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 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 ⁹ Rate Impact:	%	Writt Prem Char			icy Affected Program:		m for	Maximum % Change (where req'	% Minimum % Change d): (where req'd):
						this I	Program:						
CareFirst BlueChoice	New Product	0.000%		0.000%		\$0		0		\$0		0.000%	0.000%
	t Type: d Lives: Holders:	НМО	PPC)	EPO		POS	HSA	HDHI	P	FFS	Other	

CareFirst BlueChoice, Inc.

State: District of Columbia Filing Company:

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

CareFirst BlueChoice, Inc.

State: District of Columbia

District of Columbia Filing Company: H21 Health - Other/H21.000 Health - Other

Product Name: DC BlueChoice IND64- ACA

Project Name/Number: /1901

Rate/Rule Schedule

TOI/Sub-TOI:

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

SERFF Tracking #: CFAP-129047510 State Tracking #: Company Tracking #: 1901 District of Columbia Filing Company: CareFirst BlueChoice, Inc. State: TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other Product Name: DC BlueChoice IND64- ACA Project Name/Number: /1901 1901_DC BlueChoice 1901_DC_BlueChoice DC/CFBC/DOL APPEAL (R. New Exchange - Rate Filing 7/11), - Exchange (Q1 2014) - Rate Filing - 5-31-DC/CFBC/EXC/NATAMER 13.pdf, (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/NATAME R SOB (1/14),

DC/CFBC/EXC/HMO/SIL SOB

(1/14),

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/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),

SERFF Tracking #: CFAP-129047510 State Tracking #: Company Tracking #: 1901 Filing Company: District of Columbia CareFirst BlueChoice, Inc. State: 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)

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

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Rates Effective 1/1/2014

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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.

	All On-Exchange CFBC	DC/CFBC/DOL APPEAL (R. 7/11) SERFF Tracking #: CFBC-127246015 Approved 7/1/11
	Ī	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)
On Exchange		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.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 \$72.32
33	\$74.21
33	\$77.10
	\$80.08
35	T
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
/U 1	ψ <u>ζ</u> 10.31

	In Network	Out-Of-Network	
DEDUCTIBLE	\$6,350	None	
COINSURANCE	0%		
OUT-OF-POCKET MAXII	MUM \$6,350		
Office Copays	\$0 PCP /\$0 Specialist		
Drug: 0%	Generic, 0% Preferred Brand		
0%	Non-Preferred Brand Coinsura	nce	
Drug and Medical Combined for Ded & OOP May			

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
33	\$136.40
35	\$136.40 \$141.68
36	\$147.14
	\$147.14 \$152.94
37	
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

	In Network	Out-Of-Network	
DEDUCTIBLE	\$4,000	None	
COINSURANCE	30%		
OUT-OF-POCKET MAXIMUM	\$6,350		
Office Copays	\$30 PCP /\$40 Specia	alist	
Drug: 20% Gene	eric, 30% Preferred Bra	and	
50% Non-	Preferred Brand Coins	urance	
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
	\$124.05
22 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	\$172.83
43	
44	\$186.67
	\$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
	\$372.14 \$372.14
63	·
64	\$372.14
>64	\$372.14

	In Network	Out-Of-Network	
DEDUCTIBLE	\$6,000	None	
COINSURANCE	0%		
OUT-OF-POCKET MAXIMUM	\$6,000		
Office Copays	\$0 PCP /\$0 Specialist		
Drug: 0% Gene	eric, 0% Preferred Brand		
0% Non-l	Preferred Brand Coinsura	ince	
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

208.63 Base Rate

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
	\$390.35
57	¥
58	\$405.58
59	\$421.43
60	\$437.91
61	\$455.02
62	\$455.02
63	\$455.02
64	\$455.02
>64	\$455.02

	· , · · · · · · · ·	
	In Network	Out-Of-Network
DEDUCTIBLE	\$5,500	\$11,000
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$6,350	\$12,700
Office Copays	\$30 PCP /\$40 Speciali	st
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	
	\$220.79	
39		
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	
	T	
62	\$533.28	
63	\$533.28	
64	\$533.28	
>64	\$533.28	

	In Network	Out-Of-Network
DEDUCTIBLE	\$1,300	None
COINSURANCE	20%	
OUT-OF-POCKET MAXIMUM	\$6,350	
Office Copays	\$30 PCP /\$40 Specia	alist
Drug: 20% Gene	eric, 30% Preferred Bra	and
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

248.55 Base Rate \$

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	\$207.79	
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	

	In Network	Out-Of-Network
DEDUCTIBLE	\$2,000	None
COINSURANCE	20%	
OUT-OF-POCKET MAXIMUM	\$6,350	
Office Copays	\$30 PCP /\$40 Special	ist
Drug: \$10 Prefe	erred Generic Copay, 209	% Non-Preferred Generic,
30% Pref	erred Brand, 40% Non-P	referred 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

266.24 Base Rate

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 \$580.67	
63	\$580.67 \$580.67	
64	\$580.67	
>64	\$580.67	

	In Network	Out-Of-Network
DEDUCTIBLE	\$2,500	\$500
COINSURANCE	20%	40%
OUT-OF-POCKET MAXIMUM	\$6,350	\$12,700
Office Copays	\$20 PCP /\$40 Speciali	ist
Drug: \$10 Prefer	red Generic Copay, 20%	6 Non-Preferred Generic,
30% Preferred Brand, 40% Non-Preferred Brand Coinsurance		referred 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

283.81 Base Rate

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	\$200.33	
34	\$219.95	
35	\$228.47	
36	\$237.27	
37	\$246.63	
38	\$256.28 \$266.21	
39		
40	\$276.71	
41 42	\$287.50 \$298.85	
43	\$310.49	
44	\$310.49	
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	

	In Network	Out-Of-Network
DEDUCTIBLE	\$1,000	None
COINSURANCE	10%	
OUT-OF-POCKET MAXIMUM	\$3,750	
Office Copays	\$20 PCP /\$30 Special	ist
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	
	\$300.93	
38	'	
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	

		In Network	Out-Of-Network
DEDUCTIBLE		\$0	None
COINSURANCE		30%	
OUT-OF-POCKET MA	XIMUM	\$6,350	
Office Copays		\$20 PCP /\$30 Specia	alist
Drug:	20% Gene	ric, 30% Preferred Bra	nd
	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	
33	\$250.01	
35	\$269.78	
	\$280.17	
36		
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	

	In Network	Out-Of-Network	
DEDUCTIBLE	\$1,500	\$2,500	
COINSURANCE	0%	0%	
OUT-OF-POCKET MAXIMUM	\$3,250	\$5,900	
Office Copays	\$0 PCP /\$40 Specialis	st	
Drug Deductible	\$400		
Drug: \$0 Generic	\$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 31	\$276.35 \$276.35
	\$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
/04	φυ ∠ ઝ.υυ

	In Network	Out-Of-Network	
DEDUCTIBLE	\$0	\$1,000	
COINSURANCE	0%	0%	
OUT-OF-POCKET MAXIMUM	\$2,000	\$4,000	
Office Copays	\$0 PCP /\$40 Specialis	st	
Drug Deductible	\$400		
Drug: \$0 Gener	\$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	
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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

SERFF Tracking #:	CFAP-129047510	State Tracking #:		Company Tracking #:	1901
State:	District of Columb	bia	Filing Company:	CareFirst BlueChoid	re, Inc.
TOI/Sub-TOI:	H21 Health - Othe	er/H21.000 Health - Other			
Product Name:	DC BlueChoice II	ND64- ACA			
Project Name/Number:	/1901				
Bypass Reason:	N	/A			
Attachment(s):					
Item Status:					
Status Date:					
0.4.6.1.14					
Satisfied - Item:	Ad	ctuarial Memorandum and Ce	ertifications		
Comments:					
Attachment(s):	19	901_DC_BlueChoice - Excha	inge (Q1 2014) - Actuarial Mei	morandum - 6-12-13.pdf	
Item Status:					
Status Date:					
Satisfied - Item:	Uı	nified Rate Review Template			
Comments:					
	19	901_DC BlueChoice Rate Re	view Template.xls		
Attachment(s):	19	901_DC BlueChoice Rate Re	view Template - 5-31-13.pdf		
	19	001_DC BlueChoice Unified I	Rate Review Part II - Revised	6-12-13.pdf	
Item Status:					
Status Date:					
Satisfied - Item:	D	C BlueChoice AV Inputs			
Comments:					
Attachment(s):	Do	C BlueChoice Consumer Dire	ect AV inputs.pdf		
Item Status:			· ·		

Status Date:

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

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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 filling 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 crediblity 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.

	All On-Exchange CFBC	DC/CFBC/DOL APPEAL (R. 7/11) SERFF Tracking #: CFBC-127246015 Approved 7/1/11
	0	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)
On Exchange		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/EA (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/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
		200 CT 2011 THE TO (1012) DEAT THE MINE (1012) DEAT THE MINE (1012) THE MINE (1012) DEAT THE (1012) DEAT THE MINE

6/12/2013 9 Form Numbers

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 filling have been developed in accordance with the available regulations and guidance for the Individual, non-Medigap market (on exchange) in the District of Columbia for business effective 1/1/2014. The actuarial values (AV) of the benefits proposed have been calculated with the minimally necessary modifications to the HHS AV calculator. Further, the Index rate has been developed based on my best understanding of the available regulations, guidance and sound actuarial practices and assumptions in the aggregate for the legal entity. I certify the following:

- 1. I am a member in good standing with the American Academy of Actuaries.
- 2. The projected index rate complies with applicable statutes based on my best understanding of the available guidance and sound actuarial practice and is in accordance with applicable actuarial standards including ASOP 8. The Actuarial Memorandum has been developed following the format and content prescribed in the CCIIO instructions for Part III Actuarial Memorandum.
- 3. The projected index rate is reasonable in relation to the projected benefits and the projected population and is based on a plausible scenario that assumes a more favorable view of the morbidity in the Individual market in the District of Columbia as described in the Actuarial Memorandum. Given the significant changes in the Individual market from 2014-2016, it is possible that the projected index rate could miss the true costs by a considerable margin up or down. If this occurs, I expect the ACA risk mitigation techniques to dampen the impact of such pricing actions with the intent to achieve long-term target pricing by the end of 2016.
- 4. The plan level rates are developed based only on allowed index rate modifiers in accordance with 45 CFR 156.80(d)(1) and (2) and have been normalized to account for prescribed rating factors.
- 5. The percent of total premiums related to Essential Health Benefits has been estimated based on sound actuarial practice.
- 6. The Actuarial Values have been calculated using the HHS calculator with minimal modification which has been discussed in the Actuarial Memorandum included in this filing.

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

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

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

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
ООР	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 paids, completion factors and corresponding reserve on the next pages. But, for purposes of pricing we only consider an experience period of January 2012 with paids through February 2013 and incurreds through December 2012, or a Paid 14, Incurred 12 experience period. Thus we do not include the most recent 2 months in our rating estimates since these months have a higher probability of recasting.

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

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

						Complet	ted		Rolling 12 PMP	М		Rolling 12 Tren	d
					Completion								
Month	Contracts	Members	Allowed	Admits	Factor	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	40.00		440 504 40			
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	20.00/		
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 201302	24,568	39,060	1,816,263	165 41	0.85	2,134,229	194 132	54.47 50.00	52.82 51.11	\$12,373.04	1.4% -11.2%	-6.5% -10.3%	8.4% -1.0%
201302	24,673	39,118	317,867	41	0.31	1,035,441	132	50.00	51.11	\$11,738.42	-11.2%	-10.5%	-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	23,404	37,131									5.3%	1.1%	4.1%
months	*	37,131									3.370		
Selected Pricin	ng Trend											1.0%	4.1%

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

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

						Comple	ted		Rolling 12 PMP	M		Rolling 12 Tren	d
					Completion								
Month	Contracts	Members	Allowed	Visits	Factor	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%	
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%	
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%	
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%	
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%	
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%	
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%	
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%	
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%	
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%	
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%	
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%
Funant													
Experience	272 212	422.262	21 554 204	10.046	0.98	21 065 415	20 210						
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%	
201212	24,188	38,388									10.5%	2.1%	
Avg last 6													
months	23,404	37,131									13.8%	4.9%	8.5%
Selected Pricin	ng Trend											3.5%	8.5%
	0											5.670	2.370

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

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

						Compl	eted		Rolling 12 PMP	M		Rolling 12 Tren	d
					Completion								
Month	Contracts	Members	Allowed	Visits	Factor	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%	
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%	
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%	
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%	
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%	
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%	
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%	
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%	
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%	
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%	
201301 201302	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%	
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						
i cilou	2,3,213	455,505	-3,322,030	300,000	0.36	-4,230,131	314,100						
201203	22,134	35,091									10.1%	12.0%	-1.7%
202109	23,254	36,880									11.6%	18.3%	
201212	24,188	38,388									9.5%	16.1%	
Avg last 6													
months	23,404	37,131									11.2%	17.6%	-5.4%
Selected Pricin	g Trend											16.5%	-5.4%
_ D.OUTOM T FIGHT												10.3/0	J1-70

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

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

						Compl	eted		Rolling 12 PMP	М		Rolling 12 Trend	l
		_			Completion								
Month	Contracts	Members	Allowed	Services	Factor	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	324,476	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 1.00	254,001	1,267						
201101 201102	19,576	31,339	340,695	1,483		340,764	1,483						
201102	19,322	31,004	341,388	1,543	1.00 1.00	341,468	1,543	9.34	463.17	¢241.0F			
	19,954	31,825	422,135	1,581	1.00	422,252	1,581			\$241.95			
201104 201105	20,199	32,136	383,948	1,614		384,106	1,614	9.91	484.33	\$245.49 \$244.69			
201105	20,454 20,573	32,649	371,180	1,671	1.00 1.00	371,347	1,672 1,593	10.27	503.64 522.32	\$244.69			
	,	32,760	353,458	1,592		353,607	,	10.63					
201107 201108	20,658	32,985	370,539 352,857	1,597	1.00	370,729	1,598	10.70 10.70	532.46 542.45	\$241.19 \$236.75			
201108	20,847 21,047	33,211 33,507	352,857	1,453 1,606	1.00 1.00	353,122 381,200	1,454 1,607	10.76	542.45 552.84	\$236.75			
201109	21,047	33,369	426,707		1.00	427,150		11.13	558.38	\$233.30			
201110	21,044	33,496	383,266	1,456 1,573	1.00	383,799	1,457 1,575	11.13	566.26	\$239.15			
201111	21,182	33,496 34,174	389,702	1,573	1.00	390,492	1,575	11.52	574.96	\$237.00			
201112	21,699	34,307	398,868	1,689	1.00	399,798	1,692	11.52	576.99	\$240.84			
201201	22,000	34,879	383,091	1,664	1.00	384,095	1,668	11.57	575.13	\$240.84			
201202	22,000	35,091	468,821	1,740	1.00	470,243	1,745	11.60	575.33	\$241.50	24.2%	24.2%	0.0%
201203	22,134	35,295	437,860	1,672	1.00	439,492	1,678	11.65	572.72	\$244.02	17.5%	18.3%	
201204	22,232	35,121	424,889	1,701	0.99	427,040	1,709	11.03	570.35	\$244.02	14.0%	13.2%	
201206	22,594	35,884	392,847	1,620	0.99	395,389	1,630	11.71	567.11	\$248.09	10.3%	8.6%	
201207	22,716	36,081	427,672	1,588	0.99	431,739	1,603	11.72	563.02	\$251.16	10.1%	5.7%	
201207	23,031	36,530	406,508	1,635	0.99	411,558	1,655	11.83	564.31	\$251.57	10.1%	4.0%	
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%	
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%	
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%	
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%	
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%	
201302	24,673	39,118	177,531	803	0.29	618,455	2,467	12.58	591.47	\$255.29		2.8%	
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%	
201203													
	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	g Trend											2.5%	5.5%

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

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

						Compl	eted		Rolling 12 PMP	M		Rolling 12 Tren	d
				6	Completion		6		S. 1.1. (4000			6 /4.000	
Month	Contracts	Members	Allowed	Scripts	Factor	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 201011	19,429	31,274	2,001,397	20,609	1.00 1.00	2,001,397	20,609 21,087						
201011	19,877	31,729	2,036,183	21,087	1.00	2,036,183							
201012	20,267 19,576	32,587 31,339	2,085,505 2,178,731	21,649 22,200	1.00	2,085,505 2,178,731	21,649 22,200						
201101	19,370	31,004	2,176,731	20,842	1.00	2,176,731	20,842						
201102	19,954	31,825	2,352,129	22,980	1.00	2,352,129	22,980	66.70	8,158.96	\$98.10			
201103	20,199	32,136	2,332,129	21,368	1.00	2,332,129	21,368	66.75	8,133.33	\$98.48			
201104	20,155	32,130	2,372,427	22,304	1.00	2,372,427	22,304	67.34	8,138.39	\$99.29			
201105	20,434	32,760	2,372,427	22,304	1.00	2,252,541	22,304	67.60	8,146.00	\$99.59			
201100	20,658	32,700	2,348,639	21,274	1.00	2,348,639	21,274	68.14	8,115.15	\$100.77			
201107	20,847	33,211	2,585,886	22,402	1.00	2,585,886	22,402	69.04	8,098.98	\$100.77			
201108	21,047	33,507	2,442,137	21,942	1.00	2,442,137	21,942	69.60	8,092.84	\$102.30			
201103	21,047	33,369	2,491,107	22,656	1.00	2,491,107	22,656	70.49	8,112.39	\$103.21			
201111	21,182	33,496	2,626,843	22,818	1.00	2,626,843	22,818	71.68	8,128.86	\$105.82			
201111	21,602	34,174	2,560,042	23,816	1.00	2,560,042	23,816	72.60	8,162.25	\$105.02			
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		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			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			10.7%
201206	22,594	35,884	2,628,444	23,832	1.00	2,628,446	23,832	76.02	8,240.73	\$110.69			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			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%		6.5%
201212	24,188	38,388									4.1%		2.6%
Avg last 6													
months	23,404	37,131									8.1%	2.1%	6.0%
Selected Pricin	g Trend											2.0%	4.5%

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

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

					Completed	Rolling 12 PMPM	Rolling 12 Trend
				Completion	Completed	FIVIFIVI	Henu
Month	Contracts	Members	Allowed	Factor	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%

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 $^{\sim}$ 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.

D.C. Individual Exchange Products Rates Effective 1/1/2014 Comparison Between HMO and PPO Morbidity

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

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	%	РМРМ
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

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%
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%
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 O	nly)	_
Individual, non-Medigap Embedded PMPM (Davis Vision Capitation)	\$	1.16
% of D.C. Individual, non-Medigap Market over Age 19		0.765
Embedded Adult Vision PMPM Spread Over Individual Market	\$	0.89
Blended Non-EHB Adult Vision PMPM Spread Over Entire Single Risk Pool	\$	0.07
<u>Derivation of Projection Factor</u>		
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

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	t/Case
Change in Individual Allowed Cost PMPM % Impact	\$	(1.98) -0.7%		
Impact of Maternity on Individual Market PN			•	(1.98)
Impact on Individual & Small Group Market Combined PMPM		d PMPM	\$	(0.16)
Adjustment Factor (Small Group & Individual	Adjustment Factor (Small Group & Individual Markets Combined)			1.00

Essential Health Benefits 6/12/2013 24

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

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

\$1,916.81

Average Group

Cost/Case		Cases/1000		Claims PMPM		% of Total PMPM		Allowed Amounts	
	Maternity		Maternity		Maternity		Maternity		
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						

20.9

Average Group

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

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	\$1.05
2Q14	\$1.08
3Q14	\$1.11
4Q14	\$1.13

Projected PMPM

\$0.07
\$0.07
\$0.07
\$0.07

Projection Period Non-EHB

1Q14	\$1.12
2Q14	\$1.15
3Q14 4Q14	\$1.18
4Q14	\$1.20

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

EHBs & Non-EHBs SUMMARY

1	2	3	4	5	_
			INDC4	CLAIMS PMPN SG	
FUR and Non FUR			IND64-	SG BC	IND64- & SG
EHBs and Non-EHBs Removed from Experience Period	Non-EHB: Adult Core Vision		(¢0.43)		(\$0.4
Index Rate	Non-EHB: Adult Core vision Non-EHB: Abortion		(\$0.43) (\$0.78)	(\$0.44) (\$0.86)	(\$0.4
index Rate	EHB: Morbid Obesity	Currently Cover	(\$0.78) n/a	(ŞU.86) n/a	(ŞU.81 n/
	EHB: Hospice Hospital Bereavement	Cover up to \$100 Benefit Max	n/a	n/a	n,
	EHB: Hair Prosthesis	Cover up to \$100 benefit wax Cover up to \$350	n/a	n/a	•
	Non-EHB Subtotal:	Cover up to \$550	(\$1.21)	(\$1.30)	n, (\$1.3
	NOII-EHB Subtotal.		(\$1.21)	(\$1.50)	(\$1.50
Added to Projection Period	Non-EHB: Adult Core Vision		\$1.11	n/a	
ON EXCHANGE	Non-EHB: Abortion		\$1.01	\$1.06	
	EHB: Pediatric Dental		\$4.27	\$4.16	\$4.1
	EHB: Pediatric Vision		\$0.42	\$0.29	\$0.30
	EHB: Transgender	Removal of Exclusion	\$0.00	\$0.00	\$0.0
	EHB: Hair Prosthesis	Removed \$350 Benefit Max	\$0.00	\$0.00	\$0.0
	EHB: Hospice Hospital Bereavement	Remove \$100	\$0.00	\$0.00	\$0.0
	EHB: Maternity	Nemove \$100	(\$2.37)	\$0.00	\$0.0
-	Non-EHB Subtotal:		\$2.12	\$1.06	7
	New EHB Subtotal:		\$2.31	\$4.44	
_	TOTAL:		\$4.43	\$5.50	
Added to Projection Period	Non-EHB: Adult Core Vision			n/a	
OFF EXCHANGE	Non-EHB: Abortion			\$1.06	
	EHB: Pediatric Dental		No Individual	\$4.16	\$4.1
	EHB: Pediatric Vision		Off-Exchange	\$0.29	\$0.3
	EHB: Transgender		market	\$0.00	\$0.0
	EHB: Hair Prosthesis		market	\$0.00	\$0.0
	EHB: Hospice Hospital Bereavement			\$0.00	\$0.0
	EHB: Maternity			\$0.00	\$0.0
	Non-EHB Subtotal:			\$1.06	
_	New EHB Subtotal:			\$4.44	
	TOTAL:			\$5.50	
			45.55	4	
NET IMPACT:	ON-EXCHANGE:		\$3.22	\$4.20	n
	OFF-EXCHANGE:		n/a	\$4.20	n,
Plan Level Gross PMPM:			\$262	\$414	
DICR:			76.4%	76.9%	
Plan Level Net PMPM:			\$200	76.9% \$318	
% of Gross:			1.2%	\$318 1.0%	
% of Gross:			1.6%	1.0% 1.3%	
% of Net:			1.0%	1.3%	

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

		Experience Period Actual Trend		Projection Period Trend		Difference Exp vs. Proj trend	
		Average Rolling-12 (olling-12 month trend Average Rolling-12 month trend				
	Total Allowed	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		
0.5.1	4.000/	42 500		

*Stonegate study used to project % purchasing by metal level

% by FPL Estimate 100-150%

250%+

33% total will be eligible for cost-share subsidy.

 Metal Level
 % purchased
 Members Purchased

 Catastrophic
 5%
 675

 Bronze
 35%
 4,725

 Silver
 40%
 5,400

 100-150%
 17.9%

 150-200%
 20.1%

 200-250%
 18.0%

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.

44.0%

Gold	15%	2,025													
Platinum	5%	675													
			Member Months				1	Distribution	n of Non-GI	Membersh	ip				
			January	February	March	April	May	June	July	August	September	October	November	December	
			30%	15%	15%	20%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	2.5%	
Catastrophic	675	675	2,430	1,114	1,013	1,215	135	118	101	84	68	51	34	17	6,379
Bronze Plans	4.725														
BluePreferred HSA \$3,500	25%	1,181	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		3,261
CSR 150-200%	7.2%	387	1,394	639	581	697	77	68	58	48	39	29	19		3,659
CSR 100-150%	6.4%	348	1,252	574	522	626	70	61	52	43	35	26	17		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		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 CP	D	Projected 2014 Tota	I CPD		
	base 2012 WISGN CP	J	Projected 2014 Tota	(BC/GHMSI comb)	_	
	PMPM	\$ 223.7	Proj PMPM	\$ 246.29	From DICR tabs	
		\$ 223.7	Calc PMPM	\$ 337.66	Computed from a	assume re
	100.00%	\$ 2,684.5 Total Paid	100.00%	\$ 4,051.92 Total Paid	distribution Reinsured	
Claims	Frequency 17.97%	\$ -	Frequency 5.07%		\$ -	_
0 - \$ 49	15.17%	\$ 6.7	17.21%		\$ -	
50 - \$ 99	4.47%	\$ 79.4	5.03%		\$ -	
100 - \$ 149	5.07%	\$ 125.5	5.70%	\$ 128.67	\$ -	
150 - \$ 199	3.73%	\$ 175.0	4.20%	\$ 179.43	\$ -	
200 - \$ 249	3.21%	\$ 226.4	3.60%	\$ 232.15	\$ -	
250 - \$ 299	2.69%	\$ 276.3	3.02%		\$ -	
300 - \$ 349	2.36%	\$ 326.8	2.66%		\$ -	
350 - \$ 399		\$ 377.2	2.24%		\$ -	
400 - \$ 449	1.81%	\$ 427.7	2.03%		\$ -	
450 - \$ 499	1.58%	\$ 477.1	1.78%		\$ -	
500 - \$ 549 550 - \$ 599	1.38% 1.27%	\$ 527.4 \$ 578.1	1.55% 1.50%		\$ - \$ -	
600 - \$ 649	1.12%	\$ 629.8	1.26%		\$ -	
650 - \$ 699	1.08%	\$ 677.5	1.21%		\$ -	
700 - \$ 749	0.97%	\$ 728.3	1.15%		\$ -	
750 - \$ 799	0.91%	\$ 778.7	1.07%		\$ -	
800 - \$ 849	0.86%	\$ 829.0	0.97%		\$ -	
850 - \$ 899	0.81%	\$ 879.8	0.96%		\$ -	
900 - \$ 949	0.77%	\$ 928.8	0.91%		\$ -	
950 - \$ 999	0.72%	\$ 978.1	0.85%		\$ -	
1,000 - \$ 1,099	1.32%	\$ 1,054.5	1.57%		\$ -	
55,000 - \$ 59,999	0.08%	\$ 57,814.8	0.19%		\$ -	
60,000 - \$ 64,999	0.07%	\$ 62,486.3	0.17%		\$ 3,238.78	
65,000 - \$ 69,999	0.06%	\$ 67,556.4	0.13%		\$ 7,396.26	
70,000 - \$ 74,999	0.05%	\$ 72,746.5	0.12%		\$ 11,652.17	
75,000 - \$ 79,999	0.04%	\$ 77,628.9	0.10%		\$ 15,655.74	
80,000 - \$ 84,999	0.03%	\$ 82,628.7	0.08%		\$ 19,755.56	
85,000 - \$ 89,999	0.03% 0.03%	\$ 87,497.1	0.07%		\$ 23,747.70	
90,000 - \$ 94,999 95,000 - \$ 99,999	0.03%	\$ 93,227.4 \$ 97,435.3	0.06% 0.06%		\$ 28,446.53 \$ 31,896.94	
.00,000 - \$ 39,999		\$ 103,156.8	0.04%		\$ 36,588.59	
.05,000 - \$109,999	0.02%	\$ 107,512.2	0.04%		\$ 40,160.05	
10,000 - \$114,999	0.01%		0.03%		\$ 44,736.63	
15,000 - \$119,999	0.02%	\$ 118,373.5	0.03%		\$ 49,066.28	
20,000 - \$124,999	0.01%	\$ 122,408.9	0.03%		\$ 52,375.37	
25,000 - \$129,999	0.01%	\$ 128,127.6	0.02%		\$ 57,064.63	
30,000 - \$134,999	0.01%		0.02%		\$ 61,249.79	
35,000 - \$139,999	0.01%	\$ 138,025.0	0.03%	\$ 141,475.69	\$ 65,180.55	
.40,000 - \$144,999	0.01%	\$ 142,872.5	0.01%		\$ 69,155.52	
45,000 - \$149,999	0.01%	\$ 147,991.7	0.02%		\$ 73,353.23	
150,000 - \$154,999	0.01%		0.01%		\$ 77,482.77	
155,000 - \$159,999	0.01%	\$ 158,459.8	0.01%		\$ 81,937.04	
160,000 - \$164,999	0.00%	\$ 163,367.3	0.01%		\$ 85,961.22	
65,000 - \$169,999	0.00%	\$ 169,031.5	0.01%		\$ 90,605.87	
170,000 - \$174,999	0.00%	\$ 172,447.8	0.01%		\$ 93,407.26	
.75,000 - \$179,999 .80,000 - \$184,999	0.00% 0.00%	\$ 177,759.9 \$ 182,399.6	0.01% 0.01%		\$ 97,763.17 \$ 101,567.67	
185,000 - \$184,999	0.00%	\$ 188,654.3	0.01%		\$ 106,696.60	
190,000 - \$194,999	0.00%	\$ 193,183.4	0.00%		\$ 110,410.45	
195,000 - \$199,999	0.00%	\$ 197,734.4	0.01%		\$ 114,142.24	
00,000 - \$204,999	0.00%	\$ 203,027.1	0.01%		\$ 118,482.23	
05,000 - \$209,999	0.00%	\$ 207,986.7	0.01%		\$ 122,549.10	
10,000 - \$214,999	0.00%	\$ 213,175.7	0.00%	\$ 218,505.17	\$ 126,804.14	
15,000 - \$219,999	0.00%		0.00%		\$ 130,211.51	
20,000 - \$224,999	0.00%	\$ 222,765.5	0.00%	\$ 228,334.66	\$ 134,667.72	
25,000 - \$229,999	0.00%	\$ 227,387.7	0.00%		\$ 138,457.97	
230,000 - \$234,999	0.00%		0.00%			
35,000 - \$239,999	0.00%		0.00%			
40,000 - \$244,999	0.00%		0.00%			
45,000 - \$249,999	0.00%		0.00%			
50,000 - \$254,999	0.00%		0.00%			
55,000 - \$259,999	0.00%		0.00%			
160,000 - \$264,999	0.00%		0.00%			
65,000 - \$269,999	0.00%		0.00%			
270,000 - \$274,999	0.00%		0.00%			
275,000 - \$279,999	0.00%		0.01%			
280,000 - \$284,999	0.00%		0.00%		\$ 152,000.00	
285,000 - \$289,999	0.00%		0.00%		\$ 152,000.00	
290,000 - \$294,999	0.00%		0.00% 0.00%		\$ 152,000.00	
.95,000 - \$299,999 .nn nnn - \$9 999 999	0.00%		0.00%			
300,000 - \$9,999,999	0.02%	\$ 480,891.6	0.04%	\$ 492,913.92	\$ 152,000.00	% Claims
			D	einsurance Recoveries	\$ 40.81	/o Ciallills
			111		+ -0.01	
				Less Reinsurance fee	(\$5.25)	

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	
Admin Costs	\$	46.75	
Patient Outcome Tax	\$	0.15	
Reinsurance			
Risk Adjustment User Fees	\$	0.08	
Broker Commissions & Fees		\$11.97	
Contrib to Reserve	\$	-	
Invst Income Credit	\$	(0.00)	
Premium Taxes/Community Health Investment	\$	6.12	
Assessment Fees	\$	0.13	
Federal Income Tax	\$	-	
State Income Tax	\$	-	
Risk Charge	\$	-	
Exchange Fee	\$	-	
General Insurer Tax	\$	7.03	
CDH Expenses	•	\$0.00	
Total	\$	305.82	
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	(E
Care + net QI adjustments	\$	11,260,876	
		1 40/	0/

1.4% % Adjustment to our claims

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		
Experience Period Summary	Total						
Experience Period Premiums	\$ 116,282,957						
MLR Rebates (enter as negative)	\$ -						
Net Experience Period Premiums	\$ 116,282,957						
Survey and April Older (No. Co. 11 1 1)	402.022.722						
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%						
Sandara Badad Maraha Maraha	A 202 217						
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	\$ (1,794,117) \$ 115,762,454						
EP Paid / Allowed Ratio	\$ 115,762,454						
Er Palu / Allowed Ratio	88.5%						
Service Category Level Projection							
Service Category Experience Period Allowed	Utilization Measure	EP Units	EP Allowed \$	Other	Rx Reba		
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		(2,304,8		
Capitation	Average Members	31,971 \$	510,690	\$ - \$		- \$ 510,690	
Capitation Total	· ·	31,971 \$ \$	510,690 S			510,690 807) \$ 115,762,454	
•	· ·	31,971 \$ \$		\$ - \$	(2,304,8		

		Experience Period			Projection Factors						Projected		Effective Allowed PMPM
Service Category Experience Period Allowed	Utilization Measure	Util / 1000	Unit Cost	PMPM	Population Risk / Morbidity*	Other	Cost Factor	Utilization Factor	Total Factor	Util / 1000	Unit Cost	PMPM	Annual Trend
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			='	1	Projected Allow	ed Claims PMPM (EH	B + Non-EHB)	\$ 363.40	8.6%
									Non-	-EHB Claims In Proje	ted PMPM**	1.12	
* Please refer to page 24 - 25 for more information.										Index	Rate for EHB	\$ 362.28	

6/12/2013 32 Allowed PMPM Projection

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.

					Projected 2014 Member	
Total Abortion Related	Allowed Amount	2012 Member Months	Exp Period PMPM	Projected Allowed	Months (Off-Exchange)	Projected PMPM
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.

	% Membership	Exp Period Capitation	Projected Capitation PMPM
Total Capitation		\$0.43	\$1.26
% pediatric members (EHB)	12%	\$0.05	<u> </u>
% 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	BlueChoice HSA	BlueChoice HSA Bronze	BlueChoice HSA Silver	BlueChoice Plus Silver	BlueChoice Plus
Plan ID	Adult \$6350	Bronze \$4000	\$6000	\$1300	\$2500	Bronze \$5500
HIOS ID	86052DC040		86052DC041		86052D	042
Metal Level	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				1.018	0.949
Network	0.979			0.979	1.053	1.053
HSA/Non-HSA Factor	1.036		0.938		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
Total Allowed	3 228.33	3 324.07	324.07	303.67	3 413.10	363.02
% 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		\$ 206.45
Reinsurance Factor	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
Projected Member Wonths	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
		i	•	į	-	
Step-Up facto						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

	BlueChoice Gold \$0	BlueChoice Gold	BlueChoice Silver \$2000	HealthyBlue Gold \$1500	HealthyBlue Platinum	Overall On-
Plan	Diaconoloc Cola po	\$1000	5.440	•	\$0	Exchange
HIOS ID		86052DC040		86052D0		
Metal Level	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		\$ 364.57
	,	7 555.25	7 333.33	· · · · · · · · · · · · · · · · · · ·	,	* 5557
% 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:

 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.

 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.

 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\ \text{copay}$. This results in a $69.01\%\ \text{AV}$.

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.

 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 x 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.

 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

Туре	Description
BlueChoice	Referrals needed for Specialist Care, No Out of Network Coverage
BlueChioce 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

					Assumed
Network Type	Allowed \$	Mem Months	Allowed PMPM	Ratio to Lock In	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

					Benefit		HSA vs	Network	Network
Metal	AV w/ Federal model	AV from internal Model	AV from internal Model Be	enefit Generosity	Generosity H	SA vs Non-HSA	Non-HSA	Factors	Factors
				(Adj. allowed per		(Adj for HSA			
	(Different allowed per metal)	(Fixed allowed per metal)	All Silver at Base	fed Model)	Scaled	behavior	Scaled		Scaled
Catastrophic		43.0%	43.0%	0.92	0.94	1.06	1.04	1.00	0.98
BlueChoice HSA Bronze \$4000	60.5%	47.0%	47.0%	0.92	0.95	0.96	0.94	1.00	0.98
BlueChoice HSA Bronze \$6000	59.2%	45.0%	45.0%	0.92	0.95	0.96	0.94	1.00	0.98
BlueChoice HSA Silver \$1300	70.6%	61.7%	61.7%	0.94	0.97	0.96	0.94	1.00	0.98
Silver 200	73.5%	67.8%	61.7%	0.97	1.00	1.06	1.04	1.00	0.98
Silver 150	87.7%	83.0%	61.7%	1.05	1.08	1.06	1.04	1.00	0.98
Silver 100	93.2%	91.9%	61.7%	1.10	1.13	1.06	1.04	1.00	0.98
BlueChoice Plus Silver \$2500	70.1%	57.4%	57.4%	0.94	0.97	1.06	1.04	1.08	1.05
Silver 200	73.5%	67.8%	57.4%	0.97	1.00	1.06	1.04	1.08	1.05
Silver 150	87.4%	83.0%	57.4%	1.05	1.08	1.06	1.04	1.08	1.05
Silver 100	93.1%	91.9%	57.4%	1.10	1.13	1.06	1.04	1.08	1.05
BlueChoice Plus Bronze \$5500	61.3%	45.9%	45.9%	0.92	0.95	1.06	1.04	1.08	1.05
BlueChoice Gold \$0	89.2%	70.7%	70.7%	1.06	1.09	1.06	1.04	1.00	0.98
BlueChoice Gold \$1000	78.2%	67.6%	67.6%	0.99	1.02	1.06	1.04	1.00	0.98
BlueChoice Silver \$2000	68.8%	59.3%	59.3%	0.94	0.97	1.06	1.04	1.00	0.98
Silver 200	72.8%	67.8%	59.3%	0.97	1.00	1.06	1.04	1.00	0.98
Silver 150	87.8%	83.0%	59.3%	1.05	1.08	1.06	1.04	1.00	0.98
Silver 100	93.2%	91.9%	59.3%	1.10	1.13	1.06	1.04	1.00	0.98
HealthyBlue Gold \$1500	82.0%	76.7%	76.7%	0.99	1.02	1.06	1.04	1.09	1.06
HealthyBlue Platinum \$0	89.8%	88.4%	88.4%	1.06	1.09	1.00	0.98	1.09	1.06
		61.9%	57.5%	0.97	1.00	1.02	1.00	1.02	1.00
Silver Average		70.5%							
•									
	Catastrophic BlueChoice HSA Bronze \$4000 BlueChoice HSA Bronze \$6000 BlueChoice HSA Silver \$1300 Silver 200 Silver 150 Silver 100 BlueChoice Plus Silver \$2500 Silver 200 Silver 150 Silver 100 BlueChoice Plus Bronze \$5500 BlueChoice Gold \$0 BlueChoice Gold \$1000 BlueChoice Silver \$2000 Silver 150 Silver 150 Silver 150 Silver 2000 Silver 2000 Silver 150 Silver 100 HealthyBlue Gold \$1500	(Different allowed per metal) Catastrophic BlueChoice HSA Bronze \$4000 BlueChoice HSA Bronze \$6000 BlueChoice HSA Silver \$1300 Silver 200 Silver 150 Silver 150 Silver 100 BlueChoice Plus Silver \$2500 Silver 150 Silver 100 BlueChoice Plus Bronze \$5500 An.4% Silver 100 BlueChoice Gold \$0 BlueChoice Gold \$1000 BlueChoice Silver \$2000 Silver 150 Silver 150 BlueChoice Silver \$2000 An.2% BlueChoice Silver \$2000 An.2% BlueChoice Silver \$2000 An.2% BlueChoice Silver \$2000 An.2% An.2% BlueChoice Silver \$2000 An.2% An.2% BlueChoice Silver \$2000 An.2%	Catastrophic BlueChoice HSA Bronze \$4000 BlueChoice HSA Silver \$1300 BlueChoice HSA Silver \$1300 Silver 200 Silver 150 Silver 100 BlueChoice Plus Silver \$2500 Silver 150 Silver 200 Silver 150 Silver 200 T3.5% Silver 200 T3.5% Silver 100 BlueChoice Plus Silver \$2500 Silver 100 Silver 200 T3.5% Silver 100 T3.5% S	(Different allowed per metal) (Fixed allowed per metal) 43.0% 43.0% 43.0% 810eChoice HSA Bronze \$4000 60.5% 47.0% 47.0% 810eChoice HSA Bronze \$6000 59.2% 45.0% 45.0% 810eChoice HSA Biver \$1300 70.6% 61.7% 61.7% 5ilver 200 73.5% 67.8% 61.7% 5ilver 150 87.7% 83.0% 61.7% 5ilver 200 73.5% 67.8% 51.7% 5ilver 200 73.5% 67.8% 51.7% 5ilver 200 73.5% 67.8% 57.4% 57.4% 57.4% 57.4% 57.4% 57.4% 510ec Plus Silver \$2500 70.1% 57.4% 57.4% 57.4% 510ec Plus Silver 200 73.5% 67.8% 57.4% 57.4% 510ec Plus Silver 200 73.5% 67.8% 57.4% 57.4% 510ec Plus Bronze \$5500 61.3% 45.9% 45.9% 810eChoice Plus Bronze \$5500 61.3% 45.9% 45.9% 810eChoice Gold \$0 89.2% 70.7% 70.7% 70.7% 810eChoice Gold \$0 89.2% 70.7% 70.7% 810eChoice Gold \$1000 78.2% 67.6% 67.6% 67.6% 810eChoice Silver \$2000 68.8% 59.3% 59.3% 510ec 200 72.8% 67.8% 59.3% 510ec 200 72.8% 67.8% 59.3% 510ec 200 72.8% 67.8% 59.3% 59.3% 59.3% 510ec 200 72.8% 67.8% 59.3% 59.3% 59.3% 510ec 200 72.8% 67.8% 59.3% 5	Catastrophic Cata	Metal AV w/ Federal model (Different allowed per metal) AV from internal Model (Fixed allowed per metal) AV from internal Model (Adj. allowed per metal) Benefit Generosity (Adj. allowed per metal) Generosity How the Model BlueChoice HSA Bronze \$4000 60.5% 47.0% 43.0% 0.92 0.94 BlueChoice HSA Bronze \$6000 59.2% 45.0% 45.0% 0.92 0.95 BlueChoice HSA Silver \$1300 70.6% 61.7% 61.7% 0.94 0.97 Silver 200 73.5% 67.8% 61.7% 0.97 1.00 Silver 150 87.7% 83.0% 61.7% 1.05 1.08 Silver 100 93.2% 91.9% 61.7% 0.94 0.97 BlueChoice Plus Silver \$2500 70.1% 57.4% 57.4% 0.94 0.97 Silver 100 93.1% 67.8% 57.4% 0.97 1.00 Silver 150 87.4% 83.0% 57.4% 0.97 1.00 BlueChoice Plus Bronze \$5500 61.3% 45.9% 45.9% 0.92 0.95	Metal AV w/ Federal model AV from internal Model AV from internal Model Benefit Generosity (Adj. allowed per MEA)) (Adj. allowed per (Adj. allowed per (Adj. allowed per MEA)) (Adj. allowed per (Adj. allowed per (Adj. allowed per MEA)) All Silver at Base fed Model) Scaled behavior BlueChoice HSA Bronze \$4000 60.5% 47.0% 47.0% 0.92 0.95 0.96 BlueChoice HSA Bronze \$4000 59.2% 45.0% 45.0% 0.92 0.95 0.96 BlueChoice HSA Silver \$1300 70.6% 61.7% 61.7% 0.94 0.97 0.96 BlueChoice HSA Silver \$1300 73.5% 67.8% 61.7% 0.94 0.97 0.96 Silver 200 73.5% 67.8% 61.7% 1.05 1.08 1.06 Silver 200 73.5% 67.8% 57.4% 0.94 0.97 1.06 BlueChoice Plus Silver \$2500 70.1% 57.4% 57.4% 0.94 0.97 1.06 Silver 150 87.4% 83.0% 57.4% 0.91<	Meta AV w/ Federal mode AV from internal Mode AV from internal Mode Berefit Generosity (Ad, allowed per (Ad, allo	No. No.

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

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

To estimate the impact 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			Age	TotalSum	Total*age_factor	Age	Rate
0-20	171	Row Labels	Count of Spouse Age	•		-		
21-25	344	21-25	15	<21	1,898	1379.846	\$	237.59
26-63	9549	26-63	887	21-25	526	382.402	\$	237.59
26	360	26	11	26	371	269.717	\$	237.59
27	434	27	7	27	441	320.607	\$	237.59
28	464	28	15	28	479	348.233	\$	237.59
29	431	29	19	29	450	327.15	\$	237.59
30	410	30	16	30	426	309.702	\$	237.59
31	374	31	24	31	. 398	289.346	\$	237.59
32	329	32	25	32		257.358	\$	237.59
33	325	33	40	33		272.29	\$	243.80
34	315	34	23	34	338	261.95	\$	253.28
35	293	35	31	35		260.82	\$	263.09
36	239	36	29	36		224.048	\$	273.22
37	236	37	34	37		234.63	\$	284.00
38	239	38	22	38		235.683	\$	295.11
39	242	39	33	39		257.95	\$	306.55
40	219	40	32	40		244.725	\$	318.64
41	214	41	31	41		248.185	\$	331.06
42	237	42	37	42		288.522	\$	344.13
43	249	43	39	43		315.072	\$	357.53
44	218	44	37	44		289.935	\$	371.59
45	204	45	35	45		282.259	\$	385.97
46	219	46	31	46		306.75	\$	401.00
47	211	47	34	47		312.375	\$	416.69
48	221	48	22	48		321.975	\$	433.03
49	202	49	22	49		308.448	\$	450.02
50	200	50	29	50		327.699	\$	467.67
51	195	51	19	51		318.218	\$	485.97
52	203	52	21	52		346.08	\$	504.93
53	195	53	17	53		340.26	\$	524.54
54	192	54	14	54		343.608	\$	545.13
55	180	55	13	55		334.469	\$	566.37
56	182	56 57	15	56		354.797	\$	588.59
57	158	57	15	57		323.683	\$	611.47
58	196	58	21	58		421.848	\$	635.33
59	198	59 60	16	59 60		432.28 440.79	\$	660.16
60 61	189 193	60 61	21 12	61		440.79 447.105	\$	685.98
62		62	12 17	62		447.105 464.553	\$ \$	712.78 712.78
63	196	63						
>63	187 340	>63	8 19	63 >63		425.295 782.979	\$ \$	712.78 712.78
Srand Total	10404	Grand Total	921	>03	13,219	762.979	\$	/12./8
Granu Total	10404	Granu rotal	721	Average F		1.1085	\$	362.28
				Average r	actui	1.1005	3	302.28

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.

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

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:

Desired Metal Tier	Bronze		
	Tie	er 1 Plan Benefit Des	sign
	Medical	Drug	Combined
Deductible (\$)			\$4,000.00
Coinsurance (%, Insurer's Cost Share)			70.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Separate (\$)			

Tier	Tier 2 Plan Benefit Design						
Medical	Drug	Combined					

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

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

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

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:	

Desired Metal Tier	Bronze		
	Tie	r 1 Plan Benefit Des	ign
	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				

Click Here for Important Instructions		Tie	r 1			Tie	er 2	
Type of Benefit	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	Υ	Υ						
All Inpatient Hospital Services (inc. MHSA)	Υ	Υ						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Υ	Υ						
Specialist Visit	Υ	Υ						
Mental/Behavioral Health and Substance Abuse Disorder Outpatient								
Services	Υ	Υ						
Imaging (CT/PET Scans, MRIs)	Υ	Υ						
Rehabilitative Speech Therapy	Υ	Υ						
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	Υ						
Preventive Care/Screening/Immunization	N	N	100%	\$0.00			100%	\$0.00
Laboratory Outpatient and Professional Services	Υ	Υ						
X-rays and Diagnostic Imaging	Υ	Υ						
Skilled Nursing Facility	Υ	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Y	Υ						
Drugs								
Generics	Υ	Υ						
Preferred Brand Drugs	Υ	Υ						
Non-Preferred Brand Drugs	Υ	Υ						
Specialty Drugs (i.e. high-cost)	Υ	Υ						

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

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

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

User Inputs for Plan Parameters

Υ	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?
Bronze	Desired Metal Tier

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

Desired Metal Her	DIOTIZE					
	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				

Click Here for Important Instructions		Tie	r 1			Tie	er 2	
Type of Benefit	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	Υ	Υ						
All Inpatient Hospital Services (inc. MHSA)	Υ	Υ						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	N		\$35.00				
Specialist Visit	Υ	N		\$45.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	N	N		\$35.00				
Imaging (CT/PET Scans, MRIs)	Υ	Υ						
Rehabilitative Speech Therapy	Υ	N		\$45.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	N		\$45.00				
Preventive Care/Screening/Immunization	N	N	100%	\$0.00				
Laboratory Outpatient and Professional Services	Υ	Υ						
X-rays and Diagnostic Imaging	Υ	Υ						
Skilled Nursing Facility	Υ	Υ	_					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs								
Generics	N	N		\$10.00				
Preferred Brand Drugs	Υ	Υ	70%					
Non-Preferred Brand Drugs	Υ	Υ	60%					
Specialty Drugs (i.e. high-cost)	Υ	Υ	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	N
Copays?	IN
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 61.5% Metal Tier: Bronze

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

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:

Desired Metal Tier	Silver		
	Tie	r 1 Plan Benefit Des	sign
	Medical	Drug	Combined
Deductible (\$)			\$1,300.00
Coinsurance (%, Insurer's Cost Share)			80.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Senarate (\$)			

Tier 2 Plan Benefit Design					
Medical	Drug Combined				
		J			

Click Here for Important Instructions		Tie	er 1			Tie	er 2	
Type of Benefit	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	Υ	Υ						
All Inpatient Hospital Services (inc. MHSA)	Υ	Υ						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	Υ	N		\$30.00				
Specialist Visit	Υ	N		\$40.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				\$30.00				
Services	Υ	N		\$30.00				
Imaging (CT/PET Scans, MRIs)	Υ	Υ						
Rehabilitative Speech Therapy	Υ	N		\$40.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	N		\$40.00				
Preventive Care/Screening/Immunization	N	N	100%	\$0.00				
Laboratory Outpatient and Professional Services	Υ	Υ						
X-rays and Diagnostic Imaging	Υ	Υ						
Skilled Nursing Facility	Υ	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Y	Υ						
Drugs								
Generics	Υ	Υ	80%	•				
Preferred Brand Drugs	Υ	Υ	70%					
Non-Preferred Brand Drugs	Υ	Υ	50%	•				
Specialty Drugs (i.e. high-cost)	Υ	Υ	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

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

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 Sliver

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:	

Desired Wetter Her	JIIVCI				
	Tier 1 Plan Benefit Design				
	Medical	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				

Click Here for Important Instructions		Tie	r 1			Tie	er 2	
Type of Benefit	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	Υ	Υ						
All Inpatient Hospital Services (inc. MHSA)	Υ	Υ						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	N		\$20.00				
Specialist Visit	Υ	N		\$40.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services	N	N		\$20.00				
Imaging (CT/PET Scans, MRIs)	Υ	Υ						
Rehabilitative Speech Therapy	Υ	N		\$40.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	N		\$40.00				
Preventive Care/Screening/Immunization	N	N	100%	\$0.00				
Laboratory Outpatient and Professional Services	Υ	Υ						
X-rays and Diagnostic Imaging	Υ	Υ						
Skilled Nursing Facility	Υ	Υ	_					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs								
Generics	N	N	<u>-</u>	\$10.00				
Preferred Brand Drugs	Υ	Υ	70%					
Non-Preferred Brand Drugs	Υ	Υ	60%					
Specialty Drugs (i.e. high-cost)	Υ	Υ	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?	Ν
# 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	N
Copays?	IN
# Copays (1-10):	

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 70.2% Metal Tier: Silver

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

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

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

Desired Metal Tier	Silver		
	Tie	r 1 Plan Benefit Des	sign
	Medical	Drug	Combined
Deductible (\$)			\$2,000.00
Coinsurance (%, Insurer's Cost Share)			80.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Senarate (\$)			

Tier 2 Plan Benefit Design						
Medical	Drug Combined					

Click Here for Important Instructions	Tier 1				Tie	er 2		
Type of Benefit	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	Υ	Υ						
All Inpatient Hospital Services (inc. MHSA)	Υ	Υ						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	N		\$30.00				
Specialist Visit	Υ	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	Υ	N		\$40.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	N		\$40.00				
Preventive Care/Screening/Immunization	N	N	100%	\$0.00				
Laboratory Outpatient and Professional Services	Υ	Υ						
X-rays and Diagnostic Imaging	Υ	Υ						
Skilled Nursing Facility	Υ	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs		Υ						
Generics	N	N	•	\$10.00				
Preferred Brand Drugs	Υ	Υ	70%					
Non-Preferred Brand Drugs	Υ	Υ	60%	•				
Specialty Drugs (i.e. high-cost)	Υ	Υ	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

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

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

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

Desired Metal Tier	Gold		
	Tie	r 1 Plan Benefit Des	sign
	Medical	Drug	Combined
Deductible (\$)			\$0.00
Coinsurance (%, Insurer's Cost Share)			70.00%
OOP Maximum (\$)			\$6,350.00
OOP Maximum if Senarate (\$)			

Tier	2 Plan Benefit D	esign
Medical	Drug	Combined

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

^{*&}quot;Y" means the checkbox was checked, "N" means the checkbox was left unchecked.

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

UCA /UDA Outions		Name - National Costinue	
HSA/HRA Options		Narrow Network Options	
HSA/HRA Employer Contribution?	N	Blended Network/POS Plan?	Ν
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Desired Metal Tier	Gold		
	Tie	r 1 Plan Benefit Des	sign
	Medical	Drug	Combined
Deductible (\$)			\$1,000.00
Coinsurance (%, Insurer's Cost Share)			90.00%
OOP Maximum (\$)			\$3,750.00
OOP Maximum if Senarate (\$)			

Tier	2 Plan Benefit D	esign
Medical	Drug	Combined

Click Here for Important Instructions		Tie	r 1		Tier 2			
Type of Benefit	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	Υ	Υ						
All Inpatient Hospital Services (inc. MHSA)	Υ	Υ						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	N	N		\$20.00				
Specialist Visit	Υ	N		\$30.00				
Mental/Behavioral Health and Substance Abuse Disorder Outpatient				\$20.00				
Services	N	N		\$20.00				
Imaging (CT/PET Scans, MRIs)	Υ	Υ						
Rehabilitative Speech Therapy	Υ	N		\$30.00				
Rehabilitative Occupational and Rehabilitative Physical Therapy	Υ	N		\$30.00				
Preventive Care/Screening/Immunization	N	N	100%	\$0.00				
Laboratory Outpatient and Professional Services	Υ	Υ						
X-rays and Diagnostic Imaging	Υ	Υ						
Skilled Nursing Facility	Υ	Υ						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Υ	Υ						
Outpatient Surgery Physician/Surgical Services	Υ	Υ						
Drugs								
Generics	N	N	•	\$10.00				
Preferred Brand Drugs	Υ	Υ	70%	-				
Non-Preferred Brand Drugs	Υ	Υ	60%					
Specialty Drugs (i.e. high-cost)	Υ	Υ	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

^{*&}quot;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	i
HSA/HRA Employer Contribution? N		Blended Network/POS Plan?	N
Annual Contribution Amount:		1st Tier Utilization: 2nd Tier Utilization:	

	Tie	r 1 Plan Benefit Des	ign
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$400.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
OOP Maximum (\$)	\$3,2		
OOP Maximum if Separate (\$)			

Tier	Tier 2 Plan Benefit Design									
Medical	Drug	Combined								

Click Here for Important Instructions		Tie	r 1		Tier 2					
Type of Benefit	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)	Υ	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)	Υ	Υ	90%							
Outpatient Surgery Physician/Surgical Services	Υ	Υ	83%							
Drugs										
Generics	N	N								
Preferred Brand Drugs	Υ	N	•	\$45.00						
Non-Preferred Brand Drugs	Υ	N	•	\$200.00						
Specialty Drugs (i.e. high-cost)	Υ	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

^{*&}quot;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

or run runaniciers						
Use Integrated Medical and Drug Deductible?	Υ	HSA/HRA Options		Narrow Network Options		
Apply Inpatient Copay per Day?	Υ	HSA/HRA Employer Contribution?	N	Blended Network/POS Plan?	N	
Apply Skilled Nursing Facility Copay per Day?	N	Annual Contribution Amounts		1st Tier Utilization:		
Use Separate OOP Maximum for Medical and Drug Spending?	N	Annual Contribution Amount.	Annual Contribution Amount:			
Indicate if Plan Meets CSR Standard?	N					

illulcate il Fiali Meets Can Stallualu:	IN		
Desired Metal Tier	Platinum		
	Tie	r 1 Plan Benefit De:	sign
	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	Medical Drug Combine	Combined								

Click Here for Important Instructions		Tie	er 1	Tier 2					
Type of Benefit	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)	Υ	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)	Υ	Υ	91%						
Outpatient Surgery Physician/Surgical Services	Υ	Υ	85%						
Drugs									
Generics	N	N							
Preferred Brand Drugs	Υ	N		\$45.00					
Non-Preferred Brand Drugs	Υ	N		\$100.00					
Specialty Drugs (i.e. high-cost)	Υ	N		\$200.00					

Options for Additional Benefit Design Limits:

N	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):
	Begin Primary Care Deductible/Coinsurance After a Set Number of
N	Copays?
	# Copays (1-10):

Output

Status/Error Messages: Calculation Successful.

Actuarial Value: 89.8% Metal Tier: Platinum

 $[\]ensuremath{^{*}}\ensuremath{^{\mathsf{N}}}\ensuremath{^{\mathsf{N}}}$ means the checkbox was left unchecked.

Data Collection Template	E	F	G	Н	I J	K	L	М	N O	Р	Q	R	S	T U	V	Х	
Company Legal Name:	BlueChoice, Inc	c.	State:	DC													
HIOS Issuer ID:	86052		Market:	Individual													
Effective Date of Rate Change(s):	1/1/2014																
Market Level Calculations (Same for all Pl	ans)																
Section I: Experience period data																	
Experience Period:	1/1/2012	to	12/31/2012														
		Experience Period	•														
Premiums (net of MLR Rebate) in Experie		Aggregate Amount \$116,282,957		% of Prem 100.00%													
Incurred Claims in Experience Period		\$102,497,636		88.15%													
Allowed Claims:		\$115,762,454	301.74 \$ 302.00	99.55%													
ndex Rate of Experience Period Experience Period Member Months		383,647															
·		·															
Section II: Allowed Claims, PMPM basis		Experience	e Period		Projec	tion Period:	1/1/2014	l to	12/31/2014	Mi	id-noint to Mic	1-noint Evnerie	nce to Projection:	24 mo	nthe		
		Experience	e i enou		Adj't. from E				12/31/2014	1411	iu point to iviit	point, experie	nee to rrojection.	24 1110	1013	•	
		on Actual Exper	ience Allowed		Projectio	n Period	Fact	ors		efore credibility A	Adjustment		Credibility Manual				
Benefit Category	Utilization Description	Utilization per 1,000	Average Cost/Service	PMPM	Pop'l risk Morbidity	Other	Cost	Util	Utilization per 1,000	Average Cost/Service	PMPM	Utilization per 1,000	Average Cost/Service	PMPM			
Inpatient Hospital	Admits			\$56.08	1.010	1.000	1.041	1.010	54.47	\$13,793.93	\$62.62	54.47		\$62.62			
Outpatient Hospital	Services	566.23		51.27	1.010	1.000	1.085	1.035	612.62	1,279.20	65.31	612.62	1,279.20	65.31			
Professional Other Medical	Visits Services	8,662.11 559.58		102.42 11.39	1.010 1.010	1.000 1.310	1.000 1.055	1.165 1.025	11,873.99 593.79	141.89 356.26	140.40 17.63	11873.99 593.79	126.98 356.26	125.65 17.63			
Capitation	Benefit Period	1,000.00		1.33	1.010	1.000	1.000	1.000	1,010.00	15.97	1.34	1010.00	15.18	1.28			
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			
Total				\$301.74							\$378.22			\$363.40	After Credibility	Projected Period	l Totals
Section III: Projected Experience:				Projected Allowed	Experience Claim	s PMPM (w/a	applied credit	oility if applica	ible)		0.00%			100.00%	\$363.40		972,922
				,	Paid to Allowe										0.640		
					Projected Inci			ein & Risk Adj	t, PMPM						\$232.65		570,399
					Projected Risk	,		nsurance reco	veries, net of rein pr	om DMDM					<u>0.00</u> \$232.65		<u>0</u> 570,399
					Projected ACA					LIII, I IVII IVI					35.56		517,660
				Projected Incurred	l Claims										\$197.10	\$20,0	052,739
				Administrative Exp	ense Load									19.25%	49.64	5,0	050,866
				Profit & Risk Load Taxes & Fees										0.00% 4.34%	0.00 11.20	4 -	0 139,849
				Single Risk Pool Gr	oss Premium Avø	. Rate, PMPM	1							4.34%	\$257.94	_	243,454
				Index Rate for Proj		,									\$ 362.28		.,
					% increase ov % Increase, ar		Period								-14.90% -7.75%		
				Projected Membe		mudiizeu.									-7./5%		101,741
Information No. 2011 11.11.11	addiction of the	and builting and the	£		diameter and the			-41-1 1:1 6	internal at								
Information Not Releasable to the P									internal government ne full extent of the la		st not be						

Product-Plan Data Collection

Company Legal Name: HIOS Issuer ID: Effective Date of Rate Change(s): BlueChoice, Inc. 86052 1/1/2014 State: DC Market: Individual

Section I: General Product and Plan Information													
Product		BlueChoice			BlueChoice HSA			BlueChoice Plus		HealthyBlue		Current HIOS IDs	
Product ID:			86052	DC040			86052DC041		86052DC042		86052DC043		86052DC006
Metal:		Catastrophic	Silver	Gold	Gold	Bronze	Bronze	Silver	Bronze	Silver	Gold	Platinum	Catastrophic
AV Metal Value		0.000	0.693	0.785	0.800	0.582	0.605	0.706	0.618	0.701	0.801	0.883	0.000
AV Pricing Value		0.264	0.662	0.755	0.885	0.448	0.467	0.649	0.556	0.707	0.879	1.000	0.877
Plan Type:		HMO	HMO	HMO	HMO	HMO	HMO	HMO	POS	POS	POS	POS	HMO
Plan Name		Dhuchaisa Vauna	BlueChoice Silver	DhiaChaisa Cald	OlyaChaisa Cald	BlueChoice HSA	BlueChoice HSA	BlueChoice HSA	BlueChoice Plus	OlyaChaisa Nus	HealthyBlue Gold	HealthyBlue	
Tall Halls.		Adult \$6.350	\$2.000	\$1.000	\$0	Bronze \$6,000	Bronze \$4,000	Silver \$1.300	Bronze \$5.500	Silver \$2,500	\$1.500		C
												Platinum \$0	Current HIOS IDs
Plan ID (Standard Component ID):				86052DC0400003	86052DC0400002			86052DC0410003					86052DC0060001
Exchange Plan?		Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
Historical Rate Increase - Calendar Year - 2			0.0	10%		0.00%		0.00%		0.00%		-2.72%	
Historical Rate Increase - Calendar Year - 1			0.0	10%			0.00%		0.0	10%	0.0	00%	4.10%
Historical Rate Increase - Calendar Year 0			0.0	10%			0.00%		0.0	10%	0.0	00%	7.12%
Effective Date of Proposed Rates		1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014	1/1/2014
Rate Change % (over prior filing)		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	-999.00%	4.07%
Proj'd Per Rate Change % (over Exper. Period)		#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/01	#DIV/01	#DIV/0!	#DIV/0!	-100.00%
Product Threshold Rate Increase %	se %		0.0	10%			0.00%			0.00%		0.00%	

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	86052DC0400004	86052DC0400001	86052DC0400003	86052DC0400002	86052DC0410002	86052DC0410001	86052DC0410003	86052DC0420001	86052DC0420002	86052DC0430001	86052DC0430002	86052DC0060001
Inpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Average Current Rate PMPM	\$261.48	\$110.28	\$276.71	\$315.18	\$369.46	\$187.27	\$195.11	\$271.07	\$232.38	\$295.17	\$367.15	\$417.69	
Projected Member Months	101,742	6,379	12,758	1,914	7,655	8,930	15,628	20,412	8,930	8,930	5,741	4,465	

tion III: Experience Period Information

	Total	86052DC0400004	86052DC0400001	86052DC0400003	86052DC0400002	86052DC0410002	86052DC0410001	86052DC0410003	86052DC0420001	86052DC0420002	86052DC0430001	86052DC0430002	86052DC0060001
Average Rate PMPM	\$233.19												\$233.19
Member Months	30,163												30,163
Total Premium (TP)	\$7,033,771	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,033,771
EHB basis or full portion of TP, [see instructions]	99.68%												99.68%
state mandated benefits portion of TP that are other													
than EHB	0.00%												0.00%
Other benefits portion of TP	0.32%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.32%
Total Allowed Claims (TAC)	\$11,342,978												\$11,342,978
EHB basis or full portion of TAC, [see instructions]	99.68%												99.68%
state mandated benefits portion of TAC that are													
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.32%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	0.32%
Allowed Claims which are not the issuer's obligation:	\$1,395,506												\$1,395,506.01
Portion of above payable by HHS's funds													
on behalf of insured person, in dollars Portion of above payable by HHS on	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	0.00%	#DIV/01	#DIV/01		#DIV/01	#DIV/01	#DIV/0!	#DIV/01	#DIV/01		#DIV/01	#DIV/01	
behalf of insured person, as % Total Incurred claims, payable with issuer funds	\$9.947.472	#DIV/U!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/U!	#DIV/0! \$0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/U!	0.00% \$9.947.472
Total incurred claims, payable with issuer runds	59,947,472	\$0	\$0	50	50	50	\$0	50	50	\$0	50	50	39,947,472
Net Amt of Rein	\$0.00												\$0.00
Net Amt of Risk Adi	\$0.00												\$0.00
													75.00
Incurred Claims PMPM	\$329.79	#DIV/01	#DIV/0!	\$329.79									
Allowed Claims PMPM	\$376.06	#DIV/0!	\$376.06										
EHB portion of Allowed Claims, PMPM	\$374.85	#DIV/0!	\$374.85										

:tion IV: Projected (12 months following effective date)

Plan ID (Standard Component ID):	Total	86052DC0400004	86052000400001	86052DC0400003	86052DC0400002	86052000410002	86052000410001	86052DC0410003	86052000420001	86052DC0420002	86052000430001	86052000430002	86052000060001
Average Rate PMPM	\$261.48	\$110.28	\$276.71	\$315.18	\$369.46	\$187.27	\$195.11	\$271.07	\$232.38	\$295.17	\$367.15	\$417.69	\$0.00
Member Months	101.742	6.379	12.758	1.914	7.655	8.930	15.628	20.412	8.930	8.930	5.741	4.465	-
Total Premium (TP)	\$26,603,610	\$703,476	\$3,530,266	\$603,255	\$2,828,216	\$1,672,321	\$3,049,179	\$5,533,081	\$2,075,153	\$2,635,868	\$2,107,808	\$1,864,986	\$0
EHB basis or full portion of TP, [see instructions]	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	
state mandated benefits portion of TP that are other													
than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TP	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	100.00%
Total Allowed Claims (TAC)	\$37,091,702	\$1,460,344	\$4,898,817	\$737,330	\$3,156,616	\$2,893,945	\$5,064,566	\$7,468,138	\$3,438,229	\$3,689,519	\$2,399,566	\$1,884,632	
EHB basis or full portion of TAC, [see instructions]	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	99.42%	
state mandated benefits portion of TAC that are													
other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Other benefits portion of TAC	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	0.58%	100.00%
Allowed Claims which are not the issuer's obligation	\$16,777,128	\$923,170	\$2,203,087	\$276,690	\$997,011	\$1,616,999	\$2,736,184	\$3,243,081	\$1,853,590	\$1,676,806	\$789,993	\$460,518	
Portion of above payable by HHS's funds													
on behalf of insured person, in dollars	\$3,431,726	\$90,773	\$455,333.02	\$77,804.10	\$364,837.30	\$215,749	\$393,357	\$713,808	\$267,632	\$339,965	\$271,893.76	\$240,574.20	
behalf of insured person, as %	20.45%	9.83%	20.67%	28.12%	36.59%	13.34%	14.38%	22.01%	14.44%	20.27%	34.42%	52.24%	#DIV/0!
Total Incurred claims, payable with issuer funds	\$20,314,574	\$537,175	\$2,695,730	\$460,640	\$2,159,605	\$1,276,946	\$2,328,382	\$4,225,057	\$1,584,639	\$2,012,713	\$1,609,572	\$1,424,114	\$0
Net Amt of Rein	\$3,431,726		\$455,333.02	\$77,804.10	\$364,837.30		\$393,357	\$713,808	\$267,632	\$339,965	\$271,893.76		
Net Amt of Risk Adj	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

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 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%.

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.

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	Filing #: <u>CFBC-129022716</u>			
	oany Name: <u>CareFirst BlueChoice, Inc.</u> Number(s) of Plan: <u>DC/CFBC/EXC/HMO HSA/4000 BRZ SOB (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	Н5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	4000	C-1
er 1	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11		
ř	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	0.7	C-3
	OOP Maximum (\$)	B12	6350	C-2
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
 	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11		
ier 2	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
-	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits	D10		
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	D18 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 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	D20 E20	30	C-3
	Specialist Visit, Coinsurance, if different	D21	30	
	Specialist Visit, Copay, if separate	E21	40	C-4
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	D22 E22	30	C-7
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24	30	
_	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
ier 1	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	D27 E27	40	C-5
_	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28	40	
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	40	C-5
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	D32 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 Skilled Nursing Facility, Tier 1, Copay, if separate	D34 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 Outpatient Surgery Physician/Surgical Services, Copay, if separate	D36 E36		
-	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 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	120		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	H21 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	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 124		
r 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
ë	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	H28 I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	H33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	H35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits Generics, Coinsurance, if different	D38	Uδ	C-10
	Generics, Copay, if separate	E38		
l l	Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-10
1	Preferred Brand Drugs, Copay, if separate	E39	I .	l

l≌	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7	Preferred Brand Drugs, Copay, if separate	139		
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	Filing #: <u>CFBC-129022716</u>			
	oany Name: <u>CareFirst BlueChoice, Inc.</u> Number(s) of Plan: <u>DC/CFBC/EXC/HMO HSA/6000 BRZ SOB (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	6000	C-1
ır 1	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11		
ĭ	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	0.9999	C-3
	OOP Maximum (\$)	B12	6000	C-2
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
~	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11		
ie.	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
-	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits	D18		
	Emergency Room Services, Coinsurance, if different 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 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	D20 E20		
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate Montal (Robustines) Health and Substance Abuse Disorder Outpotient Services, Coincurages, if different	E21 D22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
1	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24 D27		
Tier	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	E27		
ľ	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	E28 D32		
	Laboratory Outpatient and Professional Services, Consulance, in different 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 Skilled Nursing Facility, Tier 1, Coinsurance, if different	E33 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 Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E35 D36		
	Outpatient Surgery Physician/Surgical Services, Comsulance, in unretent	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	I18 H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		
	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 Specialist Visit, Coinsurance, if different	120 H21		
	Specialist Visit, Consulance, in different	121		
	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 Imaging (CT/PET Scans, MRIs), Coinsurance, if different	122 H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
er 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
F	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	132 H33		
	X-rays and Diagnostic Imaging, Copay, if separate	133		
	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate	H34 I34		
	Outpatient Facility, Copay, it separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	H36 I36		
	Drug Benefits	130		
	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate Preferred Brand Drugs, Coinsurance, if different	E38 D39		
ř.	Preferred Brand Drugs, Copay, if separate	E39		

l≞	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	
	Generics, Coinsurance, if different	H38	
	Generics, Copay, if separate	138	
	Preferred Brand Drugs, Coinsurance, if different	H39	
7 2	Preferred Brand Drugs, Copay, if separate	139	
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40	
	Non-Preferred Brand Drugs, Copay, if separate	140	
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41	
	Specialty Drugs (i.e. high-cost), Copay, if separate	141	
	Options for Additional Benefit Design Limits		
	Specialty Rx Coinsurance Maximum	B46	
	Maximum Number of Days for Charging an IP Copay	B48	
	Number of Visits Before Begining Primary Care Cost-Sharing	B50	
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52	

Collabor	Act	tuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
Common C					
Total Name	SER	F Filing #: <u>CFBC-129022716; CFBC-129022731</u>			
Section Performance Perf					
April Common Co		Input Name		Input Value Used	Coresponding Page Number in Contract where value can be found
Star Text Visitations			E4		N/A
Contraction			нл		N/A
Secretary Polymer (19 Secr		2nd Tier Utilization			
December			R10		
Commerce (S. Namer's Cost Sweet (Design) C.			_		
Command S. Incore* \ Cost Sheet Cost S				5500	C-1
Comparison (F. Intervent Cost Paring) [Contabled] 9.11 9.8 6.2 1.2	11				
DOOR Machanum 16 Separate (5) (Desirios)	Ë		_	0.8	C-3
Combination			_		
Sourchards (5) (Jennbord) Contracting (5) (Jennb					
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Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate Laboratory Outpatient Imaging, Coinsurance, if different Laboratory Outpatient Racility, Coinsurance, if different Laboratory Outpatient Facility, Coinsurance, if different Laboratory Outpatient Facility, Coinsurance, if different Outpatient Facility, Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Dutpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits Generics, Coinsurance, if different Eass 10 C-10 Preferred Brand Drugs, Coinsurance, if different Das 0.7 C-10	Ę				
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Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate 133 Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Fasa Outpatient Surgery Physician/Surgical Services, Copay, if separate Outpatient Surgery Physician/Surgical Services, Copay, if separate Fasa Outpatient Surgery Physician/Surgical Services, Copay, if separate Outpatient Surgery Physician/Surgical Services, Copay, if separate Fasa Outpatient Surgery Physician/Surgical Services, Copay, if separate Outpatient					
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Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Orug Benefits Generics, Coinsurance, if different Generics, Coinsurance, if different Generics, Copay, if separate Fas 10 C-10 Preferred Brand Drugs, Coinsurance, if different D39 0.7 C-10					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate 136 Drug Benefits Generics, Coinsurance, if different Generics, Copay, if separate E38 10 C-10 Preferred Brand Drugs, Coinsurance, if different D39 0.7 C-10		Skilled Nursing Facility, Copay, if separate			
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Trug Benefits Generics, Coinsurance, if different Generics, Copay, if separate Fast 10 C-10 Preferred Brand Drugs, Coinsurance, if different D39 0.7 C-10					
Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits Generics, Coinsurance, if different Generics, Copay, if separate Fast 10 C-10 Preferred Brand Drugs, Coinsurance, if different D39 0.7 C-10					
Drug Benefits Generics, Coinsurance, if different D38 Generics, Copay, if separate E38 10 C-10 Preferred Brand Drugs, Coinsurance, if different D39 0.7 C-10					
Generics, Copay, if separate E38 10 C-10 Preferred Brand Drugs, Coinsurance, if different D39 0.7 C-10		Drug Benefits			
Preferred Brand Drugs, Coinsurance, if different D39 0.7 C-10			+		0.40
E Trecencia di anna di rago, coppay, in deparate	1	Preferred Brand Drugs, Copay, if separate	E39	5.7	

l i≝	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7.2	Preferred Brand Drugs, Copay, if separate	139		
le	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	Filing #: <u>CFBC-129022716</u>			
	oany Name: <u>CareFirst BlueChoice, Inc.</u> Number(s) of Plan: <u>DC/CFBC/EXC/HMO HSA/SIL SOB (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	Н5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	1300	C-1
.1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	0.8	C-3
	OOP Maximum (\$)	B12	6350	C-2
	OOP Maximum if Separate (\$) (Medical)	B13	3333	3 -
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical) Deductible (\$) (Deua)	F10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10		
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tier	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
•	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11 F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits	540		I
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	D18 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 Specialist Visit, Coinsurance, if different	E20 D21	30	C-3
	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 Imaging (CT/PET Scans, MRIs), Copay, if separate	D24 E24		
1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Tie	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 Laboratory Outpatient and Professional Services, Coinsurance, if different	E28 D32	40	C-5
	Laboratory Outpatient and Professional Services, Consulance, in different	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 Skilled Nursing Facility, Tier 1, Copay, if separate	D34 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 Emergency Room Services, Coinsurance, if different	E36 H18		
	Emergency Room Services, Consurance, it different 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	119		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20 I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	121		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Rehavioral Health and Substance Abuse Disorder Outpatient Services, Consy, if separate	H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	122 H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
er 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
ř	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	H28 I28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	H33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits			
	Generics, Coinsurance, if different	D38	0.8	C-10
	Generics, Copay, if separate Preferred Brand Drugs, Coinsurance, if different	E38 D39	0.7	C-10
r 1	Preferred Brand Drugs, Copay, if separate	E39	5.7	
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l≌	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7	Preferred Brand Drugs, Copay, if separate	139		
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

	TF Filing #: <u>CFBC-129022716; CFBC-129022731</u>			
	pany Name: <u>CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.</u> n Number(s) of Plan: <u>DC/CFBC/EXC/BC+ IN/SIL SOB (1/14); DC/CF/EXC/BC+ OON/SIL SOB (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10	2500	C-1
	Deductible (\$) (Drug)	C10	400	C-10
	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	D10 B11	0.8	C-3
er 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	0.8	C-10
_	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	6250	
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12 B13	6350	C-2
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical) Deductible (\$) (Drug)	F10 G10		
	Deductible (\$) (Combined)	H10		
7	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	F11 G11		
Ē	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	F13 G13		
	Medical Benefits	240		
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	D18 E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	D19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	E19 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		0.0
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	E21 D22	40	C-3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	E22	20	C-7
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	D24 E24		
1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Ĕ	Rehabilitative Speech Therapy, Copay, if separate	E27 D28	40	C-5
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different 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 X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate	D34 E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E35		
	Outpatient Surgery Physician/Surgical Services, Consulance, in different	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	118 H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	121		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
7	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	124 H27		
ē	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	H33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	134 H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Consurance, ir different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	Н36		
,	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	136		
	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate Preferred Brand Drugs, Coinsurance, if different	E38 D39	10 0.7	C-10 C-10
	Preferred Brand Drugs, Copay, if separate	533	0.7	C-10

i≝	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
le	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	Filing #: <u>CFBC-129022716</u>			
	nany Name: <u>CareFirst BlueChoice, Inc.</u> Number(s) of Plan: <u>DC/CFBC/EXC/HMO/SIL SOB (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	Н5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	2000	C-1
Tier 1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11 C11		
	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	D11	0.8	C-2
	OOP Maximum (\$)	B12	6350	C-3
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13		
	Deductible (\$) (Medical)	C13 F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined)	H10		
۳ 2	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	F11 G11		
ij	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 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	40	C-3
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	E21 D22	40	C-3
	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		
1	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	E24 D27		
Tier	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 Laboratory Outpatient and Professional Services, Coinsurance, if different	E28 D32	40	C-5
	Laboratory Outpatient and Professional Services, Consurance, in different 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 Skilled Nursing Facility, Tier 1, Copay, if separate	D34 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 Emergency Room Services, Coinsurance, if different	E36 H18		
	Emergency Room Services, Copay, if separate	118		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	I19 H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Consulance, in different	120		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	I21 H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Consulance, in University Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
7	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
je.	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	H27 I27		
[]	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	H32 I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	133		
	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Consy, if sensyste	H34 I34		
	Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	136		
	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38		C-10
1	Preferred Brand Drugs, Coinsurance, if different Preferred Brand Drugs, Copay, if separate	D39 E39	0.7	C-10
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l i≝	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
le	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

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ERF	TF Filing #: <u>CFBC-129022716</u>			
	pany Name: <u>CareFirst BlueChoice, Inc.</u> n Number(s) of Plan: <u>DC/CFBC/EXC/HMO/GOLD 0 SOB (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contrac where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	Н5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	0	C-1
er 1	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11		
Tie	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	0.7	C-3
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12 B13	6350	C-1
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10		
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Ę	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	G11 H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate	E18 D19		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different 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 Specialist Visit, Coinsurance, if different	E20 D21	20	C-3
	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 Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24	20	C-7
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
<u>r</u> 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
Ĕ	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28	30	C-5
	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 X-rays and Diagnostic Imaging, Coinsurance, if different	E32		
	X-rays and Diagnostic Imaging, Consultance, in different 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 Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	E34 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 Emergency Room Services, Coinsurance, if different	E36 H18		
	Emergency Room Services, Consulance, in unrelent	118		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	I19 H20		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	120		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	121 H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
7	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	124 H27		
Ē	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		<u> </u>
	Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate	H33		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	H35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits Generics, Coinsurance, if different	D38	0.8	C-8
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39	0.7	

l≌	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
r 2	Preferred Brand Drugs, Copay, if separate	139		
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Colonization Colo	Act	tuarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
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Column C	SERF	F Filing #: <u>CFBC-129022716</u>			
Calcaster Calc					
Control Cont		Input Name		Input Value Used	Coresponding Page Number in Contract where value can be found
Set Text (pulsation		Annual Contribution Amount	E4		N/A
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Rehabilitative Speech Therapy, Copay, if separate E27 40 C-5	
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	
X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate E33	
Skilled Nursing Facility, Tier 1, Coinsurance, if different	
Skilled Nursing Facility, Tier 1, Copay, if separate E34 40 C-7	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate E35 Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different D36 0.826 C-6	
Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different H18	
Emergency Room Services, Consurance, if different II8	
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	
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Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	
Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate H21 I21	
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Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	
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Rehabilitative Speech Therapy, Coinsurance, if different	
Rehabilitative Speech Therapy, Copay, if separate 127 Debilitative Speech Therapy, Copay, if separate	
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	
Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different H33	
X-rays and Diagnostic Imaging, Copay, if separate	
Skilled Nursing Facility, Coinsurance, if different Chilled Nursing Facility, Consult fraggets 134	
Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate I36	
Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	
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

l≌	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
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7	Preferred Brand Drugs, Copay, if separate	139		
le	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
	6			
	F Filing #: <u>CFBC-129022716; CFBC-129022731</u>			
	oany Name: <u>CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.</u> Number(s) of Plan: <u>DC/CFBC/EXC/HB IN/PLAT SOB (1/14); DC/CF/EXC/HB OON/PLAT SOB (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
Tier 1	Deductible (\$) (Combined)	D10	0	C-1
	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11		
	Coinsurance (%, Insurer's Cost Share) (Combined)	D11	1	C-3
	OOP Maximum (\$)	B12	2000	C-1
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13 C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10		
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Tier	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
•	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11 F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug)	G13		
	Medical Benefits 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 All Inpatient Hospital Services (inc. MHSA), Copay, if separate	D19 E19	150	C-6
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	D20	130	
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	E20		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	D21 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 Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24	30	C-7
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
er 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27		
F	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28	30	C-5
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	30	C-4
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	D32 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 Skilled Nursing Facility, Tier 1, Copay, if separate	D34 E34	30	C-6
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35	0.915	
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	E35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	D36 E36	0.849	C-6
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	118		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 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 Specialist Visit, Coinsurance, if different	120 H21		
	Specialist Visit, Consulance, ir different	121		
	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 Imaging (CT/PET Scans, MRIs), Coinsurance, if different	122 H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
ier 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27 I27		
H	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	H32 I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	133		
	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate	H34 I34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	135 H36		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, ir different Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits			
	Generics, Coinsurance, if different Generics, Copay, if separate	D38 E38		
	Preferred Brand Drugs, Coinsurance, if different	D39		
ĭ.	Preferred Brand Drugs, Copay, if separate	E39	45	C-9

l≌	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
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7.2	Preferred Brand Drugs, Copay, if separate	139		
l e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

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 HSA/HRA Options Annual Contribution Amount Narrow Network Options 1st Tier Utilization 1st Tier Utilization H4 Input Value Used Input Value Use	Coresponding Page Number in Contract where value can be found N/A
Company Name: CareFirst BlueChoice, Inc. Form Number(s) of Plan: DC/CFBC/EXC/HMO HSA/SIL 95 SOB (1/14) Cell in AV Calculator Lamput Name HSA/HRA Options Annual Contribution Amount E4 Narrow Network Options 1st Tier Utilization H4	where value can be found
Form Number(s) of Plan: DC/CFBC/EXC/HMO HSA/SIL 95 SOB (1/14) Input Name Cell in AV Calculator HSA/HRA Options Annual Contribution Amount Narrow Network Options 1st Tier Utilization H4	where value can be found
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Annual Contribution Amount E4 Narrow Network Options 1st Tier Utilization H4	N/A
1st Tier Utilization H4	
	N/A
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Plan Benefit Design Deductible (\$) (Medical) B10	
Deductible (\$) (Drug) C10	
Deductible (\$) (Combined)	C-1
Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Medical)	
Cinsurance (%, Insurer's Cost Share) (Drug) Cinsurance (%, Insurer's Cost Share) (Combined) D11 0.9	C-2
OOP Maximum (\$) B12 2250	C-1
OOP Maximum if Separate (\$) (Medical) OOD Maximum if Separate (\$) (Medical)	
OOP Maximum if Separate (\$) (Drug) Deductible (\$) (Medical) F10	
Deductible (\$) (Drug) G10	
Deductible (\$) (Combined)	
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Coinsurance (%, Insurer's Cost Share) (Drug) G11 Coinsurance (%, Insurer's Cost Share) (Combined) H11	
OOP Maximum (S)	
OOP Maximum if Separate (\$) (Medical)	
OOP Maximum if Separate (\$) (Drug) Medical Benefits	
Emergency Room Services, Coinsurance, if different D18	
Emergency Room Services, Copay, if separate	
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different 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	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	
Specialist Visit, Coinsurance, if different D21	
Specialist Visit, Copay, if separate E21 10 C Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different D22	<u>8-2</u>
Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate E22	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different	
Imaging (CT/PET Scans, MRIs), Copay, if separate E24 Rehabilitative Speech Therapy, Coinsurance, if different D27	
Rehabilitative Speech Therapy, Copay, if separate	C-4
Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate E28 10 C	C-4
Laboratory Outpatient and Professional Services, Coinsurance, if different 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 Skilled Nursing Facility, Tier 1, Copay, if separate E34	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different D36	
Outpatient Surgery Physician/Surgical Services, Copay, if separate E36 Emergency Room Services, Coinsurance, if different H18	
Emergency Room Services, Copay, if separate	
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	
All Inpatient Hospital Services (inc. MHSA), Copay, if separate Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different H20	
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Specialist Visit, Coinsurance, if different	
Specialist Visit, Copay, if separate I21 Market/Abbreignel Health and Substance Abuse Disorder Outpetient Society Color Vision Color	
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 122	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different H24	
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Rehabilitative Speech Therapy, Coinsurance, if different H27 Rehabilitative Speech Therapy, Copay, if separate I27	
Rehabilitative Speech Therapy, Copay, it separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different H28	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	
Laboratory Outpatient and Professional Services, Coinsurance, if different H32	
Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different H33	
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Skilled Nursing Facility, Coinsurance, if different	
Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different H35	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate 135	
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	
Outpatient Surgery Physician/Surgical Services, Copay, if separate	
Drug Benefits Generics, Coinsurance, if different D38 1 C	
Generics, Copay, if separate	· · · · · · · · · · · · · · · · · · ·
Preferred Brand Drugs, Coinsurance, if different D39 0.9 C	C-8
Preferred Brand Drugs, Copay, if separate E39	

l≌	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	Filing #: <u>CFBC-129022716</u>			
	any Name: <u>CareFirst BlueChoice, Inc.</u> Number(s) of Plan: <u>DC/CFBC/EXC/HMO HSA/SIL 88 SOB (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	Н5		N/A
	Plan Benefit Design	D10		
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10		
	Deductible (5) (Combined)	D10	0	C-1
1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tier	Coinsurance (%, Insurer's Cost Share) (Drug)	C11		
•	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	D11 B12	0.8 2250	C-2 C-1
	OOP Maximum if Separate (\$) (Medical)	B13	2230	C-1
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11		
	Coinsurance (%, Insurer's Cost Share) (Medicar) Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
Ĕ	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (S) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	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 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	D20 E20	5	C-3
	Specialist Visit, Coinsurance, if different	D21	3	C-5
	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		
1	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	E24 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 Laboratory Outpatient and Professional Services, Copay, if separate	D32 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 Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	D35 E35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, ir separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Compay if separate	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	118		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	H19 I19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate 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	120		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate	121		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	H22 I22		
	Mental/Benavioral Health and Substance Aduse Disorder Outpatient Services, Copay, if separate Imaging (CT/PET Scans, MRIs), Coinsurance, if different	H24		
	Imaging (CT/PET Scans, MRIs), Copay, if separate	124		
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	H28 I28		
	Renabilitative Occupational and Renabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	133		
	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate	H34 I34		
	Outpatient Facility, Copay, is separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	136		
	Generics, Coinsurance, if different	D38	0.9	C-8
	Generics, Copay, if separate	E38	0.5	
				C-8

l≌	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
r 2	Preferred Brand Drugs, Copay, if separate	139		
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

### Calculator Annual Contribution Amount Annual Contribution Amount 1st Ter Utilization 1st Ter Utilization ### ### ### ### ### ### ### ### ### #	ng Page Number in Contract re value can be found N/A N/A N/A C-1 C-3 C-2
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Deductible [5] (Medical)	C-3
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Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate E28 40 C-5 Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate E32 Varyas and Diagnostic Imaging, Coinsurance, if different D33 Varyas and Diagnostic Imaging, Copay, if separate E33 Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Copay, if separate	
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Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different D33 X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different D34 Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different D35 Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Outpatient Surgery Physician/Surgical Services, Copay, if separate Outpatient Surgery Physician/Surgical Services, Copay, if separate E36 Outpatient Surgery Physician/Surgical Services, Copay, if separate E36	
Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Outpatient Surgery Physician/Surgical Services, Copay, if separate Outpatient Surgery Physician/Surgical Services, Copay, if separate E36	
X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate Outpatient Surgery Physician/Surgical Services, Copay, if separate E36	
Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Consurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate E36	
Skilled Nursing Facility, Tier 1, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate E36	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate E36	
Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate E36	
Outpatient Surgery Physician/Surgical Services, Copay, if separate	
Emergency Room Services, Coinsurance, if different	
Emergency Room Services, Copay, if separate 118	
All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	
All Inpatient Hospital Services (inc. MHSA), Copay, if separate 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), Coinsurance, if different H20 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate 120	
Specialist Visit, Coinsurance, if different H21	
Specialist Visit, Copay, if separate 121	
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 122	
Imaging (CT/PET Scans, MRIs), Coinsurance, if different H24	
Imaging (CT/PET Scans, MRIs), Copay, if separate	
Rehabilitative Speech Therapy, Coinsurance, if different H27	
F Rehabilitative Speech Therapy, Copay, if separate 127 Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different H28	
Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	
Laboratory Outpatient and Professional Services, Coinsurance, if different H32	
Laboratory Outpatient and Professional Services, Copay, if separate Views and Diagnostic Imaging, Coincycapes, if different	
X-rays and Diagnostic Imaging, Coinsurance, if different X-rays and Diagnostic Imaging, Copay, if separate 133	
Skilled Nursing Facility, Coinsurance, if different H34	
Skilled Nursing Facility, Copay, if separate	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Consylif separate	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different H36	
Outpatient Surgery Physician/Surgical Services, Copay, if separate	
Drug Benefits	
Generics, Coinsurance, if different Generics, Copay, if separate E38 U.8 C-9 E38	
Preferred Brand Drugs, Coinsurance, if different D39 0.7 C-9	
Preferred Brand Drugs, Copay, if separate E39	

l≌	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
ie	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50	•	
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	Filing #: <u>CFBC-129022716; CFBC-129022731</u>			
	oany Name: <u>CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.</u> Number(s) of Plan: DC/CFBC/EXC/BC+ IN/SIL 95 SOB (1/14); DC/CF/EXC/BC+ OON/SIL 95 SOB (1/14)			
roiiii	Nulliber(5) of Fiant. <u>DC/CFBC/EAC/BC+11(/31E 33 30B (1/14), DC/CF/EAC/BC+ OON/31E 33 30B (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options			
	1st Tier Utilization 2nd Tier Utilization	H4 H5		N/A N/A
	Plan Benefit Design			
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10	0	C-1 C-8
	Deductible (\$) (Combined)	D10		C-6
1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11	0.9	C-2
Lie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	0.9	C-8
	OOP Maximum (\$)	B12	2250	C-1
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	B13		
	Deductible (\$) (Medical)	C13 F10		
	Deductible (\$) (Drug)	G10		
	Deductible (\$) (Combined) Coincurage (f) (Insuranti Cont Chara) (Madical)	H10		
er 2	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	F11 G11		
Tier	Coinsurance (%, Insurer's Cost Share) (Combined)	H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical) OOP Maximum if Separate (\$) (Drug)	F13 G13		
=	Medical Benefits			
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	D18 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 Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	D20 E20	1	C-2
	Specialist Visit, Coinsurance, if different	D21		
	Specialist Visit, Copay, if separate	E21		C-2
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	D22 E22	1	C-6
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
_	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
lier 1	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	D27 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 Laboratory Outpatient and Professional Services, Copay, if separate	D32 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 Skilled Nursing Facility, Tier 1, Copay, if separate	D34 E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E35 D36		
	Outpatient Surgery Physician/Surgical Services, Comsulance, if different	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	I18 H19		
	All Inpatient Hospital Services (inc. MHSA), Consurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 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 Specialist Visit, Coinsurance, if different	I20 H21		
	Specialist Visit, Colnsurance, it different Specialist Visit, Copay, if separate	H21 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 Imaging (CT/PET Scans, MRIs), Coinsurance, if different	122 H24		
	Imaging (CT/PET Scans, MRIs), Consulance, if different	124		
er 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
F	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	132 H33		
	X-rays and Diagnostic Imaging, Copay, if separate	133		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	134 H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different Outpatient Surgery Physician/Surgical Services, Copay, if separate	H36		
		130		
	Drug Benefits			
	Generics, Coinsurance, if different	D38		
		D38 E38 D39	0.9	C-8

≟	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7.2	Preferred Brand Drugs, Copay, if separate	139		
l e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

	F Filing #: <u>CFBC-129022716</u> ; CFBC-129022731			
	pany Name: <u>CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.</u> 1 Number(s) of Plan: DC/CFBC/EXC/BC+ IN/SIL 88 SOB (1/14); DC/CF/EXC/BC+ OON/SIL 88 SOB (1/14) I			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	harrow Network Options 1st Tier Utilization	H4		N/A
	2nd Tier Utilization	H5		N/A N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10	0	C-1
	Deductible (\$) (Drug)	C10	0	C-8
	Deductible (\$) (Combined)	D10	0.0	C-1
er 1	Coinsurance (%, Insurer's Cost Share) (Medical) Coinsurance (%, Insurer's Cost Share) (Drug)	B11 C11	0.8	C-8
F	Coinsurance (%, Insurer's Cost Share) (Combined)	D11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	B12 B13	2250	C-1
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10		
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
Ţ	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	G11 H11		
	OOP Maximum (\$)	F12		
	OOP Maximum if Separate (\$) (Medical)	F13		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	E18 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 Specialist Visit, Coinsurance, if different	E20 D21	10	C-2
	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 Imaging (CT/PET Scans, MRIs), Coinsurance, if different	E22 D24	10	C-6
	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
er 1	Rehabilitative Speech Therapy, Coinsurance, if different	D27	25	
F	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	E27 D28	25	C-4
	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 X-rays and Diagnostic Imaging, Coinsurance, if different	E32		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different	D34 E34		
	Skilled Nursing Facility, Tier 1, Copay, if separate 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 E36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	118		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 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	120		
	Specialist Visit, Coinsurance, if different Specialist Visit, Copay, if separate	H21 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	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24		
r 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
ĕ	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	H28		
	Laboratory Outpatient and Professional Services, Coinsurance, if different	H32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	132 H33		
	X-rays and Diagnostic Imaging, Coinsurance, it different X-rays and Diagnostic Imaging, Copay, if separate	133		
	Skilled Nursing Facility, Coinsurance, if different	H34		
	Skilled Nursing Facility, Copay, if separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	134 H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinstraince, it different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		-
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	136		
	Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38		
	Preferred Brand Drugs, Coinsurance, if different	D39	0.7	C-8

l≌	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
r 2	Preferred Brand Drugs, Copay, if separate	139		
i e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50	•	
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
	Filing #: <u>CFBC-129022716</u> ; <u>CFBC-129022731</u>			
	pany Name: <u>CareFirst BlueChoice, Inc.; Group Hospitalization and Medical Services, Inc.</u> Number(s) of Plan: <u>DC/CFBC/EXC/BC+ IN/SIL 74 SOB (1/14); DC/CF/EXC/BC+ OON/SIL 74 SOB (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10	1600	C-1
	Deductible (\$) (Drug)	C10	400	C-11
_	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	D10 B11	0.8	C-3
lier 1	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	0.7	C-11
_	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	D11 B12	5200	C-2
	OOP Maximum if Separate (\$) (Medical)	B13	5200	0.2
	OOP Maximum if Separate (\$) (Drug) Deductible (\$) (Medical)	C13 F10		
	Deductible (\$) (Drug)	G10		
٠.	Deductible (\$) (Combined) Coinsurance (%, Insurer's Cost Share) (Medical)	H10 F11		
ier 2	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
-	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11 F12		
	OOP Maximum if Separate (\$) (Medical)	F12		
	OOP Maximum if Separate (\$) (Drug) Medical Benefits	G13		
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	E18 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 E20	20	6.2
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate Specialist Visit, Coinsurance, if different	D21	20	C-3
	Specialist Visit, Copay, if separate	E21	40	C-3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	D22 E22	20	C-8
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different	D24		
.1	Imaging (CT/PET Scans, MRIs), Copay, if separate Rehabilitative Speech Therapy, Coinsurance, if different	E24 D27		
Ţ	Rehabilitative Speech Therapy, Copay, if separate	E27	40	C-5
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	D28 E28	40	C-5
	Laboratory Outpatient and Professional Services, Coinsurance, if different	D32		
	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		
	X-rays and Diagnostic Imaging, Copay, if separate	E33		
	Skilled Nursing Facility, Tier 1, Coinsurance, if different Skilled Nursing Facility, Tier 1, Copay, if separate	D34 E34		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	D35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	E35		
	Outpatient Surgery Physician/Surgical Services, Consulance, if unreferit	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	I18 H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	119		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Copay, if separate	H20 I20		
	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	121 H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 124		
er 2	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
Ë	Rehabilitative Speech Therapy, Copay, if separate Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	127 H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	H32 I32		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate Skilled Nursing Facility, Coinsurance, if different	133 H34		
	Skilled Nursing Facility, Copay, if separate	134		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	H35		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate Drug Benefits	136		
	Drug Benefits Generics, Coinsurance, if different	D38		
	Generics, Copay, if separate	E38		C-11
r 1	Preferred Brand Drugs, Coinsurance, if different Preferred Brand Drugs, Copay, if separate	D39 E39	0.7	C-11
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l≌	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7 2	Preferred Brand Drugs, Copay, if separate	139		
je	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	Filing #: <u>CFBC-129022716</u>			
	pany Name: <u>CareFirst BlueChoice, Inc.</u> Number(s) of Plan: <u>DC/CFBC/EXC/HMO/SIL 95 SOB (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	Н5		N/A
	Plan Benefit Design	D10		
	Deductible (\$) (Medical) Deductible (\$) (Drug)	B10 C10		
	Deductible (s) (Combined)	D10	0	C-1
``'	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
	Coinsurance (%, Insurer's Cost Share) (Drug)	C11	0.0	6.2
	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	D11 B12	0.9 2250	C-3 C-1
	OOP Maximum if Separate (\$) (Medical)	B13	2230	
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10		
	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
je.	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11		
	OOP Maximum (5) OOP Maximum if Separate (\$) (Medical)	F12 F13		
	OOP Maximum if Separate (5) (Drug)	G13		
	Medical Benefits			
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	D18 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 Specialist Visit, Copay, if separate	D21 E21	10	C-3
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	D22		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 Rehabilitative Speech Therapy, Coinsurance, if different	E24 D27		
	Rehabilitative Speech Therapy, Copay, if separate	E27	10	C-5
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	D28		
ŀ	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	E28	10	C-4
ŀ	Laboratory Outpatient and Professional Services, Coinsurance, if different Laboratory Outpatient and Professional Services, Copay, if separate	D32 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 Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	E34 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		
	Emergency Room Services, Coinsurance, if different Emergency Room Services, Copay, if separate	H18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	I18 H19		
	All Inpatient Hospital Services (inc. MHSA), Copay, if separate	1119		
	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 Specialist Visit, Coinsurance, if different	120 H21		
	Specialist Visit, Colnsurance, it different Specialist Visit, Copay, if separate	H21 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	122		
	Imaging (CT/PET Scans, MRIs), Coinsurance, if different Imaging (CT/PET Scans, MRIs), Copay, if separate	H24 I24		
	Rehabilitative Speech Therapy, Coinsurance, if different	H27		
	Rehabilitative Speech Therapy, Copay, if separate	127		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate Laboratory Outpatient and Professional Services, Coinsurance, if different	128 H32		
	Laboratory Outpatient and Professional Services, Consulance, in different Laboratory Outpatient and Professional Services, Copay, if separate	132		
	X-rays and Diagnostic Imaging, Coinsurance, if different	H33		
	X-rays and Diagnostic Imaging, Copay, if separate	133		
	Skilled Nursing Facility, Coinsurance, if different Skilled Nursing Facility, Copay, if separate	H34 I34		
	Outpatient Facility, Copay, it separate Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Coinsurance, if different	H35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	135		
	Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	H36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	136		
	Drug Benefits Generics, Coinsurance, if different	D38		
				
	Generics, Copay, if separate	E38		
	Genencs, Copay, it separate Preferred Brand Drugs, Coinsurance, if different Preferred Brand Drugs, Copay, if separate	D39 E39	0.9	C-8

≟	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		
	Generics, Coinsurance, if different	H38		
	Generics, Copay, if separate	138		
	Preferred Brand Drugs, Coinsurance, if different	H39		
7.2	Preferred Brand Drugs, Copay, if separate	139		
l e	Non-Preferred Brand Drugs, Coinsurance, if different	H40		
	Non-Preferred Brand Drugs, Copay, if separate	140		
	Specialty Drugs (i.e. high-cost), Coinsurance, if different	H41		
	Specialty Drugs (i.e. high-cost), Copay, if separate	141		
	Options for Additional Benefit Design Limits			
	Specialty Rx Coinsurance Maximum	B46		
	Maximum Number of Days for Charging an IP Copay	B48		
	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		

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Company Comp	Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking					
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COM Number Company C	F	Coinsurance (%, Insurer's Cost Share) (Combined)	H11				
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Maximum Number of Days for Charging an IP Copay Number of Visits Before Begining Primary Care Cost-Sharing B50		Options for Additional Benefit Design Limits					
Number of Visits Before Begining Primary Care Cost-Sharing B50							

Act	uarial Value Input Chart - District of Columbia Department of Insurance, Securities, and Banking			
SERF	F Filing #: <u>CFBC-129022716</u>			
	oany Name: <u>CareFirst BlueChoice, Inc.</u> Number(s) of Plan: <u>DC/CFBC/EXC/HMO/SIL 74 SOB (1/14)</u>			
	Input Name	Cell in AV Calculator	Input Value Used	Coresponding Page Number in Contract where value can be found
	HSA/HRA Options Annual Contribution Amount	E4		N/A
	Narrow Network Options 1st Tier Utilization	Н4		N/A
	2nd Tier Utilization	H5		N/A
	Plan Benefit Design Deductible (\$) (Medical)	B10		
	Deductible (\$) (Drug)	C10		
	Deductible (\$) (Combined)	D10	1400	C-1
.1	Coinsurance (%, Insurer's Cost Share) (Medical)	B11		
Tie	Coinsurance (%, Insurer's Cost Share) (Drug) Coinsurance (%, Insurer's Cost Share) (Combined)	C11 D11	0.8	C-3
	OOP Maximum (\$)	B12	5200	C-2
	OOP Maximum if Separate (\$) (Medical)	B13	5207	3 -
	OOP Maximum if Separate (\$) (Drug)	C13		
	Deductible (\$) (Medical)	F10		
	Deductible (\$) (Drug) Deductible (\$) (Combined)	G10 H10		
7	Coinsurance (%, Insurer's Cost Share) (Medical)	F11		
le	Coinsurance (%, Insurer's Cost Share) (Drug)	G11		
_	Coinsurance (%, Insurer's Cost Share) (Combined) OOP Maximum (\$)	H11		
	OOP Maximum (\$) OOP Maximum if Separate (\$) (Medical)	F12 F13		
	OOP Maximum if Separate (3) (Medical)	G13		
	Medical Benefits			
	Emergency Room Services, Coinsurance, if different	D18		
	Emergency Room Services, Copay, if separate All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different	E18 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	40	C-3
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	E21 D22	40	C-3
	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		
1	Imaging (CT/PET Scans, MRIs), Copay, if separate	E24		
ier	Rehabilitative Speech Therapy, Coinsurance, if different Rehabilitative Speech Therapy, Copay, if separate	D27 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
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	Laboratory Outpatient and Professional Services, Copay, if separate X-rays and Diagnostic Imaging, Coinsurance, if different	E32 D33		
	X-rays and Diagnostic Imaging, Conay 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 Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, if separate	D35 E35		
	Outpatient Facility Fee (e.g., Ambulatory Surgery Center), Copay, II separate Outpatient Surgery Physician/Surgical Services, Coinsurance, if different	D36		
	Outpatient Surgery Physician/Surgical Services, Copay, if separate	E36		
	Emergency Room Services, Coinsurance, if different	H18		
	Emergency Room Services, Copay, if separate	I18		
	All Inpatient Hospital Services (inc. MHSA), Coinsurance, if different All Inpatient Hospital Services (inc. MHSA), Copay, if separate	H19 I19		
	Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays), Coinsurance, if different	H20		
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	Specialist Visit, Coinsurance, if different	H21		
	Specialist Visit, Copay, if separate Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Coinsurance, if different	121 H22		
	Mental/Behavioral Health and Substance Abuse Disorder Outpatient Services, Copay, if separate	122		
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_	Rehabilitative Occupational and Rehabilitative Physical Therapy, Coinsurance, if different	H28		
	Rehabilitative Occupational and Rehabilitative Physical Therapy, Copay, if separate	128		
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	Skilled Nursing Facility, Copay, if separate	134		
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	Generics, Copay, if separate Preferred Brand Drugs, Coinsurance, if different	E38 D39		C-10 C-10
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	Specialty Drugs (i.e. high-cost), Coinsurance, if different	D41	0.6	C-10
	Specialty Drugs (i.e. high-cost), Copay, if separate	E41		
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	Number of Visits Before Begining Primary Care Cost-Sharing	B50		
	Number of Copays Before Begining Primary Care Deductible/Coinsurance	B52		