	\$1.12	Ind PPO non-CDH	0.5%	Ind PPO non-CDH	\$104,839,133
Ind Indemnity	\$1,917.77	Ind Indemnity	12	Ind Indemnity	\$1.83	Ind Indemnity	0.8%	Ind Indemnity	\$164,495,406
Ind HMO HSA	\$1,779.05	Ind HMO HSA	28	Ind HMO HSA	\$4.30	Ind HMO HSA	2.2%	Ind HMO HSA	\$28,750,429
Ind HMO non-CDH	\$1,877.81	Ind HMO non-CDH	33	Ind HMO non-CDH	\$5.18	Ind HMO non-CDH	2.0%	Ind HMO non-CDH	\$27,457,093
Ind HB Triple Option	\$1,741.61	Ind HB Triple Option	66	Ind HB Triple Option	\$9.52	Ind HB Triple Option	4.1%	Ind HB Triple Option	\$12,704,876
Ind HB HSA	\$2,285.93	Ind HB HSA	37	Ind HB HSA	\$7.10	Ind HB HSA	3.3%	Ind HB HSA	\$765,124
Ind HB 2.0	\$997.40	Ind HB 2.0	9	Ind HB 2.0	\$0.77	Ind HB 2.0	0.5%	Ind HB 2.0	\$6,641,297
DC 50- PPO HSA	\$1,816.96	DC 50- PPO HSA	19	DC 50- PPO HSA	\$2.77	DC 50- PPO HSA	0.7%	DC 50- PPO HSA	\$16,553,050
DC 50- PPO HRA	\$1,767.33	DC 50- PPO HRA	40	DC 50- PPO HRA	\$5.87	DC 50- PPO HRA	1.7%	DC 50- PPO HRA	\$4,099,787
DC 50- PPO	\$2,041.45	DC 50- PPO	19	DC 50- PPO	\$3.23	DC 50- PPO	0.8%	DC 50- PPO	\$186,583,096
DC 50- HMO HSA	\$1,740.83	DC 50- HMO HSA	16	DC 50- HMO HSA	\$2.39	DC 50- HMO HSA	1.2%	DC 50- HMO HSA	\$3,916,856
DC 50- HMO HRA	\$2,149.07	DC 50- HMO HRA	19	DC 50- HMO HRA	\$3.42	DC 50- HMO HRA	1.4%	DC 50- HMO HRA	\$1,345,234
DC 50- HMO	\$1,712.73	DC 50- HMO	22	DC 50- HMO	\$3.18	DC 50- HMO	1.2%	DC 50- HMO	\$29,608,245
DC 50- HMO OO	\$2,091.14	DC 50- HMO OO	20	DC 50- HMO OO	\$3.40	DC 50- HMO OO	1.0%	DC 50- HMO OO	\$31,110,034
DC 50- BC Adv	\$2,118.72	DC 50- BC Adv	32	DC 50- BC Adv	\$5.77	DC 50- BC Adv	1.8%	DC 50- BC Adv	\$2,221,528
DC 50- HB Non-CDH	\$3,262.82	DC 50- HB Non-CDH	7	DC 50- HB Non-CDH	\$1.84	DC 50- HB Non-CDH	0.8%	DC 50- HB Non-CDH	\$406,703
Average Individual	\$1,745.41	Average Individual	34.6						
Average Group	\$1,916.81	Average Group	20.9						

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Estimate of Non-EHB Claims - Individual, non-Medigap & Small Group Markets Combined

Abortion Coverage

Total Abortion Related	Allowed Amount	2012 Member Months	Exp Period PMPM
BlueChoice	\$368,317	429,917	\$0.86

Projected PMPM	
1Q14	\$1.05
2Q14	\$1.08
3Q14	\$1.11
4Q14	\$1.13

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

Refer to page 30 for details.

Projected PMPM Spread Over Individual Market	Blended with Small Group
\$ 0.89	\$0.07

Projected PMPM	
1Q14	\$0.07
2Q14	\$0.07
3Q14	\$0.07
4Q14	\$0.07

Projection Period Non-EHB	
1Q14	\$1.12
2Q14	\$1.15
3Q14	\$1.18
4Q14	\$1.20

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014

EHBs & Non-EHBs SUMMARY

1	2	3	CLAIMS PMPM			
			IND64- BC	SG BC	IND64- & SG BC	
1	<u>EHBs and Non-EHBs</u>					
1	Removed from Experience Period	Non-EHB: Adult Core Vision	(\$0.43)	(\$0.44)	(\$0.44)	
2	Index Rate	Non-EHB: Abortion	(\$0.78)	(\$0.86)	(\$0.86)	
3		EHB: Morbid Obesity	Currently Cover	n/a	n/a	
4		EHB: Hospice Hospital Bereavement	Cover up to \$100 Benefit Max	n/a	n/a	
5		EHB: Hair Prosthesis	Cover up to \$350	n/a	n/a	
6		Non-EHB Subtotal:	(\$1.21)	(\$1.30)	(\$1.30)	
7						
8	Added to Projection Period	Non-EHB: Adult Core Vision	\$1.11	n/a		
9	ON EXCHANGE	Non-EHB: Abortion	\$1.01	\$1.06		
10		EHB: Pediatric Dental	\$4.27	\$4.16	\$4.17	
11		EHB: Pediatric Vision	\$0.42	\$0.29	\$0.30	
12		EHB: Transgender	Removal of Exclusion	\$0.00	\$0.00	
13		EHB: Hair Prosthesis	Removed \$350 Benefit Max	\$0.00	\$0.00	
14		EHB: Hospice Hospital Bereavement	Remove \$100	\$0.00	\$0.00	
15		EHB: Maternity	(\$2.37)	\$0.00	\$0.00	
16		Non-EHB Subtotal:	\$2.12	\$1.06		
17		New EHB Subtotal:	\$2.31	\$4.44		
18		TOTAL:	\$4.43	\$5.50		
19						
20	Added to Projection Period	Non-EHB: Adult Core Vision		n/a		
21	OFF EXCHANGE	Non-EHB: Abortion		\$1.06		
22		EHB: Pediatric Dental	No Individual Off-Exchange market	\$4.16	\$4.17	
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:		\$1.06		
29		New EHB Subtotal:		\$4.44		
30		TOTAL:		\$5.50		
31						
32	NET IMPACT:	ON-EXCHANGE:	\$3.22	\$4.20	n/a	
33		OFF-EXCHANGE:	n/a	\$4.20	n/a	
34						
35	Plan Level Gross PMPM:		\$262	\$414		
36	DICR:		76.4%	76.9%		
37	Plan Level Net PMPM:		\$200	\$318		
38	% of Gross:		1.2%	1.0%		
39	% of Net:		1.6%	1.3%		
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.					

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
BlueChoice Trend Support - Combined

	Total Allowed	Experience Period Actual Trend		Projection Period Trend		Difference Exp vs. Proj trend	
		Unit Cost	Utilization	Unit Cost	Utilization	Unit Cost	Utilization
Inpatient	\$ 23,770,154	4.1%	1.1%	4.1%	1.0%	0.0%	-0.1%
Outpatient	\$ 21,965,415	8.5%	4.9%	8.5%	3.5%	0.0%	-1.4%
Professional	\$ 44,298,737	-5.4%	17.6%	-5.4%	16.5%	0.0%	-1.1%
Other	\$ 5,216,690	5.8%	2.5%	5.5%	2.5%	-0.3%	0.0%
Rx	\$ 32,757,088	6.0%	2.1%	4.5%	2.0%	-1.5%	-0.1%
Total Trend (Cost and Utilization Combined)	\$ 128,008,084	2.1%	7.8%	1.7%	7.1%	-0.4%	-0.7%
			10.1%		9.0%		-1.1%

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
2014 Enrollment Projections by Product

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

*Stonegate study used to project % purchasing by metal level

% by FPL Estimate

100-150%	17.9%
150-200%	20.1%
200-250%	18.0%
250%+	44.0%

33% total will be eligible for cost-share subsidy.
 Assume 13% will opt to use their premium subsidy on bronze to get a \$0 premium product.
 Assume other 20% will buy silver, so overall 40% silver will be 50/50 subsidized unsubsidized.

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

	Member Months	January	February	March	April	May	June	July	August	September	October	November	December		
															30%
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	4,253	1949	1772	2126	236	207	177	148	118	89	59	30	11,163
BlueChoice HSA Bronze \$4,000	35%	1,654	5,954	2729	2481	2977	331	289	248	207	165	124	83	41	15,628
BlueChoice Plus Bronze \$5,500	20%	945	3,402	1559	1418	1701	189	165	142	118	95	71	47	24	8,930
BlueChoice HSA Bronze \$6,000	20%	945	3,402	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	3,888	1782	1620	1944	216	189	162	135	108	81	54	27	10,206
CSR 200-250%	6.4%	345	1,242	569	518	621	69	60	52	43	35	26	17	9	3,261
CSR 150-200%	7.2%	387	1,394	639	581	697	77	68	58	48	39	29	19	10	3,659
CSR 100-150%	6.4%	348	1,252	574	522	626	70	61	52	43	35	26	17	9	3,286
BluePreferred HSA \$1,500	8.8%	473	1,701	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	2,430	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	1,701	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	2,916	1337	1215	1458	162	142	122	101	81	61	41	20	7,655
BluePreferred \$500	20%	405	1,458	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	2,187	1002	911	1094	122	106	91	76	61	46	30	15	5,741
Platinum Plans	675														
HealthyBlue Platinum \$0	70%	473	1,701	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

BlueChoice, Inc.
D.C. 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	\$	246.29	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%

BlueChoice, Inc.
d.b.a. CareFirst BlueCross BlueShield
(NAIC # 96202)

D.C. 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)	\$ 364.40	
Projected Paid / Allowed Ratio	64.1%	
	PMPM	%
Projected Paid Claims (+ Capitations)	\$ 233.59	76.4%
Admin Costs	\$ 46.75	15.3%
Patient Outcome Tax	\$ 0.15	0.1%
Reinsurance		
Risk Adjustment User Fees	\$ 0.08	0.0%
Broker Commissions & Fees	\$ 11.97	3.9%
Contrib to Reserve	\$ -	0.0%
Invst Income Credit	\$ (0.00)	0.0%
Premium Taxes/Community Health Investment	\$ 6.12	2.0%
Assessment Fees	\$ 0.13	0.0%
Federal Income Tax	\$ -	0.0%
State Income Tax	\$ -	0.0%
Risk Charge	\$ -	0.0%
Exchange Fee	\$ -	0.0%
General Insurer Tax	\$ 7.03	2.3%
CDH Expenses	\$ 0.00	0.0%
Total	\$ 305.82	100.0%
i = incurred Claims	\$ 233.59	
q = quality improvement	\$ 3.36	
p = earned premiums	\$ 261.79	
t = state and federal taxes	\$ 11.49	
f = licensing and regulatory fee including reinsurance	\$ 5.36	
n = risk corridor/risk adjustment payments	\$ -	
r = risk corridor/risk adjustment receipts	\$ -	
s - Reinsurance receipts	\$ 40.81	
c = credibility adjustment	0%	
Numerator	\$ 196.14	
Denominator (same as p - t - f)	\$ 244.93	
Adjusted MLR	80.08%	
Care	\$ 11,101,177	(Everything showing up in our incurred claims)
Care + net QI adjustments	\$ 11,260,876	
	1.4%	% Adjustment to our claims

BlueChoice, Inc.
D.C. Individual & Small Group Products - Rate Filing Effective 1/1/2014
BlueChoice 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	

	Total
Experience Period Summary	
Experience Period Premiums	\$ 116,282,957
MLR Rebates (enter as negative)	\$ -
Net Experience Period Premiums	\$ 116,282,957
Experience Period Paid Claims (Non-Capitated)	\$ 102,936,798
Completion Factor	0.99
Experience Period Incurred Claims (Non-Capitated)	\$ 104,291,753
Capitations	\$ 510,690
Rx Rebates	\$ (2,304,807)
Other Manual Claims	\$ -
Total Experience Period Claims	\$ 102,497,636
Experience Period Loss Ratio (Before MLR Rebates)	88.15%
Experience Period Loss Ratio (After MLR Rebates)	88.15%
Experience Period Loss Ratio (System Claims Only)	89.69%
Experience Period Member Months	\$ 383,647
Average Members	31,971
End of Experience Period Contract	\$ 21,429
End of Experience Period Members	\$ 33,877
Experience Period Allowed Claims (System Only)	\$ 117,556,571
Adjustments	\$ (1,794,117)
Total Adjusted EP Allowed Claims	\$ 115,762,454
EP Paid / Allowed Ratio	88.5%

Service Category Level Projection

Service Category	Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Rebates	Net Allowed
Inpatient		Admits	1,690	\$ 21,515,362	\$ -	\$ -	\$ 21,515,362
Outpatient		Visits	18,103	\$ 19,670,685	\$ -	\$ -	\$ 19,670,685
Professional		Visits	276,933	\$ 39,294,482	\$ -	\$ -	\$ 39,294,482
Other		Services	17,890	\$ 4,371,205	\$ -	\$ -	\$ 4,371,205
Rx		Scripts	298,569	\$ 32,704,838	\$ -	\$ (2,304,807)	\$ 30,400,030
Capitation		Average Members	31,971	\$ 510,690	\$ -	\$ -	\$ 510,690
Total				\$ 118,067,262	\$ -	\$ (2,304,807)	\$ 115,762,454
Check (excluding capitations)				\$ 11,382,386	\$ -	\$ -	\$ 0
PMPM				\$ 307.75	\$ -	\$ (6.01)	\$ 301.74

Annual Trend Inputs	
Cost Trend	Utilization Trend
4.1%	1.0%
8.5%	3.5%
-5.4%	16.5%
5.5%	2.5%
4.5%	2.0%
0.0%	0.0%

Service Category	Experience Period Allowed	Utilization Measure	Experience Period			Projection Factors		Cost Factor	Utilization Factor	Total Factor	Projected			Effective Allowed PMPM	Annual Trend
			Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other				Util / 1000	Unit Cost	PMPM		
Inpatient		Admits	52.87	\$ 12,728.77	\$ 56.08	1.01	1.00	1.084	1.020	1.12	54.47	\$ 13,793.93	\$ 62.62	5.1%	
Outpatient		Visits	566.23	\$ 1,086.63	\$ 51.27	1.01	1.00	1.177	1.071	1.27	612.62	\$ 1,279.20	\$ 65.31	12.3%	
Professional		Visits	8,662.11	\$ 141.89	\$ 102.42	1.01	1.00	0.895	1.357	1.23	11,873.99	\$ 126.98	\$ 125.65	10.2%	
Other		Services	559.58	\$ 244.34	\$ 11.39	1.01	1.31	1.113	1.051	1.55	593.79	\$ 356.26	\$ 17.63	8.1%	
Rx		Scripts	9,338.86	\$ 101.82	\$ 79.24	1.01	1.00	1.092	1.040	1.15	9,813.32	\$ 111.19	\$ 90.93	6.6%	
Capitation		Benefit Period	1,000.00	\$ 15.97	\$ 1.33	1.01	0.95	1.000	1.000	0.96	1,010.00	\$ 15.18	\$ 1.28	0.0%	
Total					\$ 301.74										
													Projected Allowed Claims PMPM (EHB + Non-EHB)	\$ 363.40	8.6%
													Non-EHB Claims In Projected PMPM**	1.12	
													Index Rate for EHB	\$ 362.28	

* Please refer to page 24 - 25 for more information.

Check -

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Estimate of non-EHB in Experience and Projection Periods

Abortion:

Just like maternity, we expect the cost between HMOs and PPOs to equalize once all plans cover the service. Due to the small amount of claims, we focus on the combined.

<u>Total Abortion Related</u>	<u>Allowed Amount</u>	<u>2012 Member Months</u>	<u>Exp Period PMPM</u>	<u>Projected Allowed</u>	<u>Projected 2014 Member Months (Off-Exchange)</u>	<u>Projected PMPM</u>
GHMSI	\$80,855	99,037	\$0.82	\$102,821		
BlueChoice	\$20,916	26,717	\$0.78	\$25,646		
SUM:	\$101,770	125,754	\$0.81	\$128,467	127,575	\$1.01

Core Vision

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

	<u>% Membership</u>	<u>Exp Period Capitation</u>	<u>Projected Capitation PMPM</u>
Total Capitation		\$0.43	\$1.26
% pediatric members (EHB)	12%	\$0.05	\$0.15
% non-pediatric (non-EHB)	88%	\$0.38	\$1.11

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
BlueChoice Plan Level Rate Derivation - On Exchange

	BlueChoice Young Adult \$6350	BlueChoice HSA Bronze \$4000	BlueChoice HSA Bronze \$6000	BlueChoice HSA Silver \$1300	BlueChoice Plus Silver \$2500	BlueChoice Plus Bronze \$5500
Plan ID						
HIOS ID	86052DC040	86052DC041			86052DC042	
<i>Metal Level</i>	N/A	Bronze	Bronze	Silver	Silver	Bronze
Metallic AV	N/A	60.5%	59.2%	70.6%	70.1%	61.3%
Index Rate (Average Allowed EHB)	\$ 362.28	\$ 362.28	\$ 362.28	\$ 362.28	\$ 362.28	\$ 362.28
Benefit Generosity Factor	0.945	0.949	0.949	1.018	1.018	0.949
Network	0.979	0.979	0.979	0.979	1.053	1.053
HSA/Non-HSA Factor	1.036	0.938	0.938	0.987	1.036	1.036
Catastrophic Population Factor	0.656	1.021	1.021	1.021	1.021	1.021
Allowed EHB for Benefit	\$ 227.60	\$ 322.18	\$ 322.18	\$ 363.74	\$ 410.76	\$ 382.78
Allowed non-EHB	\$ 1.33	\$ 1.89	\$ 1.89	\$ 2.13	\$ 2.40	\$ 2.24
Total Allowed	\$ 228.93	\$ 324.07	\$ 324.07	\$ 365.87	\$ 413.16	\$ 385.02
% EHB	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%
Cost-Share Factor	0.430	0.537	0.521	0.661	0.638	0.536
Total Paid (Net Premium)	\$ 98.44	\$ 174.16	\$ 168.85	\$ 241.96	\$ 263.47	\$ 206.45
Reinsurance Factor	0.856	0.856	0.856	0.856	0.856	0.856
Paid after Reinsurance	\$ 84.23	\$ 149.02	\$ 144.47	\$ 207.03	\$ 225.43	\$ 176.64
DLR	76.4%	76.4%	76.4%	76.4%	76.4%	76.4%
MLR	80.1%	80.1%	80.1%	80.1%	80.1%	80.1%
Gross Premium PMPM	\$ 110.28	\$ 195.10	\$ 189.15	\$ 271.05	\$ 295.14	\$ 231.27
Pricing AV (Relative to Platinum)	26.2%	46.3%	44.9%	64.3%	70.0%	54.9%
Projected Member Months	6,379	15,628	8,930	20,412	8,930	8,930
Age Normalization	0.902	0.902	0.902	0.902	0.902	0.902
Geo Normalization	1.000	1.000	1.000	1.000	1.000	1.000
Smoking Normalization	1.000	1.000	1.000	1.000	1.000	1.000
Base Premium	\$ 99.48	\$ 176.00	\$ 170.63	\$ 244.51	\$ 266.24	\$ 208.63
Step-Up factor	1.15	1.15	1.15	1.15	1.15	1.15
Individual PCPM (shown to Chet)	\$ 127	\$ 224	\$ 218	\$ 312	\$ 339	\$ 266

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
BlueChoice Plan Level Rate Derivation - On Exchange

Plan	BlueChoice Gold \$0	BlueChoice Gold \$1000	BlueChoice Silver \$2000	HealthyBlue Gold \$1500	HealthyBlue Platinum \$0	Overall On-Exchange
HIOS ID	86052DC040			86052DC043		
<i>Metal Level</i>	Gold	Gold	Silver	Gold	Platinum	
Metallic AV	79.3%	78.2%	68.8%	82.0%	89.8%	64.8%
Index Rate	\$ 362.28	\$ 362.28	\$ 362.28	\$ 362.28	\$ 362.28	\$ 362.28
Benefit Generosity Factor	1.0935	1.0215	1.0182	1.0215	1.0935	1.000
Network	0.979	0.979	0.979	1.062	1.062	1.000
HSA/non-HSA Factor	1.036	1.036	1.036	1.036	0.977	1.000
Catastrophic Population Factor	1.021	1.021	1.021	1.021	1.021	0.998
Allowed EHB for Benefit	\$ 409.96	\$ 382.99	\$ 381.75	\$ 415.54	\$ 419.63	\$ 362.44
Allowed non-EHB	\$ 2.40	\$ 2.24	\$ 2.23	\$ 2.43	\$ 2.46	2.12
Total Allowed	\$ 412.36	\$ 385.23	\$ 383.98	\$ 417.97	\$ 422.09	\$ 364.57
% EHB	99.4%	99.4%	99.4%	99.4%	99.4%	
Cost-share Factor	0.800	0.729	0.641	0.793	0.891	0.641
Total Paid (Net Premium)	\$ 329.78	\$ 280.85	\$ 245.96	\$ 331.63	\$ 376.17	\$ 233.69
Reinsurance Factor	0.856	0.856	0.856	0.856	0.856	
Paid after Reinsurance	\$ 282.17	\$ 240.30	\$ 210.45	\$ 283.75	\$ 321.86	\$ 199.95
DLR	76.4%	76.4%	76.4%	76.4%	76.4%	
MLR	80.1%	80.1%	80.1%	80.1%	80.1%	
Gross Premium PMPM	\$ 369.43	\$ 314.61	\$ 275.53	\$ 371.50	\$ 421.39	\$ 261.79
Pricing AV (Relative to Platinum)	87.7%	74.7%	65.4%	88.2%	100.0%	
Projected Member Months	7,655	1,914	12,758	5,741	4,465	101,742
Age Normalization	0.902	0.902	0.902	0.902	0.902	
Geo Normalization	1.000	1.000	1.000	1.000	1.000	
Smoking Normalization	1.000	1.000	1.000	1.000	1.000	
Base Premium	\$ 333.26	\$ 283.81	\$ 248.55	\$ 335.13	\$ 380.13	\$ 236.16

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
BlueChoice Plan Level Rate Derivation

Adjustments to AV for plans not accommodated by calculator:

- 1) BlueChoice Plus Bronze \$5,500 has a tiered generic drug design, which cannot be inputted directly in AV model.

So, have run the model with the preferred generic design of no deductible and \$10 copay.
This results in a 61.50% AV.

To adjust for the non-preferred generic, we ran the model again with generic set to the non-preferred design of deductible then 80% coinsurance, which resulted in an AV of 60.69%.

The difference between the two AVs is 0.82%, which is the impact of changing all generics from the preferred design to the non-preferred design. We estimate 20% of generic fills will be non-preferred, so we need to adjust the AV downwards by $0.2 \times 0.82\% = 0.16\%$.

Thus, the actuarially adjusted AV for the plan is 61.34%, which is within the allowed de minimis variation for bronze.

- 2) BlueChoice Plus Silver \$2,500 has a tiered generic drug design, which cannot be inputted directly in AV model.

So, have run the model with the preferred generic design of no deductible and \$10 copay.
This results in a 70.18% AV.

To adjust for the non-preferred generic, we ran the model again with generic set to the non-preferred design of deductible then 80% coinsurance, which resulted in an AV of 69.99%.

The difference between the two AVs is 0.19%, which is the impact of changing all generics from the preferred design to the non-preferred design. We estimate 20% of generic fills will be non-preferred, so we need to adjust the AV downwards by $0.2 \times 0.19\% = 0.04\%$.

Thus, the actuarially adjusted AV for the plan is 70.14%, which is within the allowed de minimis variation for silver.

- 3) BlueChoice Silver \$2,000 has a tiered generic drug design, which cannot be inputted directly in AV model.

So, have run the model with the preferred generic design of no deductible and \$10 copay.
This results in a 69.01% AV.

To adjust for the non-preferred generic, we ran the model again with generic set to the non-preferred design of deductible then 80% coinsurance, which resulted in an AV of 68.02%.

The difference between the two AVs is 0.99%, which is the impact of changing all generics from the preferred design to the non-preferred design. We estimate 20% of generic fills will be non-preferred, so we need to adjust the AV downwards by $0.2 \times 0.99\% = 0.20\%$.

Thus, the actuarially adjusted AV for the plan is 68.81%, which is within the allowed de minimis variation for silver.

- 4) BlueChoice Gold \$1,000 has a tiered generic drug design, which cannot be inputted directly in AV model.

So, have run the model with the preferred generic design of no deductible and \$10 copay.
This results in a 78.26% AV.

To adjust for the non-preferred generic, we ran the model again with generic set to the non-preferred design of deductible then 80% coinsurance, which resulted in an AV of 78.01%.

The difference between the two AVs is 0.25%, which is the impact of changing all generics from the preferred design to the non-preferred design. We estimate 20% of generic fills will be non-preferred, so we need to adjust the AV downwards by $0.2 \times 0.25\% = 0.05\%$.

Thus, the actuarially adjusted AV for the plan is 78.21%, which is within the allowed de minimis variation for gold.

- 5) HealthyBlue Gold \$1,500 has a \$40 copay on Outpatient Facility and Outpatient Physician services in-network, which cannot be accommodated by the model.

To adjust for this, we have computed an actuarially equivalent coinsurance by dividing the \$40 copay by the average allowed amount computed from the continuance table in the federal AV model. The computed coinsurances are shown on page 50.

- 6) HealthyBlue Platinum \$0 has a \$30 copay on Outpatient Facility and Outpatient Physician services in-network, which cannot be accommodated by the model.

To adjust for this, we have computed an actuarially equivalent coinsurance by dividing the \$30 copay by the average allowed amount computed from the continuance table in the federal AV model. The computed coinsurances are shown on page 51.

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Derivation of Network Factors

BlueChoice Network Variations

Type	Description
BlueChoice	Referrals needed for Specialist Care, No Out of Network Coverage
BlueChoice Plus	No Referrals needed, Out of Network allowances pay up to RPN allowance
HealthyBlue 2.0	No Referrals needed, Out of Network allowances pay up to RPN allowance, Includes HB Member Incentive

Network Type	Allowed \$	Mem Months	Allowed PMPM	Ratio to Lock In	Assumed Network Factor
BlueChoice	\$ 31,657,027	110,452	\$ 286.61		1.0000
BlueChoice Plus	\$ 16,833,128	48,991	\$ 343.60	19.9%	1.0760
HealthyBlue 2.0	\$ 2,001,853	6,707	\$ 298.49	4.1%	1.0850

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
BlueChoice Pricing AV

Projected EMMS	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	HSA vs	Network	Network	
						Generosity	HSA vs Non-HSA (Adj for HSA behavior)	Non-HSA	Factors	Factors
						Scaled	Scaled	Scaled	Scaled	
6,379	Catastrophic		43.0%	43.0%	0.92	0.94	1.06	1.04	1.00	0.98
15,628	BlueChoice HSA Bronze \$4000	60.5%	47.0%	47.0%	0.92	0.95	0.96	0.94	1.00	0.98
8,930	BlueChoice HSA Bronze \$6000	59.2%	45.0%	45.0%	0.92	0.95	0.96	0.94	1.00	0.98
10,206	BlueChoice HSA Silver \$1300	70.6%	61.7%	61.7%	0.94	0.97	0.96	0.94	1.00	0.98
3,261	Silver 200	73.5%	67.8%	61.7%	0.97	1.00	1.06	1.04	1.00	0.98
3,659	Silver 150	87.7%	83.0%	61.7%	1.05	1.08	1.06	1.04	1.00	0.98
3,286	Silver 100	93.2%	91.9%	61.7%	1.10	1.13	1.06	1.04	1.00	0.98
4,465	BlueChoice Plus Silver \$2500	70.1%	57.4%	57.4%	0.94	0.97	1.06	1.04	1.08	1.05
1,427	Silver 200	73.5%	67.8%	57.4%	0.97	1.00	1.06	1.04	1.08	1.05
1,601	Silver 150	87.4%	83.0%	57.4%	1.05	1.08	1.06	1.04	1.08	1.05
1,438	Silver 100	93.1%	91.9%	57.4%	1.10	1.13	1.06	1.04	1.08	1.05
8,930	BlueChoice Plus Bronze \$5500	61.3%	45.9%	45.9%	0.92	0.95	1.06	1.04	1.08	1.05
7,655	BlueChoice Gold \$0	89.2%	70.7%	70.7%	1.06	1.09	1.06	1.04	1.00	0.98
1,914	BlueChoice Gold \$1000	78.2%	67.6%	67.6%	0.99	1.02	1.06	1.04	1.00	0.98
6,379	BlueChoice Silver \$2000	68.8%	59.3%	59.3%	0.94	0.97	1.06	1.04	1.00	0.98
2,038	Silver 200	72.8%	67.8%	59.3%	0.97	1.00	1.06	1.04	1.00	0.98
2,287	Silver 150	87.8%	83.0%	59.3%	1.05	1.08	1.06	1.04	1.00	0.98
2,054	Silver 100	93.2%	91.9%	59.3%	1.10	1.13	1.06	1.04	1.00	0.98
5,741	HealthyBlue Gold \$1500	82.0%	76.7%	76.7%	0.99	1.02	1.06	1.04	1.09	1.06
4,465	HealthyBlue Platinum \$0	89.8%	88.4%	88.4%	1.06	1.09	1.00	0.98	1.09	1.06
101,741			61.9%	57.5%	0.97	1.00	1.02	1.00	1.02	1.00

Silver Average

Fed Ave Cost-Share Subsidy on Silver

70.5%

10.5%

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.

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Utilization Impact

Source: SG GI Data

	<u>PPO HSA</u>			<u>PPO HRA</u>			Utilization Difference (HSA/HRA -1)
	Cases/1000	Claims PMPM	Claims PMPM as % of Total	Cases/1000	Claims PMPM	Claims PMPM as % of Total	
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 the presence 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.

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
2014 Age Factor Normalization

Row Labels	Count of Sub Age	Row Labels	Count of Spouse Age	Age	TotalSum	Total*age_factor	Age Rate
0-20	171	21-25	15	<21	1,898	1379.846	\$ 237.59
21-25	344	26-63	887	21-25	526	382.402	\$ 237.59
26-63	9549			26	371	269.717	\$ 237.59
26	360	26	11	27	441	320.607	\$ 237.59
27	434	27	7	28	479	348.233	\$ 237.59
28	464	28	15	29	450	327.15	\$ 237.59
29	431	29	19	30	426	309.702	\$ 237.59
30	410	30	16	31	398	289.346	\$ 237.59
31	374	31	24	32	354	257.358	\$ 237.59
32	329	32	25	33	365	272.29	\$ 243.80
33	325	33	40	34	338	261.95	\$ 253.28
34	315	34	23	35	324	260.82	\$ 263.09
35	293	35	31	36	268	224.048	\$ 273.22
36	239	36	29	37	270	234.63	\$ 284.00
37	236	37	34	38	261	235.683	\$ 295.11
38	239	38	22	39	275	257.95	\$ 306.55
39	242	39	33	40	251	244.725	\$ 318.64
40	219	40	32	41	245	248.185	\$ 331.06
41	214	41	31	42	274	288.522	\$ 344.13
42	237	42	37	43	288	315.072	\$ 357.53
43	249	43	39	44	255	289.935	\$ 371.59
44	218	44	37	45	239	282.259	\$ 385.97
45	204	45	35	46	250	306.75	\$ 401.00
46	219	46	31	47	245	312.375	\$ 416.69
47	211	47	34	48	243	321.975	\$ 433.03
48	221	48	22	49	224	308.448	\$ 450.02
49	202	49	22	50	229	327.699	\$ 467.67
50	200	50	29	51	214	318.218	\$ 485.97
51	195	51	19	52	224	346.08	\$ 504.93
52	203	52	21	53	212	340.26	\$ 524.54
53	195	53	17	54	206	343.608	\$ 545.13
54	192	54	14	55	193	334.469	\$ 566.37
55	180	55	13	56	197	354.797	\$ 588.59
56	182	56	15	57	173	323.683	\$ 611.47
57	158	57	15	58	217	421.848	\$ 635.33
58	196	58	21	59	214	432.28	\$ 660.16
59	198	59	16	60	210	440.79	\$ 685.98
60	189	60	21	61	205	447.105	\$ 712.78
61	193	61	12	62	213	464.553	\$ 712.78
62	196	62	17	63	195	425.295	\$ 712.78
63	187	63	8	>63	359	782.979	\$ 712.78
>63	340	>63	19				
Grand Total	10404	Grand Total	921		13,219		
				Average Factor		1.1085	\$ 362.28

For catastrophic adjustment, assume 26-29 year olds are representative of Catastrophic buyers. Ignores younger people who are eligible to buy but also eligible to be on parent's policy. Also ignores older people who will be eligible for catastrophic for financial reasons. Assuming these two groups balance out.

Catastrophic Adj: Ave factor age 26-29 0.727
Ratio to total Ave **0.655824**

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
2014 DC Age Rating Factors
% Δ

Age Band	Age Factor	Age Factor
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%

BlueChoice, Inc.
D.C. 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 factor will be multiplied together to get the composite member factor.

Once the member's composite factor is computed, they are added together to get the total factor for policy. Each family member is included in the calculation, except for families that have four or more children 20 years or 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.

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
HSA Bronze \$4000

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		
Medical	Drug	Combined
Deductible (\$)		\$4,000.00
Coinsurance (%; Insurer's Cost Share)		70.00%
OOP Maximum (\$)		\$6,350.00
OOP Maximum if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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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	N	N	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: 60.1%
 Metal Tier: Bronze

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

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
HSA Bronze \$6000

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		
	Medical	Drug	Combined
Deductible (\$)			\$6,000.00
Coinsurance (%; Insurer's Cost Share)			99.99%
OOP Maximum (\$)			\$6,000.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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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	Y						
Specialist Visit	Y	Y						
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	Y	Y						
Imaging (CT/PET Scans, MRIs)	Y	Y						
Rehabilitative Speech Therapy	Y	Y						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	Y						
Preventive Care/Screening/Immunization	N	N	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						
Preferred Brand Drugs	Y	Y						
Non-Preferred Brand Drugs	Y	Y						
Specialty Drugs (i.e. high-cost)	Y	Y						

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: 59.2%
 Metal Tier: Bronze

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

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Plus Bronze \$5500

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		
	Medical	Drug	Combined
Deductible (\$)			\$5,500.00
Coinsurance (% Insurer's Cost Share)			80.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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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)	N	N		\$35.00				
Specialist Visit	Y	N		\$45.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	N	N		\$35.00				
Imaging (CT/PET Scans, MRIs)	Y	Y						
Rehabilitative Speech Therapy	Y	N		\$45.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Y	N		\$45.00				
Preventive Care/Screening/Immunization	N	N	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	N	N		\$10.00				
Preferred Brand Drugs	Y	Y	70%					
Non-Preferred Brand Drugs	Y	Y	60%					
Specialty Drugs (i.e. high-cost)	Y	Y	60%					

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: 61.5%
 Metal Tier: Bronze

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

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
HSA Silver \$1300

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		
	Medical	Drug	Combined
Deductible (\$)			\$1,300.00
Coinsurance (%; Insurer's Cost Share)			80.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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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	N	N	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: 69.6%
 Metal Tier: Silver

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

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Plus Silver \$2500

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N
 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		
	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$400.00	
Coinsurance (% Insurer's Cost Share)	80.00%	80.00%	
OOP Maximum (\$)	\$6,350.00		
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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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)	N	N		\$20.00				
Specialist Visit	Y	N		\$40.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	N	N		\$20.00				
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	N	N	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	N	N		\$10.00				
Preferred Brand Drugs	Y	Y	70%					
Non-Preferred Brand Drugs	Y	Y	60%					
Specialty Drugs (i.e. high-cost)	Y	Y	60%					

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: 70.2%
 Metal Tier: Silver

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

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Silver \$2000

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		
	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (%; Insurer's Cost Share)			80.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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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)	N	N		\$30.00				
Specialist Visit	Y	N		\$40.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	N	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	N	N	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		Y						
Generics	N	N		\$10.00				
Preferred Brand Drugs	Y	Y	70%					
Non-Preferred Brand Drugs	Y	Y	60%					
Specialty Drugs (i.e. high-cost)	Y	Y	60%					

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: 69.0%
 Metal Tier: Silver

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

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Gold \$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 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		
	Medical	Drug	Combined
Deductible (\$)			\$0.00
Coinsurance (%; Insurer's Cost Share)			70.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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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		\$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	N	N	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: 79.3%
 Metal Tier: Gold

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

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
Plus \$1000

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		
	Medical	Drug	Combined
Deductible (\$)			\$1,000.00
Coinsurance (%; Insurer's Cost Share)			90.00%
OOP Maximum (\$)			\$3,750.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (%; Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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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)	N	N		\$20.00				
Specialist Visit	Y	N		\$30.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	N	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	N	N	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	N	N		\$10.00				
Preferred Brand Drugs	Y	Y	70%					
Non-Preferred Brand Drugs	Y	Y	60%					
Specialty Drugs (i.e. high-cost)	Y	Y	60%					

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: 78.3%
 Metal Tier: Gold

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

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
HealthyBlue Gold \$1500

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? N
 Apply Inpatient Copay per Day? Y
 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		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$400.00	
Coinsurance (% , Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,250.00		
OOP Maximum if Separate (\$)			

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

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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	N	N		\$200.00				
All Inpatient Hospital Services (inc. MHSA)	Y	N		\$450.00				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	N						
Specialist Visit	N	N		\$40.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	N	N		\$40.00				
Imaging (CT/PET Scans, MRIs)	N	N						
Rehabilitative Speech Therapy	N	N		\$40.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	N	N		\$40.00				
Preventive Care/Screening/Immunization	N	N	100%	\$0.00				
Laboratory Outpatient and Professional Services	N	N						
X-rays and Diagnostic Imaging	N	N						
Skilled Nursing Facility	Y	N		\$40.00				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	Y	90%					
Outpatient Surgery Physician/Surgical Services	Y	Y	83%					
Drugs								
Generics	N	N						
Preferred Brand Drugs	Y	N		\$45.00				
Non-Preferred Brand Drugs	Y	N		\$200.00				
Specialty Drugs (i.e. high-cost)	Y	N		\$200.00				

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: 82.0%
 Metal Tier: Gold

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

BlueChoice, Inc.
D.C. Individual Exchange Products Rates Effective 1/1/2014
HealthyBlue Platinum \$0

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Y
 Apply Inpatient Copay per Day? Y
 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		
	Medical	Drug	Combined
Deductible (\$)			\$0.00
Coinsurance (% Insurer's Cost Share)			100.00%
OOP Maximum (\$)			\$2,000.00
OOP Maximum if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
OOP Maximum (\$)			
OOP Maximum if Separate (\$)			

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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	N	N		\$200.00				
All Inpatient Hospital Services (inc. MHSA)	Y	N		\$150.00				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	N						
Specialist Visit	N	N		\$30.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	N	N		\$30.00				
Imaging (CT/PET Scans, MRIs)	N	N						
Rehabilitative Speech Therapy	N	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	N	N		\$30.00				
Preventive Care/Screening/Immunization	N	N	100%	\$0.00				
Laboratory Outpatient and Professional Services	N	N						
X-rays and Diagnostic Imaging	N	N						
Skilled Nursing Facility	Y	N		\$30.00				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	Y	91%					
Outpatient Surgery Physician/Surgical Services	Y	Y	85%					
Drugs								
Generics	N	N						
Preferred Brand Drugs	Y	N		\$45.00				
Non-Preferred Brand Drugs	Y	N		\$100.00				
Specialty Drugs (i.e. high-cost)	Y	N		\$200.00				

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: 89.8%
 Metal Tier: Platinum

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

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	X	Y
1	Data Collection Template																						
2																							
3	Company Legal Name:	BlueChoice, Inc.	State:	DC																			
4	HIOS Issuer ID:	86052	Market:	Individual																			
5	Effective Date of Rate Change(s):	1/1/2014																					
6																							
7																							
8	Market Level Calculations (Same for all Plans)																						
9																							
10																							
11	Section I: Experience period data																						
12	Experience Period:	1/1/2012	to	12/31/2012																			
13		<u>Experience Period</u>																					
14		<u>Aggregate Amount</u>	<u>PMPM</u>	<u>% of Prem</u>																			
15	Premiums (net of MLR Rebate) in Experience Period:	\$116,282,957	\$303.10	100.00%																			
16	Incurred Claims in Experience Period	\$102,497,636	267.17	88.15%																			
17	Allowed Claims:	\$115,762,454	301.74	99.55%																			
18	Index Rate of Experience Period		\$ 302.00																				
19	Experience Period Member Months	383,647																					
20	Section II: Allowed Claims, PMPM basis																						
21		<u>Experience Period</u>	<u>Projection Period:</u>	1/1/2014	to	12/31/2014	<u>Mid-point to Mid-point, Experience to Projection:</u>	24	<u>months</u>														
22		<u>on Actual Experience Allowed</u>	<u>Adj't. from Experience to Projection Period</u>	<u>Annualized Trend Factors</u>	<u>Projections, before credibility Adjustment</u>			<u>Credibility Manual</u>															
23	<u>Benefit Category</u>	<u>Utilization Description</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Pop'l risk Morbidity</u>	<u>Other</u>	<u>Cost</u>	<u>Util</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>	<u>Utilization per 1,000</u>	<u>Average Cost/Service</u>	<u>PMPM</u>								
24	Inpatient Hospital	Admits	52.87	\$ 12,728.77	\$56.08	1.010	1.000	1.041	1.010	54.47	\$13,793.93	\$62.62	54.47	\$ 13,793.93	\$62.62								
25	Outpatient Hospital	Services	566.23	1,086.63	51.27	1.010	1.000	1.085	1.035	612.62	1,279.20	65.31	612.62	1,279.20	65.31								
26	Professional	Visits	8,662.11	141.89	102.42	1.010	1.000	1.000	1.165	11,873.99	141.89	140.40	11873.99	126.98	125.65								
27	Other Medical	Services	559.58	244.34	11.39	1.010	1.310	1.055	1.025	593.79	356.26	17.63	593.79	356.26	17.63								
28	Capitation	Benefit Period	1,000.00	15.97	1.33	1.010	1.000	1.000	1.000	1,010.00	15.97	1.34	1010.00	15.18	1.28								
29	Prescription Drug	Prescriptions	9,338.86	101.82	79.24	1.010	1.000	1.045	1.020	9,813.32	111.19	90.93	9813.32	111.19	90.93								
30	Total				\$301.74							\$378.22			\$363.40								
31																<u>After Credibility</u>	<u>Projected Period Totals</u>						
32	Section III: Projected Experience:	Projected Allowed Experience Claims PMPM (w/applied credibility if applicable)										0.00%	100.00%	\$363.40	\$36,972,922								
33		Paid to Allowed Average Factor in Projection Period												0.640									
34		Projected Incurred Claims, before ACA rein & Risk Adj't, PMPM												\$232.65	\$23,670,399								
35		Projected Risk Adjustments PMPM												0.00	0								
36		Projected Incurred Claims, before reinsurance recoveries, net of rein prem, PMPM												\$232.65	\$23,670,399								
37		Projected ACA reinsurance recoveries, net of rein prem, PMPM												\$35.56	3,617,660								
38		Projected Incurred Claims												\$197.10	\$20,052,739								
39		Administrative Expense Load												19.25%	49.64	5,050,866							
40		Profit & Risk Load												0.00%	0.00	0							
41		Taxes & Fees												4.34%	11.20	1,139,849							
42		Single Risk Pool Gross Premium Avg. Rate, PMPM													\$257.94	\$26,243,454							
43		Index Rate for Projection Period												\$	362.28								
44		% increase over Experience Period													-14.90%								
45		% Increase, annualized:													-7.75%								
46		Projected Member Months														101,741							
47																							
48																							
49	Information Not Releasable to the Public Unless Authorized by Law: This information has not been publically disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.																						
50																							

BlueChoice, Inc.
d.b.a. CAREFIRST BLUECROSS BLUESHIELD
(NAIC # 96202)
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
ACTUARIAL MEMORANDUM (In Format of CCIIO Instructions for Part III)

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 a 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 plans.

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 Protheses have had their annual dollar maximums removed. Collectively, EHB will cost about 1.6% 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 BlueChoice non-GF Individual and SG block 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 Profit and Risk

Administrative Expense Factor

The general and administrative expense factor included in this filing is derived based on 2014 projections for the BC IND64- book of business, which reflect both direct costs and an allocation of corporate overhead. The broker expenses are projected based upon the 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 35% 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 76.4%. In regard to projected rebates, the projected MLR with the federally prescribed methodology is 80.1%, above the minimum requirement of PHSA 218.

Index Rate

The experience period index rate was developed by analyzing all allowed claims for BC IND64- & SG 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. We have assumed some network point-of-service adjustments for HealthyBlue and BlueChoice Plus products.
- 3) Merging of Individual and Small Group Pools: The starting point for the merging of the pools was 7K Individual, Non-Medigap average members and 79K average SG members. The projected 2014 pool is expected to be comprised of 13K Individual, Non-Medigap 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, and blended it 50/50 with the HHS model. Currently, the D.C. small group market is GI with limited group medical underwriting. It is expected that the current D.C. small group market will experience some adverse selection over time due to the removal of health-status-based HIPAA rating factors. Our D.C. 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 \$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 a moderate contribution depending on whether the product provides out-of-network coverage or not, 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-129022716					
Company Name: CareFirst BlueChoice, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/HMO HSA/4000 BRZ SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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			
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10	4000	C-1	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11			
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.7	C-3	
	OOP Maximum (\$)	B12	6350	C-2	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	C-3	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	40	C-4	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	30	C-7	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-5	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-5	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	0.8	C-10
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-10
		Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.5	C-10	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-10	
	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 Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: CFBC-129022716			
Company Name: CareFirst BlueChoice, Inc.			
Form Number(s) of Plan: DC/CFBC/EXC/HMO HSA/6000 BRZ SOB (1/14)			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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		
Deductible (\$) (Drug)	C10		
Deductible (\$) (Combined)	D10	6000	C-1
Coinsurance (% Insurer's Cost Share) (Medical)	B11		
Coinsurance (% Insurer's Cost Share) (Drug)	C11		
Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.9999	C-3
OOP Maximum (\$)	B12	6000	C-2
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38		
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39		
Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40		
	Non-Preferred Brand Drugs, Copay, if separate	E40		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41		
	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 Beginning Primary Care Cost-Sharing	B50		
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52		

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716; CFBC-129022731					
Company Name: CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/BC+ IN/BRZ SOB (1/14); DC/CF/EXC/BC+ OON/BRZ SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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			
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10	5500	C-1	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11			
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.8	C-3	
	OOP Maximum (\$)	B12	6350	C-2	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	35	C-3	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	45	C-3	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	35	C-7	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	45	C-5	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	45	C-5	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	10	C-10
		Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-10
		Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-10	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.6	C-10	
	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 Beginning Primary Care Cost-Sharing	B50				
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: CFBC-129022716			
Company Name: CareFirst BlueChoice, Inc.			
Form Number(s) of Plan: DC/CFBC/EXC/HMO HSA/SIL SOB (1/14)			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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		
Deductible (\$) (Drug)	C10		
Deductible (\$) (Combined)	D10	1300	C-1
Coinsurance (% Insurer's Cost Share) (Medical)	B11		
Coinsurance (% Insurer's Cost Share) (Drug)	C11		
Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.8	C-3
OOP Maximum (\$)	B12	6350	C-2
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	C-3
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	40	C-3
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	30	C-7
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-5
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-5
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38	0.8	C-10
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-10
Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.5	C-10	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-10	
	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 Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716; CFBC-129022731					
Company Name: CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/BC+ IN/SIL SOB (1/14); DC/CF/EXC/BC+ OON/SIL SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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	2500	C-1	
	Deductible (\$) (Drug)	C10	400	C-10	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	0.8	C-3	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	0.8	C-10	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	6350	C-2	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	20	C-3	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	40	C-3	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	20	C-7	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-5	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-5	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	10	C-10
		Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-10
		Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-10	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.6	C-10	
	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 Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: CFBC-129022716			
Company Name: CareFirst BlueChoice, Inc.			
Form Number(s) of Plan: DC/CFBC/EXC/HMO/SIL SOB (1/14)			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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		
Deductible (\$) (Drug)	C10		
Deductible (\$) (Combined)	D10	2000	C-1
Coinsurance (% Insurer's Cost Share) (Medical)	B11		
Coinsurance (% Insurer's Cost Share) (Drug)	C11		
Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.8	C-2
OOP Maximum (\$)	B12	6350	C-3
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	C-3
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	40	C-3
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	30	C-7
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-5
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-5
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38		
Generics, Copay, if separate	E38	10	C-10
Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-10
Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-10	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.6	C-10	
	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 Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: CFBC-129022716			
Company Name: CareFirst BlueChoice, Inc.			
Form Number(s) of Plan: DC/CFBC/EXC/HMO/GOLD 0 SOB (1/14)			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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		
Deductible (\$) (Drug)	C10		
Deductible (\$) (Combined)	D10	0	C-1
Coinsurance (% Insurer's Cost Share) (Medical)	B11		
Coinsurance (% Insurer's Cost Share) (Drug)	C11		
Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.7	C-3
OOP Maximum (\$)	B12	6350	C-1
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	20	C-3
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	30	C-3
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	20	C-7
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	30	C-5
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	30	C-4
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38	0.8	C-8
Generics, Copay, if separate	E38		
Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-8
Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.5	C-8	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-8	
	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 Beginning Primary Care Cost-Sharing	B50				
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERFF Filing #: CFBC-129022716			
Company Name: CareFirst BlueChoice, Inc.			
Form Number(s) of Plan: DC/CFBC/EXC/HMO/GOLD 1000 SOB (1/14)			
Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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		
Deductible (\$) (Drug)	C10		
Deductible (\$) (Combined)	D10	1000	C-1
Coinsurance (% Insurer's Cost Share) (Medical)	B11		
Coinsurance (% Insurer's Cost Share) (Drug)	C11		
Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.9	C-3
OOP Maximum (\$)	B12	3750	C-2
OOP Maximum if Separate (\$) (Medical)	B13		
OOP Maximum if Separate (\$) (Drug)	C13		
Tier 2			
Deductible (\$) (Medical)	F10		
Deductible (\$) (Drug)	G10		
Deductible (\$) (Combined)	H10		
Coinsurance (% Insurer's Cost Share) (Medical)	F11		
Coinsurance (% Insurer's Cost Share) (Drug)	G11		
Coinsurance (% Insurer's Cost Share) (Combined)	H11		
OOP Maximum (\$)	F12		
OOP Maximum if Separate (\$) (Medical)	F13		
OOP Maximum if Separate (\$) (Drug)	G13		
Medical Benefits			
Tier 1			
Emergency Room Services, Coinsurance, if different	D18		
Emergency Room Services, Copay, if separate	E18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	20	C-3
Specialist Visit, Coinsurance, if different	D21		
Specialist Visit, Copay, if separate	E21	30	C-3
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	20	C-7
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Rehabilitative Speech Therapy, Copay, if separate	E27	30	C-5
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	30	C-5
Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
Laboratory Outpatient and Professional Services, Copay, if separate	E32		
X-rays and Diagnostic Imaging, Coinsurance, if different	D33		
X-rays and Diagnostic Imaging, Copay, if separate	E33		
Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34		
Skilled Nursing Facility, Tier 1, Copay, if separate	E34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
Tier 2			
Emergency Room Services, Coinsurance, if different	H18		
Emergency Room Services, Copay, if separate	I18		
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
Specialist Visit, Coinsurance, if different	H21		
Specialist Visit, Copay, if separate	I21		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
Imaging (CT/PET Scans, MRIs), Copay, if separate	I24		
Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Rehabilitative Speech Therapy, Copay, if separate	I27		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	I28		
Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
Laboratory Outpatient and Professional Services, Copay, if separate	I32		
X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
X-rays and Diagnostic Imaging, Copay, if separate	I33		
Skilled Nursing Facility, Coinsurance, if different	H34		
Skilled Nursing Facility, Copay, if separate	I34		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	I35		
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
Outpatient Surgery Physician/Surgical Services, Copay, if separate	I36		
Drug Benefits			
Tier 1			
Generics, Coinsurance, if different	D38		
Generics, Copay, if separate	E38	10	C-10
Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-10
Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-10	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.6	C-10	
	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 Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716; CFBC-129022731					
Company Name: CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/HB IN/GOLD SOB (1/14); DC/CF/EXC/HB OON/GOLD SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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	1500	C-1	
	Deductible (\$) (Drug)	C10	400	C-10	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	1	C-3	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	1	C-10	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	3250	C-2	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	200	C-8	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	450	C-6	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	40	C-3	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	40	C-7	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-5	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-5	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	40	C-7	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	0.900	C-6	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	0.826	C-6	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39		
		Preferred Brand Drugs, Copay, if separate	E39	45	C-10

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40			
	Non-Preferred Brand Drugs, Copay, if separate	E40	200	C-10	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41			
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	200	C-10	
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 Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716; CFBC-129022731					
Company Name: CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/HB IN/PLAT SOB (1/14); DC/CF/EXC/HB OON/PLAT SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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			
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10	0	C-1	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11			
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	1	C-3	
	OOP Maximum (\$)	B12	2000	C-1	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18	200	C-8	
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19	150	C-6	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	30	C-3	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	30	C-7	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	30	C-5	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	30	C-4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34	30	C-6	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	0.915	C-5	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36	0.849	C-6	
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39		
		Preferred Brand Drugs, Copay, if separate	E39	45	C-9

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40			
	Non-Preferred Brand Drugs, Copay, if separate	E40	100	C-9	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41			
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41	200	C-9	
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 Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716					
Company Name: CareFirst BlueChoice, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/HMO HSA/SIL 95 SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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			
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10	0	C-1	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11			
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.9	C-2	
	OOP Maximum (\$)	B12	2250	C-1	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	10	C-2	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	10	C-4	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	10	C-4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	1	C-8
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	0.9	C-8
		Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.8	C-8	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.8	C-8	
	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 Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716					
Company Name: CareFirst BlueChoice, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/HMO HSA/SIL 88 SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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			
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10	0	C-1	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11			
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.8	C-2	
	OOP Maximum (\$)	B12	2250	C-1	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	5	C-3	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	25	C-3	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	5	C-6	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	25	C-4	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	25	C-4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	0.9	C-8
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-8
		Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.5	C-8	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-8	
	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 Beginning Primary Care Cost-Sharing	B50				
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716					
Company Name: CareFirst BlueChoice, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/HMO HSA/SIL 74 SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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			
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10	900	C-1	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11			
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.8	C-3	
	OOP Maximum (\$)	B12	5200	C-2	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	C-3	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	40	C-3	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	30	C-7	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-5	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-5	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38	0.8	C-9
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-9
		Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.5	C-9	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.5	C-9	
	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 Beginning Primary Care Cost-Sharing	B50				
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716; CFBC-129022731					
Company Name: CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/BC+ IN/SIL 95 SOB (1/14); DC/CF/EXC/BC+ OON/SIL 95 SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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	0	C-1	
	Deductible (\$) (Drug)	C10	0	C-8	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	0.9	C-2	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	0.9	C-8	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	2250	C-1	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	1	C-2	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	5	C-2	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	1	C-6	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	5	C-4	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	5	C-4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	0.9	C-8
		Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.8	C-8	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.8	C-8	
	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 Beginning Primary Care Cost-Sharing	B50				
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716; CFBC-129022731					
Company Name: CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/BC+ IN/SIL 88 SOB (1/14); DC/CF/EXC/BC+ OON/SIL 88 SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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	0	C-1	
	Deductible (\$) (Drug)	C10	0	C-8	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	0.8	C-1	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	0.8	C-8	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	2250	C-1	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	10	C-2	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	25	C-2	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	10	C-6	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	25	C-4	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	25	C-4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-8
		Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-8	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.6	C-8	
	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 Beginning Primary Care Cost-Sharing	B50				
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716; CFBC-129022731					
Company Name: CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/BC+ IN/SIL 74 SOB (1/14); DC/CF/EXC/BC+ OON/SIL 74 SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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	1600	C-1	
	Deductible (\$) (Drug)	C10	400	C-11	
	Deductible (\$) (Combined)	D10			
	Coinsurance (% Insurer's Cost Share) (Medical)	B11	0.8	C-3	
	Coinsurance (% Insurer's Cost Share) (Drug)	C11	0.7	C-11	
	Coinsurance (% Insurer's Cost Share) (Combined)	D11			
	OOP Maximum (\$)	B12	5200	C-2	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	20	C-3	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	40	C-3	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	20	C-8	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-5	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-5	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	10	C-11
		Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-11
		Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-11	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.6	C-11	
	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 Beginning Primary Care Cost-Sharing	B50				
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716					
Company Name: CareFirst BlueChoice, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/HMO/SIL 95 SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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			
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10	0	C-1	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11			
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.9	C-3	
	OOP Maximum (\$)	B12	2250	C-1	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	1	C-3	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20			
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	10	C-3	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22	1	C-7	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22			
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	10	C-5	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	10	C-4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38		
		Preferred Brand Drugs, Coinsurance, if different	D39	0.9	C-8
		Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.8	C-8	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.8	C-8	
	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 Beginning Primary Care Cost-Sharing	B50				
Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52				

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716					
Company Name: CareFirst BlueChoice, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/HMO/SIL 88 SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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			
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10	0	C-1	
	Coinsurance (%) (Insurer's Cost Share) (Medical)	B11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	C11			
	Coinsurance (%) (Insurer's Cost Share) (Combined)	D11	0.8	C-3	
	OOP Maximum (\$)	B12	2250	C-1	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (%) (Insurer's Cost Share) (Medical)	F11			
	Coinsurance (%) (Insurer's Cost Share) (Drug)	G11			
	Coinsurance (%) (Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	10	C-3	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	20	C-3	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	10	C-7	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	20	C-5	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	20	C-4	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate		I22			
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	5	C-9
		Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-9
		Preferred Brand Drugs, Copay, if separate	E39		
		Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-9
		Non-Preferred Brand Drugs, Copay, if separate	E40		
		Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.6	C-9
		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 Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			

Actuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
SERFF Filing #: CFBC-129022716					
Company Name: CareFirst BlueChoice, Inc.					
Form Number(s) of Plan: DC/CFBC/EXC/HMO/SIL 74 SOB (1/14)					
	Input Name	Cell in AV Calculator	Input Value Used	Corresponding 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			
	Deductible (\$) (Drug)	C10			
	Deductible (\$) (Combined)	D10	1400	C-1	
	Coinsurance (% Insurer's Cost Share) (Medical)	B11			
	Coinsurance (% Insurer's Cost Share) (Drug)	C11			
	Coinsurance (% Insurer's Cost Share) (Combined)	D11	0.8	C-3	
	OOP Maximum (\$)	B12	5200	C-2	
	OOP Maximum if Separate (\$) (Medical)	B13			
	OOP Maximum if Separate (\$) (Drug)	C13			
Tier 2	Deductible (\$) (Medical)	F10			
	Deductible (\$) (Drug)	G10			
	Deductible (\$) (Combined)	H10			
	Coinsurance (% Insurer's Cost Share) (Medical)	F11			
	Coinsurance (% Insurer's Cost Share) (Drug)	G11			
	Coinsurance (% Insurer's Cost Share) (Combined)	H11			
	OOP Maximum (\$)	F12			
	OOP Maximum if Separate (\$) (Medical)	F13			
	OOP Maximum if Separate (\$) (Drug)	G13			
Medical Benefits					
Tier 1	Emergency Room Services, Coinsurance, if different	D18			
	Emergency Room Services, Copay, if separate	E18			
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19			
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	E19			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20			
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20	30	C-3	
	Specialist Visit, Coinsurance, if different	D21			
	Specialist Visit, Copay, if separate	E21	40	C-3	
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22			
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	30	C-7	
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24			
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24			
	Rehabilitative Speech Therapy, Coinsurance, if different	D27			
	Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-5	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28			
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-5	
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32			
	Laboratory Outpatient and Professional Services, Copay, if separate	E32			
	X-rays and Diagnostic Imaging, Coinsurance, if different	D33			
	X-rays and Diagnostic Imaging, Copay, if separate	E33			
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34			
	Skilled Nursing Facility, Tier 1, Copay, if separate	E34			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35			
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35			
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36			
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36			
	Tier 2	Emergency Room Services, Coinsurance, if different	H18		
		Emergency Room Services, Copay, if separate	I18		
		All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
		All Inpatient Hospital Services (inc. MHSA), Copay, if separate	I19		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
		Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	I20		
		Specialist Visit, Coinsurance, if different	H21		
		Specialist Visit, Copay, if separate	I21		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	H22		
		Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	I22		
Imaging (CT/PET Scans, MRIs), Coinsurance, if different		H24			
Imaging (CT/PET Scans, MRIs), Copay, if separate		I24			
Rehabilitative Speech Therapy, Coinsurance, if different		H27			
Rehabilitative Speech Therapy, Copay, if separate		I27			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different		H28			
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate		I28			
Laboratory Outpatient and Professional Services, Coinsurance, if different		H32			
Laboratory Outpatient and Professional Services, Copay, if separate		I32			
X-rays and Diagnostic Imaging, Coinsurance, if different		H33			
X-rays and Diagnostic Imaging, Copay, if separate		I33			
Skilled Nursing Facility, Coinsurance, if different		H34			
Skilled Nursing Facility, Copay, if separate		I34			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different		H35			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate		I35			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different		H36			
Outpatient Surgery Physician/Surgical Services, Copay, if separate		I36			
Drug Benefits					
Tier 1		Generics, Coinsurance, if different	D38		
		Generics, Copay, if separate	E38	10	C-10
		Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-10
		Preferred Brand Drugs, Copay, if separate	E39		

Tier 1	Non-Preferred Brand Drugs, Coinsurance, if different	D40	0.6	C-10	
	Non-Preferred Brand Drugs, Copay, if separate	E40			
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.6	C-10	
	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 Beginning Primary Care Cost-Sharing	B50			
	Number of Copays Before Beginning Primary Care Deductible/Coinsurance	B52			